

# Warm Water Soothes Labor Pains

Women using birth pools less likely to need an epidural, study finds

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FRIDAY, Jan. 30 (HealthDayNews) -- Sitting in the warm water of a birth pool during the first stage of labor can soothe a woman's pain and reduce the likelihood she will need an epidural, a new study says.

But pelvic rocking, a technique commonly recommended for mothers-to-be when their unborn babies are in a less-than-ideal position for delivery, does not seem to work, another study says. Both reports appear in the Jan. 26 online issue of the *British Medical Journal*.

Researchers from the University of Southampton in England had 49 women sit in an oval-shaped, acrylic pool during the early stages of their slowly progressing labors. The water temperatures were about 98 degrees Fahrenheit. Their outcomes were compared to 50 women who received standard care for their slow labors.

Those who labored in water were less likely to need drugs to aid their contractions and said they had less pain and higher satisfaction with their freedom of movement than did those getting standard care, according to lead researcher and midwife Elizabeth Cluett. "We used a waterbirth pool, which is much deeper than a bath," Cluett says. "A bath might help women relax, but the pool is big enough for women to move around, adopt alternative positions and is much better at helping women relax and reduce their pain and so reduce the need for interventions such as epidural analgesia."

Many studies have focused on using birthing pools for women in normal labor, and on giving birth in water, a controversial practice, but Cluett says her study is the first to look at women who are having slow progress in the first stage of labor and the effect of sitting in warm water.

While 66 percent of the women in the standard care group needed epidural pain relief, just 47 percent of those in the water group did. While 96 percent of those in the standard care group needed intervention such as the hormone oxytocin to speed contractions, 71 percent of the women in the water group did.

However, whether the women were in water seemed to have no effect on outcomes such as Caesarean section. The number of "operative" deliveries, such as via C-section or by forceps, was nearly identical -- 49 percent of those using water and 50 percent of those who did not.

Before the study was done, the traditional thinking was that all women with slow labors would need assistance, such as an injection of oxytocin, to speed contractions, Cluett notes.

The study of pelvic rocking, however, found it did not work. The exercise is commonly suggested to pregnant women when their babies are lying with their backs facing the mother's spine, a position associated with long and painful labors and sometimes distress to the baby.

In the pelvic rock, the woman rocks her pelvis from side to side while on her hands and knees.

But the researchers, from Hornsby Hospital in New South Wales, Australia, conclude it does not help. They evaluated 1,046 women who did the exercise and 1,209 who did not. Those who rocked did so twice daily for 10 minutes each time, beginning at the 37th week and continuing until labor started.

The exercise had no effect on how the baby was delivered. In the rocking group, 8.1 percent delivered with the baby in the same position, while 7.8 percent of the women in the control group did. Statistically, according to the researchers, up to 25 percent of women's babies are in the this position during the early stages of labor, and up to 15 percent of babies stay that way in the active phase of labor. By the time of delivery, about 6 percent of babies are still in this position, with backs facing the mother's spine. The results of neither study surprise Dr. Richard Frieder, an obstetrician and gynecologist at Santa Monica-UCLA Medical Center and clinical instructor at UCLA's David Geffen School of Medicine, though he does have some constructive criticism about the warm water study.

"Because the numbers in this study were so small, [the findings] could just as easily be coincidence," he says. "A study of 1,000 women on each side would be better."

Not that warm water isn't worth a try for pain relief for a woman in labor, he adds. For years, he and his colleagues have told women in early stages of labor to walk around, sit in the bathtub or get in a warm shower at home to relieve pain, he says.

"When you have pain -- from exercising, running a marathon or whatever -- and you put your body in heat, it tends to make you feel better," he says. "The heat increases blood flow to that part of the body and provides more oxygen to the tissues that are hurting." Frieder says women shouldn't take from the study that medical intervention to make labor progress is never desirable. In fact, he says, there is overwhelming evidence that aggressive intervention for slow labors, such as using oxytocin, results in better outcomes and less need to perform C-sections.

As for the pelvic-rocking study? "We've always considered it a myth," Frieder says.