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Jennifer Vanderlaan, Priscilla J. Hall, Maryjane Lewitt



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Neonatal Outcomes with Water Birth: A Systematic Review and Meta-analysis

Jennifer Vanderlaan MSN MPH CNM^{al}, Priscilla J. Hall PhD CNM^b, Maryjane Lewitt PhD CNM^c

^aClinical Instructor, Nell Hodgson Woodruff School of Nursing, Emory University, 1520 Clifton Road, Atlanta, GA 30322

^bClinical Instructor, Nell Hodgson Woodruff School of Nursing, Emory University

^cAssistant Clinical Professor, Nell Hodgson Woodruff School of Nursing, Emory University

Introduction

Water immersion in labor and birth is a valuable strategy for pain relief, associated with a significant reduction in the use of epidural anesthesia (Cluett & Burns, 2009). Water immersion has the potential to reduce the cost of care and provide women who want physiologic births with an effective tool for non-pharmacological pain management. Though water immersion in the first stage of labor is generally considered a safe and low-cost method of pain management for women in labor, concerns persist regarding the safety of second stage immersion and birth under water. The most recent Cochrane Review of hydrotherapy for labor and birth reported a lack of randomized controlled trials examining neonatal safety of second stage immersion (Cluett & Burns, 2009). Citing a lack of evidence, some organizations discourage use of water birth (American Academy of Pediatrics [AAP], & American College of Obstetricians and Gynecologists [ACOG], 2014).

While randomized controlled trials protect against some forms of bias, limitations exist in randomized controlled trials with water birth. Blinding of subjects and providers is never possible with water birth introducing a risk for performance bias. Ethical treatment of research subjects requires following protocols that remove women from water if there is concern for fetal well-being or when there is a desire for stronger pain control. *This means women at higher risk*

¹javande@emory.edu

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