

Waterbirth - Looking For Bad News

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Last year the BMJ published a paper on mortality and/or health problems in babies delivered in water. The British Paediatric Surveillance unit wrote to all consultant paediatricians asking about any deaths or admissions to Special Care in babies whose mothers had laboured or delivered in water in 1994-6. These figures were compared with statistics gathered on the total number of water deliveries and births.

There were 5 perinatal deaths in over 4000 water births - a rate of only 1.2 per 1000. One of the babies died in the womb before the mother got into the water, another was stillborn after an unattended birth with a concealed pregnancy. The three postnatal deaths had specific causes: a herpes infection, brain hemorrhage after a precipitate delivery, and hypoplastic lungs. 35 babies (including the three postnatal deaths) were admitted to special care and 15 of them had respiratory tract problems including one with water aspiration and another with "freshwater drowning".

Five babies had a snapped umbilical cord.

There were six deaths in babies of mothers who left the water before delivery, which do not seem attributable to pool use.

Perinatal mortality rates are similar to those for other low risk deliveries, but because figures may not be complete, there could be either a slight increase or a slight decrease in risk. Anyway, the authors conclude that there is no evidence of substantial increase in risks. However, the five cases of snapped umbilical cord raises the possibility that bringing the baby immediately to the surface causes rapid traction on the cord over a longer distance than is usual.

AIMS Comment

Although it is useful to have evidence of no major increase in risk, I left the study with a deep feeling of unease.

What medical changes in maternity care have been monitored almost entirely by publication of anecdotal reports of alleged adverse events and a survey of paediatricians asking for deaths and disasters? Good news of benefits of waterbirth seems to come only from mothers and midwives. It seems that when suggestions come from consumer side to do more research, they are only interested in finding out about bad outcomes.

What would the picture look like if the British Paediatric Surveillance unit were to write to all consultants asking for deaths or admissions following use of prostaglandins, oxytocin, amniotomy, pethidine, diamorphine, epidurals, fetal scalp monitors and elective caesarean sections? Maybe the Children Nationwide Research Fund which funded this study, would fund them too. We also need neurology, urology, gynaecology and psychiatric surveillance units to pick up maternal morbidity following inductions, epidurals and other interventions.

Meanwhile, most maternity units are unconcerned about lack of evidence of harm. They have a pool in the brochure, but it just happens never to be available for any mother who wants to use it.

Reference

Gilbert, R, Tookey, P, Perinatal mortality and morbidity among babies delivered in water: surveillance study and postal survey BMJ 1999 vol 319 pp 483- 7