USE OF WATER FOR LABOUR AND BIRTH POLICY

1. INTRODUCTION

1.1 Increasing women's choices and promotion of normality are key principles for maternity care within the UK. Provision of birthing pools should be made available for healthy women with uncomplicated pregnancies.

2. POLICY STATEMENT

2.1 The aim of this policy is to ensure provide clear guidelines to support midwives in their professional practice and to provide support to achieve a safe environment for the mother during labour in water and/or birth.

3. ROLES AND RESPONSIBILITIES

3.1 Midwife
Is responsible for ensuring the safety of the mother and baby whilst using the birthing pool and informing the co-ordinating midwife on Chesterfield Birth Centre (CBC) where concerns become apparent.

Co-ordinating Midwife
Is responsible for ensuring appropriate advice is given and documented and that referral is made to the obstetric team, where deviations from the norm occur.

4. PROCEDURE

4.1 Labour should be established prior to entering the pool, as immersion in water may slow or stop uterine activity. Cervical dilatation should preferably be at least 5cm. However, if the woman is multiparous and recognised to be in established labour, then she may enter the pool at the midwife's discretion.

Criteria for Use

- Mother's choice
- Low risk pregnancy (or following consultation with obstetric team eg for VBAC)
- Gestational age 37-42 weeks
- Single cephalic presentation
- BMI of less than 35 at booking or weight < 100kg at term
- If ruptured membranes, clear liquor and mother apyrexial
- Normal observations throughout labour
- No concerns regarding fetal well being
- No sedation within preceding 4 hours i.e. opiates
- After giving prostin, allow 2 hours before woman enters pool

Discuss the need for women to leave the pool if an emergency or fetal compromise occurs, and document this in the patient records.

4.2 **Benefits of using Water in Labour**

- Water provides relaxation and gives great satisfaction to users
- Reduces psychological tension
- Women feel they have more control over their labour when in water

- Buoyancy of water supports body weight therefore increases mobility, avoiding the potential for vena caval compression, maternal hypotension and decreased placental profusion
- Facilitates optimal fetal positioning
- Excellent form of analgesia for women as it increases endorphin production
- Promotes choice
- Overall shorter labour
- Immersion in water for up to four hours reduces the need for augmentation
- Increased oxytocin stimulates contractions
- Only 5% of babies born in water have an Apgar of <7 at 1 minute, compared with 10% born on land

4.3 Pain Relief in Labour

4.3.1 Entonox can be used effectively in-conjunction with the effect of water, but is the only available alternative.

4.3.2 If the woman does require opiates, she must leave the pool and cannot re-enter until 4 hours after the opiate has been administered. During the transitional stage of labour the woman may request to leave the pool, please ensure that she is aware that she may be ready to deliver soon, as this may change her decision. Women using a birthing pool should experience one to one support as it has been shown to supplement a reduced amount of analgesic requirements.

4.3.3 Where any woman uses the pool as a form of analgesia, the midwife must anticipate birth under the water, due to maternal choice or precipitous labour.

4.4 Equipment

- Pool thermometer (disposable cover)
- Sonicaid with water protection
- Disposable sieve
- Non slip floor
- Dry area for delivery/third stage/emergencies
- Evacuation net

4.5 Care of Women in the Birthing Pool

4.5.1 One-to-one care is required from the midwife.

4.5.2 Clean pool before and after use using Actichlor - see Appendix 2 (& r*efer to Handling of Body Fluid Spills (Infection Control policy 3.3) ..*

4.5.3 Prepare dry area for third stage management or emergencies.

4.5.4 Water level **must** be above fundal height.

4.5.5 Record pool temperature, on the partogram, half hourly. Maintain between 35-37^{0}C, **do not exceed 37^{0}C.**

4.5.6 Document baseline maternal and fetal observations on partogram, prior to entering the pool.

4.5.7 Monitor maternal and fetal observations as in normal labour. *Refer to First Stage of Labour and Second Stage of Labour Management Policies.*

4.5.8 Check maternal temperature hourly. An increase of 1^0 C is acceptable but a rise above this may cause fetal compromise.

4.5.9 Maintain maternal hydration, encourage regular sips of water, and regular bladder

emptying. *Refer to First Stage of Labour and Second Stage of Labour Management Policies.*

4.5.10 Maintain accurate detailed records. *Refer to Maternity Records Documentation Policy.*

4.5.11 Ensure pool temperature is 37^0C for delivery. Remember water temperature can vary between depths.

4.5.12 Allow the head to deliver spontaneously with no intervention. To prevent stimulation of respiration the baby should be delivered completely submersed underwater. **Do not feel for the cord**, a hands off approach is used, as this could potentially stimulate the baby to gasp underwater. If the cord is present and tight around the fetal neck, do not clamp and cut in the pool. Ask the woman to stand, clamp and cut cord and continue delivery out of the water.

4.5.13 Once the head is delivered wait for the next contraction and allow the shoulders to deliver spontaneously. Bring the baby to the surface for the mother to hold. The head, preferably the face should be the first part of the body out of the water immediately after delivery.

4.5.14 In the rare event that an episiotomy is required, perform this and the subsequent delivery out of water.

4.5.15 The use of towels wrapped around the baby following birth should be avoided whilst in the pool, as wet towels will reduce the body temperature of the infant. Allow the baby's body to be submerged under the warm water, until the cord is ready to be cut or mother to be moved out of the pool.

4.5.16 Cut the cord within 4-5 minutes from birth to avoid the risk of polycythaemia.

4.5.17 **Shoulder Dystocia:** stand the mother up in the pool. This may release the shoulders spontaneously. If not, pull the emergency call bell, ask woman to leave the pool and implement guidelines for shoulder dystocia. *Refer to Shoulder Dystocia Policy.*

4.5.18 The third stage of labour should be conducted out of water. Do not give an oxytocic until the woman is out of the pool/or the water is drained. *Refer to Third Stage of Labour Management Policy.*

4.5.19 Blood loss to be estimated < or > 500mls, and documented as such in the records.

4.5.20 **Perineal repair**; the perineum must be checked *immediately* following birth, once the woman is in a comfortable position out of the pool. (*Refer to Perineal Trauma Policy)* Any trauma sustained must be left for 1 hour following birth before undertaking repair, unless bleeding or other concerns require this to be undertaken sooner.

4.6 Manual Handling

4.6.1 The midwife's attention should be drawn to her working position at all times during the conduct of labour and delivery in the pool, ensuring that bending is from the hips and not the waist. When performing auscultation, the woman should be asked to move to the side of the pool.

4.6.2 If the mother needs help to leave the pool, ensure assistance is available. Encourage the mother to assist herself as much as possible. Where maternal collapse occurs, and evacuation of the pool is needed urgently, refer to Appendix 1.

4.6.3 Women using a birthing pool at home, must be advised of evacuation procedures as part of the discussion regarding home birth and this discussion documented in the hand held records.

4.6.4 A Trust incident report must be completed for any woman requiring emergency evacuation from a birthing pool.

5. AUDIT/MONITORING ARRANGEMENTS

5.1 The use of manual handling requirements will be audited on a case by case basis via the incident reporting system, by the Matron for Clinical Governance/Risk Management.

6. DEFINITIONS

6.1 No definitions required.

7. TRAINING REQUIREMENTS

7.1 All midwives should, as a minimum, witness a waterbirth and then undertake waterbirths with supervision, prior to undertaking waterbirths as the lead carer.

7.1.1 In house training will be provided for midwives, regarding care of women, with use of the birthing pool.

7.1.2 Evacuation technique from the birthing pool will be given to staff annually as a minimum.

N.B. Reasons for not adhering to this policy <u>MUST</u> be documented in the patient's notes

8. REFERENCES

8.1 Related Policies

First Stage of Labour Management Policy.

Second Stage of Labour Management Policy.

Third Stage of Labour Management Policy.

Maternity Records Documentation Policy.

Shoulder Dystocia Policy.

Handling of Body Fluid Spills (Infection Control policy 3.3).

8.2 Documents

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APPENDIX 1

MANUAL HANDLING

Where possible, the woman should be asked to assist herself as much as possible in leaving the pool.

In a situation where the mother requires urgent assistance to evacuate from the birthing pool, an evacuation net should be used. There is a net in every pool room on Chesterfield Birth Centre

Procedure on CBC (as per manufacturer's instructions)

1. Should urgent evacuation be necessary, the pool should be filled to the top with water, as quickly as possible, to aid floatation of the mother.

2. The emergency trolley situated by room 1, should be brought in to the room and be placed end on to the pool to avoid unnecessary twisting by staff, ensuring the brakes are on. (Net will be kept with trolley)

3. Place the net in the birthing pool, ensuring that the net is positioned lengthways, (note the head end of the net will be marked in red) making sure that the four straps are free of obstruction and not laying under the net.

4. Ensure that the single handles on the top and bottom of the net are easily accessible.

5. The mother should be positioned in the centre of the net and must avoid the straps at all times.

6. Ensure an equal number of staff undertake this lift, a remaining member of staff could support the head, maintain airway; **minimum of four staff should always be used (partners should not be counted in the numbers)** to manually pull the patient out of the pool, by taking the following steps;

    - Both top and bottom handles must be supported to ensure the head and lower body areas remain stable
    - The four remaining tapes should be gathered, preferably with one person on each side, to ensure that an emergency evacuation can take place quickly and efficiently.
    - Once the water has reached the level of the pool edge the mother should then be lifted from the end of the pool on to the waiting trolley and further emergency care administered as necessary

7. In the event that there is an excess of water on the floor of the room, in CBC, that a water vacuum should be available on Ext 3400, Bleep 022

Procedure at home

1. Emergency services should be contacted immediately, together with Co-ordinator on CBC, who should ring for community midwifery support as appropriate. Evacuation from the pool may not be possible until further assistance has been obtained.

2. The midwife present should assess the type of emergency, and ensure the water is emptied from the pool.

3. Any further resuscitation measures needed should then be done within the pool until further assistance is present.

4. Urgent transfer to Chesterfield Birth Centre should be instigated, to enable appropriate treatment as required.

APPENDIX 2

CLEANING OF BIRTHING POOLS ON CBC

- **Refer to Handling of Body Fluid Spills policy (Infection Control policy 3.3)**
- **Remove solid particles and rinse pool with clean water**
- **Make up a solution of Actichlor - 10 tablets in 1 litre of water (equal to 10,000ppm)**
- **Clean pool thoroughly with the solution and leave for 2 minutes**
- **Rinse thoroughly with clean water and leave to dry**
- **Rinse pool with clean water prior to next use**