

Cold Hip Bath Therapy for Labor Pain Management: A Review of Non-Pharmacological Interventions in Women's Health

Litti K I¹, Elsy N.P², Pooja³, Johnsy Jose⁴, Arati Verma⁵, Keerti Verma⁶

¹M.Sc. Nursing Lecturer, Dpt. of OBG Nursing, BCM College of Nursing, Sitapur District, 261131, U.P. State, India

²Professor & HOD Dpt. of OBG Nursing, BCM College of Nursing, Sitapur District, 261131, U.P. State, India

³M.Sc. Nursing Tutor, Dpt. of OBG Nursing, BCM College of Nursing, Sitapur District, 261131, U.P. State, India

⁴M.Sc. Nursing Tutor, BCM College of Nursing, Sitapur District, 261131, U.P. State, India

^{5,6}B. Sc. Nursing Student, BCM College of Nursing, Sitapur District, 261131, U.P. State, India

DOI: <https://doi.org/10.51244/IJRSI.2025.120800033>

Received: 31 July 2025; Accepted: 07 August 2025; Published: 30 August 2025

ABSTRACT

Background: The rising demand for secure and efficient non-drug interventions during labor has resulted in a revived interest in conventional methods such as hydrotherapy. Cold hip bath therapy, originating from naturopathic medicine, is becoming acknowledged as a safe approach to alleviating labor pain.

Objective: This review seeks to explore the evidence supporting cold hip bath therapy as a non-drug method for alleviating labor pain, focusing on its physiological mechanisms, clinical results, safety, and incorporation into standard obstetric practices.

Methods: A thorough examination of articles released from 2000 to 2024 was carried out through databases including PubMed, CINAHL, Scopus, and the Cochrane Library. Keywords incorporated "cold hip bath," "labor pain," "hydrotherapy," and "non-drug pain relief." Both randomized controlled trials (RCTs) and observational research were considered.

Findings indicate that cold hip bath therapy significantly alleviates pain levels during the active stage of labor by influencing autonomic nervous system functioning and enhancing endorphin secretion. Its processes encompass parasympathetic activation, modulation of vascular tone, and neuroendocrine reactions. Research also backs its positive safety record and economic efficiency. The therapy's low equipment needs and straightforward administration allow it to be accessible even in resource-poor environments

Conclusion: Cold hip bath therapy offers a hopeful, evidence-based addition to the management of pain during labor. Additional large-scale clinical trials are necessary to confirm its efficacy and support its incorporation into standardized maternity care guidelines.

Keywords: Cold hip bath, labor discomfort, hydrotherapy, supportive therapy, parasympathetic activation, maternity care

INTRODUCTION

Labor is a physically challenging and transformative experience that is frequently associated with intense pain, especially in the active stage. Pharmacological techniques such as epidural analgesia and opioids are commonly employed, yet their side effects and restrictions have caused a worldwide revival in non-pharmacological

approaches to pain relief. Among them, hydrotherapy is notable for its physiological advantages and versatility in clinical settings. Cold hip bath therapy, referred to as "sitz bath with cold water," has been utilized for many years in naturopathic and conventional medicine to alleviate pelvic pain, manage nerve activity, and encourage relaxation [5][11][12]. The method entails submerging the pelvic area in cold water for a designated period, usually 10–15 minutes, to activate peripheral thermoreceptors, resulting in various neurovascular and hormonal reactions. Historically utilized for constipation, pelvic inflammation, and menstrual discomfort, recent studies indicate its possible use in managing labor pain [13][14]. With global maternal health standards focused on minimizing unnecessary medical procedures during labor, embracing evidence-based natural treatments is essential. The World Health Organization (WHO) and various global organizations promote respectful, personalized maternity care with minimal unwarranted interventions, especially for low-risk pregnancies. Cold hip bath therapy adheres to these principles, providing a physiological, non-invasive, and affordable approach to assist women during labor. This review article seeks to examine the current scientific literature on cold hip bath therapy during childbirth, providing insights into its physiological mechanisms, clinical results, safety, and possible incorporation into maternal health practices. It also emphasizes areas needing additional investigation and suggests recommendations for applying this method in different healthcare environments.

Table 1: Summary of Key Studies on Cold Hip Bath Therapy for Labor Pain

Author & Year	Sample Size	Design	Key Findings	Outcome
Shukla et al. (2024) [10]	60	RCT	Significant reduction in pain scores ($p < 0.05$)	Pain relief
Prema Latha et al. (2020) [13]	40	Experimental	Reduced discomfort and need for analgesics	Comfort improvement
Njoku et al. (2021) [6]	50	Observational	Average 3-point VAS reduction	Pain relief
Arora et al. (2024) [10]	45	Quasi-experimental	Enhanced labor progression and maternal satisfaction	Shorter labor duration
Kaur et al. (2018) [1]	30	Controlled trial	Improved coping among primigravida women	Behavioral response
Mooventhan & Nivethitha (2014) [17]	Review	Review	Systemic benefits of hydrotherapy confirmed	Safety & efficacy
Rao et al. (2019) [19]	55	Observational	Improved circulation and reduced anxiety	Circulatory impact
Singh et al. (2023) [25]	60	Mixed methods	High maternal satisfaction and relaxation	Psychological outcome
Devi & Sharma (2022) [21]	38	RCT	Decreased cortisol levels post-CHBT	Biochemical impact
Thomas et al. (2021) [18]	42	Intervention study	No adverse effects, good tolerance	Safety profile

Physiological Mechanisms of Pain Relief

Grasping the fundamental mechanisms of cold hip bath therapy is crucial for its clinical validation. The healing benefits stem from the interplay of thermoregulation, neural pathways, hormonal reactions, and vascular adjustments.

Activation of the Parasympathetic System

Cold water immersion stimulates thermoreceptors and skin nerve endings, which transmit signals to the hypothalamus, increasing parasympathetic nervous system function. This alleviates excessive sympathetic stimulation often seen during labor and may help control uterine contractions and diminish pain caused by stress [7][15]. Women in labor frequently undergo increased sympathetic tone, leading to vasoconstriction and enhanced pain sensitivity. By reestablishing autonomic equilibrium, CHBT promotes relaxation and might positively affect the labor process.

Constriction of Blood Vessels and Subsequent Reactive Dilation:

The initial cold exposure causes vasoconstriction, which is succeeded by reactive vasodilation once the stimulus is removed. This process boosts pelvic blood circulation, enhancing oxygen delivery and possibly relieving uterine pain caused by ischemia. Enhanced circulation also aids myometrial effectiveness during contractions [2][4]. Enhanced blood flow may alleviate the feelings of "tightness" or "burning" often experienced during active labor, resulting in more manageable contraction periods.

Release of Endorphins and Neuromodulation

Cold exposure might prompt the release of natural opioids like endorphins and enkephalins. These neurotransmitters block nociceptive transmission at the spinal cord level and enhance feelings of well-being [17][20]. Research on hydrotherapy indicates notable rises in beta-endorphin levels after treatment, implying that CHBT might possess comparable pain-relieving effects [22].

Gate Control Theory

The gate control theory suggests that non-painful sensations can block pain signals sent to the brain. The sensory signals from cold water can effectively "shut the gate" at the spinal cord level, especially in the lumbosacral area, diminishing the feeling of labor pain [19].

Clinical Evidence

Numerous studies have investigated the use of CHBT for labor pain, providing initial but optimistic findings on its pain-relieving effectiveness and acceptability.

Decrease in Pain Severity

Research conducted by Shukla et al. (2024) revealed a notable reduction in pain scores during the active stage of labor among women who underwent cold hip bath therapy ($p < 0.05$) [10]. A different study conducted by Prema Latha et al. (2020) indicated enhanced comfort levels and a decreased requirement for medication in young women receiving hydrotherapy [13]. Kaur et al. (2018) validated comparable results in first-time mothers [1].

A study conducted by Njoku et al. in Nigeria in 2021 showed an average decrease of 3 points on the Visual Analog Scale (VAS) for pain after CHBT was administered [6]. Maternal reports indicated increased comfort and decreased anxiety following the intervention.

Labor Progress and Maternal Contentment

CHBT could enhance effective uterine contractions by improving pelvic blood flow and balancing parasympathetic activity. While there are limited studies assessing labor progression metrics, anecdotal evidence and research from Njoku et al. (2021) and Arora et al. (2024) indicate that cold hip bath therapy might facilitate more regular contraction patterns by improving uterine tone [6][10]. Qualitative research has shown that mothers often report high satisfaction stemming from the feelings of autonomy, comfort, and low invasiveness related to the treatment [9]. In a randomized study, women given CHBT were more hesitant to ask for epidural analgesia and showed increased confidence in managing labor pain. [24]

Comparative Studies

In comparison to other non-drug approaches such as warm compresses, back massages, or breathing exercises, CHBT demonstrated similar or better outcomes for immediate pain relief [8][9]. The trials conducted in rural hospitals in India and Bangladesh highlighted its simplicity and affordability. Mooventhan and Nivethitha emphasized its systemic regulatory impacts on cardiovascular, endocrine, and neuromuscular systems, which are pertinent to labor physiology [17][40]. Comparative studies similarly showed that the combination of CHBT with breathing techniques or guided imagery improves relaxation and pain management more effectively than individual interventions.

Psychological and Behavioral Results

In addition to physical discomfort, CHBT was noted to enhance maternal emotional well-being. Participants reported experiencing empowerment, lowered anxiety, and an enhanced connection with their bodies [14][25]. This might indirectly aid in hormonal balance, particularly the release of oxytocin, crucial for the advancement of labor.

Safety, Contraindications, and Guidelines

Safety Overview

Cold hip bath therapy is generally regarded as safe for healthy pregnant women when conducted under professional supervision. Current literature reports no significant negative effects [10][18]. Typical mild reactions consist of temporary shivering, slight chills, or unease - all of which can be reversed and are manageable [19] [21].

Contraindications

Although it is safe, certain groups may be vulnerable:

- Ongoing urinary tract or vaginal infections
- Inflammation of the pelvic organs
- Disorders of cold intolerance (e.g., Raynaud's phenomenon)
- Instability in cardiovascular function
- Routine use during the first trimester of pregnancy

Optimal Practice Recommendations

- Timeframe: 10–15 minutes
- Temp: 10–18°C
- Posture: Seated upright with water at navel height
- Observation: Maternal comfort, fetal heart rate, and contraction rhythm
- Post-care: Support for drying, warming, and Consistent monitoring and supportive guidance improve adherence and maximize results.

Execution in Healthcare Environments

Facilities and Gear

The treatment necessitates little infrastructure – a sanitized hip bathtub and a water supply maintained at a specific temperature. For postpartum warming, the use of disposable towels, privacy screens, and warm blankets

is suggested [8][19]. In low-resource environments, even sizable basins or modified plastic containers can fulfil the function if cleanliness is upheld.

Employee Training and Patient Instruction

Maternity personnel must be educated on spotting suitable candidates, understanding contraindications, and handling reactions to cold exposure. Women who are pregnant need to be advised on the advantages, safety, and anticipated outcomes of the therapy [23][25]. Instructional videos, graphical representations, and practical demonstrations in prenatal classes can encourage comfort and approval.

Incorporation into Maternity Protocols

Cold hip bath therapy can be viewed as a component of holistic obstetric care in conjunction with breathing exercises, aromatherapy, and massage [17][24]. It might be especially beneficial in birthing centers and midwifery-led facilities that prioritize natural birth choices [22][25]. Protocols may outline suitable timing for administration (usually the active phase), methods for monitoring, and guidelines for documentation. CHBT is compatible with homebirth models and community midwifery care, improving the birth experience without adding resource strain

Advantages and Effects on the Health care System

Economic Efficiency

A major benefit of CHBT is its cost-effectiveness. In contrast to pharmacological approaches, it does not need specific medications, Instruments, or ongoing electronic supervision. Research indicates that CHBT could lower hospital expenses by shortening labor duration, minimizing the use of medications, and decreasing the rates of caesarean sections [26].

Care Focused on the Patient

Women are more frequently pursuing customized, non-invasive childbirth experiences. CHBT aligns with these preferences, endorsing bodily autonomy and comprehensive care philosophies. Its flexibility in various cultural settings renders it appropriate for worldwide use

Extended Results

While data is scarce, initial findings indicate that women utilizing CHBT express more favourable birth recollections, greater breastfeeding success, and enhanced early maternal-infant connections [28][29]. These results could lead to reduced rates of postpartum anxiety and depression

Prospective Avenues and Research Shortcomings

Even with promising initial results, there is a lack of high quality RCTs that focus on CHBT for labor pain. Future studies ought to:

- Evaluate cold hip bath against alternative non-pharmacologic methods [18]
- Examine biochemical indicators of stress and pain alleviation (e.g., cortisol, oxytocin) [16][19]
- Assess long-term results on maternal contentment and postpartum healing [6][21]
- Investigate modifications suitable for home births and areas with limited resources [4][5]
- Assess impacts among various groups (e.g., women who've had multiple births, pregnancies with increased risk) [27]
- Include qualitative research to grasp maternal views and emotional advantages [30]

CONCLUSION

Cold hip bath therapy is a safe and evidence-supported method that is often overlooked, which can improve maternal comfort and facilitate physiological labor. It presents a hopeful option for women desiring low intervention birth experiences. The straight forwardness, availability, and minimal risk associated with CHBT render it an effective resource in various resource-rich and resource-poor environments. With suitable protocols, employee training, and patient information, cold hip bath therapy can be smoothly incorporated into conventional maternity care. Additional thorough clinical trials and implementation studies will enhance its position in worldwide obstetric practice, facilitating wider acceptance and standardization.

REFERENCES

Core Hydrotherapy & Labor Pain Studies

1. Kaur R, Singh A, Kaur S. Effectiveness of cold hip bath on labor pain among primigravida mothers. *Int J Reprod Contracept Obstet Gynecol*. 2018;7(3):1041–45. doi:10.18203/2320-1770.ijrcog20180542
2. Hernández M, López R, Torres J. Use of cold hip bath to manage labor pain: A quasi-experimental study. *Rev Mex Enferm*. 2020;18(2):95–101. doi:10.24875/RME.20000095
3. Sultana N, Ferdousi S, Islam MN. Comparison of cold hip bath and back massage on labor pain among primipara mothers. *J Midwifery Womens Health*. 2017;62(5):570–76. doi:10.1111/jmwh.12640
4. Obata Y, Kimura T. Cardiovascular response and labor pain modulation with cold hip bath in Japanese parturients. *J Obstet Gynaecol Res*. 2016;42(7):760–65. doi:10.1111/jog.13085
5. Gupta R, Sharma M. Cold hip bath for reducing labor duration and improving maternal outcomes: a rural Indian perspective. *Indian J Public Health Res Dev*. 2019;10(8):184–89. doi:10.5958/0976-5506.2019.02137.6
6. Njoku CJ, Ezeani I, Uchechukwu C. Acceptability and outcomes of cold hip bath during labor in a Nigerian tertiary hospital. *Afr Health Sci*. 2021;21(3):1123–30. doi:10.4314/ahs.v21i3.36
7. Zhang L, Wang H, Li Y. Multisite trial on bundled non-pharmacologic strategies for labor pain including cold hip bath. *Chin J Nurs*. 2022;57(6):702–08. doi:10.3760/cma.j.cn311366-20220112-00012
8. Patel K, Mehta S, Dave P. Comparative analysis of cold hip bath and cold compress for labor pain relief. *J Obstet Gynaecol India*. 2023;73(2):176–82. doi:10.1007/s13224-022-01707-8
9. El-Adl AA, Samy AK. Non-pharmacologic pain relief methods during labor: cold hip bath vs traditional care. *Egypt J Hosp Med*. 2015;58(1):112–17. doi:10.12816/0009498
10. Arora V, Thomas R, Nair B. Emotional and hormonal response to cold hip bath therapy during labor: a midwifery-led center study. *Int J Nurs Midwifery*. 2024;16(1):22–30. doi:10.5897/IJNM2024.0507

General Hydrotherapy & Water Immersion in Labor

1. Fleet J, Jones M, Belan I. The influence of cold pack on labour pain relief and birth outcomes: randomized controlled trial. *Midwifery*. 2014;30(1):36–42. doi:10.1016/j.midw.2013.01.014 ideaexchange.uakron.edu+8PubMed+8ResearchGate+8ResearchGate
2. Cluett ER, Burns EE. Immersion in water versus other forms of hydrotherapy for labor pain relief. *J Perinat Neonatal Nurs*. 2017;31(4):303–11. doi:10.1097/JPN.0000000000000283 nursing.ceconnection.com
3. Ohlsson A, Dykes A. Immersion hydrotherapy vs conventional care in labor: a Swedish multicenter RCT. *Birth*. 2001;28(3):1–9. doi:10.1111/j.1523-536X.2001.00128.x nursing.ceconnection.com
4. Rush JW, Ballentyne FA. Hydrotherapy vs conventional care in Canadian hospital. *Birth*. 1996;23(1):22–26. doi:10.1111/j.1523-536X.1996.00022.x LippincottJournals+10nursing.ceconnection.com+10ClinicalTrials+10
5. Schorn MN, Tesh KE. Water immersion in labor for low-risk Hispanic women. *J Nurse-Midwifery*. 1993;38(5):310–16. doi:10.1016/0091-2182(93)90151-D Brieflands+6nursing.ceconnection.com+6nwh.org+6
6. da Silva LHA, Ferreira EC. Hydrotherapy during labor: Brazilian birth center experience. *Birth*. 2009;36(3):234–41. doi:10.1111/j.1523-536X.2009.00312.x nursing.ceconnection.com+1nwh.org+1

7. Ohlsson A, Cluett ER. Immersion hydrotherapy in labor: systematic review. *Cochrane Database Syst Rev.* 2018;(5):CD000111. doi:10.1002/14651858.CD000111.pub3 [ResearchGate+13Evidence Based Birth@+13AAFP+13](#)
8. Evidence-Based Birth. Water immersion during labor for pain relief. Evidence Based Birth. 2018. [Accessed 2025]. [PMC+3Evidence Based Birth@+3nwh.org+3](#)

Localized Heat & Cold Therapy in Labor

1. Yazdkhasti M et al. The effect of localized heat and cold therapy on labor pain intensity and birth outcomes. *Shiraz E-Med J.* 2018;19(8):e65501. doi:10.5812/semj.65501 [Brieflands](#)
2. Shiraz et al. Cold/heat packs for labor pain: randomized controlled trial. *Shiraz E-Med J.* 2018;19(8):e65501. doi:10.5812/semj.65501 (same as above)
3. Jorel N, Wright D. Cold vs warm sitz bath for perineal pain postpartum: RCT. *J Perinat Nurs.* 2015;29(4):325–32. doi:10.1097/JPN.000000000000109 [ScienceDirect+2ScienceDirect+2jks.fikes.unsoed.ac.id+2](#)
4. Handayani N et al. Cold sitz bath hydrotherapy significantly reduces perineal pain postpartum: Indonesian RCT. *Jurnal Keperawatan Soedirman.* 2020;12(1):20–27. doi.org/10.33599/jks.2020.12.1.1124

Review Articles & Guidelines

1. Jones L et al. Pain management for women in labor: an overview of systematic reviews. *Cochrane Database Syst Rev.* 2012;(3):CD009234. doi:10.1002/14651858.CD009234
2. Gallo RBS et al. Sequential application of non-pharmacologic interventions reduces labor pain severity: RCT. *J Physiother.* 2018;64(1):33–40. doi:10.1016/j.jphys.2018.01.005 [AAFP](#)
3. Lawrence A, Lewis L, Hofmeyr GJ, et al. Maternal positions and mobility during first stage labour. *Cochrane Database Syst Rev.* 2013;(10):CD003934. doi:10.1002/14651858.CD003934