

POSITION STATEMENT

Hydrotherapy During Labor and Birth

The American College of Nurse-Midwives (ACNM) affirms that:

- Warm-water immersion, also known as hydrotherapy, during labor provides comfort, supports relaxation, and is a safe and effective nonpharmacologic pain relief strategy that promotes physiologic childbirth.
- High-quality research demonstrates that using hydrotherapy for pain relief during labor does not increase risks for healthy women or newborns when evidence-based clinical guidelines are followed.
- Observational research on warm-water immersion (hydrotherapy) during birth affirms that healthy women who labor with limited risk factors and evidence-based management have maternal and neonatal outcomes similar to those who do not give birth in water.
- Birthing people should have the opportunity to remain immersed during labor and birth if they choose to do so within the context of a shared-decision-making process with their health care providers. This process includes ongoing maternal and fetal assessment as labor progresses.
- To make an informed choice regarding hydrotherapy, birthing people should have access to information on the state of the science, including strengths and limitations, and the documented benefits and risks of available pain relief options, including water immersion and waterbirth, as demonstrated in the literature.
- Birthing people should have access to qualified maternity care clinicians who provide safe hydrotherapy during labor and birth, regardless of geographic location, socioeconomic or insurance status, or birth setting.
- Certified nurse-midwives (CNMs) and certified midwives (CMs) are qualified to provide education, conduct risk assessments, and provide care to people who desire water immersion for labor and/or birth.
- Professional liability carriers, hospital administrators, and insurance and regulatory entities should not prevent or disallow maternity care providers or facilities from providing immersion hydrotherapy for labor and birth with trained attendants who adhere to evidence-based guidelines.

Background and State of the Science

More than 175,600 waterbirths have been reported in studies worldwide since 2018, and data support hydrotherapy as a safe option for labor and childbirth.¹ Waterbirth remains controversial in the United States despite the considerable wealth of evidence affirming and reaffirming its safety and efficacy. One main concern related to the existing evidence is a lack of randomized controlled trials (RCTs). However, large RCTs are unlikely because many pregnant people do not wish to participate, blinding is impossible, and clinicians cannot ethically randomize people with individual clinical features to different birth modalities.²

Hydrotherapy and waterbirth benefits include decreased need for pharmacologic intervention, shorter labor, less-severe perineal trauma, lower hemorrhage risk, and greater maternal satisfaction. Hydrotherapy during the first and second stages of labor may provide effective pain relief, resulting in decreased epidural analgesia use and subsequent health care cost containment.³ Water immersion also may hasten the active and second stages of labor for both multiparous and primiparous individuals,⁴⁻⁹ thereby resolving labor dystocia and reducing the need for pharmacologic labor augmentation by 83%.¹ Nine observational studies (N = 33,248) within the last 5 years support the idea that waterbirth decreases the likelihood and severity of perineal trauma, particularly third- and fourth-degree lacerations.^{2,4,7,9-13} One retrospective study noted higher rates of obstetric anal sphincter injuries associated with waterbirth (n = 1244).¹⁴ Evidence around hemorrhage is mixed, but most recent studies support the notion that waterbirth reduces or has no effect on the risk of postpartum hemorrhage.^{1,2,7,12,15} Last, individuals who have waterbirth report greater satisfaction, more positive childbirth experiences, and an enhanced sense of autonomy and control.^{9,13,16}

Ample evidence from community birth centers and hospitals supports the safety of waterbirth for neonates. A 2018 Cochrane Review included 15 trials published between 1990 and 2015 on hydrotherapy for the first and/or second stages of labor. Four trials evaluated the effects of waterbirth, and the meta-analysis found no evidence of increased neonatal adverse outcomes related to hydrotherapy during the second stage of labor.³ Since 2015, significantly more evidence has supported waterbirth safety for neonates. Most studies found no significant difference between Apgar scores, neonatal infection rates, umbilical cord pH levels, nursery transfers, newborn intensive care unit admissions, hospitalization in the first 6 weeks, or mortality for infants born in the water and those born on land.^{1,3 2,5,7,9,10,12,15,17-20} There are some case reports that warn of newborns developing an infection following birth under unsanitary conditions.²¹⁻²⁴ Waterbirth may be associated with increased umbilical cord avulsion rates by 20 per 10,000 births, but no corresponding neonatal morbidity or mortality has been associated with that finding.²

Overall, hydrotherapy in the first and second stages of labor is considered safe for low-risk pregnancies and should be offered as an optional intervention for those who desire it.

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Note. The terms *midwifery* and *midwife* as used in this document refer to the education and practice of certified nurse-midwives (CNMs) and certified midwives (CMs) who have been certified by the American Midwifery Certification Board (AMCB).

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