Cochrane Summaries

Immersion in water in labour and birth

Cluett ER, Burns E. Immersion in water in labour and birth. Cochrane Database of Systematic Reviews 2009, Issue 2. Art. No.: CD000111. DOI: 10.1002/14651858.CD000111.pub3

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This review includes 12 trials (3243 women). Water immersion during the first stage of labour significantly reduced epidural/spinal analgesia requirements, without adversely affecting labour duration, operative delivery rates, or neonatal wellbeing. One trial showed that immersion in water during the second stage of labour increased women's reported satisfaction with their birth experience. Further research is needed to assess the effect of immersion in water on neonatal and maternal morbidity. No trials could be located that assessed the immersion of women in water during the third stage of labour, or evaluating different types of pool/bath.

Background:
Enthusiasts suggest that labouring in water and waterbirth increase maternal relaxation, reduce analgesia requirements and promote a midwifery model of care. Critics cite the risk of neonatal water inhalation and maternal/neonatal infection.

Objectives:
To assess the evidence from randomised controlled trials about immersion in water during labour and waterbirth on maternal, fetal, neonatal and caregiver outcomes.

Search strategy:
We searched the Cochrane Pregnancy and Childbirth Group's Trials Register (30 June 2011) and reference lists of retrieved studies.

Selection criteria:
Randomised controlled trials comparing immersion in any bath tub/pool with no immersion, or other non-pharmacological forms of pain management during labour and/or birth, in women during labour who were considered to be at low risk of complications, as defined by the researchers.

Data collection and analysis:
We assessed trial eligibility and quality and extracted data independently. One review author entered data and the other checked for accuracy.