

The use of water in labour and birth at the Women's



the women's
the royal women's hospital

At the Royal Women's Hospital, you can choose to labour and/or give birth in water if it's safe for you and your baby. This information will help you discuss your options with your doctor or midwife.

What are the benefits of using water?

Water is a simple, effective and readily available option that has many possible benefits for labour and birth.

During your pregnancy, you may have already found that water helps you feel better. Swimming or taking a bath can make you feel lighter, reduce pain and help you relax.

During labour and birth, water can:

- make you feel more comfortable
- help you move more easily
- help you relax
- increase your ability to manage pain
- improve blood flow to your baby.

Is water birth safe?

Yes, research shows water birth is safe for parents and their babies.

Some people worry that babies could drown during water birth. But it's important to remember that babies are surrounded by fluid before they're born, and they don't breathe it in.

Inside the uterus (womb), babies get all of their oxygen from the placenta. They don't use their lungs until after they're born.

At around 10 weeks, babies start to 'practise' breathing by moving their muscles and diaphragm regularly, even though they aren't actually breathing yet.

Just before labour, hormones from the placenta reduce or stop these breathing movements to prevent your baby from breathing during labour.

Babies have other built-in protections to prevent them from breathing in water:

- they naturally swallow instead of breathe during birth
- newborns have fluids in their lungs that make it hard to breathe in water
- babies have a "dive reflex" that lasts for up to 6 months. This reflex helps them breastfeed. When liquid touches the back of their throat, the glottis (the part of the throat that controls swallowing and breathing) closes. This keeps liquid from going into their lungs and being swallowed instead.

Your baby won't breathe until they come to the surface of the water.

During your pregnancy, you and your midwife will discuss if using water during labour and/or birth is suitable for you and your baby.

Who can use the bath for labour?

The most important thing to consider is the safety of you and your baby.

At the Women's, you can **labour in the bath** if:

- you don't have any serious medical conditions like epilepsy or pre-eclampsia that could cause problems during labour
- there is no risk of infection to you, your baby or your carers
- you can get in and out of the bath easily, with little help
- you've had no more than one previous caesarean birth
- there are no serious concerns about your baby's health.

Who can give birth in the bath?

As well as the above requirements, you can **give birth in the bath** if:

- you're prepared and have discussed it with your doctor or midwife
- you haven't had an epidural
- your temperature is normal (below 37.5)
- your labour has been progressing well without major concerns for you or your baby
- your baby's heartbeat stays normal
- you're willing to get out of the bath if advised by midwifery or medical staff
- your midwifery or medical staff is trained in safe water birth practices or is supervised by an experienced midwife.

Do you need an interpreter?



You can ask for an interpreter if you need one.

Family Violence Support

1800 Respect National Helpline

You can get help if you have experienced sexual assault, domestic or family violence and abuse.

You can call any time of day or night.

1800 737 732

1800respect.org.au

References

Several recent large-scale studies have examined water birth.

- Bovbjerg M, Cheyney M, Caughey A. Maternal and neonatal outcomes following waterbirth: A cohort study of 17,530 waterbirths and 17,530 propensity score-matched land births. *BJOG*. 2021; 129(6): 950-958. <https://doi.org/10.1111/1471-0528.17009>.
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- Cluett ER, Burns E, Cuthbert A. Immersion in water during labour and birth. *Cochrane Database of Systematic Reviews*. 2018; 5(6). <https://doi.org/10.1002/14651858.cd000111.pub4>.
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