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Randomised controlled trial of labouring in water compared with standard of augmentation for management of dystocia in first stage of labour

Misleading headlines muddy the water

11 February 2004

The headline 'Giving birth in water' referring to the randomised controlled trial by Cluett et al(1) of water immersion versus augmentation for dystocia in labour, fuels the confusion about labour and delivery in water. This and other studies provide good evidence for the benefits of immersion in water during labour(2). But contrary to the BMJ headline, this study is not about the risks or benefits of delivery in water. Cluett et al reported a mean delay of 6 hours (range 2-10) between women leaving the pool and birth. We conducted a national surveillance study of deliveries in water and the results were compatible with there being a small overall increase or decrease in perinatal mortality among babies delivered in water(3). We concluded that perinatal mortality was not substantially higher among these infants than among those delivered conventionally. However, we, like others (4) did raise the possibility of specific harms, particularly for water aspiration and blood loss due to snapped umbilical cord. How should clinicians advise women wishing to deliver in water? The trial that needs to be done is to randomise women who labour in water, to pulling the plug (or getting out of the bath), versus remaining immersed for the second stage of labour. This may be difficult since women are likely to have strong preferences one way or the other!

Ruth Gilbert

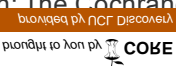
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- Competing interests: None declared

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