



Gentlest Birth

by Tracy Swartout

...71% of water birth mothers did not require pain medications vs. 54% of the bed-birth mothers.

Water: we need it to survive. Our bodies are mostly made of it, and we depend on it to live. It has provided relief and respite for humans for millennia. We look to water to sustain our communities, nourish our bodies and soothe our souls. Water is used to restore and renew our bodies. Spas and resorts use pools, whirlpools and hydrotherapy to reduce and eliminate the stresses of our daily lives. The buoyancy one experiences in water makes it ideal for physical therapy and to promote healing. Water, when used as an aid to laboring women and the delivery of babies, can be of great benefit in pain reduction, decreasing length of labor and reducing maternal lacerations. Water, it seems, may be one of the most sought-after tools for relaxation in use today across a variety of disciplines.

When a child is developing within his or her mother's womb, he or she floats in a bag of waters, somewhat shielded from the bumps, jumps and constant jostling of the mother's daily life. The waters ease the journey, providing both sustenance and protection. Before we ever take our first breath outside our mother's body, we live and grow in a watery environment. As birth draws near, if allowed to progress naturally, the bag of waters will break of its own accord signaling that we are to emerge and continue our journey—this time on land.

Approximately 4.2 million children are born each year in the US. Of those births, just over 1.2% take place outside of a hospital at a birth center or in a private home. As natural childbirth, both in and out of hospitals, continues to increase

in popularity in the United States, mothers will also continue to seek ways to shorten labor, minimize pain for themselves and their babies, and provide for a safe and gentle birth environment.

The use of water during labor and delivery is fast becoming one of the most utilized methods for pain relief in out-of-hospital births and, as such, has frequently been referred to as "the midwife's epidural." As a result, in 2005, 80% of the out-of-hospital births used water for labor and/or delivery. However, even hospitals are getting into the business of using water for labor and/or delivery, as patients demand these services. The International Waterbirth Association (IWA), founded in 1988 by nurse, midwife and birth advocate Barbara Harper, has documented nearly 250,000 water births across 91 countries and all 50 states. Since these numbers are difficult to quantify, the IWA has petitioned all 50 states to include on birth certificates a notation denoting if the child was born via water birth. However, portable birth pool vendors report increased hospital installations, including a recent set of 18 birth pools in the 18 birth suites at the largest hospital in Maine.

Water births are typically an option for the low-risk birth mother. Birth center and hospital staff will closely screen out mothers who are contra indicated for water use in labor and/or delivery. However, the pediatric community is split on the issue of water birth, particularly so for the actual birth itself. In 2003, the *Journal of Pediatrics* published an article calling water birth a "near drowning experience." The editor at the time, Gerald Lucy, simultaneously issued a statement calling

water birth “ridiculous” and said he hopes that it would just “go away.” Clearly, the opposite effect has occurred, with water births on the rise in the US. Meanwhile, Dr. Duncan Neilson, Vice President of Women’s Services and Surgery, Legacy Health Systems, Portland, OR, has been quoted as saying, “I have independently reviewed all the published medical literature on water birth and could not find one credible source directly linking damage to a mother or a baby by the use of this method.”

Babies born via water birth in South Carolina are rarely allowed to remain underwater for more than a few seconds. However, Harper, who many in South Carolina water birth circles refer to as the “water birth guru,” explains the key factors that keep a baby from drowning during its first few moments underwater:

“Babies in-utero receive oxygen via the umbilical cord. A few days prior to birth, the fetus typically experiences notable increases in the prostaglandin E2 levels from the placenta, which causes a slowing down or stopping of the fetal breathing movements (FBM). With the work of the musculature of the diaphragm and intercostal muscles suspended, there is more blood flow to vital organs, including the brain. You can see the decrease in FBM on a biophysical profile as you normally see the fetus moving these muscles about 40% of the time. When the baby is born and the prostaglandin level is still high, the baby’s muscles for breathing simply don’t work.”

- Babies are born experiencing acute hypoxia or lack of oxygen. It is a built-in response to the birth process. Hypoxia causes apnea and swallowing, not breathing or gasping. If the fetus were experiencing severe and prolonged lack of oxygen, it may then gasp as soon as it was born, possibly inhaling water into the lungs. If the baby were in trouble during the labor, there would be wide variability noted in the fetal heart rate, usually resulting in prolonged bradycardia, which would cause the practitioner to ask the mother to leave the bath prior to the baby’s birth.
- The temperature match is another factor thought by many to inhibit the newborn from initiating the breathing response while in water. The temperature of the water is so close to maternal temperature that it prevents any detection of change within the newborn.
- Lung fluids present in the fetus are hypertonic in comparison with water. Even if water were to travel in past the larynx, it could not pass into the lungs based on

the fact that the lung fluids are denser and prevent water from merging or coming into their presence.

- The “dive reflex” is associated with the larynx. The larynx is covered with chemoreceptors, or taste buds. In fact, the larynx has five times as many taste buds as the entire surface of the tongue. When a solution hits the back of the throat and crosses the larynx, the taste buds interpret what substance it is and the glottis automatically closes; the solution is then swallowed, not inhaled.

(Source for the above list: Harper, B. Waterbirth Basics: From Newborn Breathing to Hospital Protocols (Originally published in Midwifery Today Magazine, Summer, 2000)

In the Waterbirth Basics Article, Harper also cited this study: Harding, R., Johnson, P., McClelland, M. (1978) Liquid sensitive laryngeal receptors in the developing sheep, cat, and monkey. J of Physiol 277: 409-22.



Byrd believes that natural birth makes mothers strong, which in turn facilitates stronger families; something we need in order to bring strength to our culture.

Harper has been in the field of natural childbirth for more than 25 years and is used to statements that she terms “not based in science, but in opinion.” As a registered nurse, Harper believes that the introduction of water birth into hospital settings has led to something she has termed “the Kmart effect.” Once water is used in the hospital, it leads to other natural childbirth practices “trickling down” to the rest of the labor and delivery operations. The use of midwives, doulas and other birth attendants, including husbands as coaches is common. Using tools, such as birthing balls and alternate birth positions, has brought much of the midwifery model of care into vogue even in hospital settings, which in

turn, has increased awareness and appreciation of the benefits of gentler birth.

Families in South Carolina have a variety of options to choose from when considering the birth of their child. If they choose natural childbirth, water birth may be an option they wish to explore further, given their own particular needs and desires. For home births, birth pools may be rented and privately hired birth attendants may be used. Rental tubs can be procured online through Waterbirth International.

Within South Carolina, there are also five free-standing birth centers licensed by DHEC. Of these, Covenant Birth Center near Columbia opened its doors in November of 2007, and since that time, owner Lisa Byrd, LM, CPM, reports that 35 babies have been born at Covenant Birth Center, with 29 women using the birth pool for labor and/or delivery. Charleston Birth Place opened recently, with its first baby born on Jan. 14, 2008. Charleston Birth Place owner Lesley Rathbun estimates approximately 10 to 15 babies are



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strong, which in turn facilitates stronger families; something we need in order to bring strength to our culture. This sort of big-picture, visionary thinking is shared across the natural childbirth community in the United States. But as Harper says, “[I]t takes perseverance to be a visionary.” Many individuals who experience natural childbirth become advocates for the sharing of natural birth information and education with a wider audience, but only a handful make it their life’s work.

For more information on water birth, visit Waterbirth.org, CovenantBirthCenter.com and CharlestonBirthPlace.com.

When she isn’t on maternity leave with her newly water birthed son, Grayson, author Tracy Swartout is the Superintendent of Congaree National Park. A SC native whose family has been in the state for many generations, Swartout holds a master’s degree in natural resource management from the University of Waterloo in Canada, and a bachelor’s degree in environmental geography from the University of South Carolina. She and her husband, Tom, an environmental engineer, live in downtown Columbia with their son, dog Casey, and two teenage cats, Reba and Molson. They enjoy being actively involved in local conservation and natural/cultural resource preservation issues, hiking, backpacking, paddling and participating in Columbia’s only organic produce co-op.

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born per month—76 total to date. Of these births, only a small handful did not deliver in the birthing tub. Like Harper and Byrd, Rathbun outlines similar reasons women choose water as a labor and birth option: increased relaxation, reduced pain, shorter labors and decreased rates of perineal injuries (Rathbun boasts of her 87% intact perineum rate). She attributes this to the warmth of the water, the focus on gentler/delayed pushing, and better birth positioning in the buoyant aqueous tub environment. These assertions are supported by recent studies, including the 2000 Swiss study that looked at 2,000

water births and found that 71% of water birth mothers did not require pain medications vs. 54% of the bed-birth mothers.

Byrd, who also rents birth pools and assists home births, expresses a common sentiment among water birth practitioners across the state in that she wants to “be a facilitator of the normal.” Byrd explains that her goal is to help women not get lost in the “birth machine” and to realize that birth is something that is actually within their power to do. Further, Byrd believes that natural birth makes mothers

Barbara Harper, Founder of Waterbirth International, will be in Myrtle Beach Jan. 23-25 for a public forum, workshops, lectures and water birth credentialing at the Sands Ocean Club Resort, 9550 Shore Drive. Childbirth practitioners, including midwives and birth center staff will be in attendance. For info, visit Waterbirth.org, call (800) 641-2229, visit BeachBabys.org or call Pat Burrell at (843) 213-1393.