

# Study looks at benefits of underwater birth

Reuters Health

BERLIN (Reuters Health) - Giving birth in water is safe for women with an uncomplicated delivery, and may shorten the first stage of labor, according to Italian scientists who studied more than 1,500 births.

However, some US-based experts caution that the jury is still out on the safety of such births.

Drs. Albin Thoni and Konrad Mussner, from the regional hospital in Sterzing in the South Tyrol region of northern Italy, compared data from 969 water births, 515 births in bed and 172 using a birthing stool.

After excluding complicated births that required vacuum extraction, other manual help or epidural anaesthetic, the results showed some advantages for water births, they report in the December issue of the German-language journal *Geburtshilfe und Frauenheilkunde* (Obstetrics and Gynaecology).

The average duration of first-stage labour, which finishes when the cervix is fully dilated, was 381 minutes for women in water compared with 473 minutes for those using other positions. There was no difference in the duration of the second stage of labour, when the baby moves through the birth canal.

"Our results suggest that water birth is associated with a significantly shorter first stage of labour, a lower episiotomy rate, fewer perineal lacerations and reduced analgesic requirements compared with other delivery positions. Water birth appears to be safe for the mother and the fetus-neonate if candidates are selected appropriately," they write.

Yet, the Italian team's views are not universally supported in the medical community. Other experts believe that underwater births need more study or are potentially dangerous. In August last year, New Zealand researchers described four instances within 18 months where infants inhaled water after underwater delivery.

In those cases, the four infants began to experience respiratory distress and a need for oxygen anywhere from five minutes to six hours after birth, study findings indicate. They were treated with antibiotics and/or oxygen, and all were discharged from the hospital a few days after birth.

Part of the problem is that there are not enough studies of the practice, said Dr. Bruce Shephard, affiliate associate professor of obstetrics and gynecology at the University of South Florida College of Medicine in Tampa, Florida, and author of the book, "The Complete Guide to Women's Health."

"There have been thousands of articles on all these things, but the problem is, it's the same thing we have with hormone replacement therapy," he said. "Most of the studies are observational studies that don't have statistically significant data from which general conclusions about clinical decision making can be made, they're just snap shots."

"Unless this was a large study, with randomized controls, it makes it hard to draw conclusions from it."

Most of these studies have qualitative aspects as well as quantifiable aspects which are also hard to measure."

Most obstetricians would probably not recommend an underwater birth, said Dr. Bruce Flamm, an obstetrician-gynecologist at Kaiser Permanente Medical Center in Riverside, California.

He said there are several issues, including sanitation, as well as the fact that babies are not normally born underwater.

"It's an interesting theory that the baby kind of likes being in its water-filled world for the first few minutes after birth, and it will in some way be less traumatic, but there's no evidence to support that," he said.

Many midwives and some doctors believe that being in a tub in the early phase of labor is helpful, he said.

"That probably is reasonable, and I think many obstetricians will probably say that's quite reasonable, as long as it's a low risk patient, but the actual concept of giving birth underwater--that's a much more difficult question to answer, and I think most obstetricians would say it's not a good idea."

SOURCE: Geburtshilfe und Frauenheilkunde 2002;62:977.