Document Control

Title

Telemetry
Management of High Risk Women in Labour and Birth using Water/Birthing Pool and Telemetry
Standard Operating Procedure

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Consulted with the following stakeholders:	**Contact responsible for implementation and monitoring compliance:**
• Obstetricians • HOM • Lead Midwives • Midwifery coordinators • Supervisors of Midwives • Practice Development Midwife	Lead Midwife for Normal Birth & Maternity In-patients
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Approval and Review Process

- Maternity Guidelines Committee

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1. Introduction

There is evidence that water emersion in labour offers women a safe and effective form of pain relief in labour to those women who meet the criteria (NICE, 2007; NICE, 2014; Garland, 2011). The use of telemetry provides women greater choice and control over their birth experience to facilitate the use of water (Birthing Pool or Bath) in labour and birth where their pregnancy and labour has been categorised as high risk and requires continuous fetal monitoring.

2. Purpose

The Standard Operating Procedure (SOP) has been written to facilitate continuous fetal monitoring of high risk women in labour and birth who wish to use the birthing pool / water.

Telemetry is a wireless fetal monitoring device which facilitates continuous toco graph (CTG) monitoring where clinically indicated in the first and second stage of labour on a consultant led delivery suite.

Prior to the woman being offered the use of the birthing pool on the Delivery Suite consideration should be given to the plan of care and requirements of the woman and baby having reviewed the fully ante natal history. The following lists are not exhaustive and full clinical assessment should be made on admission to delivery suite.

3. Scope

This Standard Operating Procedure (SOP) relates to the following staff groups who may be involved in the assessment and delivery of intrapartum care:

- Registered Midwives
- Obstetric staff

4. Location

4.1. This Standard Operating Procedure ~ can be implemented in all clinical areas where competent staff are available to undertake this role.

Staff undertaking this procedure must be able to demonstrate continued competence as per the organisations policy on assessing and maintaining competence.

5. Equipment

- Telemetry for continuous fetal monitoring

6. Procedure

Inclusion criteria for High Risk Women requiring Continuous CTG who wish to use the Birthing Pool for Labour and Birth

- Woman's informed choice
- Pregnancy 37 more weeks gestation
- Established Labour (regular contractions and dilating cervix)
- Cephalic presentation
- Singleton
- Maternal and fetal observations normal throughout labour
- At least 2 hours since administration of opioids
- No known or suspected active infection

Criteria for women with higher risk pregnancies using the pool on labour ward.

IMPORTANT

The following lists are not exhaustive and there should be multi-disciplinary discussion and documented agreement of the plan. It is also dependent on a adequate CTG trace with telemetry when indicated

6.1. Medical reasons

Pool may be considered	Pool not recommended	Comments
	Hypertension	More intensive monitoring of BP needed
Induction for post dates		Providing post prostin/propess CTG is normal
GBS		After 1st dose of antibiotics
GDM not on insulin	GDM requiring sliding scale	
	epilepsy	

6.2. Obstetric Reasons

Pool may be considered	Pool not recommended	comments
VBAC		With telemetry
Raised BMI of 35-40 when individual assessment shows auscultation possible	Raised BMI above 40	Being able to either auscultate with a sonicaid or getting an adequate trace if the woman requires continuous monitoring is ESSENTIAL
Previous PPH		Cannula to be inserted prior to going in pool and active 3rd stage conducted out of the pool
Previous MROP		

Fibroids		Cannula to be inserted prior to going in pool and active 3rd stage conducted out of the pool
Previous shoulder dystocia		For labour ONLY
	Low hb < 8.5g/dl	
	Post dates > term +14 and in spontaneous labour	
	Syntocinon infusion	
Prolonged SROM		
Babies requiring immediate paediatric review at birth		For labour ONLY
Fetal size estimated >97th centile		For labour ONLY
Previous 3rd degree tear		For labour ONLY

Exclusion criteria for High Risk Women who require Continuous CTG in labour and Birth who SHOULD NOT USE the Birthing Pool and Telemetry in any circumstance

This list is not exhaustive if in doubt seek obstetric management plan for other high risk women requiring continuous CTG requesting the use of the Birthing Pool

- Major medical disease requiring intensive maternal monitoring e.g. cardiac disease, diabetes, or posing risk of seizure or collapse
- Pregnancy complications posing risk of seizure or collapse e.g. current APH, PET
- Significantly compromised mobility
- Maternal pyrexia (37.5 on two occasions or 38 once) and or evidence of active infection
- Active herpes
- Gestation less than 37 weeks
- Less than 2 hours since administration of opiate such as diamorphine or pethidine, or if the woman is still drowsy
- Placenta previa
- Breech Presentation
- Unstable lie
- Significant polyhydramnios
- Non engaged head
- Multiple pregnancy

Care of High Risk Women who require Continuous CTG using Birthing Pool with Telemetry

- Prior to the woman entering the pool ensure the woman and birth partner have been given relevant information to facilitate informed choice.

- Explain to the woman she may choose to leave the pool at any time and will be requested to leave the pool should any complication arise
- Document the time of entry and exit in the maternal labour records in yellow notes
- All equipment to be checked prior to entering the pool
- All maternal and fetal observations to be recorded as indicated in Clinical Guideline: "Care of the Woman in labour" in maternal labour records in yellow notes
- Refer section 13.0 Labour and Birth in Water in Clinical Guideline: Care of the Woman in labour
- Refer to Auscultation and Electronic Fetal Monitoring Guidelines
- Shoulders would be expected to be delivered within one contraction following the birth of the fetal head. Gentle downward traction may be used to facilitate the delivery of the shoulders if needed. If delivery is not completed in one contraction following delivery of the fetal head. Rapidly initiate active management
- Management of the third stage is mothers choice, however please refer to appropriate individual Clinical Guideline re high risk and management of the third stage.
- Active management of the third stage should be undertaken out of the pool
- If the woman's condition permits perineal suturing should be delayed for up to one hour to all the tissue to revitalise after water immersion.
- In an emergency situation where the woman is unable to evacuate the pool there is a dedicated lifting equipment available to evacuate the pool quickly.

7. References

- NICE Intrapartum care: management and delivery of care to women in labour Clinical guidelines CG55 September 2007

8. Associated Documentation

Auscultation and Electronic Fetal Monitoring Guidelines 2014
http://ndht.ndevon.swest.nhs.uk/policies/wp-content/uploads/2013/02/Auscultation-Electronic-Fetal-Monitoring-Guideline-v4.3-16Sep14.pdf

Birth After Previous Caesarean Delivery 2013
http://ndht.ndevon.swest.nhs.uk/policies/wp-content/uploads/2013/11/Birth-after-Previous-Caesarean-Delivery-Guidelines-V5.0-05Nov131.pdf

Care of the Woman in Labour Guidelines 2014
http://ndht.ndevon.swest.nhs.uk/policies/wp-content/uploads/2013/08/Care-of-women-in-labour-guidelines-V6.0-05Aug14.pdf