Care of women using the Birthing Pool for labour and delivery

Clinical Director

Date: 09/01/2012

Directorate Manager

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Meta Data

Guideline Title:	Care of women using the Birthing Pool for labour and delivery
Guideline Author:	M. Dobson & J. Crighton
Guideline Sponsor:	Obstetrics & Gynaecology Directorate
Date of Approval:	9th January 2012
Approved by:	Obstetrics & Gynaecology Directorate
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Related Policies/Topic/ Driver:	• Booking Appointment & Risk Assessment pathway • Fetal Monitoring • Home birth • Midwifery led care • Normal Birth • Perineal trauma • Shoulder Dystocia

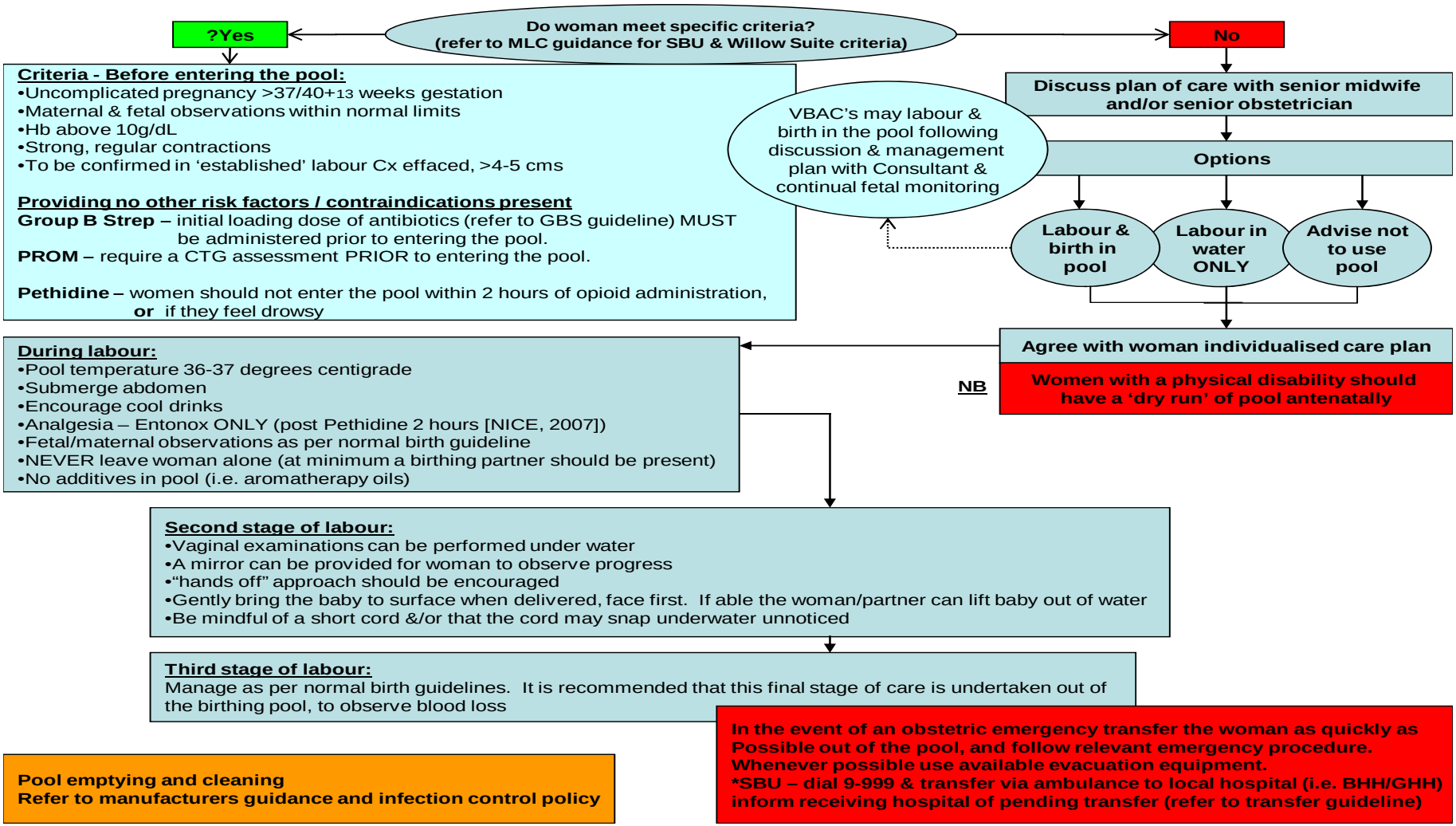
Revision History

Version No.	Date of Issue	Author	Reason for Issue
1	January 2007	M. Dobson E. Whapples	Merger
2	January 2012	M. Dobson J. Crighton	Review / addendums p.4 – changes to flowchart to reflect guidance and SBU p.5 – Disabled women using birthing pool. Management of GBS & PROM p.6 – reduction from 4 to 2 hours to enter pool post opioid (as per NICE recommendations). Levels of competency & supporting staff. p.7 - VBAC in the birthing pool & potential neonatal concerns when delivering in water

Contents & Page Numbers:

1 Flowcharts

1.1 Flowchart 1 – Waterbirth



2 Overview / Introduction

Water is a natural method of pain relief whilst ensuring the safety of the woman and the fetus is maintained throughout the use of the pool. Benefits of using the birthing pool also include:

- The buoyancy of water enables a woman to move more easily than on land
- Alleviates pain and optimises the progress of her labour
- Maternal relaxation, less painful contractions, shorter labours, less need for augmentation, less need for pharmacological analgesics, and a reduction in perineal trauma
- Water offers a labouring woman an environment where she can behave instinctively and feel in control and is becoming increasingly in demand by informed women (Richmond, 2003).
- A greater degree of control for the woman during childbirth, giving her an experience of higher degree of emotional well being postnatally

3 Objectives of this Guideline

To reduce the risk of maternal and neonatal mortality and morbidity.

4 Body of the Guideline

Criteria for entering the birthing pool (also refer to Booking appointment & risk assessment pathway)

a. uncomplicated pregnancy between **37 - 40+13 weeks** gestation

b. Maternal and fetal observations within **normal** limits

c. Hb above **10g/dL**

d. Strong, regular **contractions**

e. to be confirmed in **'established' labour** (4-5cms dilated), **unless** using pool as analgesia

f. **GBS** initial loading dose of antibiotics MUST be administered prior to entering the pool. Providing no other contraindications present (refer to GBS guideline)

g. **PROM** providing no other risk factors/contraindications present i.e. fetal tachycardia, maternal pyrexia/tachycardia - IN THIS CASE A CTG ASSESSMENT PRIOR TO ENTERING THE POOL IS REQUIRED.

NB. f & g NOT appropriate for home delivery at SBU and Willow Suite (refer to MLU guidelines)

Contraindications

- known maternal/fetal complications, for example maternal epilepsy and fetal compromise (anomalies)
- open wounds
- indication for continual fetal monitoring, unless facility available

NB. Whenever possible use available emergency evacuation equipment, i.e. Gantry hoist. Good Hope hospital has the use of a CTG to provide continuous fetal monitoring while in a birthing pool.

Relative contraindications:

- use of opioid or epidural analgesia (use of nitrous oxide only provided). Women should not enter water (a birthing pool or a bath) within 2 hours of opioid (Pethidine) administration or if they feel drowsy (p.108 NICE, 2007)
- physical, maternal disability that may prevent her from leaving pool quickly, unless a 'dry –run' proves evacuation can be achieved without risk

Role of delivery suite co-ordinator

- To approve use of the pool for analgesia, birth or both, taking into consideration staffing levels and labour ward admissions
- Ensure the Midwife assigned to the pool delivery is adequately trained (refer to midwives role). It is the responsibility of the Delivery Suite co-ordinator to ensure that a second Midwife, or Maternity Support Worker (MSW) will be available for delivery. The designated MSW is to be deemed as capable of supporting the midwife and has a clear understanding of the correct procedure to take should an emergency situation arise.
- Receive regularly updated on progress of labour

Role of the midwife

- To provide information to all women during the antenatal period of the risks and benefits of a pool birth
- Midwives should have witnessed care and delivery in the birthing pool at least **once** and has also cared and delivered at least **once** under supervision (ideally two deliveries), before considered as competent for future deliveries. Caring for women in the pool for the sole purpose of analgesia is NOT to be considered as a competence.
- Two staff members must be present for delivery, one of which a midwife
- Is wholly responsible for filling pool and maintaining appropriate temperature
- Ensure that a resuscitaire has been placed outside the pool room in time for delivery and checked as appropriate.

Filling and maintaining the birthing pool

- If it is necessary to leave the room while the pool is filling the tap must be switched off, even in the cases of an emergency bell
- General maintenance of the pool is expected routinely, i.e. cleaning appropriate equipment and discarding of any 'disposable' equipment following a pool delivery.
- For home deliveries the family should take full responsibility for setting up of pool

Intrapartum care

- Pool temperature to be checked hourly and maintained at 36-37ºc during 1st stage of labour and 37-37.5 ºc during 2nd stage of labour
- Fetal observations as per guideline
- Maternal observations, including: blood pressure and pulse to be recorded every **4** hours, and temperature **2** hourly
- **Artificial Rupture of Membranes (ARM)** – is not routinely carried out unless at the maternal request and documented in action plan (page 19 intrapartum notes)
- **Transitional stage** – it is not unusual for the woman to request leaving the birthing pool during this stage; however the use of coping strategies such as breathing through the contractions may enable the woman to have her pool birth. However, the transitional stage requires the midwife to make a decision of judgement as to how the woman is coping, and facilitate the woman if she wishes to leave the pool.
- **Delivery** – encourage the woman to keep her bottom in the water during delivery to ensure baby's head is delivered underwater

- **Cord** – it is not necessary to feel for the cord at delivery of the head, but the cord can be unravelled as the baby delivers while still underwater if necessary. Be mindful that the cord may snap under water unnoticed.

NB please refer to shoulder dystocia guideline for actions to be taken if such an obstetric emergency occurs in the birthing pool

Vaginal birth after caesarean section (VBAC) using the birthing pool

Women with a history of ONLY ONE C/S may be considered for the birthing pool. It is not routine to offer delivery in water to anyone who has had a caesarean section (C/S), and should only be considered following discussion with a Consultant Obstetrician. . Facilities to care for a woman requiring a pool delivery following a C/S are available at GHH **not at** BHH & SBU.

Inform the woman:

- of the associated risk (albeit small) of scar rupture and the possible consequential effect on baby and mother
- that a CTG trace will be undertaken before entering the pool to assess fetal well-being, and continual CTG monitoring will occur while in the pool
- that her maternity notes will be reviewed by a Consultant Obstetrician for the final decision
- Of the need for group & save/cannulation, dependant on professional judgement. (cover cannula over with water resistant material while in pool)

Third stage management

Physiological or active management can be undertaken according to maternal wishes, however, it is recommended that this final stage of care is undertaken out of the birthing pool to observe blood loss.

***All discussion and plan of care must be clearly documented in the hospital and hand-held notes, including Consultant decision.**

***All midwives and MCA's caring for women in the birthing pool must have appropriate competencies.**

Potential neonatal concerns:

Still births/neonatal mortality
Drownings
Hypoxic ischemic encephalopathy
Ruptured umbilical cords
Respiratory Distress
Hyonatramic seizures
Infections
Tachycardia
Temperature irregularities (related to water temperature)

Any concerns should be referred to a neonatologist for review

5 Reasons for developing the Guideline

The guideline provides information to all clinicians as to the most appropriate management of women using the birthing pool for analgesia in labour, or when using the birthing pool for analgesia and delivery.

6 Methodology

Development of all guidelines adheres to a process of examining the best available evidence relevant to the topic, incorporating guidance and recommendations from national and international reports.

Finalised guidelines will ultimately be approved and ratified by the directorate locally.

7 Implementation

Following approval the guideline will be disseminated and available for reference to all members of the multidisciplinary team via the Trust and Obstetric intranet site; also paper copies will be stored in a marked folder within a designated clinical area.

8 Monitoring

Adherence and efficiency of the clinical guideline will be monitored through regular clinical audit.

Following clinical audit of a guideline an addendum to change in clinical practice may be necessary. Any change to a clinical guideline requires that it must be ratified by the directorate locally.

Review dates for guidelines will be set at a period of three years; however this set period can be overridden in light of new clinical evidence.

All unused/previous guidelines will be logged and archived electronically, and in paper format within the trust.

9 Application of this Guideline

This guideline applies to all obstetric patients when using the birthing pool for analgesia in labour, or analgesia and delivery.

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11 Appendices

Appendix 1 - Launch and Implementation Plan for Clinical Guidelines

To be completed and attached to any document which guides practice when submitted to the appropriate committee for consideration and approval.

Action	Who	When	How
If previous document is in use: proposed action to retrieve out-of-date copies of the document (electronic and/or paper)	Maggi Dobson	Upon ratification of new guideline	Logged and archived electronically, and in paper format within each trust
Initiate addition to clinical guidelines Sharepoint	Maggi Dobson	Upon ratification	Trust intranet
Communicate new guideline/changes to guideline	Normal/Active Birth teams across the site Audit Leads Clinical Risk Trust Trainers	Following ratification	Guideline distribution panel will be informed of ratification. Regular updates to be given at audit meeting, directorate meetings, and through mandatory training programmes
Offer awareness training/incorporate within existing training			Through induction and mandatory training programmes
Circulation of document (paper)	Maggi Dobson	Upon ratification	To a designated area within each trust
Circulation of document (electronic)	Maggi Dobson	From draft 1 through to ratification	drafts via core distribution panel and again upon ratification

Appendix 2 - Clinical Guidelines Appraisal Checklist

All clinical guidelines must be appraised using this appraisal checklist before submission to the Clinical Standards Committee for formal ratification (adapted from Appraisal of Guidelines Instrument, AGREE Collaboration, 2001).

The appraisal tool will be completed by the clinical guideline Lead or Author with the support and advice of the Directorate of Healthcare Governance.

1. The overall objective(s) of the guideline is (are) specifically described.

Strongly Agree	4	3 ☑	2	1	Strongly Disagree

2. The patients to whom the guideline is meant to apply are specifically described.

Strongly Agree	4 ☑	3	2	1	Strongly Disagree

3. The target users of the guideline are clearly defined.

Strongly Agree	4	3 ☑	2	1	Strongly Disagree

4. The health benefits, side effects and risks have been considered in formulating the recommendations.

Strongly Agree	4	3 ☑	2	1	Strongly Disagree

5. The recommendations are specific and unambiguous.

Strongly Agree	4 ☑	3	2	1	Strongly Disagree

6. The different options for management of the condition are clearly presented.

Strongly Agree	4 ☑	3	2	1	Strongly Disagree

7. Key recommendations are easily identifiable.

Strongly Agree	4 ☑	3	2	1	Strongly Disagree

8. The guideline presents key review criteria for monitoring and audit purposes.

Strongly Agree	4	3	2 ☑	1	Strongly Disagree

9. There is an explicit link between the recommendations and the supporting evidence.

Strongly Agree	4	3 ☑	2	1	Strongly Disagree

10. A timescale for reviewing the guideline is provided.

Strongly Agree	4 ☑	3	2	1	Strongly Disagree

11. The guideline was consulted with individuals from all the relevant professional groups.

Strongly Agree	4 ☑	3	2	1	Strongly Disagree

SCORE = 38

(NB a score of at least 33 must be obtained before formal ratification by the Clinical Standards Committee can be obtained)

Guideline Distribution listing - core members

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*this list is not exhaustive as relevant specialities will be consulted in relation to guideline, and distribution is often circulated for wider consultation via core members

Title of Guideline: Care of women using the Birthing Pool for labour and delivery

Directorate: Obstetrics and Gynaecology

Clinical Guideline Lead: Dr S. George

Date of Appraisal: 9th January 2012