The Ripple Effect of Research: Registry of Water Labor and Delivery Restores Choice for Patients

In 2014, the American College of Obstetricians and Gynecologists (ACOG) and the American Academy of Pediatrics (AAP) released a single opinion statement indicating that waterbirths may have risks for mothers and babies, had no known benefits and that this service should be provided only in the context of a clinical study. The Ohio State University Wexner Medical Center’s Certified Nurse Midwives (CNMs), who had provided this offering since March 2013, were forced to stop waterbirths immediately, without any forewarning.

“We discovered that there was a significant gap in research related to waterbirth in in-hospital settings that were based in the United States,” says Emily Neiman, MS, APRN-CNM. “We were determined to leverage our research to fill this void while also using our study to advocate on behalf of our patients.”

As one of approximately six locations throughout Ohio to offer the service, it was critical for Ohio State to launch the study as quickly as possible. In January 2016, the CNMs’ waterbirth registry was approved by the institutional review board, and the team began recruiting participants and collecting data in March 2016.

“We felt so passionately about continuing to provide this option for the women we serve that we took this study on without any funding,” says Beth Austin, MSN, APRN-CNM.

In 2016, ACOG released an updated opinion that eliminated the need for patients to be part of a clinical trial to have an in-hospital waterbirth. However, the organization maintained its recommendation against waterbirth. This shift opened the door for women to continue to choose this service, as long as they were appropriately screened and provided informed consent.

The CNMs forged ahead with their study, grouping participants into three groups: waterbirth, water-labor-only and neither. The screening process required participants to be full-term, singleton, vertex and undergoing spontaneous labor. Participants completed a survey at six weeks postpartum to gauge their satisfaction with the birth experience. The study resulted in 55 waterbirths, 58 water labors only, 106 who did not use the tub and 152 who were interested but did not meet the screening criteria to participate in the study.

While the final data set has yet to be analyzed, “the study findings so far suggest that there is no difference in terms of outcomes for babies, which is exactly what we were hoping for,” Austin says. “Our initial analysis seems to support the literature that has been published over the past 10 to 15 years — that with proper screening, waterbirth is a very safe option.”

The team is submitting the results of the study for publication in the *Journal of Midwifery & Women’s Health*. Additionally, the Ohio State Wexner Medical Center OB Safety Council has granted the CNMs permission to continue to offer the option of waterbirth beyond the trial.

“I’m so proud that we initiated and completed this study,” Neiman says. “And I look forward to pointing to our data as a way to start conversations about this option with physicians, nurses, residents and patients who are curious or are considering coming to Ohio State specifically for this offering.”
We were driven by our united desire to offer women a viable choice for labor and delivery.

– Elizabeth (Beth) Austin, MSN, APRN-CNM