Wawryków Agata, Korabiusz Katarzyna, Fabian-Danielewska Anna, Wawryków Pawel. Water immersion. Journal of Education, Health and Sport. 2017;7(9):364-369. eISSN 2391-8306. DOI <u>http://dx.doi.org/10.5281/zenodo.1000095</u> <u>http://ojs.ukw.edu.pl/index.php/johs/article/view/4908</u>

The journal has had 7 points in Ministry of Science and Higher Education parametric evaluation. Part B item 1223 (26.01.2017). 1223 Journal of Education, Health and Sport eISSN 2391-8306 7 © The Author (s) 2017; This article is published with open access at Licensee Open Journal Systems of Kazimierz Wielki University in Bydgoszcz, Poland Open Access. This article is distributed under the terms of the Creative Commons Attribution Noncommercial License which permits any noncommercial use, distribution, and reproduction in any medium, provided the original author(s) and source are credited. This is an open access article licensed under the terms of the Creative Commons Attribution and reproduction in any medium, provided the original source are credited. The is an open access article license (http://creativecommons.org/license/sy-nc/4.00) which permits unrestricted, non commercial use, distribution and reproduction in any medium, provided the work is properly cited. This is an open access article licensed under the terms of the Creative Commons Attribution on Commercial License (http://creativecommons.org/license/sy-nc/4.00) which permits unrestricted, non commercial License (http://creativecommons.org/license/sy-nc/4.00) which permits unrestricted, non commercial use, distribution and reproduction in any medium, provided the work is properly cited. This authors declare that there is no conflict of interests regarding the publication of this paper. Received: 05.09.2017. Revised 10.09.2017. Accepted: 10.09.2017.

Water immersion

Agata Wawryków¹, Katarzyna Korabiusz¹, Anna Fabian-Danielewska¹, Paweł Wawryków²

¹ Doctoral Studies, Pomeranian Medical University in Szczecin

² Pomeranian Medical University in Szczecin, Department of Pediatrics and Pediatric Oncology

Słowa klucz: immersja wodna, poród naturalny Key words: water immersion, natural delivery

mgr Agata Wawryków¹, mgr inż. Katarzyna Korabiusz¹, lek. Anna Fabian - Danielewska¹, dr n. med. Pawel Wawryków²

Abstrakt

Immersja wodna jest jedną z metod prowadzenia porodu stosowaną od starożytności. Chociaż wymaga odpowiedniego zaplecza lokalowego oraz wyszkolonego personelu medycznego stanowi coraz częściej wybieraną alternatywę dla klasycznej formy porodu. Niesie ze sobą wiele korzyści zarówno dla rodzącej jak i noworodka. Niezbędne jest prawidłowo przeprowadzone badanie celem właściwej kwalifikacji do porodu w wodzie uwzględniające ewentualne przeciwwskazania.

Abstract

Water immersion is one of the methods of birth used since antiquity. Although it requires adequate facilities and trained medical personnel, it is an increasingly popular alternative to the classical form of labor. It brings many benefits for both emerging and newborn. However, proper examination is necessary in order to qualify to water birth taking into account any contraindications.

Introduction

Births in water have been well known since antiquity. It is known from numerous messages that this was the way of birth giving for women born in Egypt, Indians in Panama and the Maori of the areas of New Zealand [1]. In the 60s of 20th century pioneer popularizing births in water was Russian Igor Charowski [2]. The first work on the advantages of termination of pregnancy in the water was published in France by dr Michał Odent [3]. In Europe, coming into the world in the aquatic environment began to be propagated since the mid-80s. In Poland, the first water birth was led by Tadeusz Laudański on the 1 June 1996 in the Department of Lodz [4]. Half a year later, on the 28th January 1997, Dr. Ryszard Poręba continued the idea of using water immersion during birth at the Clinic in Tychy [1].

Water Immersion is a type of hydrotherapy used during natural childbirth with the beneficial effects of heat. Pouring warm water locally increases blood circulation what causes the relaxation of skeletal and smooth muscles, increase extensibility of tissue, and causes a general relaxation effect on the formation and as a consequence releases pain [5]. During maternal labor a bath with hot water or hot water pouring may be used. Water immersion is one of the most frequently used and best known non-pharmacological methods of alleviating

labor pain, especially in Western countries [6-9]. In Poland, more and more women are choosing to take advantage of the possibility of relaxation in water during labor.

Water birth

Before using hydrotherapy during labor a medical history and physical examination should be performed, in order to exclude possible contraindications for this kind of labor. During the separation of cervical woman can use 3/4 bath, half-bath and pouring under the shower. A bath during the first stage of labor should not last longer than 30 minutes, and the water temperature should not exceed 37 Celsius degrees. After this fetal heart rate should be measured [10-12]. After the bath water, rapid dilation of the cervix is being observed. In the case of a bath or 3/4 half-bath the position taken by the patient is very important. The buoyancy of the water increases the pressure on the diaphragm and a uterus, therefore it is recommended to female to lie or kneel in supported position [13,14].

Stay in the water during the second stage of labor substantially alleviates pain and improves the efficiency of pressure [15]. The method of receiving labor is the same as for conventional labor. The child should be taken out of the water occiput leading. After the birth of the newborn, time in the water should be limited to a maximum few seconds. After extraction with water, the child should be placed on the mother's abdomen, protected against getting cold and the removal of the umbilical cord should be exactly the same as during the traditional birth.

The third stage of labor is usually carried out on maternity bed or in the bathtub after the release of water [1]. So far, not all maternity units are equipped to conduct birth in water. This is due to both the lack of proper equipment as well as the need for special training of medical staff.

Contraindications for delivery in water

Women in physiologically extending pregnancy without known risk factors are eligible to give birth in water. [16]. Due to temperature, water immersion is not eligible to women with severe heart disease, uncontrolled hypertension, severe anemia, and infection of the body and the general cutaneous infections. This is due to the possibility of unwanted, paradoxical reaction from the blood vessels. Furthermore, the possibility of giving birth in water disqualified women diagnosed with: vaginal bleeding, fetal macrosomia, abnormal position and abnormal fetal cardiotocographic [1].

Scientific evidence

There are many scientific studies on the positive effects of water immersion during labor. The warm water helps rapid dilation of the cervix and easier relaxation of the pelvic muscles and perineal [17]. It is easier for a woman to take desirable analgesic position [18]. The baby's head is coming down faster in the birth canal, therefore childbirth is less painful [19,20]. Moreover duration of phase I and II of labor is much shorter[21]. Polish Gynecological Society stresses that birth in the water results in a significant shortening of the duration of the second stage of labor, with no effect on reducing the total number of injuries intrapartum which was confirmed in the recommendations. Surveys have shown no statistically significant difference in the function of the pelvic floor muscles [22,23]. Studies indicate that in the warm water bath during the period of labor significantly reduces the level of intensity of pain, which consequently limits the supply of epidural anesthesia and other analgesics. Use of the water in the second stage of labor makes the thrust is more effective [24]. During the water immersion greatly suppress the renin - aldosterone - angiotensin system and vasopressin, which induces diuresis and natriuresis. As a result, there is a reduction of edema and hypotension [25-27]. Many authors emphasize that, in an aqueous environment there is a smooth transition of the child from the uterus filled with amniotic fluid into the water at a constant temperature, which greatly reduces the stress levels of the newborn [28].

Summary

Water immersion is more and more popular form of conducting labor. Undisputed benefits of such forms of labor include: pain reduction, relaxation and relaxing effect and shortening the time of delivery.

Literature

- Guzikowski W.: Immersja wodna w czasie porodu i poród w wodzie. Family Medicine & Primary Care Review 2009, 11, 2: 163–167
- 2. Daniels K. Water baby: experiences of water birth. Birtlf 1988; 15: 106–107

- 3. Odent M. Birth underwater. Lancet 1983; II: 1476–1477
- Laudański T. Poród w wodzie. Materiały Konferencji Naukowo-Szkoleniowej "Postępy w perinatologii i ginekologii". Łódź 1997: 31–34
- 5. Straburzynska-Lupa A, Straburzyński G. Fizjoterapia. Wydanie III rozszerzone i uzupełnione. Warszawa: Wydawnictwo Lekarskie PZWL, 2003
- Simkin P., Klein M.C. Nonpharmacological approaches to management of labor pain. Journal of Midwifery and Women's Health 2004; 49, 489
- Simkin P., O'Hara M. Nonpharmacologic relief of pain during labor: Systematic reviews of five methods. Am J Obstet Gynecol 2002; 186, 131
- Kosińska K., Krychowska A., Wielgoś M. i wsp. Postawy ciężarnych wobec porodu analiza form przygotowania i preferencji. Gin Pol 2005, 76(12), 973
- 9. Ćwiek D. Ocena wpływu edukacji w szkołach rodzenia na przebieg ciąży, porodu i połogu oraz opiekę nad noworodkiem. Ann Acad Med Stetinesis 2006; 52(1),79
- 10. Davim R, Torres Gde V, Dantas Jda C. Effectiveness of non pharmacological strategies in relieving labour pain. Rev Esc Enferm USP. 2009, 43, 438-445.
- 11. Portuquese Meyer S, Weible C, Woeber K. Perceptions and practice of waterbirth: a survey of Georgia midwives. J Midwifery Womens Health. 2010, 55, 55-59.
- Pang D, O' Sullivan G. Analgezja i anestezja podczas porodu. W: Położnictwo-Ginekologia- Medycyna Rozrodu. 2008, 2, 6-9
- Polskie Towarzystwo Medycyny Perinatalnej oraz Katedra i Oddział Kliniczny Ginekologii i Położnictwa w Tychach. II ogólnopolska konferencja "Nowe techniki porodowe", Tychy, 16-17 maja 2003. Materiały konferencyjne.
- Piecha M., Opala Berdzik A., Chmielewska D.: Wykorzystanie hydroterapii u kobiet w ciąży, Rehabilitacja w praktyce 3/2013, 50-53
- Brown L. Therapeutic effects of bathing during labor. J Nurse Midwifery 1982; 1: 13–
 16
- Chutkowski R., Wódarski B., Malec Milewska M.: Metody i organizacja analgezji porodu - doświadczenia własne. Ból 2015, Tom 16, Nr 2, s. 7-15
- Lenstrup C et al.: Warm tub bath during delivery. Acta Obstet Gynec Scand 1987; 66: 709-712
- 18. Sipiński A et al.: Porody w immersji wodnej. Klin Perinatol Ginekol 1998; 27: 95-98.
- Daniels K: Water birth: the newest form of safe, gentle, joyous birth. J Nurse Midwifery 1989; 34: 198-205.
- 20. Odent M: Birth under water. Lancet 1983; 2: 1476-1477.

- 21. Sipiński A et al.: Analiza 135 porodów w wodzie. Ginekol Pol 2000; 71(4): 208-212.
- 22. Cortes E, Basra R, Kelleher C. Waterbirth and pelvic floor injury: a retrospective study and postal survey using ICIQ modular long form questionnaires. *Eur J Obstet Gynecol Reprod Biol.* 2011, 155, 27-30.
- 23. Rekomendacje Zespołu Ekspertow Polskiego Towarzystwa Ginekologicznego dotyczące zapobiegania śródporodowym urazom kanału rodnego oraz struktur dna miednicy. Ginekol Pol. 5/2011, 82, 390-394
- 24. Cluet E.R., Nikodem Ch. VC., McCandlish R.E., Burns E.: Immersion in water in pregnancy, labour and birth. Cochrane Pregnancy and Childbirth Group
- 25. Doniec–Ulman I. Water immersion included endocrine alterations in women with EPH gestosis. Clin Nephrol 1987; 28: 51–55
- 26. Katz V, Ryder R, Cefalo R et al. A comparison of bed rest and immersion for the treatment of the edema of pregnancy. Obstet Gynecol 1990; 2; 147–151.
- Goodlin R, Hoffman K, Wiliams N et al. Shoulder-out immersion in pregnant women. J Perinat Med 1984; 12; 173–177
- Torbe` A., Ćwiek D., Modrzejewska E.: Humanizacja porodu we współczesnym położnictwie, Borgis - Nowa Medycyna 3/2010, s. 104-112