Water Birth within the Hospital and Home

September 2013

DOCUMENT PROFILE

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<td>Review Date</td>
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<tr>
<td>Contact Details</td>
<td><a href="mailto:k.palmer@health.gov.je">k.palmer@health.gov.je</a></td>
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</tbody>
</table>
CONTENTS LIST:

1. Introduction Page 3

2. Guideline Purpose Page 3

3. Procedure for Water Birth at Home and Within Hospital Page 3

4. Consultation and Development Page 5

5. Reference Documents Page 5

6. Implementation Plan Page 5

7. Document Changes Record Page 6

8. Appendices Page 7
   Appendix 1 – Water birth risk assessment
   Appendix 2 – Flowchart for water birth delivery
   Appendix 3 – Management of third stage
   Appendix 4 – SBAR tool
   Appendix 5 – Information Leaflet
1. INTRODUCTION

1.1 Rationale
Labour and delivery in water is an available option for women who have had a straightforward pregnancy and are at low risk of complications in labour. Water has been shown to have an analgesic effect and to facilitate relaxation in labouring women.

1.2 Scope
The guideline applies to women choosing to labour and deliver in water either in the hospital or home setting.

2. GUIDELINE PURPOSE
The guideline provides information for midwives caring for women who choose to labour in water and should be used in conjunction with the intrapartum care guideline and the homebirth guideline as appropriate.

3. PROCEDURE FOR WATER BIRTH WITHIN THE HOSPITAL AND AT HOME

3.1 Criteria for Inclusion
Labour must occur spontaneously following an uncomplicated pregnancy of at least 37 weeks gestation, and should be established prior to entering the pool. If deviation from uncomplicated labour is suspected the woman should be asked and helped to leave the pool. The possibility of her being asked to leave the pool should be discussed prior to immersion to ensure a quick response.

Requests from women who do not fit the criteria to use water immersion for labour and delivery should be considered individually. Advice must be sought from the obstetric or paediatric team as appropriate, and a supervisor of midwives.

3.2 Temperature of pool
The water temperature should be comfortable for the mother and at a temperature to avoid hypo/hyperthermia.
In the first stage of labour the recommended range of temperature is between 34-37°C.
The temperature is checked every hour and recorded in the notes.
In the second stage of labour the water temperature should be 37-37.5°C. The temperature is recorded every 15 minutes and recorded in the notes.
Women should be encouraged to take cool oral fluids while in the pool.
The water depth should be to the woman’s breast when sitting to provide buoyancy and facilitate movement. Shoulders should be exposed.

3.3 Observations
Observations in labour are per the Intrapartum Care Guideline with the exception of maternal temperature which should be taken and recorded on entry to the pool and hourly thereafter.
The fetal heart should be auscultated in accordance with the NICE guidance – for one
complete minute following the end of a contraction every 15 minutes in the first stage of labour.

2nd stage – for one full minute after every contraction or every 5 minutes. Systemic opioids must not be used.

Nitrous oxide 50% and oxygen 50% may be given via entonox apparatus. Women whilst in the birthing pool should be encouraged to regularly change their preferred positions in order to minimize the risk of developing neuropraxia (nerve damage which could result in foot drop).

3.4 Management of 2nd stage
A “hands off” technique should be practiced, minimizing the risk of stimulating the baby. It is unnecessary to feel for the cord around the baby’s neck. It can be disentangled as the baby delivers.

If there is delay in the delivery of the shoulders the woman should be asked and aided to stand up in the pool to enable the midwife to assist delivery.

If the woman raises herself out of the water and exposes the fetal head to the air, she should be advised to remain out of the water to prevent premature gasping.

To minimize the risk of the cord snapping, avoid traction as the baby is lifted to the surface.

The baby should be born completely underwater and brought gently to the surface immediately. The body may remain submerged but once the head has come out of the water it must not be submerged again.

3.5 Management of 3rd stage
Both physiological and active management are conducted out of the pool. Do not clamp and cut the cord while the baby is still submerged.

If active management is planned, Syntometrine is given after the woman has left the pool.

Estimated blood loss is recorded as < or > 500ml. Accurate measurement is not possible.

Suturing of perineal tears should be left for an hour (unless bleeding) to allow water retained in the tissues to dissipate.

3.6 Leaving the pool
If it is not possible to fully assess fetal or maternal wellbeing or if any concerns arise, the mother should be asked to leave the pool and helped to safely do so.

If labour continues to be assessed as normal she may return to the pool.

In the event of the woman being unable to leave the pool, call for assistance. Deflating the upper ring of the pool by unscrewing the large ring of the valve will facilitate exiting the pool.

In the event of maternal collapse:
- In the hospital, pull the emergency bell to summon aid
- In the home environment dial 999 for an ambulance
- Deflate the top ring of the pool and float the woman out of the pool, onto the floor and continue resuscitation.

3.7 Audit
Following delivery, complete an audit form for women who have used the pool in labour, even if they left the pool prior to delivery.
4. **DEVELOPMENT AND CONSULTATION PROCESS**

4.1 **Consultation Schedule**

<table>
<thead>
<tr>
<th>Name and Title of Individual</th>
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<tbody>
<tr>
<td>Julie Mycock – Lead Midwife</td>
<td>September 2013</td>
</tr>
<tr>
<td>A. Famoriyo</td>
<td>September 2013</td>
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<tr>
<td>S. Samson</td>
<td>September 2013</td>
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<tr>
<td>K. Palmer</td>
<td>September 2013</td>
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<td>Divisional Meeting – Woman and Children</td>
<td>23/09/2013</td>
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5. **REFERENCE DOCUMENTS**


6. **IMPLEMENTATION PLAN**

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<td>Communicate updated guideline published through all user email to department</td>
<td>Julie Mycock</td>
<td>Upon ratification</td>
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<tr>
<td>Upload on HSSnet</td>
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<td>Reformatting of document</td>
<td>In line with corporate policy on publications</td>
<td>Ann Kelly</td>
<td>23/9/13</td>
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<td>Inclusion of water birth risk assessment</td>
<td>Kathy Palmer</td>
<td>23/9/13</td>
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<td>3.6 Leaving the pool.</td>
<td>Included reference to calling ambulance in emergencies in the home</td>
<td>Kathy Palmer</td>
<td>8/10/13</td>
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<tr>
<td>Appendix 1</td>
<td>Included reference to calling supervisor of midwives</td>
<td>Kathy Palmer</td>
<td>8/10/13</td>
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<td>Appendix 3</td>
<td>Reworded reference to delayed suturing</td>
<td>Kathy Palmer</td>
<td>8/10/13</td>
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<td>Improved documentation</td>
<td>Elaine Torrance</td>
<td>26/11/13</td>
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<td>Appendix 4 – Inclusion SBAR tool</td>
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<td>26/11/13</td>
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<td>Appendix 5 – Inclusion copy of information leaflet</td>
<td>For reference</td>
<td>Ann Kelly</td>
<td>26/11/13</td>
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8. APPENDICES

APPENDIX 1 - Water Birth Risk Assessment

RISK ASSESSMENT FOR WOMEN PLANNING TO LABOUR AND/OR DELIVER IN WATER

Low risk at booking   No

Yes

Straightforward pregnancy   No

Yes

Low risk in labour   No
(and able to enter pool with minimal assistance)

Yes

Information leaflet given   No - Offer information leaflet
(Appendix 5)

Yes

Enter pool (see protocol)

Risk factors identified:
Discuss individual requests to labour in water with the labour ward coordinator and senior obstetric clinician. If necessary contact the on call supervisor of midwives for advice and support. Advise mother regarding the risks and develop an individualised care plan. This will be documented by the SOM on an SBAR tool and signed by the SOM and the mother and stored within the permanent medical record. (Appendix 4)
APPENDIX 2 – Flowchart for Water Birth Delivery

Women may enter the pool once in established labour

Maintain water temperature between 34 – 37 °C

When delivering head underwater, hands off technique adopted

Umbilical cord – do not feel cord unless a delay in delivery

If present and loose, it will slip over body
If tight, do not clamp & cut underwater

Clamp and cut cord within 5 mins to prevent baby over transfusing due to pool temperature
Ask woman to stand – clamp & cut out of water. Delivery must continue out of pool

In the event of shoulders not delivering in next contraction stand woman. In the rare event of an episiotomy being required, perform this out of water.
DO NOT PUT WOMAN BACK IN POOL

Bring baby immediately to the surface, face uppermost – ensure respirations established
APPENDIX 3 – Management of Third Stage

WOMAN OUT OF POOL or empty water prior to delivery of placenta

Physiological

Deliver placenta out of water

Active

Do not give syntometrine in pool. Assist woman to bed – administer synometrine, and deliver placenta by controlled cord traction

Wrap woman in warm towels to maintain temperature
Assess blood loss in < than or > 500 mls

Delay suturing by up to 1 hour if tissues waterlogged and not bleeding

Maintain adequate temperature for woman and baby
Woman may return to pool after delivery of placenta if she wishes

Accurate record keeping is essential, especially of maternal and pool temperature.
IN EMERGENCY SITUATIONS, ASK WOMAN TO LEAVE THE POOL IMMEDIATELY
Discuss with woman before immersion to facilitate rapid response
APPENDIX 4 - SBAR Tool
(Available Separately To Download)

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<tr>
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<td>A</td>
<td>Analysis</td>
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<td>R</td>
<td>Recommendation</td>
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Completed by: ..............................................

Client’s signature: ...........................................
(If appropriate)
APPENDIX 5
Patient information leaflet for reference (available separately to download)

Disadvantages
If you need stitches after birth it is usually best to wait for an hour to allow the tissues to dry.
If you require any pain relief other than gas and air you will have to leave the pool.
For mothers planning to deliver in water at home, we can usually arrange to loan you a pool. You will need to provide a hose to fill and empty the pool and fittings for your taps.

Where can I get more information?
If you wish to discuss your options for labour and birth in greater detail, please discuss with the midwife caring for you either before labour or when you come in on the day.
Also you may wish to read about it at the following recommended websites:
www.rcog.org.uk
www.rsc.org.uk
www.nct.org.uk
www.birthpoolinabox.co.uk

States of Jersey
The States of Jersey Department for Health & Social Services

Immersion in Water for Labour or Birth
Midwives aim to support you throughout labour in a calm and relaxing environment. One of the options you may wish to consider is to use the birthing pool for labour and delivery.

Maternity Unit
Jersey General Hospital

Who can go in the pool?
We advise that you should only labour and deliver in water if:
• Your pregnancy has been straightforward
• Your baby is due (over 37 weeks pregnant)
• There are no concerns about your baby’s or your wellbeing
• You are sufficiently mobile to enter or leave the pool with minimal assistance

When should I get in?
Our experience is that water is most effective in the active phase of labour, although you may not necessarily have a vaginal examination to confirm this.
Consider the pool to be a form of pain relief and an aid to relaxation to be used when you feel you need it. Discuss when to get in with the midwife caring for you.

When should I get out of the pool?
Some women do not like the pool. If this is your experience, feel free to get out.
It is important to pass urine frequently so most women get out for a while every couple of hours for this reason.
If the midwife has any concerns about the progress of the birth, your health or the condition of the baby, she will ask you to stand up or leave the pool. It is important that you respond promptly to her advice. The midwives will help you.

What will happen at the birth?
2 midwives will usually be present at the birth. If all is well it is safe for your baby to be born underwater. It will continue to receive oxygen through the cord. The midwives will not touch your baby during the birth. After birth the baby will immediately be brought gently to the surface.

What are the benefits and advantages to using water in labour or for birth?
Current guidance from the National Institute for Health and Clinical Excellence (NICE) recommends the use of water for pain relief in labour.
There is insufficient evidence to support or discourage the use of water for birth itself.
Women using water report a reduction in pain and increased feelings of relaxation, warmth and being in control. This is often described by women as a more enjoyable labour and birth experience.
Breast feeding can be encouraged immediately.

Are there any risks or disadvantages?
Risks
For healthy women with uncomplicated pregnancy there have been very few complications associated with the immersion in water for labour or birth, these lore complications are rare. A concern for some prospective parents is that the baby may take a breath under water, again this is very rare. A study into thousands of water births reported no cases of babies breathing underwater. Your midwife will inform you of the actions we take at the birth to minimize this happening.