

A Landmark in the History of Birthing Pools **by Michel Odent, MD**

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August 21, 1999 should be remembered as a landmark in the history of birthing pools. On that day, the authors reported "perinatal mortality and morbidity among babies delivered [sic] in water" (1).

This study is authoritative for several reasons:

- The conclusions are based on large numbers: the authors traced the 4,032 babies born under water.
- The authors belong to a prestigious department of epidemiology and public health (Institute of Child Health, London).
- The report has been published in a respected peer review medical journal.

Methods

In order to convince anyone of the seriousness of this study, all midwives should be aware of the methods used. The data were combined in order to eliminate the effects of under-reporting.

From April 1994 to April 1996, all 1,500 consultant pediatricians in the British Isles were surveyed to determine whether or not they knew of any births that met the case definition of "perinatal death or admission to special care." The findings were compared with reports to the confidential inquiry into stillbirths and death in infancy. A questionnaire was sent to all National Health Service (NHS) maternity units in England and Wales during the study period.

Results

The main results can be easily summarized and remembered.

There were five perinatal deaths among 4,032 births in water; that is a rate of 1.2 per 1,000. In contrast, the rate of perinatal deaths that do not take place in water is 0.2 per 1,000. Furthermore, none of these five deaths were attributable to delivery in water. The deaths were: one after a concealed pregnancy and unattended homebirth with no previous prenatal care; one baby died 10 minutes with an intracranial hemorrhage after precipitate delivery; and another one, who died at autopsy after a post-mortem examination.

There were thirty-four babies admitted for special care; that is a rate of 8.4 per 1,000. Rates of admission to special care are significantly higher than for babies born in water. Birth in water may have caused water aspiration.

Comments

Compared with well known anecdotes, such as one case of neonatal polycythemia reported in *The Lancet* (1999) (a baby delivered!) in water has been paradoxically ignored by the media, the medical circles and the national health service. This is a landmark in the history of the use of water during labour. From now on midwives should not be told that "in any hospital where a pool is in daily use a birth under water is bound to happen now and then" and that it is considered acceptable if the woman does not have the time or is reluctant to get out of the water.

The first effect of this study should be to change the focus. An opportunity is given to recall that the use of water during labour can reduce the need for drugs and other intervention. In order to control the current epidemic of epidemics...

in order to make the most effective use of birthing pools.

Updated recommendations


The main recommendations are based on the fact that immersion in water at the temperature of time (in the region of an hour or two). This simple fact is confirmed by clinical observation and Physiologists can offer interpretations. The common response to immersion is a redistribution of specialized heart cells of the atrial natriuretic peptide (ANP). The inhibitory effect of ANP on the (5). When a woman is in labour this inhibitory effect is preceded by an analgesic effect that is as: Furthermore it is partly via a release of oxytocin that the redistribution of blood volume stimulates

The first practical recommendation is to give great importance to the time when the labor disposal to help women be patient enough so that they can ideally wait until five centimetres dilated of what the midwife can suggest while waiting. The BMJ survey clearly indicates that many women for women who gave birth in water!). One reason is that many of them enter the bath long before

The second recommendation is to avoid planning a birth under water. When a woman has planned stay in the bath while the contractions are getting weaker, with the risk of long second and third stages of irresistible contractions.

The recommendations regarding the temperature should not be overlooked. It is easy to check the maternal body). Two cases of neonatal deaths have been reported after immersion during labor was that the fetuses had reached high temperatures (the temperature of a fetus is 1° higher than oxygen. The fetus has a problem of heat elimination.

At the dawn of a new phase in the history of childbirth one can anticipate that, if a small number labor will seriously compete with epidural anesthesia. Then helping women to be patient enough midwifery.

 Michel Odent, MD founded the Primal Health Research Centre in London and developed the author of ten books published in twenty languages. Two of them—*Birth Reborn* and *The Nature* most recent book is *The Farmer and the Obstetrician*.

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