

WATERBIRTH AND THE USE OF WATER DURING LABOUR AND BIRTH – CLINICAL GUIDELINE

1. Aim/Purpose of this Guideline

1.1. This guideline is for Midwives who are caring for women in water during labour and/or birth.

1.2. This guideline should be read in conjunction with:

- Labour 1st and 2nd stage – Clinical Guideline for Care of a Woman (RCH 2012)
- Intermittent auscultation of the Fetal Heart in Labour – Guideline (RCH 2012)
- Labour – Management of the Third Stage (RCH2012)

2. The Guidance

2.1. Labouring in water is supported for healthy woman with uncomplicated pregnancies at term (RCOG & RCM 2006) and is recommended for pain relief (NICE 2007).

2.2. Practice Issues

Information about the use of a birthing pool should be given to women prior to labour to facilitate informed choice. Written documentation of any discussion should be made in the woman's maternity record.

2.3. Observations and water temperature

In addition to the routine intrapartum observations, hourly maternal, water and room temperatures should be taken and recorded. The water temperature should be comfortable for the woman but should not exceed 37.5 degrees Celsius (NICE, 2007). In the 2nd stage of labour the water temperature should be checked every 15 minutes. At home, it is the responsibility of the birth partners to fill the pool and maintain the water temperature.

The ambient room temperature should be comfortable for the woman who should be encouraged to drink to avoid dehydration.

Times of entering and leaving the pool should be documented in the intrapartum notes, including the reason for leaving the pool.

If there are any concerns about maternal or fetal well being, the woman should be advised to leave the birthing pool and medical advice sought when appropriate. This includes maternal pyrexia > 37.5 degrees Celsius, tachycardia or vaginal bleeding, fetal tachycardia or bradycardia or the presence of meconium stained liquor.

2.4. Pain relief

Entonox is the only form of pain relief which can be used by a woman whilst in the birthing pool.

2.5 Management of the 2nd stage in water

- An episiotomy should not be performed under the water.
- Faecal contamination should be removed promptly.
- A non-touch technique supported by verbal encouragement is recommended to ensure no stimulation to gasp is caused whilst the baby is underwater.
- The baby should be brought above the surface of the water face first.
- If the presenting part is visible the woman must not be allowed to enter the pool.
- If the woman raises herself out of the water once the fetal head is out, she should remain out of the water to complete the birth of her baby.
- Avoid undue tension on the umbilical cord whilst lifting the baby above the surface of the water; if the cord snaps, apply a clamp immediately.
- Never cut the umbilical cord under the water.
- Active management of the 3rd stage of labour should take place out of the water.

2.6. Additional Equipment

- Aqua Doppler
- Water thermometer
- Disposable sieve
- Long sleeved latex/plastic gauntlets
- Hoist – not available in home situation
- Mirror

2.7. Problems/emergencies in the pool:

As when caring for any mother, the midwife is responsible for using her clinical judgement in responding appropriately to problems that may occur during any stage of labour, and for documenting actions taken. The midwife should refer to the most appropriate professional if there is a deviation from the normal or requires support in caring for a woman using water for labour or birth (NMC, 2004).

2.71. Failure to Advance following delivery of the head

- Call for help
- Pull the plug out
- Help the woman into a standing position
- Ensure the perineum and baby's face are clear of the water
- Baby should not be delivered into the water
- Clamping and cutting the cord underwater must not be undertaken as it can stimulate breathing
- Exit the pool as soon as possible

2.72 Shoulder Dystocia

- Call for help and note the time
- Pull the plug out
- Help the woman into a standing position
- Advise/assist the woman to get out of the pool
- Perform usual manoeuvres for shoulder dystocia (refer to guidelines)
- Ensure Shoulder Dystocia proforma completed

2.73 PPH

- Call for help
- Assist the women from the pool
- Don't empty the pool until after the woman has left the water
- Perform usual actions for management of PPH (see guidelines)
- Ensure PPH proforma completed

2.74 Asphyxiated baby/inhalation/drowning

- Call for help
- Clamp and cut the cord immediately
- Dry baby vigorously and commence resuscitation as per guidelines
- Keep baby warm and dry
- Keep parents informed

2.75 Emergency assisted exit from the pool

- Call for help
- Ensure bed is aligned at the edge of the pool
- Support the woman's head above water and advise you will be assisting her to leave the pool
- Use appropriate lifting aid
- Transfer to bed and provide care appropriate to the clinical situation

2.8 Cleaning of pool

Pool and equipment should be thoroughly cleaned and dried after every use in accordance with local infection control policies and the manufacturer's guidelines. At home, this is the responsibility of the birth partners.

2.9 Training

Midwives should ensure that they have acquired the requisite knowledge and skills to support women who choose to labour in water. They should keep themselves updated on the research evidence in this area (NMC 2006).

Staff should be familiar with use of the hoist and the Trust moving and lifting guidance. Managers and supervisors of midwives should facilitate training and support midwives who require experience in caring for women who choose to labour in water.

3. Monitoring compliance and effectiveness

Element to be monitored	<ul style="list-style-type: none">• The audit will take into account record keeping by midwives• The results will be inputted onto an excel spreadsheet• The audit will be registered with the Trust's audit department
Lead	Maternity Risk Management Midwife
Tool	<ul style="list-style-type: none">• Are maternal, water and room temperatures recorded hourly• Are the times of entering and leaving birthing pool and reason for leaving pool documented
Frequency	During the supervisors of midwives ongoing record keeping audit any notes of women labouring or birthing in water will be audited

Reporting arrangements	<ul style="list-style-type: none"> • A formal report of the results will be received annually at the maternity risk management and clinical audit forum, as per the audit plan • During the process of the audit if compliance is below 75% or other deficiencies identified, this will be highlighted at the next maternity risk management and clinical audit forum and an action plan agreed.
Acting on recommendations and Lead(s)	<ul style="list-style-type: none"> • Any deficiencies identified on the annual report will be discussed at the maternity risk management and clinical audit forum and an action plan developed • Action leads will be identified and a time frame for the action to be completed by • The action plan will be monitored by the maternity risk management and clinical audit forum until all actions complete
Change in practice and lessons to be shared	<ul style="list-style-type: none"> • Required changes to practice will be identified and actioned within a time frame agreed on the action plan • A lead member of the forum will be identified to take each change forward where appropriate. • The results of the audits will be distributed to all staff through the risk management newsletter/audit forum as per the action plan

4. Equality and Diversity

4.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement.

4.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Document Title	WATERBIRTH AND THE USE OF WATER DURING LABOUR AND BIRTH – CLINICAL GUIDELINE		
Date Issued/Approved:	7 th November 2013		
Date Valid From:	7 th November 2013		
Date Valid To:	Extension requested until 7th May 2017		
Directorate / Department responsible (author/owner):	Avril Archibald Community Team Leader Obstetrics & Gynaecology Directorate,		
Contact details:	01872 251107		
Brief summary of contents	This guideline is to inform all midwifery staff and doctors on the appropriate management of the use of water during labour and birth.		
Suggested Keywords:	Water, Waterbirth, pool, evacuation		
Target Audience	RCHT ✓	PCT	CFT
Executive Director responsible for Policy:	Medical Director		
Date revised:	7 th November 2013		
This document replaces (exact title of previous version):	Clinical guideline for the use of water during labour and birth		
Approval route (names of committees)/consultation:	Maternity Guideline Group Obs & Gynae Directorate		
Divisional Manager confirming approval processes			
Name and Post Title of additional signatories	Not Required		
Signature of Executive Director giving approval			
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet & Intranet	✓	Intranet Only
Document Library Folder/Sub Folder	Clinical/Midwifery & Obstetrics		
Links to key external standards	None		
Related Documents:	<ul style="list-style-type: none"> • NICE (2007) Intrapartum Care – Care of healthy women and their babies during childbirth. NICE, London. 		

	<ul style="list-style-type: none"> • Nursing and Midwifery Council (2006) Midwives and Home Births. NMC circular 8/2006, NMC London. • RCOG/ Royal College of Midwives (2006) Immersion in Water During Labour and Birth (RCOG/Royal College of Midwives Joint Statement No. 1). http://www.rcog.org.uk/womens-health/clinical-guidance/immersion-water-during-labour-an-birth. • RCH (2012) Labour 1st and 2nd Stage – Clinical Guideline for Care of a Woman • RCH (2012) Intermittent auscultation of the Fetal Heart in Labour – Guideline • RCH (2012) Labour – Management of the Third Stage
Training Need Identified?	<p>Midwives should ensure that they have acquired the requisite knowledge and skills to support women who choose to labour in water. They should keep themselves updated on the research evidence in this area. (NMC, 2006).</p> <p>Staff should be familiar with use of the hoist and the Trust moving and lifting guidance. Managers and supervisors of midwives should facilitate training and support midwives who require experience in caring for women who choose to labour in water.</p>

Version Control Table

Date	Version	Summary of Changes	Changes Made by (Name and Job Title)
2003	1.0	Initial Document	Theresa Williams Birth centre midwife
July 2010	1.1	Reviewed and Updated	Theresa Williams Supervisor of midwives
July 2012	1.2	Reviewed and updated, no changes	Theresa Williams Supervisor of Midwives
7 Nov 13	1.3	Reviewed and updated changes to practice informing staff that the baby's cord must not be cut under water.	Avril Archibald Supervisor of Midwives

All or part of this document can be released under the Freedom of Information Act 2000

This document is to be retained for 10 years from the date of expiry.

This document is only valid on the day of printing

Controlled Document

This document has been created following the Royal Cornwall Hospitals NHS Trust Policy on Document Production. It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Initial Equality Impact Assessment Form

Name of Name of the strategy / policy /proposal / service function to be assessed (hereafter referred to as <i>policy</i>) (Provide brief description): : WATERBIRTH AND THE USE OF WATER DURING LABOUR AND BIRTH	
Directorate and service area: Obs & Maternity services	Is this a new or existing Policy? Existing
Name of individual completing assessment: Elizabeth Anderson	Telephone: 01872 252879
1. Policy Aim* Who is the strategy / policy / proposal / service function aimed at?	To inform all midwifery staff on the appropriate management of the use of water during labour and birth
2. Policy Objectives*	Ensure the correct methods of management of the use of water during labour and birth
3. Policy – intended Outcomes*	To ensure maternal and neonatal wellbeing.
4. *How will you measure the outcome?	Monitoring through incident reporting.
5. Who is intended to benefit from the policy?	Women and babies
6a) Is consultation required with the workforce, equality groups, local interest groups etc. around this policy?	No
b) If yes, have these *groups been consulted?	N/A
C). Please list any groups who have been consulted about this procedure.	None

7. The Impact			
Please complete the following table.			
Are there concerns that the policy could have differential impact on:			
Equality Strands:	Yes	No	Rationale for Assessment / Existing Evidence
Age	X		All pregnant women and their newborn babies

Sex (male, female, trans-gender / gender reassignment)	X		All pregnant women and their newborn babies
Race / Ethnic communities /groups	X		All pregnant women and their newborn babies
Disability - learning disability, physical disability, sensory impairment and mental health problems	X		All pregnant women and their newborn babies
Religion / other beliefs	X		All pregnant women and their newborn babies
Marriage and civil partnership	X		All pregnant women and their newborn babies
Pregnancy and maternity	X		All pregnant women and their newborn babies
Sexual Orientation, Bisexual, Gay, heterosexual, Lesbian	X		All pregnant women and their newborn babies
<p>You will need to continue to a full Equality Impact Assessment if the following have been highlighted:</p> <ul style="list-style-type: none"> • You have ticked “Yes” in any column above and • No consultation or evidence of there being consultation- this <u>excludes</u> any <i>policies</i> which have been identified as not requiring consultation. or • Major service redesign or development 			
8. Please indicate if a full equality analysis is recommended.		Yes X	No
9. If you are not recommending a Full Impact assessment please explain why.			
Signature of policy developer / lead manager / director Avril Archibald		Date of completion and submission 7 th November 2013	
Names and signatures of members carrying out the Screening Assessment	1. Elizabeth Anderson		7th November 2013

Keep one copy and send a copy to the Human Rights, Equality and Inclusion Lead,
c/o Royal Cornwall Hospitals NHS Trust, Human Resources Department, Knowledge Spa,
Truro, Cornwall, TR1 3HD

A summary of the results will be published on the Trust’s web site.

Signed Elizabeth Anderson

Date 7th November 2013