Waterbirth: second stage of labour

Consultation on draft guideline - Stakeholder comments table
28/08/25 to 10/09/25

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
AIMS (Association for Improvements in the Maternity Services)	Guideline	003	11 - 20	In order to make an informed decision, women need information about the actual risks, rather than being told that a risk is 'higher' or 'lower' in one situation compared with another. We suggest adding a table giving the actual risk figures, as has been done in a number of other NICE guidelines.	Thank you for your comment. We have now included a table in the guideline that presents the absolute risks for the outcomes.
AIMS (Association for Improvements in the Maternity Services)	Guideline	003	11-20	It would be helpful to precede this list with a statement that women should be informed "that water birth appears to be at least as safe as birth outside of water"(as stated in the comments 'Why the committee made the recommendation')	Thank you for your comment. The statement you are referring to is part of the committee's justification for the recommendation which is why it's in the 'Why the committee made the recommendation' section. We think the wording of the recommendation is appropriate and reflects the evidence reviewed.
AIMS (Association for Improvements in the Maternity Services)	Guideline	003	11 - 20	We think it would be clearer to list the three lower risks in order of the most significant, followed by the possible increase in the risk of the cord snapping.	Thank you for your comment. It is not clear which one of the outcomes is considered most significant. The order of the outcomes reflects the sequence of how they might occur during or after birth.
AIMS (Association for Improvements in the	Guideline	003	16	As this could sound alarming to parents we suggest adding that women should be informed that " there was no associated increase in the risk of the baby dying or requiring a blood transfusion" if the cord snaps.	Thank you for your comment. The absolute risk associated with snapping of the umbilical cord before clamping was small. To improve clarity, we have included a table in the guideline presenting these absolute risks.

Waterbirth: second stage of labour

Consultation on draft guideline - Stakeholder comments table
28/08/25 to 10/09/25

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
Maternity Services)					The POOL study reported that no babies with a snapped umbilical cord (before clamping) died, and none received therapeutic hypothermia or a blood transfusion. Although these outcomes were discussed by the committee and referenced in the committee discussion section of the evidence report, they were not the primary focus of the study. The POOL study was designed to evaluate the safety of water birth and is not powered to assess the impact of snapped umbilical cords before clamping on neonatal complications.
BMFMS	Guideline	3	16	Please could you consider moving this point to the last of the points, as it is a significant risk to the neonate and it feels slightly buried in between the 'lower' risks.	Thank you for your comment. It is not clear which one of the outcomes is considered most significant. The order of the outcomes reflects the sequence of how they might occur during or after birth.
BMFMS	Guideline			We suggest an auditable standard of 3rd and 4th Degree perineal trauma rates	Thank you for your comment. This isn't within the remit of this guideline update.
Group B Strep Support	Guidance	3	9-20	The draft currently lacks clarity on the demographic and clinical risk profile of those eligible for a waterbirth. We think it would be helpful to make it clear that waterbirth is typically offered only to those in relatively low-risk situations, and that the potential benefits or risks listed may not apply universally.	Thank you for your comment. The guideline covers intrapartum care for healthy women and people who have had straightforward pregnancies and give birth at term (37 to 42 weeks), so the population has not been specified in the individual recommendation on water birth.
Group B Strep Support	Guideline	3	9-20	Given the prevalence of GBS carriage and the potential severity of early-onset GBS infection, the guideline should include a dedicated section or	Thank you for your comment. Group B Streptococcus (GBS) in the context of water birth

Waterbirth: second stage of labour

Consultation on draft guideline - Stakeholder comments table
28/08/25 to 10/09/25

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				reference to GBS-specific intrapartum care considerations in the context of waterbirth. This could include: • The timing and administration of IAP in waterbirth settings. • Monitoring protocols during labour in water for birthing women and people carrying GBS. • Communication strategies to ensure GBS status is known and acted upon	is outside the scope of this update, so we are unable to make a recommendation on this topic.
Group B Strep Support	Guideline	3	9-20	Please add a sentence or two to say that water births are not contraindicated for those carrying group B Strep to help prevent misinterpretation and ensure that maternity units do not unnecessarily restrict access to waterbirth for GBS carriers. We hear regularly from families that their health professionals have told them that, because they are carrying GBS, they are 'not allowed' to have a water birth. The current RCOG Green-top Guideline states clearly that "Birth in a pool is not contraindicated if the woman is a known GBS carrier provided she is offered appropriate IAP" with a supporting evidence box stating "The evidence suggests that water birth is not contraindicated for GBS-positive women who have been offered the appropriate IAP." References for this are	Thank you for your comment and suggested references. Group B Streptococcus (GBS) in the context of water birth is outside the scope of this update, so we are unable to make a recommendation on this topic. All of the references you provided have been checked to see if they meet the review protocol and could be included in the guideline: Zanetti (2007) - Excluded because the study did not clearly specify whether participants had term pregnancies or had low, intermediate, or high-risk pregnancies. Thoeni (2005) - Excluded as the study did not adjust for the prespecified covariates: maternal age, parity, and ethnicity.

Waterbirth: second stage of labour

Consultation on draft guideline - Stakeholder comments table
28/08/25 to 10/09/25

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				Zanetti-Dällenbach RA, Holzgreve W, Hösli I. Neonatal group B streptococcus colonization in water births. Int J Gynaecol Obstet. 2007 Jul;98(1):54-5. doi: 10.1016/j.ijgo.2007.03.029. Epub 2007 May 1. PMID: 17475265. https://pubmed.ncbi.nlm.nih.gov/17475265/, Thoeni A, Zech N, Moroder L, Ploner F. Review of 1600 water births. Does water birth increase the risk of neonatal infection? J Matern Fetal Neonatal Med. 2005 May;17(5):357-61. doi: 10.1080/14767050500140388. PMID: 16147851. https://pubmed.ncbi.nlm.nih.gov/16147851/ Zanetti-Dällenbach R, Lapaire O, Maertens A, Holzgreve W, Hösli I. Water birth, more than a trendy alternative: a prospective, observational study. Arch Gynecol Obstet. 2006 Oct;274(6):355-65. doi: 10.1007/s00404-006-0208-1. Epub 2006 Jul 26. PMID: 16868755. https://pubmed.ncbi.nlm.nih.gov/16868755/.) A suggestion would be "Waterbirth is not contraindicated for pregnant women and people who carry group B Strep, assuming the recommended intrapartum antibiotic prophylaxis (IAP) is offered."	Zanetti (2006) - Excluded as the study did not adjust for the prespecified covariates: maternal age, parity, and ethnicity.

Waterbirth: second stage of labour

Consultation on draft guideline - Stakeholder comments table
28/08/25 to 10/09/25

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
Maternity & Newborn Safety Investigations (MNSI) Programme	Guideline	3	General	1.9.24 does not consider the challenges of removing women from water in the event of needing to do so in emergency circumstances in the second stage. This includes ensuring the room is prepared for emergency situations and that the unit has rehearsed emergency drills, including those for emergencies in the second stage. MNSI considers that women should be informed of the risks as well as the benefits. Blood loss can be harder to assess when it occurs during water birth and there is the potential for delays in recognising and managing some emergency situations.	Thank you for your comment. This is an important consideration but the committee's view was that plans and rehearsals for emergency evacuation procedures from birthing pools are already part of standard practice and no specific recommendation is needed on this. This has now been reflected in the committee discussion section in the evidence report. The committee acknowledged that estimating blood loss in water may not be accurate (as it often is not in birth occurring outside of water either) but compared to 'normal' blood loss, midwives should be able to recognise when blood loss is more severe. The committee discussed that the evidence showed that the risk of postpartum haemorrhage was indeed lower among women who have birth in water. The committee also discussed that most women and people tend to get out of the pool before third stage of labour and they thought it was important to include in the recommendation a link to the section about management of third stage of labour.
Maternity & Newborn	Guideline	3	General	1.9.24 does not comment on maintaining oversight of maternal and fetal wellbeing during the second stage, including maternal observations and fetal heart	Thank you for your comment. The same guidance on maternal observations and fetal monitoring apply whether the birth is occurring in

Waterbirth: second stage of labour

Consultation on draft guideline - Stakeholder comments table
28/08/25 to 10/09/25

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
Safety Investigations (MNSI) Programme				monitoring. It is not clear to the reader what guidance applies for these aspects of wellbeing; further clarity in this section would be a welcome addition.	water or not. The committee did not think it was necessary to specify this in this section.
Maternity & Newborn Safety Investigations (MNSI) Programme	Guideline	3	General	1.9.24 does not comment on recommendations that if the presenting part is visible, immersion in water is not recommended, nor is there mention that other positions (like standing out of the water) might be considered if there is lack of descent.	Thank you for your comment. The focus of the evidence review was on the safety and effects of giving birth in water compared to outside of water and the recommendation reflects this. The committee did not want to make recommendations on specific scenarios where immersion in water might not be the best option.
Maternity & Newborn Safety Investigations (MNSI) Programme	Guideline	3	General	MNSI considers there is a gap in guidance about safe water birth which is not addressed by current NICE guidance and this guidance represents an opportunity to address this gap by providing more clarity on safe intrapartum care during second stage in water.	Thank you for your comment. The focus of the evidence review for this guidance was on the safety and effects of giving birth in water compared to outside of water and the recommendations reflects this. The committee included what was supported by the evidence and did not cover in detail aspects of care considered to be standard clinical practice.
NHS England	Guideline	1	4	The statement on inclusive language is followed by a series of comments that don't seem related to a rationale for not using inclusive language. Reads very strangely	Thank you for your comment. The statement you are referring to explains why not all recommendations in the Intrapartum care guideline NG235 use inclusive language. We realise this may have been confusing in this context when the draft guidance document only

Waterbirth: second stage of labour

Consultation on draft guideline - Stakeholder comments table
28/08/25 to 10/09/25

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
					included recommendations that were updated where inclusive language was used. This issue should be resolved when the final guideline is published.
NHS England	Guideline	1	4	(Top of page 2) Saying this is only for healthy women etc may not go down very well as many women use pools who have a variety of health needs. Are they saying the evidence is only applicable to that group? In which case should be clearer	Thank you for your comment. The guideline covers intrapartum care for health women and people who have had straightforward pregnancies and give birth at term (37 to 42 weeks). This is specified on the 'overview' tab on the guideline website.
NHS England	Guideline	3	11	On pages 3&4 it talks about risks but makes no effort to quantify them. This would be informative for people to understand	Thank you for your comment. We have now included a table in the guideline that presents the absolute risks for the outcomes for clarity.
NHS England	Guideline	4	18	One of those risks is cord snapping. The cord may snap but the really important element is whether that results in harm – that would be useful if known. If not know worth saying so.	Thank you for your comment. The absolute risk associated with snapping of the umbilical cord before clamping was small. To improve clarity, we have included a table in the guideline presenting these absolute risks. The POOL study reported that no babies with a snapped umbilical cord (before clamping) died, and none received therapeutic hypothermia or a blood transfusion. Although these outcomes were discussed by the committee and referenced in the committee discussion section of the evidence report, they were not the primary focus of the

Waterbirth: second stage of labour

Consultation on draft guideline - Stakeholder comments table
28/08/25 to 10/09/25

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
					study. The POOL study was designed to evaluate the safety of water birth and is not powered to assess the impact of snapped umbilical cords before clamping on neonatal complications, so firm conclusions cannot be drawn. However, the committee did agree that while they did not review evidence on the effects of cord snapping, clamping the cord immediately after the snapping occurs will likely avoid or minimise adverse events. This has been added to the 'Why the committee made the recommendation' section.
NHS England	Guideline	General	General	Is there any mention anywhere else in NICE guidance about monitoring in water – as this is often a source of contention.	Thank you for your comment. Guidance around fetal monitoring is the same for labour and birth in water and outside of water. However, recommendation 1.2.20 in the guideline on fetal monitoring (NG229) says that for continuous CTG monitoring "may restrict her mobility and the option to labour in water".
NHS England	Guideline	General	General	I have read the proposed guidelines and have no specific comments to make. It is comprehensive, concise and with no areas where I feel require any challenge.	Thank you for your comment.
Oxford Brookes University	Guideline	P1	Title	Intrapartum care (water immersion during labour and waterbirth) Suggested because I think it is key that this CG refers to water immersion during the latent/first stage of labour as this is where there is the most	Thank you for your comment. The focus of this update was the safety and effects of water immersion in the second stage of labour. Water immersion in the first stage of labour is covered in

Waterbirth: second stage of labour

Consultation on draft guideline - Stakeholder comments table
28/08/25 to 10/09/25

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				practice and CG variation. For example, there is still a belief that getting into a birth pool 'too soon' results in stalling labour. So some places are still recommending that a mother have a cervical dilatation of 4 cm or be in established labour pre BP entry. There is no evidence to substantiate this. However we know that physiologically once a cervix is well applied to the presenting part, thin, central and fully effaced, the dilatation is likely to proceed well and it is the only ting it has to do at this point. In contrast, a cervix may be 4-5 cm dilated and the mother not in labour because it is not well applied, un or semi-effaced and posterior with disturbance in uterine polarity. Another aspect of first stage and BP use - some CG suggest that it is safe to immerse in water a couple of hrs after injecting an opioid to ease maternal pain, yet it has barely started its metabolism at this point.	a different section of the guideline (Non-pharmacological pain-relieving strategies) and evidence on this was not reviewed by the committee during this update.
Oxford Brookes University		P1	#1	Please see preceding comment	Thank you.
Oxford Brookes University		P1	Bullet point 3	Suggest omit 'very' - I respectfully think this conveys an unfair negative given there is consistently clear evidence of benefit that mothers experience from water immersion as reported in a range of observational studies, particularly prospectively conducted ones.	Thank you for your comment. The bullet point you are referring to is about why inclusive language is not used throughout the entire Intrapartum care guideline NG235 and it does not relate to the evidence base around water birth.

Waterbirth: second stage of labour

Consultation on draft guideline - Stakeholder comments table
28/08/25 to 10/09/25

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
Oxford Brookes University		P1	Last #	Suggest that the last part of the final sentence of this # read …. ensuring all people are treated equitably, respectfully and with dignity. - In the main in the UK at least, many people who use a birth pool are white and articulate. Aughey 2021 also flagged this fact in her study. This CG should include emtnion that pregnant women/people should be informed about BP care option - I have experience of women of colour in general knowing next to nothing about this care option.	Thank you for your comment. The committee acknowledged that use of birthing pools is less common among some groups (please also see the Equalities and health inequalities assessment forms) but including guidance on it may increase awareness of its use. The guidance already includes a recommendation about offering the opportunity to labour in water for pain relief, and the expectation is that this would be offered to everyone where the option is available.
Oxford Brookes University		P2	Recs 1	See previous comment. Consider including something to convey equity of accessing/receiving information e.g. All women/birthing people irrespective of culture, should be informed about water immersion during labour and waterbirth	Thank you for your comment. The committee acknowledged that use of birthing pools is less common among some groups (please also see the Equalities and health inequalities assessment forms) but including guidance on it may increase awareness of its use. The guidance already includes a recommendation about offering the opportunity to labour in water for pain relief, and the expectation is that this would be offered to everyone where the option is available.
Oxford Brookes University		P3	1.9.1.4	Apologies but I do not understand why this section is in a water immersion CG for labour or birth. Suggest delete it. If anything must go here – suggest Water immersion during labour and waterbirth automatically provides the comfort and benefits found	Thank you for your comment. The recommendation you are referring to was included in the consultation documentation because it was amended to say that it does not apply to births in water.

Waterbirth: second stage of labour

Consultation on draft guideline - Stakeholder comments table
28/08/25 to 10/09/25

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				in using a warm wet compress during labour and birth out of water.	
Oxford Brookes University		P3	1.9.24 #	Bullet point 1 – suggest this read – showed that labour and/or giving birth in water is associated with … There is clear evidence from observational research. Add the following See SR Burns et al 2022 Also for the impact of BP use in the OU birth setting McKinney et al (SR) 2024 reported similar. These reviews contribute meaningfully to the intervention reduction debate. Ditto Carpenter et al 2022 The latter is being excluded because of it did not adjust for maternal ethnicity (the primary study did not have data for this characteristic). However it does provide a useful contribution to the evidence around intervention reduction association. Less risk/likelihood of requiring/receiving an episiotomy Reduced likelihood of requiring intravenous infusion of oxytocin to augment labour Reduced likelihood of epidural requirement Increased maternal satisfaction with labour and birth experience - Nikodem reported this in her trial - see Cochrane review.	Thank you for your comment. This update focused on the safety and effects of immersion in water during the second stage of labour. Labouring in water for pain relief is covered in a different section of the guideline (Non-pharmacological pain-relieving strategies) and evidence on this was not reviewed by the committee during this update. All the references you cite have all been checked for their relevance to the review protocol. As outlined in our protocol, cohort studies that do not adjust for key confounders or covariates such as maternal age, parity, and ethnicity will be excluded, as adjustment for these factors is essential to reduce confounding bias and accurately interpret the relationship between intervention and outcomes. Carpenter et al 2022 did not report data on ethnicity and the statistical analysis failed to adjust for ethnicity. In the study Barry et al. (2020), the ethnicity of some participants is not

Waterbirth: second stage of labour

Consultation on draft guideline - Stakeholder comments table
28/08/25 to 10/09/25

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				Suggest include the SR & meta-synthesis on maternal experiences in water - Feeley 2021 And maternal feedback re water immersion in Irish prospective sobs study: Barry et al 2020. I note this is on the excluded list for this review for the rresaon of ethnicity exlcusion. However, table 1 chrematistics reports that almost all the participants were Caucasian, which reflects the predominant ethnicity for birth pool users. I respectively suggest reconsideration as this well conducted, prospective study represents typical OU birth setting care context that is transferable to the UK. Birth pool use in the Obstetric Unit may reduce interventions and increase spontaneous vaginal birth suggesting it may affect clinician behaviour and attitude - Burns et al SR 2022	reported, and the statistical analysis does not adjust for ethnicity. Therefore, in line with our protocol, we have excluded Carpenter et al 2022 and Barry et al 2020. Burns et al 2022 and McKinney et al 2024 are systematic reviews and all primary studies included in these systematic reviews were checked for relevance. Primary studies included in these systematic reviews do not meet our inclusion criteria (for example they failed to adjust for key confounders or were conducted in middle-income countries), except Aughey 2021 and Bailey 2020. Therefore, we excluded these systematic reviews and included Aughey 2021 and Bailey 2020 in our review. Feeley 2021 is a systematic review of qualitative studies and does not meet the inclusion criteria for our review, which focuses on quantitative evidence.
Oxford Brookes University		P4	Line 5	… for healthy women - Categorising women simplistically as low/hgi risk has become so embedded yet it is inaccurate to describe the nuanced shades od risk that occur across the risk spectrum during pregnancy and childbirth. For example, the BMI debate..	Thank you for the comment. We understand that terminology such as 'low-risk pregnancy' may not easily convey the nuances of different circumstances but it tries to reflect the situation for the majority of pregnancies where there are no particular medical or obstetric concerns. The

Waterbirth: second stage of labour

Consultation on draft guideline - Stakeholder comments table
28/08/25 to 10/09/25

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				I think it is important that a respected organisation adopts language that reflects the reality, which is that most birthing people are healthy overall, and those that are of mixed risk are still experiencing a physiological phenomenon.	intrapartum care guideline covers intrapartum care for healthy women who have had a straightforward pregnancy and give birth between 37 and 42 weeks of pregnancy.
Oxford Brookes University		P4	Line 6-8	… suggested that giving birth in water has not been shown to present a maternal or neonatal risk to healthy women/birthing people. - There is sufficiently reliable evidence to justify more positive use of language here which reads like an apology. See the SRs you have included. There is also Vanderlan's review	Thank you for your comment. There are some uncertainties in the evidence and the use of the language reflects this.
Oxford Brookes University		P4	Line 19	… the absolute risk remain small across multiple studies	Thank you for your comment. We have now included a table in the guideline that presents the absolute risks for the outcomes so this point should be made clearer.
Oxford Brookes University		P4	Line 20	…remains consistently low across studies	Thank you for your comment. It is unclear what your comment is referring to.
Oxford Brookes University		P4	Line 23	… ..showed that waterbirth is as safe as	Thank you for your comment. We think the wording used in the text is appropriate and reflects the evidence.
Oxford Brookes University		P4	25-26	Please note my reference to review by Feeley 2021 which I recommend be included in this CG.	Thank you for your comment. The reference you cite has been checked for relevance to the review protocol. Feeley 2021 is a systematic review of

Waterbirth: second stage of labour

Consultation on draft guideline - Stakeholder comments table
28/08/25 to 10/09/25

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
					qualitative studies and does not meet the inclusion criteria for our review, which focuses on quantitative evidence.
Oxford Brookes University		P4	28-29	Suggest omit 'potential' as there is clear evidence of benefit. I agree that all pregnant people should be informed about birth pool/water immersion during labour and birth – see earlier mention of inequity in practice.	Thank you for your comment. We think the wording used in the text is appropriate and reflects the evidence.
Oxford Brookes University		P5	1-5	If the committee feels it is important to provide something about the midwifery care during waterbirth regarding hands on/off/poised. Applying a hands-on approach to waterbirth is not recommended to avoid stimulating the baby as it emerges before it is gently supported out of the water into air. There is no evidence from trials to support the routine use of hands on during spontaneous birth on land either as it is associated with non-sacral flexible maternal birth positions, greater likelihood of episiotomy, perineal tears, and maternal pain. Aashaim 2017 – Cochrane review, HOOP trial (McCandlish 1998), and review (Petrocnik 2015).	Thank you for your comment. The committee wanted to ensure that the recommendations related to manual perineal protection in the section on 'Intrapartum interventions to reduce perineal trauma' are amended so that it is clear these do not apply in water births. The committee did not review evidence on these as part of this update.
Royal College of	Guideline	General	General	Please can the guideline include the following: If a woman chooses to use a birthing pool, the care provider should have a plan in place for how to	Thank you for your comment. This is an important consideration but the committee's view was that plans and rehearsals for emergency evacuation

Waterbirth: second stage of labour

Consultation on draft guideline - Stakeholder comments table
28/08/25 to 10/09/25

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
Anaesthetists				evacuate the woman from the birthing pool in the case of an emergency.	procedures from birthing pools are already part of standard practice and no specific recommendation is needed on this. This has now been reflected in the committee discussion section in the evidence report.
Royal College of Anaesthetists	Guideline	General	General	Please can the guideline include the following: A woman should not be left alone in a pool when using Entonox	Thank you for the comment. This guideline (Intrapartum care, NG235) and the guideline on fetal monitoring in labour (NG229) already recommend one-to-one care during labour and birth in all birth settings so the committee did not think a separate recommendation on this was needed. See section "One-to-one care in all birth settings" under section 1.4 in the intrapartum care guideline NG235 and recommendation 1.2.4 in the fetal monitoring in labour guideline NG229.
The Pelvic Partnership	Equality and health inequalities statement	003	001	"Women and people giving birth who have disabilities may have more difficulty accessing water birth because of their disabilities." Does not suggest women will be supported to access a water birth if possible, e.g. help to get in and out. Women with pelvic girdle pain may benefit from giving birth in water and should be encouraged to access a water birth if there are no other relevant risk factors present.	Thank you for your comment. The committee agreed on the importance of including a recommendation for people with mobility issues and have now added a recommendation to address this to section 1.6 where labouring in water for pain relief is covered (under the heading Non-pharmacological pain-relieving strategies).
The Royal College of	Guideline	General	General	The RCM welcomes this update and the embedding of new evidence and findings from the POOL study in this guideline. The RCM Policy & Practice team has	Thank you for your comment.

Waterbirth: second stage of labour

Consultation on draft guideline - Stakeholder comments table
28/08/25 to 10/09/25

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
Midwives (RCM)				coordinated this response. The RCM has consulted and received input from key stakeholders including Dr Claire Feeley (King's College London) and Professor Julia Sanders (PI of the POOL study. Establishing the safety of waterbirth for mothers and babies. A cohort study with nested qualitative component) and the RCM Consultant Midwives Forum	
The Royal College of Midwives (RCM)	Guideline	2	4-6	We welcome the amendment and removal of the suggestion of warm compress as this does not apply to waterbirths and can be confusing (it could be read as to suggest women come out of the pool for the birth to allow hands on techniques).	Thank you for your comment.
The Royal College of Midwives (RCM)	Guideline	3	1-6	As above	Thank you for your comment.
The Royal College of Midwives (RCM)	Guideline	3	6	Suggest rewording 'Consider' with: Offer the option of birth in water to women and pregnant people.	Thank you for your comment. The wording in NICE recommendations reflects the strength of the recommendation and the underlying evidence base, which is why 'consider' is used instead of 'offer'.
The Royal College of Midwives (RCM)	Guideline	3	16	Strongly suggest adding a sentence as this can be misleading, unnecessarily worryingly for women as it stands: An increased risk of snapping of the cord before cord clamping, which can be resolved by clamping the cord with little long-term adversity for	Thank you for your comment. The absolute risk associated with snapping of the cord before clamping was small. To improve clarity, we have included a table in the guideline presenting these absolute risks. While the committee did not review evidence on the effects of cord snapping,

Waterbirth: second stage of labour

Consultation on draft guideline - Stakeholder comments table
28/08/25 to 10/09/25

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				newborns. The increased risk is of: (absolute risk provided).	they agreed that immediate clamping of the cord after snapping occurs should minimise adverse effects of it and this has been added to the 'Why the committee made the recommendation' section.
The Royal College of Midwives (RCM)	Guideline	3	18-20	Suggest removing altogether as no difference has been found between risk of baby dying in/out of water.	Thank you for your comment. Because of the rarity of mortality as an outcome, the studies were not powered enough to estimate the effect so the effect remains uncertain. For completeness, it was considered important to also include this information in the recommendation.
UK Network of Professors in Midwifery and Maternal and Infant HeaLTH	Guideline	3	1.9.24	The current recommendation in terms of providing information to women excludes discussion that in the event of any abnormalities, and where there is sufficient time to safely leave the water, the midwife will recommend giving birth out of water. The problem (danger) is that the current wording is interpreted that women should be encouraged to, or will want to, remain in the water even when there is a concern. We recommend a statement is added to 1.9.24 to make this clear. Suggest text: All women using water immersion during labour should be informed that if serious abnormalities are suspected or detected in the woman or her baby,	Thank you for your comment. While the committee acknowledged the importance of this point, they did not think there is a need for a separate statement on this, specific to water birth. The guideline's recommendation 1.1.3 already covers this by saying "choices and decisions may need to be discussed again if problems or changes occur during pregnancy or labour".

Waterbirth: second stage of labour

Consultation on draft guideline - Stakeholder comments table
28/08/25 to 10/09/25

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				providing sufficient time permits, it will be recommended, and the woman supported and encouraged, to leave, or not return to, the water for birth, unless the problem resolves	
UK network of Professors in midwifery and maternal and newborn health	Evidence review	19	23	PPH greater than or equal to 1000 ml was reported in the Sanders 2024 paper, and not greater than as stated	Thank you for your comment. This has been amended.
UK network of Professors in midwifery and maternal and newborn health	Evidence review appendices	46/47		Critical Appraisal - ROBINS-I: a tool for non-randomised studies of intervention Table states a "Moderate risk of bias in selection of the reported result" stating that *"postpartum haemorrhage ≥500 ml and postpartum haemorrhage ≥1500 ml that were not prespecified in protocol were reported".* The Sanders 2024 paper only statistically analysed what was prespecified, which was PPH ≥1000ml; PPH ≥500ml and PPH ≥1500ml were descriptive only (see Table S6 in supplementary material of paper).	Thank you for your comment. We have reviewed the critical appraisal for the study, and the risk of bias in the selection of the reported result has now been amended and assessed as 'Low' based on your valid comment.

Waterbirth: second stage of labour

Consultation on draft guideline - Stakeholder comments table
28/08/25 to 10/09/25

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
UK network of Professors in midwifery and maternal and newborn health	Evidence review appendices	44	-(-∞ to 1.08	The adjusted odds ratio and 95% confidence intervals shown for OASI in both nulliparous and multiparous women are not as reported in the paper by Sanders 2024. The evidence review reports them as 2-sided CIs, but these were reported as 1-sided CIs in the published paper: - for nulliparous women the appendix reports as 0.97 (0.86 to 1.11) where the published paper reports as 0.97) - for multiparous women the appendix reports as 0.64 (0.51 to 0.80) where the published paper reports as 0.64 (-∞ to 0.78)	Thank you for your comment. We have used two-sided 95% confidence intervals (CIs) instead of the one-sided CIs reported in the original study, as two-sided CIs are needed to properly assess clinical importance and imprecision. Two sided CIs allow us to consider both potential benefits and harms, whereas a one-sided CI only provides a bound in one direction, which may miss significant effects in the opposite direction. This can be misleading, as one-sided CIs are typically narrower and may increase the risk of Type I error (false positives). For these reasons, we reported two-sided 95% CIs for outcomes originally presented with one-sided CIs in the published paper. The formulae used for calculation of two-sided CIs are provided in Appendix J, and the calculated values are shown on pages 45 and 46 (please refer to the outcome table footnotes in Appendix D of the evidence review Q appendices). For the outcomes, OASI in nulliparous and OASI in multiparous women, the POOL study conducted a superiority analysis and reported two-sided 95% CIs. We have therefore used the same two-sided 95% CI as reported in the POOL

Waterbirth: second stage of labour

Consultation on draft guideline - Stakeholder comments table
28/08/25 to 10/09/25

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
					study in our evidence review (see page number 44 of the evidence review appendices).
UK network of Professors in midwifery and maternal and newborn health	Evidence review appendices	49	2	Same point as row 3 for nulliparous women - these 95% CIs are not as reported in the published paper.	Thank you for your comment. We have used two-sided 95% confidence intervals (CIs) instead of the one-sided CIs reported in the original study, as two-sided CIs are needed to properly assess clinical importance and imprecision. Two sided CIs allow us to consider both potential benefits and harms, whereas a one-sided CI only provides a bound in one direction, which may miss significant effects in the opposite direction. This can be misleading, as one-sided CIs are typically narrower and may increase the risk of Type I error (false positives). For these reasons, we reported two-sided 95% CIs for outcomes originally presented with one-sided CIs in the published paper. The formulae used for calculation of two-sided CIs are provided in Appendix J, and the calculated values are shown on pages 45 and 46 (please refer to the outcome table footnotes in Appendix D of the evidence review Q appendices).
UK network of Professors	Evidence review	50	1	Same point as row 3 for multiparous women - these 95% CIs are not as reported in the published paper.	Thank you for your comment. We have used two-sided 95% confidence intervals (CIs) instead of the one-sided CIs reported in the original study,

Waterbirth: second stage of labour

Consultation on draft guideline - Stakeholder comments table
28/08/25 to 10/09/25

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
in midwifery and maternal and newborn health	appendices				as two-sided CIs are needed to properly assess clinical importance and imprecision. Two sided CIs allow us to consider both potential benefits and harms, whereas a one-sided CI only provides a bound in one direction, which may miss significant effects in the opposite direction. This can be misleading, as one-sided CIs are typically narrower and may increase the risk of Type I error (false positives). For these reasons, we reported two-sided 95% CIs for outcomes originally presented with one-sided CIs in the published paper. The formulae used for calculation of two-sided CIs are provided in Appendix J, and the calculated values are shown on pages 45 and 46 (please refer to the outcome table footnotes in Appendix D of the evidence review Q appendices).
UK network of Professors in midwifery and maternal and	Evidence review appendices	51	1	The 95% CIs for Perineal trauma in the Sanders 2024 study are not as reported in the published paper. The evidence review reports as adjusted OR 0.89 (0.80 to 0.99) where the published paper reports as 0.89 (−∞ to 0.98).	Thank you for your comment. We have used two-sided 95% confidence intervals (CIs) instead of the one-sided CIs reported in the original study, as two-sided CIs are needed to properly assess clinical importance and imprecision. Two sided CIs allow us to consider both potential benefits and harms, whereas a one-sided CI only provides a bound in one direction, which may

Waterbirth: second stage of labour

Consultation on draft guideline - Stakeholder comments table
28/08/25 to 10/09/25

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
newborn health					miss significant effects in the opposite direction. This can be misleading, as one-sided CIs are typically narrower and may increase the risk of Type I error (false positives). For these reasons, we reported two-sided 95% CIs for outcomes originally presented with one-sided CIs in the published paper. The formulae used for calculation of two-sided CIs are provided in Appendix J, and the calculated values are shown on pages 45 and 46 (please refer to the outcome table footnotes in Appendix D of the evidence review Q appendices).
UK network of Professors in midwifery and maternal and newborn health	Evidence review appendices	52	-	The 95% CIs for Fetal and neonatal mortality in the Sanders 2024 study are not as reported in the published paper. The evidence review reports as adjusted OR 0.22 (0.05 to 1.02) where the published paper reports as 0.22 (−∞ to 0.80) and therefore shows evidence of benefit.	Thank you for your comment. We have used two-sided 95% confidence intervals (CIs) instead of the one-sided CIs reported in the original study, as two-sided CIs are needed to properly assess clinical importance and imprecision. Two sided CIs allow us to consider both potential benefits and harms, whereas a one-sided CI only provides a bound in one direction, which may miss significant effects in the opposite direction. This can be misleading, as one-sided CIs are typically narrower and may increase the risk of Type I error (false positives). For these reasons, we reported two-sided 95% CIs for outcomes originally presented with one-sided CIs in the

Waterbirth: second stage of labour

Consultation on draft guideline - Stakeholder comments table
28/08/25 to 10/09/25

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
					published paper. The formulae used for calculation of two-sided CIs are provided in Appendix J, and the calculated values are shown on pages 45 and 46 (please refer to the outcome table footnotes in Appendix D of the evidence review Q appendices).
UK network of Professors in midwifery and maternal and newborn health	Evidence review appendices	53	-	The evidence review reports RR 0.82 (0.79 to 0.85)" which is incorrect. Postpartum haemorrhage (≥500 ml) was not tested for in the Sanders 2024 study (supplementary material of manuscript; shows rates only).	Thank you for your comment. For the outcome postpartum haemorrhage (≥500 ml), we used event rates from the waterbirth and birth out of water groups reported in the POOL study's supplementary material (Table S6) to calculate the relative effect measure, in line with standard NICE methodology. Calculating and reporting the relative effect measure (e.g., risk ratio) using event rates from primary studies is a standard approach in systematic reviews.
UK network of Professors in midwifery and maternal and newborn health	Evidence review appendices	54	-	The 95% CIs for Postpartum haemorrhage (major: ≥1000 ml) in the Sanders 2024 study are not as reported in the published paper. The evidence review reports as adjusted OR 0.90 (0.81 to 0.99) where the published paper reports as 0.90 (-∞ to 0.98).	Thank you for your comment. We have used two-sided 95% confidence intervals (CIs) instead of the one-sided CIs reported in the original study, as two-sided CIs are needed to properly assess clinical importance and imprecision. Two sided CIs allow us to consider both potential benefits and harms, whereas a one-sided CI only provides a bound in one direction, which may miss significant effects in the opposite direction. This can be misleading, as one-sided CIs are

Waterbirth: second stage of labour

Consultation on draft guideline - Stakeholder comments table
28/08/25 to 10/09/25

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
					typically narrower and may increase the risk of Type I error (false positives). For these reasons, we reported two-sided 95% CIs for outcomes originally presented with one-sided CIs in the published paper. The formulae used for calculation of two-sided CIs are provided in Appendix J, and the calculated values are shown on pages 45 and 46 (please refer to the outcome table footnotes in Appendix D of the evidence review Q appendices).
UK network of Professors in midwifery and maternal and newborn health	Evidence review appendices	54	-	PPH greater than or equal (≥) to 1000 ml was reported in the Sanders 2024 paper, and not greater than (>) as stated.	Thank you for your comment. We have corrected this.
UK network of Professors in midwifery and maternal	Evidence review appendices	54	-	For postpartum haemorrhage (≥500 ml), the evidence review reports RR 0.85 (0.73 to 0.99) which is incorrect. Postpartum haemorrhage (≥500 ml) was not tested for in the Sanders 2024 study (supplementary material of manuscript; shows rates only).	Thank your comment. For the outcome postpartum haemorrhage (≥500 ml), we used event rates from the waterbirth and birth out of water groups reported in the POOL study to calculate the effect measure, in line with standard NICE methodology.

Waterbirth: second stage of labour

Consultation on draft guideline - Stakeholder comments table
28/08/25 to 10/09/25

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
and newborn health					
UK network of Professors in midwifery and maternal and newborn health	Evidence review appendices	55	-	The 95% CIs for Neonatal unit admission in the Sanders 2024 study are not as reported in the published paper. The evidence review reports as adjusted OR 0.66 (0.60 to 0.72) where the published paper reports as 0.66 (-∞ to 0.71).	Thank you for your comment. We have used two-sided 95% confidence intervals (CIs) instead of the one-sided CIs reported in the original study, as two-sided CIs are needed to properly assess clinical importance and imprecision. Two sided CIs allow us to consider both potential benefits and harms, whereas a one-sided CI only provides a bound in one direction, which may miss significant effects in the opposite direction. This can be misleading, as one-sided CIs are typically narrower and may increase the risk of Type I error (false positives). For these reasons, we reported two-sided 95% CIs for outcomes originally presented with one-sided CIs in the published paper. The formulae used for calculation of two-sided CIs are provided in Appendix J, and the calculated values are shown on pages 45 and 46 (please refer to the outcome table footnotes in Appendix D of the evidence review Q appendices).
UK network of Professors	Evidence review	56	-	The 95% CIs for Neonatal unit admission (Respiratory support)) in the Sanders 2024 study are not as reported in the published paper.	Thank you for your comment. We have used two-sided 95% confidence intervals (CIs) instead of the one-sided CIs reported in the original study,

Waterbirth: second stage of labour

Consultation on draft guideline - Stakeholder comments table
28/08/25 to 10/09/25

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
in midwifery and maternal and newborn health	appendices			The evidence review reports as adjusted OR 0.58 (0.48 to 0.70) where the published paper reports as 0.58 (-∞ to 0.68).	as two-sided CIs are needed to properly assess clinical importance and imprecision. Two sided CIs allow us to consider both potential benefits and harms, whereas a one-sided CI only provides a bound in one direction, which may miss significant effects in the opposite direction. This can be misleading, as one-sided CIs are typically narrower and may increase the risk of Type I error (false positives). For these reasons, we reported two-sided 95% CIs for outcomes originally presented with one-sided CIs in the published paper. The formulae used for calculation of two-sided CIs are provided in Appendix J, and the calculated values are shown on pages 45 and 46 (please refer to the outcome table footnotes in Appendix D of the evidence review Q appendices).
UK network of Professors in midwifery and maternal and	Evidence review appendices	58		The 95% CIs for Neonatal unit admission (Administration of intravenous antibiotics commenced within 48 h of birth; Prospective study population) in the Sanders 2024 study are not as reported in the published paper. The evidence review reports as adjusted OR 0.74 (0.56 to 0.98) where the published paper reports as 0.74 (-∞ to 0.94).	Thank you for your comment. We have used two-sided 95% confidence intervals (CIs) instead of the one-sided CIs reported in the original study, as two-sided CIs are needed to properly assess clinical importance and imprecision. Two sided CIs allow us to consider both potential benefits and harms, whereas a one-sided CI only provides a bound in one direction, which may

Waterbirth: second stage of labour

Consultation on draft guideline - Stakeholder comments table
28/08/25 to 10/09/25

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
newborn health					miss significant effects in the opposite direction. This can be misleading, as one-sided CIs are typically narrower and may increase the risk of Type I error (false positives). For these reasons, we reported two-sided 95% CIs for outcomes originally presented with one-sided CIs in the published paper. The formulae used for calculation of two-sided CIs are provided in Appendix J, and the calculated values are shown on pages 45 and 46 (please refer to the outcome table footnotes in Appendix D of the evidence review Q appendices).
UK network of Professors in midwifery and maternal and newborn health	Evidence review appendices	58		The 95% CIs for Neonatal unit admission (Administration of intravenous antibiotics commenced within 48 h of birth; National Neonatal Research Database) in the Sanders 2024 study are not as reported in the published paper. The evidence review reports as adjusted OR 0.69 (0.61 to 0.79) where the published paper reports as 0.69 (-∞ to 0.77).	Thank you for your comment. We have used two-sided 95% confidence intervals (CIs) instead of the one-sided CIs reported in the original study, as two-sided CIs are needed to properly assess clinical importance and imprecision. Two sided CIs allow us to consider both potential benefits and harms, whereas a one-sided CI only provides a bound in one direction, which may miss significant effects in the opposite direction. This can be misleading, as one-sided CIs are typically narrower and may increase the risk of Type I error (false positives). For these reasons, we reported two-sided 95% CIs for outcomes originally presented with one-sided CIs in the

Waterbirth: second stage of labour

Consultation on draft guideline - Stakeholder comments table
28/08/25 to 10/09/25

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
					published paper. The formulae used for calculation of two-sided CIs are provided in Appendix J, and the calculated values are shown on pages 45 and 46 (please refer to the outcome table footnotes in Appendix D of the evidence review Q appendices).
UK network of Professors in midwifery and maternal and newborn health	Evidence review appendices	59		The 95% CIs for Snapped umbilical cord (cord avulsion at birth) in the Sanders 2024 study are not as reported in the published paper. The evidence review reports as adjusted OR 3.89 (1.97 to 7.68) where the published paper reports as 3.89 (-∞ to 6.88).	Thank you for your comment. We have used two-sided 95% confidence intervals (CIs) instead of the one-sided CIs reported in the original study, as two-sided CIs are needed to properly assess clinical importance and imprecision. Two sided CIs allow us to consider both potential benefits and harms, whereas a one-sided CI only provides a bound in one direction, which may miss significant effects in the opposite direction. This can be misleading, as one-sided CIs are typically narrower and may increase the risk of Type I error (false positives). For these reasons, we reported two-sided 95% CIs for outcomes originally presented with one-sided CIs in the published paper. The formulae used for calculation of two-sided CIs are provided in Appendix J, and the calculated values are shown on pages 45 and 46 (please refer to the outcome table footnotes in Appendix D of the evidence review Q appendices).

Waterbirth: second stage of labour

Consultation on draft guideline - Stakeholder comments table
28/08/25 to 10/09/25

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
UK network of Professors in midwifery and maternal and newborn health	Recommendations	3	1.9.24	The current recommendation in terms of providing information to women excludes discussion that in the event of any abnormalities, and where there is sufficient time to safely leave the water, the midwife will recommend giving birth out of water. Please add a statement to 1.9.24 to make this clear. Suggest: Consider birth in water for women and pregnant people. *All women using water immersion during labour should be advised that if abnormalities are detected in the woman or her baby, providing sufficient time permits, it will be recommended, and the woman supported and encouraged, to leave the water for birth.* To help them make an informed choice, discuss that evidence on giving birth in water compared to out of water	Thank you for your comment. While the committee acknowledged the importance of this point, they did not think there is a need for a separate statement on this, specific to water birth. The guideline's recommendation 1.1.3 already covers this by saying "choices and decisions may need to be discussed again if problems or changes occur during pregnancy or labour".

Waterbirth: second stage of labour

Consultation on draft guideline - Stakeholder comments table
28/08/25 to 10/09/25