

Water Birth: experience at a university clinic and a district hospital in Austria

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PURPOSE AND METHODS: In a retrospective case-control study, 265 water deliveries (with cephalic presentation) carried out at an Austrian university clinic and a district hospital were compared with a group of spontaneous births (without any surgical intervention) matched for age, gestational age and parity regarding the most important fetal and maternal obstetric parameters. **RESULTS:** 4.3% of all births at the university clinic and 13% of those at the district hospital took place in the water. Austrian women and women with a higher educational level were more numerous in this group. The duration of the different stages of birth was not essentially changed by the delivery in water. The cord blood pH of the water babies (median 7.29 and 7.35, respectively) was better than that of the control group (median 7.26), which may however be due to a positive selection of the women giving birth in the water. The number of episiotomies was markedly lower for water births (14 and 4%) than for land births (48%). In contrast, water births showed distinctly more first- and second-degree perineal tears (36 and 41%) and labial tears (23 and 21%) than the control group (perineal 23%; labial 7%). Women assigned to water birth needed fewer analgesics (8 and 9%) than the controls (64%). In puerperium, the haemoglobin values after water birth and after land birth did not differ. The infectious morbidity of the mother and child was not higher after water birth. **CONCLUSIONS:** Water birth is to be considered a safe method for a healthy mother and a healthy, full-term fetus with cephalic presentation (if the appropriate criteria are used at hospital wards with a specific infrastructure).

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