



USE OF WATER FOR LABOUR AND BIRTH

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Brief Summary of Document:	Use of water for labour and birth			Action Required by Reader:	
				Read and adhere to. Use as a reference guide.	
To be read in conjunction with:	Labour guidelines				

Classification:	Clinical	Category:	Policy
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Authorised by:		Job Title		Signature:	
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Scope	ORGANISATION WIDE	DIRECTORATE	DEPARTMENT ONLY	
Staff Group	Administrative/ Estates	Allied Health Professionals	Ancillary	Maintenance
	Medical & Dental	Nursing	Scientific & Professional	Other
Circulation List	Corporate Services	Finance Directorate	Human Resources	Surgery
	Medicine Directorate	Family Directorate	Community Directorate	Clinical and Support Services
	A&E, Critical Care, Patient Flow and Bed Management	Mental Health	Primary Care	

CONSULTATION	Please indicate the name of the individual(s)/group(s) or committee(s) involved in the consultation process and state date agreement obtained.			
	Individual(s)	R Eldridge	Date(s)	
	Group(s)		Date(s)	
	Committee(s)		Date(s)	

RATIFYING AUTHORITY (in accordance with the Schedule of Delegation)	KEY		COMMENTS/ POINTS TO NOTE
NAME OF COMMITTEE	A = Approval Required	Date Approval Obtained	
	FR = Final Ratification		
Hywel Dda Obstetrics & Gynaecology Policy Group			

Date Submitted for Equality Impact Assessment		Group completing Equality impact assessment	
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Please enter any keywords to be used in the policy search system to enable staff to locate this policy	
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USE OF WATER FOR LABOUR AND BIRTH

Introduction

Waterbirth is suitable for low risk pregnancy and labour (as defined by the All Wales Care Pathway for Normal Labour). All women should be able to labour in water (bath or birth pool) for pain relief, unless continuous fetal monitoring is advised.

NICE guidelines recommend that women do not enter the water within 2 hours of receiving opioids, or if still feeling affected by them. (Consider the risk of respiratory and reflex depression in a baby where the mother has received opioids in the last few hours).

Water may be used whenever desired for pain relief. If the woman is specifically planning to give birth in the pool it will be better to enter the water only once in established labour.

1st Stage Of Labour

- Run the water from both taps before filling the pool. The water should be deep enough to cover the woman's abdomen up to her breasts.
- Obtain baseline observations before entering the pool. Monitor maternal and fetal well-being as per the NCP for labour plus hourly maternal temperature.
- Monitor water temperature hourly, adjust to the woman's comfort- it should not exceed 37.5 degrees centigrade.
- Adequate oral fluids should be provided and encouraged and the woman should be encouraged to empty her bladder regularly.
- Vaginal examination can be carried out in the pool.
- Entonox may be used if the woman wishes
- A woman should not be left alone in the pool.

Reasons to leave the pool

- Marked maternal tachycardia or a rise in maternal temperature of over 1 degree is an indication to leave the pool until observations are normal again.
- If progress is slow advise leaving the pool for a period of mobilisation or adopting a more upright position- the woman can return to the pool if labour then progresses.
- the woman should be advised to leave the pool if there is any concern about her or the babies condition.

2nd Stage Of Labour

- The baby should be born spontaneously with little intervention- directed pushing, control of the head or "guarding the perineum" are unnecessary.
- A mirror can be useful if the woman is kneeling
- Tactile stimulation of the baby should be minimised. There is no need to feel for a nuchal cord
- The baby should be born entirely under the water and brought gently and slowly, face uppermost, to the surface.
- Check that the umbilical cord is intact- if it has snapped or torn, clamp it.

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- Babies born underwater often do not cry, and may remain blue-tinged for longer. Check the heart rate digitally, and observe respirations if concerned.
- If active resuscitation is required, clamp and cut the cord and proceed as usual.
- After birth keep the baby's body immersed to maintain its temperature.

3rd Stage Of Labour

- Physiological third stage can occur in or out of the pool.
- Active management should be conducted out of the pool only- no oxytocics should be given while in the pool.
- Blood loss can best be estimated and recorded as less than or more than 500 mls.
- Any suturing required should be delayed until an hour or so following birth as perineal tissues may be water-logged and friable initially.

Emergencies

- If there is serious concern about the fetal heart rate immediately prior to the babies birth, the woman can be asked to stand, and the baby delivered entirely in air.
- If there is delay in delivering the shoulders the women can be asked and assisted to stand with one leg bent and elevated on the edge of the pool, or she could adopt an all fours position while the water is rapidly emptied from the pool. The posterior shoulder may then deliver spontaneously, or rotational manoeuvres /delivery of the posterior arm may be attempted in this position. If delay continues assist the woman out of the pool and continue following the shoulder dystocia guidelines- the action of climbing out of the pool may itself dislodge the shoulder (all the above in conjunction with calling for midwifery , obstetric and paediatric assistance).
- If heavy blood loss occurs after the birth while the woman is still in the pool- rapidly empty the pool, call for assistance, clamp and cut the cord and administer IM oxytocics. Assist the woman out of the pool and deliver the placenta if still in situ. Proceed with usual PPH guidelines if blood loss is still heavy.
- If the woman needs to leave the pool quickly in an emergency, and is unable to do so herself- do not empty the water- it will support her weight and assist in lifting her out of the pool onto a bed placed at its foot (it may be necessary to raise the level of the water higher). Call for assistance (ideally at least 4 people would be needed for the transfer, place flotation collar around the woman's neck and support her head, use pat slide and glide sheets as required. Once out of the water cover with warm blankets and assess.
- After use the pool should be rinsed of debris, using a neutral detergent and disposable mop or cloth. The entire pool and area around the taps should then be cleaned using Haz-Tabs or similar giving a chlorine concentration of 10,000 per million (1 tablet to 2 litres of water). Rinse and dry pool thoroughly.

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