

Blackpool Teaching Hospitals

NHS Foundation Trust

Document Type: GUIDELINE		Unique Identifier: OBS/GYNAE/GUID /005
Title: Use Of The Birthing Pool In Labour		Version Number: 3
Scope: Obstetricians, midwives, student midwives, medical students		Status: Ratified
Author/Originator and title: Janet Danson-Smith, Midwifery & Gynaecology Manager		Classification: Departmental
Responsibility: Obstetrics & Gynaecology		
Replaces: Version 2 Use of the Birthing Pool in Labour Obs/Gynae/Guid/005	Description of amendments: Change to BMI	
Name Of: Divisional/Directorate/Working Group: Women & Children's Policy Group	Date of Meeting:	Risk Assessment: Not Applicable
		Financial Implications Not Applicable
Validated by: Chairman's Actions – Miss June Davies, Head of Department / Gynaecologist & Obstetrician	Validation Date: 25/02/2013	Which Principles of the NHS Constitution Apply? 1-4
Ratified by: Clinical Improvement Committee Chairman's Action	Ratified Date: 25/02/2013	Issue Date: 25/02/2013
Review dates may alter if any significant changes are made		Review Date: 01/02/2016
Does this document meet the requirements of the Equality Act 2010 in relation to Race, Religion and Belief, Age, Disability, Gender, Sexual Orientation, Gender Identity, Pregnancy & Maternity, Marriage and Civil Partnership, Carers, Human Rights and Social Economic Deprivation discrimination? Initial Assessment		

1 PURPOSE

All low risk (as identified in the Normal labour Guidelines) labouring women using the birthing pool are cared for in the most appropriate manner.

2 SCOPE

This guideline applies to all midwives and student midwives, doctors and medical students caring for labouring women in the birthing pool.

3 GUIDELINE

3.1 Preparation

There are considerable perceived benefits of using immersion in water during labour, including less painful contractions, less need for pharmacological analgesia, shorter labours and less need for augmentation with no known adverse effects to the women herself. There is no clear evidence to support or not support a woman's decision to give birth in water. Therefore, the following guidelines aim to provide an optimum safe level of care for women when using the birthing pool.

Care in normal labour guidelines should be adhered to and in addition the following:

3.2 Criteria for use

- Low risk pregnancy (Refer to Care in normal labour OBS/GYNAE/GUID/004)
- Woman's choice
- Pregnancy at least 37/41 weeks
- Pain relief in labour
- Single fetus and cephalic presentation
- Normal observations throughout labour
- Less than 48 hours spontaneous rupture of membranes
- In established labour prior to entering the pool (see Care in Normal Labour guidelines)

3.3 Contra-Indications

- Medical or obstetric condition, e.g. diabetes, heart problems, etc. that warrant strict monitoring of either the mother or baby.
- Breech presentation
- Previous LSCS
- BMI >30
- Multiple pregnancy
- Induction or acceleration of labour
- Any signs of infection or confirmed HIV, Hepatitis B, Herpes simplex virus.
- Administration of systemic opiate drugs within 2 hours of receiving or if drowsy.
- Haemolytic Group B Streptococci

3.4 Antenatal Preparation of Women and their Partner/Supporter

- Once the woman has requested a water birth, discuss the water birth guidelines with her.

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- Ensure that the woman's request and any discussions are fully documented in the notes.
- Ensure the woman has the Information leaflet re water birth and encourage her to seek out further information as required.
- Encourage her to attend the Unit for a visit to the pool room prior to delivery.
- Ensure the woman is aware of the moving and handling requirements, i.e. that she will be expected to move around and assist as much as possible.
- Ensure the woman is aware that if there is any deviation from the norm, in either her or her baby's condition occurs, she will be asked to leave the pool.
- Ensure the woman is aware that whilst in the pool, pain can only be managed using entonox.

3.5 The Midwife

In preparation to undertake labour and/or delivery in water, midwives would be expected to:

- Have read the water birth guidelines and receive an annual update.
- To be aware of Infection Control policies.
- To be aware of Health and Safety policy.
- To have read the Normal Labour Guidelines.
- Discuss training needs with a Senior Midwife / Supervisor of Midwives
- Ensure adequate support and plan for possible emergency (medical/supervisory).
- Keep the Senior Midwife / Supervisor of Midwives informed in the case of problems
- Maintain contemporaneous records and discuss and complete the woman's birth plan with her and update as necessary.

3.6 Equipment

The requirements below will apply whether the water birth is to take place in the home or in hospital.

- Water pool. (In the home this will be a hired one)
- Disposable liner, if required. (Will only apply to a hired pool)
- Thermostat or water thermometer for water temperature checks.
- Aqua Doppler. (battery operated)
- Head rest for mother
- Towels for mother and baby
- Dry area for third stage or emergencies. In the hospital this will be on the bed.
- Sieve
- Readily available cord clamps

3.7 Labour and Delivery

3.7.1 Observations

It will be necessary to carry out all of the routine observations during all stages of labour, as per Care in Normal Labour and Fetal monitoring in labour (OBS/GYNAE.PROT/003). The following additional specific observations should also be undertaken:

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- Must be established in labour (as a guide the cervix >3cms. dilated with regular contractions)
- No identified risk factor.
- Water level up to the mother's breasts.
- Encourage mother to move around freely.
- Encourage mother to drink plenty of fluids.
- Mother to leave the pool to urinate.
- Water temperature during labour should be regulated according the woman's own comfort. As a guide this should not exceed 37 degrees C.
- Ensure thermometer is submerged and not floating on the top of the water.
- Maternal temperature to be recorded every ½ hour
- Ensure that the pool remains free from maternal faeces and other debris

Please note: Once the mother enters the pool, at no time should she be left alone.

3.7.2 Analgesia

Entonox (Nitrous Oxide and oxygen) may be used if required. No other form of pain relief should be offered. If any other form is requested, the mother must be advised to leave the pool.

3.7.3 Delivery

For delivery, the water temperature should be maintained at body temperature – approximately 36 – 37°C.

Be aware of the possibility of occult cord rupture and be sensitive to any undue tension on the cord. Cord clamps must be readily available.

The baby should be born fully submerged and be brought gently and without delay to the surface, by the midwife, to enable the first respiratory efforts to be made.

Please note:

If the woman raises herself out of the water and exposes the fetal head to air once the presenting part is visible, she must be advised to remain out of the water to avoid the risk of premature gasping under water.

3.7.4 Third stage of labour

The placenta is to be delivered physiologically, out of the pool.

Advice/guidelines are available in the Care in Normal Labour Guidelines.

Should haemorrhage occur, refer to Management of Post partum haemorrhage (OBS/GYNAE/GUID/021)

3.8 Health and Safety

- Trust policy to be followed regarding the service and repair/reporting of faults of equipment.

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- Wear long gloves, protective aprons and face protection for vaginal examinations and delivery. (Although water will dilute, there is still small risk from HIV and Hepatitis virus).
- Using a sieve, maternal faeces, meconium and blood clots must be removed from the water immediately and disposed of appropriately.
- Policy for the Control of infection to be followed.
- All water spills to be wiped up immediately, using the appropriate mop.
- No plug-in electrical equipment to be used whilst the woman is in the pool.
- All sockets to conform to British standards for use near water.
- Beware of lifting, i.e. back injury. Midwives with a back problem are advised not to accept responsibility for water births. Guidelines for moving and handling to be followed. All staff to attend an annual moving and handling lecture and have a Certificate of Attendance available.
- Find alternatives to bending or stooping, e.g. kneeling with a mat or cushion to protect your knees.
- Adjust your position regularly.
- Bend forward from the hips and not the spine, with knees slightly bent.
- Avoid supporting the woman directly and encourage her to help as much as possible.
- If a lift is unavoidable, ensure that there is sufficient staff available to assist, using all the lifting aids available.
- Staff to wear shoes with non-slip soles

3.9 Records

- Maintain accurate, detailed records. The should include:
- Record details of discussions with parents.
- The midwife should discuss with the woman and her partner the need to transfer from the water should an emergency, or deviation from the normal occur. This is to be documented in the labour record.
- Record the water temperature throughout, and also time getting in and out of the pool.
- Blood loss estimation. (This will be less accurate and records should reflect this). Overall physical condition of the mother is the most important indicator of any bleeding.
- Effectiveness of pain relief.

3.10 Associated risks

Midwives should be aware of the following associated risks:

- Electrocution.
- Back injury.
- Risk of slipping.
- Asphyxia in mother and baby
- Maternal and Neonatal infection.
- Maternal hypothermia.
- Neonatal hypothermia.

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3.11 Emergencies

3.11.1 In case of emergency:

- Transfer the woman to a prepared area close to the pool, and keep warm.
- Drain the pool immediately, using both wastes for speed of drainage
- Move the bed so that the bed head is against the wall between the computer desk and the pool. Ensure the step is in position, and assist the patient to step up and slide onto the bed. The small pat slide to be used to aid this.
- Move the bed to its normal position to access the medical gases and suction.

3.11.2 Should the patient be unconscious –

- a) **Fainted:** Empty the pool immediately and providing maternal and fetal condition are satisfactory, keep the patient warm till she recovers, then assist her out of the pool.
- b) **Unconscious and urgent removal required:** Empty the pool immediately, keep the patient warm, get assistance, slide patient up the side of the pool onto the bed

In the case of water births at home:

- Empty the pool as per manufacturers guidelines.
- Transfer the woman to a clean dry area and keep warm.
- Call appropriate help as the situation requires.

3.12 Other information

- Midwives to ensure both mother, partner and themselves receive adequate fluid to prevent dehydration.
- Monitor the room temperature and prevent under/over heating.
- Ensure an infant resuscitator is available in the room during the second and third stages of labour.

3.13 Cleaning the pool and other equipment

It is the responsibility of staff to ensure the following:

- The pool and all equipment to be thoroughly cleaned and dried following delivery
- The taps must be run for at least 5 minutes every week to minimise the likelihood of legionella

4. ATTACHMENTS	
Appendix Number	Title
1	Auditable Standards
2	Initial Equality Analysis Form

5. ELECTRONIC AND MANUAL RECORDING OF INFORMATION
Electronic Database for Procedural Documents
Held by Policy Co-ordinators/Archive Office

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6. LOCATIONS THIS DOCUMENT ISSUED TO		
Copy No	Location	Date Issued
1	Intranet	25/02/2013
2	Wards and Departments	25/02/2013

7. OTHER RELEVANT/ASSOCIATED DOCUMENTS	
Unique Identifier	Title and web links from the document library

8. SUPPORTING REFERENCES/EVIDENCE BASED DOCUMENTS
References In Full
RCOG/RCM (2006) Royal College of Obstetricians and Gynaecologists and Royal College of Midwives Joint Statement No 1, April 2006

9. CONSULTATION WITH STAFF AND PATIENTS	
Name	Designation

10. DEFINITIONS/GLOSSARY OF TERMS	

11. AUTHOR/DIVISIONAL/DIRECTORATE MANAGER APPROVAL			
Issued By	Janet Danson-Smith	Checked By	Miss June Davies
Job Title	Midwifery & Gynaecology Manager	Job Title	Head of Department/Consultant Obstetrician & Gynaecologist
Date	February 2013	Date	February 2013

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Appendix 1 – Auditable Standards

Data to be collected will include the following:

1. Immersion in water during the first stage of labour for analgesia purposes only
2. Birth underwater
3. Women who requested a water birth but were unable to have one
4. Ethnicity in relation to the offer of the option of water birth
5. Women who are eligible for a water birth are offered it as an option

Data collected will focus on the following:

1. Maternal wellbeing
2. Condition of the baby at birth
3. Birth outcome
4. Incidence of cord rupture
5. Reasons for and rates of neonatal admissions to SCBU
6. Women who wanted a water birth but were transferred to conventional birth, and will include:
 - Time left the pool
 - Reasons for transfer of care to conventional care
 - Condition of mother and baby at transfer

Appendix 2: Equality Impact Assessment Form

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Department	Departmental Wide	Service or Policy	Guideline	Date Completed:	February 2013
GROUPS TO BE CONSIDERED					
Deprived communities, homeless, substance misusers, people who have a disability, learning disability, older people, children and families, young people, Lesbian Gay Bi-sexual or Transgender, minority ethnic communities, Gypsy/Roma/Travellers, women/men, parents, carers, staff, wider community, offenders.					
EQUALITY PROTECTED CHARACTERISTICS TO BE CONSIDERED					
Age, gender, disability, race, sexual orientation, gender identity (or reassignment), religion and belief, carers, Human Rights and socio economic/deprivation.					
QUESTION	RESPONSE			IMPACT	
	Issue	Action	Positive	Negative	
What is the service, leaflet or policy development? What are its aims, who are the target audience?	The Procedural Document is to ensure that all members of staff have clear guidance on processes to be followed. The target audience is all staff across the Organisation who undertakes this process.	Raise awareness of the Organisations format and processes involved in relation to the procedural document.	Yes – Clear processes identified		
Does the service, leaflet or policy/ development impact on community safety	Not applicable to community safety or crime	N/A	N/A		
<ul style="list-style-type: none"> Crime Community cohesion 					
Is there any evidence that groups who should benefit do not? i.e. equal opportunity monitoring of service users and/or staff. If none/insufficient local or national data available consider what information you need.	No	N/A	N/A		
Does the service, leaflet or development/ policy have a negative impact on any geographical or sub group of the population?	No	N/A	N/A		
How does the service, leaflet or policy/ development promote equality and diversity?	Ensures a cohesive approach across the Organisation in relation to the procedural document.	All policies and procedural documents include an EA to identify any positive or negative impacts.			
Does the service, leaflet or policy/ development explicitly include a commitment to equality and diversity and meeting needs? How does it demonstrate its impact?	The Procedure includes a completed EA which provides the opportunity to highlight any potential for a negative / adverse impact.				
Does the Organisation or service workforce reflect the local population? Do we employ people from disadvantaged groups	Our workforce is reflective of the local population.				
Will the service, leaflet or policy/ development	N/A				
<ul style="list-style-type: none"> i. Improve economic social conditions in deprived areas ii. Use brown field sites iii. Improve public spaces including creation of green spaces? 					
Does the service, leaflet or policy/ development promote equity of lifelong learning?	N/A				
Does the service, leaflet or policy/ development encourage healthy lifestyles and reduce risks to health?	N/A				
Does the service, leaflet or policy/ development impact on transport? What are the implications of this?	N/A				
Does the service, leaflet or policy/development impact on housing, housing needs, homelessness, or a person's ability to remain at home?	N/A				
Are there any groups for whom this policy/ service/leaflet would have an impact? Is it an adverse/negative impact? Does it or could it (or is the perception that it could exclude disadvantaged or marginalised groups?	None identified				
ACTION:					
Please identify if you are now required to carry out a Full Equality Analysis			No	(Please delete as	

		appropriate)
Name of Author:	Janet Danson-Smith	Date Signed:
Signature of Author:		February 2013
Name of Lead Person:		Date Signed:
Signature of Lead Person:		
Name of Manager:	Miss J Davies	Date Signed:
Signature of Manager		February 2013

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