

Entering the World with a Splash

Waterbirths make headway, but safety concerns persist

By Karen Pallarito

HealthDay Reporter

SUNDAY, Oct. 24 (HealthDayNews) -- Before becoming pregnant with her second child in 1984, pediatric nurse Barbara Harper had heard of a gentler way to deliver a child, something called "waterbirth." But her doctor dismissed the notion as absurd.

So she left her Santa Barbara, Calif., home and hopped a plane to France to track down Dr. Michel Odent, an obstetrician and top expert on the subject. Ironically, she missed Odent, who was on his way to Santa Barbara to lecture on waterbirth. Undeterred, Harper spent her time training, talking with midwives and observing waterbirths. She returned to the states three weeks later with new resolve.

"I went back to my obstetrician, and this time he threatened to have me arrested for child abuse if I did something so crazy," recalled Harper, the maverick founder and executive director of Waterbirth International, a Wilsonville, Ore.-based advocacy group.

Two decades later, waterbirth is still relatively rare in the United States, accounting for what is believed to be a tiny fraction of normal, non-surgical deliveries. A total of 2.9 million vaginal deliveries were recorded in the United States in 2002, according to data from the National Center for Health Statistics. But neither the federal government nor state health departments keep track of the number of deliveries occurring in birthing pools.

At the same time, the number of hospitals offering waterbirth has expanded from one in 1991 to 280 in 2004, with the greatest growth occurring from 1995 to 1996 and again in 2000, Harper said. Home waterbirth -- the method Harper chose to deliver her second child -- has grown exponentially, she said.

Advocates for waterbirth tout what they see as its many benefits, saying it induces relaxation, eases labor pains, reduces the need for an episiotomy, provides the baby an easy transition from womb to world and makes the mother feel more in control of her own labor and delivery.

"They usually speak glowingly of it. They find that their experience is much more empowering," said Dr. S. Mark Albini, chairman of obstetrics and gynecology at St. Mary's Hospital in Waterbury, Conn., whose own son was delivered by waterbirth. The hospital delivers about 30 to 50 babies in its birthing tub every year, he said.

There's also evidence to suggest that integrating waterbirth into obstetric and midwifery practices can reduce Caesarean section rates, Waterbirth International noted. At its International Waterbirth Congress in April, Dr. Lisa Stolper, chairwoman of the Department of Obstetrics and Gynecology at Cheshire Medical Center/Dartmouth-Hitchcock in Keene, N.H., reported that the Caesarean rate at her institution dropped to 14 percent in 2004 from 22 percent in 1997, when a waterbirth program was launched. Cheshire Medical Center/Dartmouth-Hitchcock says it performs more waterbirths than any other hospital in the country.

Yet the practice of giving birth in a waist-deep tub of water remains controversial, with many obstetricians and pediatricians questioning its safety.

Dr. Ken Schroeter, a perinatal-neonatal medicine fellow in the pediatrics department of Stony Brook

(N.Y.) University School of Medicine, said he knows of one university hospital where the midwife group's introduction of a birthing tub has created quite an uproar. "The controversy really stems from people selling something without the facts to support it," he said.

Schroeter, who examined the topic in the September issue of Pediatrics, cited a lack of evidence to substantiate proponents' safety and efficacy claims. "Water births should not be considered an acceptable standard of care until rigorous evaluation is pursued," he concluded.

Harper said the naysayers, in many cases, have never attended a waterbirth. Some negative publicity has come from doctors with an agenda to wipe out waterbirth, she said, citing one blistering review in the August 2002 issue of Pediatrics in which the authors ignored thousands of good outcomes, focusing instead on four births that they described as near-drownings.

The best studies, mainly from Europe, all show that waterbirth results are as good or better than babies not born in water, she added.

Schroeter's article, she said, relied on older commentaries. "The current available data does not support his dire claims of problems and bad outcomes," Harper said.

"I wouldn't sit here today and counsel a woman to consider a waterbirth option if I had any doubt in my mind that her baby would be harmed by this," she said. "If there was even the slightest bit of evidence that this was dangerous, I would stop."

The American College of Nurse-Midwives currently has no formal position on waterbirth, but it hopes to develop one as more scientific evidence is published, said Tim Clarke, a spokesman for the group.

Schroeter suspects waterbirths will remain a niche practice, with many hospitals shying away because of medical liability concerns.

"Today, I think you're going to get very few hospitals that are going to start doing this," agreed Albini.

Still, Albini tells women there's no greater risk to delivering in water, if it's done safely. Women with such risk factors as chronic hypertension, preeclampsia, an active herpes infection or a prior Caesarean shouldn't deliver in the water. But it may be an option for healthy women desiring a no-drug delivery.

"They all have the feeling the birth process works best if it's interfered with least," he said.

SOURCES: Barbara Harper, R.N., founder and executive, Waterbirth International, Wilsonville, Ore.; S. Mark Albini, M.D., chairman, obstetrics and gynecology, St. Mary's Hospital, Waterbury, Conn.; Ken Schroeter, D.O., FAAP, perinatal-neonatal medicine fellow, Department of Pediatrics, Stony Brook (N.Y.) University School of Medicine; Tim Clarke, spokesman, American College of Nurse-Midwives, Silver Spring, Md.; National Center for Health Statistics, Hyattsville, Md.; August 2002 and September 2004 Pediatrics