

1                   **NATIONAL INSTITUTE FOR HEALTH AND CARE**  
2                   **EXCELLENCE**

3                   **Intrapartum care (water birth update)**

4                   **Draft for consultation, August 2025**

**This guideline covers** the care of women and their babies during labour and immediately after birth. It focuses on women who give birth between 37 and 42 weeks of pregnancy ('term'). The guideline helps women to make informed choices about where to have their baby and about their care in labour. It also aims to reduce variation in aspects of care.

Using inclusive language in healthcare is important for safety, and to promote equity, respect and effective communication with everyone. This guideline does not use inclusive language in whole or in part because:

- the evidence has not been reviewed, and it is not certain from expert opinion which groups the advice covers, or
- the evidence has been reviewed, but the information available for some groups was too limited to make specific recommendations, or
- only a very limited number of recommendations have been updated in direct response to new evidence or to reflect a change in practice.

Healthcare professionals should use their clinical judgement when implementing recommendations, taking into account the individual's circumstances, needs and preferences, and ensuring all people are treated with dignity and respect throughout their care.

This guideline will update NICE guideline NG235 (published September 2023).

**Who is it for?**

- Healthcare professionals
- Commissioners and providers

- Healthy women who have had a straightforward pregnancy and give birth between 37 and 42 weeks of pregnancy

### **What does it include?**

- new and updated recommendations on water birth
- the rationale and impact section that explains why we made the 2025 recommendations and how they might affect services.

Information about how the guideline was developed is on the [guideline's webpage](#). This includes the supporting document for why the recommendations were made.

### **New and updated recommendations**

We have made new and updated recommendations on water birth. You are invited to comment on the new and updated recommendations. These are marked as **[2023, amended 2025]** or **[2025]**.

## 1 **Recommendations**

People have the right to be involved in discussions and make informed decisions about their care, as described in [NICE's information on making decisions about your care](#).

[Making decisions using NICE guidelines](#) explains how we use words to show the strength (or certainty) of our recommendations and has information about prescribing medicines (including off-label use), professional guidelines, standards and laws (including on consent and mental capacity), and safeguarding.

## 2 **1.9 Second stage of labour**

### 3 **Intrapartum interventions to reduce perineal trauma**

- 4 1.9.13 Once the presenting part distends the perineum in the second stage of  
5 labour, offer to apply a warm wet compress to the perineum and continue  
6 this until birth. Check the temperature of the compress is comfortable for

1 the woman or pregnant person. Note, this recommendation does not  
2 apply to births in water. **[2023, amended 2025]**

3 1.9.14 Consider massage of the perineum with a water-soluble lubricant in the  
4 second stage of labour, if perineal massage is acceptable to the woman  
5 or pregnant person and they prefer this to a warm compress. Note, this  
6 recommendation does not apply to births in water. **[2023, amended 2025]**

## 7 **Water birth**

8 1.9.24 Consider birth in water for women and pregnant people. To help them  
9 make an informed choice, discuss that evidence on giving birth in water  
10 compared to out of water:

- 11 • showed that water birth may be associated with:
  - 12 – a lower risk of severe perineal trauma (3<sup>rd</sup> or 4<sup>th</sup> degree tearing),
  - 13 particularly for multiparous women and pregnant people
  - 14 – a lower risk of postpartum haemorrhage (see also the
  - 15 recommendations on [management of third stage of labour](#))
  - 16 – an increase in risk of snapping of the cord before cord clamping
  - 17 – a lower risk of admission to the neonatal unit
- 18 • was inconclusive on risk of the baby dying (during or after birth), so it is  
19 not possible to say whether there is any difference between the 2  
20 options. **[2025]**

For a short explanation of why the committee made the 2025 recommendation and how it might affect practice, see the [rationale and impact section on water birth](#).

Full details of the evidence and the committee's discussion are in [evidence review Q: effects and safety of water immersion during the second stage of labour](#).

## 21 **Rationale and impact**

22 These sections briefly explain why the committee made the recommendations and  
23 how they might affect practice.

## 1 **Water birth**

### 2 [Recommendation 1.9.24](#)

#### 3 **Why the committee made the recommendation**

4 The committee reviewed new evidence from large cohort studies on the safety and  
5 effects of water birth during the second stage of labour for women with low-risk,  
6 term, singleton pregnancies. The evidence was generally of low to very low certainty,  
7 but consistently suggested that water birth is not associated with increased risk of  
8 severe adverse maternal or neonatal outcomes and might offer some benefits.  
9 Evidence on fetal and neonatal mortality was limited and inconclusive.

10 The evidence showed that water birth might reduce the risk of severe perineal  
11 trauma (3<sup>rd</sup> or 4<sup>th</sup> degree tearing), particularly in multiparous women. There was also  
12 evidence suggesting a reduction in the risk of postpartum haemorrhage in women  
13 who gave birth in water, although the studies did not consistently report whether  
14 active management of the third stage of labour was used. The committee also noted  
15 that the lower likelihood of postpartum haemorrhage observed among those giving  
16 birth in water does not mean that the baseline risk for those at an increased risk of  
17 postpartum haemorrhage would change if they give birth in water.

18 An increased risk of umbilical cord snapping before cord clamping was observed for  
19 women giving birth in water, although the absolute risk is still small. However, the  
20 evidence also showed that water birth might be associated with a decreased rate of  
21 admission to the neonatal unit.

22 The committee noted that the absence of significant adverse effects is reassuring, as  
23 it suggests that water birth appears to be at least as safe as birth outside of water.  
24 They also noted that water birth is generally well accepted and can improve maternal  
25 satisfaction with the birth experience, although this outcome was not directly  
26 reported in the included studies.

27 The committee also discussed the importance of informing women and pregnant  
28 people about both the potential benefits and risks associated with water birth, so that  
29 they can make informed choices about their care.

1 Manual perineal protection was not covered in the included studies, but the  
2 committee noted that it is not typically applied during water birth. Therefore the  
3 committee agreed to amend existing recommendations in the section on intrapartum  
4 interventions to reduce perineal trauma to clarify that the recommendations do not  
5 apply to births in water.

## 6 **How the recommendation might affect practice**

7 Given the existing recommendation for the use of birthing pools for managing pain in  
8 labour, many maternity units already have birthing pools available. There may be a  
9 small increase in demand for more pools to be available, particularly in obstetric  
10 units. However, the committee anticipate this will only have a limited resource  
11 impact, especially if this is offset to some extent by a reduction in harms and  
12 neonatal admissions.

13 [Return to recommendation](#)

## 14 **Finding more information and committee details**

15 To find NICE guidance on related topics, including guidance in development, see the  
16 [NICE topic page on fertility, pregnancy and childbirth](#).

17 For full details of the evidence and the guideline committee's discussions, see the  
18 [evidence reviews](#). You can also find information about [how the guideline was](#)  
19 [developed](#), including [details of the committee](#).

20 NICE has produced [tools and resources to help you put this guideline into practice](#).

21 For general help and advice on putting our guidelines into practice, see [resources to](#)  
22 [help you put NICE guidance into practice](#).

## 23 **Update information**

24 **August 2025:** We have updated and made new recommendations on water birth.  
25 These recommendations are marked **[2023, amended 2025]** and **[2025]**.

26 **March 2025:** We have updated and made new recommendations on fluid balance,  
27 bladder care and hyponatraemia during labour. These new and updated

1 recommendations were made based on committee consensus. These  
2 recommendations are marked **[2007, amended 2025]**, **[2023, amended 2025]** and  
3 **[2025]**.

4 **September 2023:** We have reviewed the evidence and made new recommendations  
5 on pain relief, regional analgesia, prelabour rupture of membranes, care in all stages  
6 of labour and postpartum care. We have also made new recommendations based on  
7 committee consensus. These recommendations are marked **[2023]**.

8 We have also made some changes without an evidence review throughout the  
9 guideline. These recommendations are based on committee consensus and marked  
10 **[2007, 2014 or 2017, amended 2023]**.

11 Recommendations marked **[2007, 2014 or 2017]** last had an evidence review in  
12 2007, 2014 or 2017, respectively. In some cases, minor changes have been made to  
13 the wording to bring the language and style up to date, without changing the  
14 meaning.

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