

Water for Labour and Birth

Thinking about a water birth?

- Find out about water birth on the internet, library, from videos and books.
Some books to consider:
 - **Water birth** Janet Balaskas & Yehudi Gordon; Unwin, 1990.
 - **We are all Water Babies** Paul Johnson & Michel Odent; Dragon's World.
 - **Waterbirth An Attitude to Care** Dianne Garland; Books for Midwives, 1995.
 - **NZ National Water birth Trust**, PO Box 34409, Birkenhead, (09) 418 5188
 - **New Pregnancy and Childbirth** Sheila Kitzinger
- Talk to your Lead Maternity Carer (LMC) about water birth and make sure she is willing to support your decision.
- Be flexible about your choice. If things change and a water birth is not possible, be open to alternatives. The pool can be used at any time during your labour, for short or long periods. You may not wish to deliver in the pool.
- Talk to your partner and support people about your thoughts when making a decision.
- Come and see the birthing pool at Warkworth. Arrange to see North Shore Hospital Birthing Suite and if considering a home birth, ask your LMC to show you the pool available for hire.

Why choose a water birth?

- Many women find it easy to relax in the pool. Water comforts, soothes and relaxes and reduces the need for pain relieving drugs.
- Being relaxed, reduces anxiety therefore allowing the natural process of birth to occur.
- Being weightless and supported allows the woman to move freely and effortlessly.
- The warm water seems to reduce the need for stitches.
- All the above allows the baby a smoother transition into the world. Less stress for mother = less stress for baby.

Warkworth Birthing Centre and Water Birth

- At the Birthing Centre, the pool room adjoins the labour room so women can freely move from one to the other.
- All midwives using the pool must be experienced in water birthing, and if not they must have someone experienced with them.
- Whilst in the pool, your temperature, pulse and baby's heartbeat are monitored frequently. This ensures you and the baby are not getting too hot. To prevent overheating and dehydration, cool facecloths, ice-water, and plenty of fluids are encouraged.
- The water temperature is kept at a safe level for baby of 36 – 37 degrees Celcius. This means the baby will not take a breath until it reaches the surface.
- Babies are brought to the surface as soon as they are born.
- Resuscitation equipment is always kept in the pool room.
- Delivery of the placenta usually occurs out of the water.
- The water is kept as clean as possible, therefore partners and support people are encouraged to stay out of the pool or shower before entering. Aromatherapy oils are placed in a burner rather than added to the pool water.

Reasons why a waterbirth may not be right for you...

- If your waters have been broken for longer than 18 hours.
- If meconium (baby's bowel motion) is present in the waters.
- If you have an infection e.g Hepatitis B.
- If you have a high temperature or diarrhoea.
- If the baby is distressed or needs close watching.
- If you have a past history of any birth problems.
- If your caregiver recommends you leaving the pool. You can discuss this with her at the time.

Why babies don't breathe underwater

One of the myths surrounding water birth is the fear of the baby drowning. This fear is unsupported by current research which has shown that babies do not breathe underwater. In utero a term baby breathes approximately 40% of the time and this is not merely a practice for extra uterine life. Forty-eight hours or so before the onset of labour, fetal breathing stops probably due in part to a secondary rise in levels of prostaglandin E2. This rise may be due to the release of prostaglandin E2 by the placenta and membranes into the fetal circulation and is thought to prevent a baby inhaling water. The larynx acts as a valve during fetal breathing movements (aided by respiratory muscles) preventing the intake of amniotic fluid. If any fluid makes contact with the larynx, the fetal dive reflex is triggered and any fluid swallowed. This process is further supported by the large number of chemoreceptors found in the larynx which is thought to help the baby determine which fluids can be inhaled and which can be swallowed. In other words, the baby can recognise that water should be swallowed and not inhaled. In addition, the stimulus to breathe is thought to occur when receptors on the baby's facial skin, contained in the trigeminal area, are triggered by the passage of air on the face as the baby is brought to the surface after birth.