Northern Health
and Social Care Trust

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Water for Labour and Birth Guideline

Reference Number:

NHSCT/11/378

Target audience:

All Midwives, Midwifery Sisters, Lead Midwives, Student Midwives, Doctors, Maternity Support Workers and Nursing Auxillaries

Sources of advice in relation to this document:

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Replaces (if appropriate):

N/A

Type of Document:

Directorate Specific

Approved by:

Policy, Standards and Guidelines Committee

Date Approved:

15 December 2010

Date Issued by Policy Unit:

9 February 2011

NHSCT Mission Statement

To provide for all, the quality of service we expect for our families, and ourselves.

NHSCT
Acute Directorate
Water for Labour and Birth Guideline

December 2010

NHSCT Acute Directorate
Water for Labour and Birth Guideline

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NHSCT Acute Directorate
Water for Labour and Birth Guideline

1. Introduction

This guideline has been developed in response to the growing interest of women in the use of water for labour and birth. It is based on current available evidence and has been benchmarked against regional water birth policies in Northern Ireland. Healthcare providers have listened to the voices of women and have provided the facilities to afford the option of water as a birthing choice. Training and supervision of midwives to gain competency in caring for women using water for labour and birth is considered a service requirement. Quality assurances issues require protocols for cleaning the pool, infection control procedures and appropriate personal, protection equipment (PPE).

2. Aims of Guideline

- To provide a framework of clinical care to ensure best practice in caring for women who choose to have a waterbirth
- To provide evidence based guidelines to support and inform midwives providing intrapartum care
- To obtain data and use the information to improve the service

Target audience

All Midwives, Midwifery Sisters, Lead Midwives, Student Midwives, Doctors, Maternity Support Workers and Nursing Auxillaries

3. Water for labour and birth practice points

Women's experiences of water for labour and birth are generally positive in terms of feeling relaxed, involved in decision making and feeling more in control (Richmond 2003; Hall and Holloway 1998).

Effects on women's experience of pain and use of analgesia reflect less use of epidural and less reported pain in labour (Cluett et al. 2004a).

The United Kingdom is promoting water immersion during labour and waterbirth as a means of empowering and normalising birth (Maternity Care Working Party 2007. In Cluett et al.

Water immersion during labour is associated with no difference in labour duration, type of birth; five minute Apgar Scores, neonatal morbidity or mortality (Cluett et al, 2004b).

One trial of early immersion (before 5cm dilatation) has been associated with prolonged labour and increased need for epidural and syntocinon (Eriksson et al. 1997).

Midwives should be alert to the possibility of snapping the umbilical cord when water is used for birth (Cro and Preston, 2002)

The use of water for labour and birth should be considered a core competency and midwives should have access to training. Continuing professional development in this area should be seen as a service requirement (RCOG/ RCM 2006).

Women should be offered information on the option of using water in labour and birth. Written information, including where appropriate a copy of the unit's policy should be provided. Documentation should include any expectations of the woman and management in the event of an emergency (RCM, 2000).

Quality assurance issues include protocols for cleaning the pool, infection control procedures and appropriate PPE (NICE 2007).

Midwives should audit and evaluate their practice, and the outcomes of labour and birth in water, in order to contribute to the development of best practice (RCM, 2000).

Responsibilities

4. Criteria for use of water in labour and birth

- ✓ Term pregnancy at 37+0 to 41+3 weeks gestation
- ✓ Singleton fetus with cephalic presentation
- ✓ Spontaneous and established labour
- ✓ No previous uterine surgery
- ✓ Spontaneous rupture of membranes less than 18hrs
- ✓ No meconium stained liquor
- ✓ Uncomplicated antenatal period
- ✓ Absence of current infection
- ✓ No systemic analgesia in the previous 4 hours

Individual risk assessment must be conducted if there is variance from the above criteria.

Advice from the clinical Midwifery Manager, Lead Midwife and Supervisor of Midwives must be sought if a woman deviates from the above criteria and insists on use of water for labour and birth.

It should be agreed with the woman and her partner that the clinical judgement of the midwife is respected and it may be deemed necessary to discontinue use of water for labour or delivery. All discussions and care planning must be documented in the notes.

5. Equipment

- Prepare room as usual for delivery
- Ensure call bell system is functioning
- Oxygen and suction points
- Bath and room thermometer
- Sieve
- Towels
- Aqua sonacaid

6. First stage of labour

Action	Rationale
• Women should be encouraged to drink plenty of fluids and leave the pool to micturate	To prevent dehydration
• Encourage mobilisation on dry land until cervical dilatation greater than 4cms	To avoid prolonged 1st stage
• Water temperature 35’C – 37’C , recorded at 30 minute intervals	To monitor and adjust temp accordingly
• Maternal temperature to be checked and documented at 30 minute intervals	To reduce the risk of hyperthermia
• Auscultation of fetal heart rate every 15minutes with aqua sonacaid	To detect deviation from the normal
• Water depth should be approximately at level of xiphisternum	To aid buoyancy/ mobility
• Midwife to remain in attendance at all times once a woman enters the water	To ensure safety
• Entonox only as pain relief whilst in pool, woman to leave pool if requires further analgesia	Safety
• Observe the colour of water and use sieve to remove debris	To alert to meconium and/ or excessive blood loss

7. Second stage of labour

Action	Rationale
• Two midwives must be present for delivery • Water temperature must be 37'C-37.5'C • Women to be encouraged to bear down naturally, without breath holding pushing • Midwife must adopt a "hands off" technique • It is unnecessary to feel for nuchal cord • Ensure baby is born fully immersed with no air contact until the baby is raised gently to the surface, with the head emerging first	To ensure safety To prevent initiation of respiration Water pressure provides control of head To avoid stimulation/ aspiration To prevent initiation of respiration

8. Third stage of labour

Action	Rationale
• The woman and the midwife should agree on type of management of 3rd stage • Physiological / Active 3rd stage is managed out of the water • Avoid undue traction on the umbilical cord • Skin to skin contact should be maintained if no resuscitation of the newborn required • Ensure warm blankets, towels available for mother and baby on exiting the pool • If suturing is required, defer for approx one hour post delivery • Document estimated blood loss • Complete waterbirth audit tool	To obtain informed consent if syntometrine is required To prevent theoretical risk of water embolism To avoid snapping of cord To promote bonding To prevent hypothermia/ shock To allow revitalisation of perineal tissues if water saturated Difficult to ascertain blood loss in water To enhance skills/ knowledge

9. Potential complications occurring in the pool environment

9.1 Evacuation of a collapsed woman from the pool

Summon help (minimum 6 persons)
Drain pool
Dedicated staff member to maintain airway
Dedicated member to coordinate commands for moving and handling
Position mattress/ bed as close to pool as possible, preferably at same height
A lifting sheet/ net placed under woman and a six person move is adopted to transfer where resuscitation can be continued

9.2 Shoulder Dystocia

(Suspected if there is no restitution of the head, +/- apparent 'turtle sign')

Call for help
Stand woman up and ask her to bend over with legs wide
From behind, the midwife can assist with delivery of shoulders. Consider an episiotomy
If unsuccessful, expedite transfer to delivery bed for continued manoeuvres as per protocol

9.3 Snapped umbilical cord

Prevent occurrence by gentle birthing of baby to the surface
Check tension of cord
Observe for excessive blood loss
On discovery of snapped cord, clamp cord of baby immediately- then maternal end
Baby transfer to resuscitaire for assessment and observation
Paediatric review if necessary

9.4 Excessive Blood Loss

Difficult to ascertain accurate assessment of blood loss in water but any concerns, transfer mother to bed for evaluation

10. Cleaning protocol

Following delivery in the bath, rinse clean of debris
Clean with a detergent (Actichlor)
The bath is then filled with cold water and a solution of chlorine releasing agent (Actichlor plus) giving a concentration of 1000 parts per million i.e. one Actichlor tablet to 1 litre of water
The bath is left filled for 30 minutes
Rinse and dry the bath
Torches, sonacaids and thermometer should be cleaned appropriately

11. References

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NICE (2007) Intrapartum Care: care of healthy women and their babies during childbirth. London: RCOG

RCOG/ Royal College of Midwives (2006) Joint Statement no1: Immersion in Water During Labour and Birth. London: RCOG

RCM (2000) The use of water in labour and birth: position paper 1a. London: RCM

Richmond H (2003) Women's experience of waterbirth. *Practising Midwife* 6: 26-31

12. Equality, Human Rights and DDA

This policy has been drawn up and reviewed in the light of section 75 of the Northern Ireland Act (1998) which requires the Trust to have due regard to the need to promote equality of opportunity. It has been screened to identify any adverse impact on the 9 equality categories and no significant differential impacts were identified, therefore, an Equality Impact Assessment is not required.

13. Sources of advice in relation to this policy

The policy author, responsible assistant director or director as detailed on the policy title page should be contacted in relation to any queries on the content of this policy.

14. Alternative Formats

This document can be made available on request on disc, larger font, Braille, audio cassette and other minority languages to meet the needs of those who are not fluent in English.

Appendix 1

15. Water for Labour and Birth Audit Tool

Affix addressogram

1. Date and time of delivery _ _/ _ _/ _ _ @ _ _: _ _hrs

2. Parity and gestation ______________________

3. Cervical dilatation on entering water _____cms

4. Length of labour: Ist Stage hr min 2nd Stage hr min

5. Mode of Delivery:
   - NVD/ waterbirth ☐
   - NVD/ dry land ☐
   - Ventouse ☐
   - Forceps ☐
   - C Section ☐

6. Apgar Scores: @ 1 min @ 5 min

7. Perineal Trauma: Intact/ 1st degree/ 2nd degree/ 3rd degree

8. Estimated blood loss: _______mls

9. 3rd stage management: Active/ Physiological

10. Length of time in water ______

11. Woman's opinion of pain relief: excellent/ good/ adequate/ poor

12. Woman's labour experience: excellent/ good/ adequate/ poor

13. Any Complications? Any Comments? _______________________

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