University Hospitals Plymouth NHS Trust

MATERNITY GUIDELINES

Waterbirth

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

Labouring in water is supported for healthy woman with uncomplicated pregnancies at term

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.

This guideline should be read in conjunction with the UHP guideline

Intrapartum care and cord bloods

Before using the pool.

The midwives providing direct patient care must have completed training for competency in the emergency pool evacuation prior to caring for a woman in the pool. As part of the routine checks the hoist and slings should be checked (check MEMS is in date on the hoist) before pool use, which should also be documented in the handheld notes.
NB The maximum weight for the hoist is 180kg.

The hospital delivery bed **must** remain within the room at all times, to be available in the unlikely event of an emergency evacuation from the pool (see section 4).

A water birth at home can be facilitated. A home birth preparation appointment must be carried out in the woman's home at around 34/40 gestation in order to risk assess both the woman and the property's suitability for water birth. The weight of a full pool is around 660kg so ideally a pool should be on a ground floor. The pool must be set up to allow the midwife access around the entire pool. If the woman is intending to have a water birth at home, the woman remains responsible for obtaining all the equipment required. There is a comprehensive list of this within the homebirth preparation paperwork that is filed in the patients handheld notes.

Criteria for Mothers Suitable for Waterbirth	• Be between 37 – 42 weeks gestation • Cephalic presentation • Singleton pregnancy • BMI <35 • No significant medical / obstetric complications, e.g.: low risk pregnancy

Group B strep infections are not a contraindication for waterbirth (however, do not forget to give intrapartum antibiotic cover) – see Group B Streptococcus (GBS) guideline.

VBAC is permissible in water as long as there is IV access and continuous electronic FH monitoring, i.e. use of wireless waterproof CTG monitor. Use of the FSE is contraindicated in water.

Induction Of Labour Women who labour without oxytocin infusion following Propess or artificial rupture of membranes can be offered the use of the pool providing there is no evidence of hyper-stimulation and the patient has been risk assessment and intermittent

auscultation has been deemed appropriate following an initial reassuring CTG This should form part of an ongoing risk assessment to ensure the patient remains suitable for ongoing low risk care pathway.

A risk assessment may be made to allow the woman to use water for analgesia during the first stage of labour but to exit the pool for 2nd stage of labour/ birth.

Guidelines Specific To Water Birth Management

In addition to the routine intrapartum observations, hourly maternal and water temperatures should be taken and recorded.

- The water temperature should be comfortable for the woman but should not exceed 37.5 degrees Celsius.

  The pool at UHP does not hold the heat well so midwives must check half hourly or at least after adding more hot water. Monitor readings from the bottom of the pool by agitating the water if required, dependant on the thermometer being used.

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

- It is recommended that labour should be established before a woman enters the water, there is little evidence to support optimal timing. Women planning a home birth should not enter the pool until a midwife is present.

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

- The women should be encouraged to leave the pool for mobilisation if her contractions become irregular, infrequent short lasting or weak. The effectiveness of the contractions should be closely monitored and recorded. This should form part of an ongoing risk assessment of continued suitability to use to pool/ remain suitable for low risk intrapartum care.

If there are any concerns about maternal or fetal wellbeing, the woman should be advised to leave the birthing pool and appropriate escalation of care should be carried out.

- Women may use Entonox alongside immersion in the pool both in hospital and home settings.

- If the woman has received a single opioid for pain relief (oral morphine/diamorphine) she must wait 2 hours before entering the pool and until she is no longer drowsy.

If she has received multiple doses then wait 4 hrs before entering the pool again.

If the woman subsequently chooses epidural analgesia she will be transferred from the low-risk birthing room to an alternative room within the Central Delivery Suite.

Nutrition in Labour

Women should be encouraged to eat and drink according to her own needs. Midwives should be aware that the pool may increase the effects of maternal dehydration. During established labour, women should be informed that isotonic drinks may be more beneficial than water. A fluid balance chart should be commenced in active labour to monitor input/output.

Maternal Temperature

Record maternal temperature hourly. Apply normal reference points for abnormality. Where labour is progressing normally an isolated rise in temperature may be indicative of early signs of dehydration rather than maternal infection, the woman should be encouraged to increase her fluid intake and temperature monitored closely to ensure it settles to within the normal range.

Fetal Observations

As per **UHP Intrapartum care and cord bloods guideline**

Assessment of progress.

As per **UHP Intrapartum care and cord bloods guideline**

Management of Second Stage in water

- Water temperature should be maintained to 36.5-37.5 ℃
- 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.
- Episiotomy should not be performed under the water.
- 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.

NB *The cord should not be cut or clamped under water.*

Indications for Leaving the Pool

- Delay in either 1st or 2nd stage of labour
- Abnormal fetal or maternal observations
- Meconium liquor
- Excessive blood loss with suspected haemorrhage
- Excessive water contamination

Third Stage

- 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
- If the woman is requesting an active management of the 3rd stage of labour, this should be conducted outside of the pool. Clean and dry the woman's leg prior to the administration of oxytocin, this is to avoid injecting contaminate into the woman.
- If the woman wishes to have a physiological third stage, it is recommended that this is conducted out of the pool.
- Any concerns regarding blood loss following the birth, the woman should be assisted out of the pool immediately.

Management of the Neonate

If the mother wishes to keep the baby in water after birth ensure the baby is submerged to shoulder level, remains skin to skin and the water temperature is kept between 37°c and 37.5°c. A hat should be placed on the baby as per UHP Thermal Care Bundle**.** Alternatively, the baby should be dried and wrapped warmly in the usual way.

General Safety Issues, Personal Protective Equipment (PPE) and Electricity

The pool is deep. A 'hands off' approach is encouraged to avoid neck and back injury to staff.
Any vaginal examinations should be conducted out of the pool.

Additional Equipment

- Waterproof sonicaid
- Water thermometer
- Sieve
- Evacuation equipment – not available in home situation
- Mirror
- Torch

There are long 'gauntlet' style gloves available for use with the pool

Be aware of electrical equipment use near the pool such as lamps or in the homebirth environment. *Water is a conductor of electricity. Please ensure your hands are thorough dry before using electric power points*

Unexpected maternal collapse:

- Call for immediate assistance.
- **DO NOT empty the pool**. Continue to fill the pool; this will facilitate buoyancy and assist the midwives to evacuate the woman and facilitate safe application of the hoist.
- Keep the woman's head above the water and manage her airway. One person should maintain the woman's airway throughout the evacuation procedure.
- Start immediate resuscitation if required. The ABC of resuscitation always applies.

Partners in the Pool

We do not advocate partners entering the pool. Partners should be encouraged to support the woman by other methods.

Cleaning the pool

Instructions for cleaning and disinfecting water birth pool and surrounding area (infection control)
Before use

The pool needs to be cleaned every 24 hours, as per instructions below. On completion please sign the Labour Ward Coordinator Daily Checklist. If a member of Hotel Services has cleaned the pool as per guidance below please sign on their behalf.

Prior to each use and every 24 hours (to coincide with the daily pool cleaning), the pool taps need to be run for 2 minutes, as per water flushing guidelines.

After Use

6.1. Use the standard infection control precautions (plastic apron and disposable gloves) when cleaning the pool. Ensure the area is well ventilated.

6.2. Remove any debris from the pool, using the sieve, before emptying the pool (to prevent debris blocking the pool outlet). Please ensure the thermometer has been removed from the pool prior to emptying the pool, in order not to block the pool outlet.

6.3. Use a non-abrasive detergent to clean the pool of any further debris and blood; ensure the tap is cleaned first, so as not to transfer micro-organisms from the “dirty” pool area to the cleaner tap region. Rinse well with warm water.

6.4. Ensure the pool tap outlet is turned to “closed” prior to cleaning the pool tap and pool area with the Actichlor Plus chlorine releasing disinfectant tablets with detergent (1 tablet to 1 litre of water).

6.5. Clean the pool tap first prior to cleaning the pool with the Actichlor Plus solution, as above.

6.6. When cleaning the pool itself, pour the Actichlor Plus solution around the side of the pool. Using a clean disposable cloth, clean the surfaces of the pool. Leave the solution in the pool for 10 minutes. Discard this cloth.

6.7. Open the tap outlet and empty the pool of the Actichlor Plus solution.

6.8. Using cold water, rinse the tap then the pool to remove all traces of the Actichlor Plus solution, to prevent any residue being left on the pool surface.

6.9. Dry the entire surface of the pool using a clean cloth or fresh disposable cloth. Ensure all cloths are disposed of in a yellow clinical waste bag.

6.10. Ensure the outside of the pool, window ledges, sink and its tap are cleaned with an Actichlor Plus solution.

11. To clean the equipment (pool thermometer, mirror) used: wash and rinse these in warm water. Then soak for a minimum of 30 minutes in Actichlor Plus solution. After this, rinse and dry the equipment. Throw the sieve away. These are one use only.

Record keeping

It is expected that every episode of care be recorded clearly, in chronological order and as contemporaneously as possible by all healthcare professionals as per Hospital Trust Policy. This is in keeping with standards set by professional colleges, i.e. NMC and RCOG.
All entries must have the **date and time** together with **signature and printed name.**

Monitoring and Audit
Auditable standards:
Daily cleaning schedule for pool.
Daily room and equipment check sheet.
Documentation of routine equipment checks in maternity notes

Please refer to audit tool, location: 'Maternity on cl2-file11', Guidelines

Reports to:
Maternity Assurance Group – responsible for action plan and implementation of recommendations from audit

Frequency of audit:
Annual

Responsible person:
Senior CDS midwife

Cross references
Group B Streptococcus guideline
http://staffnet.plymouth.nhs.uk/Portals/1/Documents/Clinical%20Guidelines/Maternity/Group%20B%20Strep.pdf?timestamp=1523447230956

General principles of intrapartum care & cord bloods
http://staffnet.plymouth.nhs.uk/Portals/1/Documents/Clinical%20Guidelines/Maternity/Intrapartum%20Care.pdf?timestamp=1523447286661

Maternity Hand Held Notes, Hospital Records and Record Keeping
http://staffnet.plymouth.nhs.uk/Portals/1/Documents/Clinical%20Guidelines/Maternity/Maternity%20hand%20held%20notes%20and%20hospital%20records.pdf?timestamp=1523447336289

References
National Institute for Health and Care Excellence. **Intrapartum care for healthy women and babies [CG190].** Published date: December 2014 Last updated: February 2017. London NICE.
Royal College of Midwives (2012) Immersion in Water for Labour and Birth. Evidence Based Guidelines for Midwifery-Led Care in Labour. Royal College of Midwives Trust.

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Changes	Timely update IOL following propess and normal CTG may try for waterbirth (with no other risk factors). Cleaning of the pool. Maternal collapse and safe evacuation from the pool (5a incorporates midwives competencies).		
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