In recent years, professional organizations representing maternal-child health care providers have taken various positions on the state of the science and recommended use of immersion hydrotherapy during labor and birth.\(^1\)\(^-\)\(^4\) This lack of consensus has made consistent and equitable access to this non-pharmacologic method for pain relief in labor challenging.

A new model practice template was jointly developed to offer guidance to health care professionals and institutions that provide or are working to implement hydrotherapy services. Collaboratively developed by representatives from the American Association of Birth Centers, American College of Nurse-Midwives, Midwives Alliance of North America, and National Association of Certified Professional Midwives, this document is informed by the most current available information and resources to support best practices in the care of women who desire hydrotherapy.

The following points can assist professionals caring for women who labor and/or give birth in water:

1. Women need accurate, reliable information when making decisions about the birth of their child, including how to manage their pain so they can be as comfortable as possible. Consulting with a qualified healthcare provider will ensure that the risks, benefits, alternatives and research are discussed so women can make informed choices.

2. After consulting with her health care provider, if a woman chooses to labor and give birth in water, she should receive all the support she needs to make it a safe and pleasant experience.

3. The best available research indicates that water birth is associated with perinatal outcomes similar to those expected in a low-risk population. In other words, healthy women and their babies generally stay healthy during and after normal labor and water birth. Therefore, water birth is a reasonable choice for healthy women to make in collaboration with their care provider, given the state of the science.

4. Most water births occur under the care of a midwife and it has been a safe option for decades that provides comfort with good outcomes for the mom and her baby.

5. Midwives are experts at working with low-risk women to ensure that their concerns are heard and their questions are answered. They help women understand the evidence and choose what is best for their pregnancy, labor and birth and they listen to the personal preferences of the women they serve.

6. The document is informed by published, peer-reviewed studies and follows the inclusion and exclusion criteria used in those studies.
7. The intent of the document is to support the development of individual practice guidelines and institutional policies and procedures, not to dictate an exclusive course of action or to substitute for professional judgment.

8. The needs of an individual patient or the resources and limitations of a particular setting or type of practice may appropriately lead to variations in clinical care.

9. Roles and responsibilities are outlined for the delivery provider, registered nurse and non-licensed personnel when caring for women during water immersion and water birth.

10. The document references care during all stages of labor, emphasizing delivery and assessment of the neonate.

11. The information in this document is gleaned from published literature available through April 2016. The document will be reviewed against newly available scientific evidence and or every five years after initial publication.

REFERENCES


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