

Waterbirths: A Comparative Study. a prospective study on more than 2,000 **waterbirths**. [Record Supplied By Publisher]

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Background: **Waterbirths** were introduced in 1991 as part of a new birth concept which consisted of careful monitoring and birth management, restrictive use of invasive methods and free choice of different birth methods. Methods: After the introduction of this new birth concept a prospective observational study was initiated. All parturients of the region give birth in our clinic without preselection, ours being the only birth clinic of the region. 2% of the parturients will be referred to a larger birth clinic (university clinic) mainly because of preterm births before the end of the 33rd week of pregnancy. Every one of the 7,508 births between November 1991, and May 21, 1997, was analyzed. In this article the birth parameters of mother and child in the most often chosen spontaneous birth methods will be compared to assess the safety of alternative birth methods in general and of **waterbirths** in particular. 2,014 of these 5,953 spontaneous births were **waterbirths**, 1,108 were Maia-birthing stool births and 2,362 bedbirths (vacuum extractions not included). Results: The parity and age of the mother as well as the newborn's birth weight are comparable in all 3 groups: **waterbirth**, Maia-birthing stool, and bedbirths. An episiotomy was performed in only 12.8% of the births in water, in 27.7% of the births on the Maia-birthing stool and in 35.4% of the bedbirths. These differences are statistically significant. In spite of the highest episiotomy rates, the bedbirths also show the highest 3rd- and 4th-degree laceration rates (4.1%), thus the difference between the rates for bedbirths and alternative births methods for severe lacerations is significant. The mothers' blood loss is the lowest in **waterbirths**. Fewer painkillers are used in **waterbirths** and the experience of birth itself is more satisfying after a birth in water. The average arterial blood pH of the umbilical cord as well as the Apgar scoring at 5 and 10 min are significantly higher after **waterbirths**. Infections of the neonate do not occur more often after **waterbirths**. No case of water aspiration or any other perinatal complication of the mother or child which might be water-related was reported. Conclusion: **Waterbirths** and other alternative forms of birthing such as Maia-birthing stool do not demonstrate higher birth risks for the mother or the child than bedbirths if the same medical criteria are used in the monitoring as well as in the management of birth. Copyright 2000 S. Karger AG, Basel.