



# Waterbirth Guideline

Policy category and number:	C 8990
Version:	2.0
Name of approving committee:	Maternity Directorate
Ratified by:	Maternity Directorate
Date ratified:	21 <sup>st</sup> January 2010
Date issued:	28 <sup>th</sup> January 2010
Review date:	1 <sup>st</sup> November 2012
Name of Lead Officer	Paulia Clarke
Name of originator/author:	Paulia Clarke
Job title of author:	Consultant Midwife
Target audience:	All Clinical Maternity Staff

## Version Control Sheet

Version	Date	Author	Status	Description of Amendment
2.0	21 <sup>st</sup> January 2010	Paula Clarke	Approved	Updated in line with NICE Guidance

## Content Page

<b>Version Control Sheet.....</b>	<b>2</b>
1.    Introduction.....	4
2.    Objectives.....	4
3.    Policy Scope.....	4
4.    Indemnity Statement.....	4
5.    Document Definitions.....	4
6.    Duties and Responsibilities.....	5
6.1    Midwives	
6.2    Training	
7.    Procedures .....	5
7.1    General principles for women using the pool for labour and birth	
7.2    Water Temperature	
7.3    Suggestions for using the pool for labour only and out for the birth	
7.4    Exclusions for the pool	
7.5    Points specific to care in water	
7.6    Additional Information	
7.7    Potential Problems	
7.8    Water birth at home	
7.9    Procedure to evacuate a collapsed woman from the pool	
7.10    Emergency Evacuation from the pool	
7.11    Decontamination of the Pool	
8.    Review, Monitoring, and Revision Arrangements.....	13
9.    Associated Documents .....	13
10.    References .....	13
<b>Appendix A – Plan for Dissemination of Procedural Documents .....</b>	<b>14</b>
<b>Appendix B – Equality Impact Assessment Tool.....</b>	<b>15</b>
<b>Appendix C – Policy Checklist .....</b>	<b>17</b>

## **1. Introduction**

Maternity units should provide women with the option to labour and give birth in water (NICE 2007).

Labouring in water reduces pain and the use of regional analgesia (NICE 2007).

There is no evidence of adverse outcome when comparing labours with and without the use of water.

## **2. Objectives**

Care during labour should be aimed towards achieving the best possible physical, emotional and psychological outcome for the woman and her baby (NICE 2007).

Safety of the woman and the baby should remain paramount. If there is any doubt about maternal or fetal condition or the progress being made, ask the woman to leave the pool and seek advice immediately.

## **3. Policy Scope**

This guideline outlines care for women who are in normal labour and anticipate a vaginal birth and used in conjunction with the normal labour and birth guideline.

This guideline applies to all midwifery and medical staff in the Maternity Services Directorate

## **4. Indemnity Statement**

The Trust will generally assume vicarious liability for the acts of its staff, including those on honorary contract. However, it is incumbent on staff to ensure that they:

- Have undergone any suitable training identified as necessary under the terms of this policy or otherwise
- Have been fully authorised by their line manager and their Directorate to undertake the activity
- Fully comply with the terms of any relevant Trust policies at all times
- Only depart from any relevant Trust guidelines providing that such departure is confined to the specific needs of individual circumstances. In healthcare delivery such departure shall only be undertaken where; in the judgement of the responsible clinician it is fully appropriate and justifiable. Such decisions are to be fully recorded in the patient notes.

## **5. Document Definitions**

### **5.1 Normal Labour**

Normal labour is a physiological process characterised by a spontaneous onset between 37 and 42 (36+7/40 – 40+14/40) weeks, in a woman whose pregnancy has been uncomplicated (RCM 2005).

## **6. Duties and Responsibilities**

### **6.1 Midwives**

Midwives usually provide the majority of care for women during labour and birth in accordance with NMC rules and standards.

Midwives are required to use their clinical judgement and Trust guidance is in place to support practice. During labour, if there are any concerns recognised, the woman should be informed and a doctor and shift leader notified and appropriate actions taken to ensure safety (NHSLA 2009).

The midwife should ensure that women using the pool are able to get in and out of the pool with minimal assistance.

Midwives should familiarize themselves with the emergency evacuation from the pool procedure below

### **6.2 Training**

Midwives supporting women in the pool should be familiar with this guideline as well as the relevant associated guidelines for practice.

Midwives should be confident in supporting a woman in labour in the pool or supported by another midwife.

Another person familiar with the care of a woman in the pool should be available for the birth.

A midwife should be available on the department who is familiar with the evacuation procedure should the need arise to evacuate a woman from the pool in an emergency.

## **7. Procedures**

### **7.1 General principles for women using the pool for labour and birth**

- Singleton pregnancy
- 37 – 42 weeks gestation
- Spontaneous onset of labour (this could follow Propess/prostin induction of labour)
- A woman who does not require continuous fetal heart rate monitoring in labour (unless Telemetry is agreed/available).
- Consider any woman in labour as potentially suitable for the pool and bear in mind her history, present pregnancy and labour so far.
- Women with spontaneous rupture of membranes less than 24 hours and have clear liquor. NB: If SROM over 24 hours for women who choose to decline continuous fetal heart rate monitoring in labour and i/v antibiotics can use the pool for labour and birth for up to 72 hours. Ensure that maternal and fetal heart rate observations remain within normal limits (see PROM guideline).
- Women who are known to be carriers of Group B Streptococci can use the pool.

**NB:** If a canulae is indicated (for example I/V antibiotics), the woman should be advised to keep the venflon dry. If the venflon becomes wet or is submerged in water, then it should be removed and recited as indicated. Consider using a glove to cover the venflon.

## 7.2 Water temperature

- Record hourly to ensure that the woman is comfortable and not becoming pyrexial.
- Ensure the water temperature does not exceed 37.5 degrees celcius (NICE 2007)

## 7.3 Suggestions for using the pool for labour only and out for the birth

From the evidence and experience gained, women with the following might be considered for the pool for labour only:

- If the woman has received pethidine at anytime because the sedating effect of pethidine on the fetus is unknown (Olofsson et al 1996).
- If a woman requests to use the pool and not immediately considered to have a straightforward history, discuss her with senior staff (consultant obstetrician/midwife, SPR4/5, shift leader for delivery suite (Ideally discussion should take place during the antenatal period to provide a written plan of care with woman and her caregivers).

## 7.4 Exclusions for the pool

- Any woman who has a BMI of 35 or more at booking because of manual handling
- Women who have been advised to have their baby continuously monitored during labour (unless telemetry is agreed).
- Women with primary genital herpes. However, if this is a secondary infection she can use the pool providing there are no active lesions or irritations.
- The use of the pool should be avoided if there is any reason to suspect that the woman may be unable to enter or leave the pool independently.
- Hepatitis B positive

## 7.5 Points specific to care in water

### 1<sup>st</sup> Stage

- Care should be provided in line with trust guidelines for care of women in labour and birth
- Ensure that the woman has information regarding the water and what to expect
- Women should not enter the water (birthing pool or bath) within 2 hours of opioid administration or if they feel drowsy (NICE 2007).
- Maternal temperature should be monitored hourly (NICE 2007).
- Encourage oral fluids to avoid dehydration (NICE 2007).
- Aromatherapy oils must not be added to the water. If the woman has oils on her skin advise to shower before getting into the water.
- Do not leave the woman alone whilst in the pool.
- Fetal heart should be monitored in accordance with the fetal monitoring

guideline. If a fetal heart rate abnormality is detected, the woman should get out of the pool and a CTG should be performed. Advise the woman not to get back into the pool.

- Use universal precautions for infection control i.e. gloves, ideally gauntlets.
- If uterine contractions are short lasting or infrequent, advise the woman to mobilise to increase uterine activity. A VE may need to be performed to confirm progress if it is evident contractions have diminished.
- VE's can be performed under water however, it preferable that this is done on dry land.

#### **2<sup>nd</sup> Stage:**

- Should be managed as if on dry land (see guideline for normal labour and birth).
- **NB:** Ensure that progress is being made.
- Have a prepared resuscitaire available
- It is not necessary to feel for the nuchal cord. If there is delay with the body during the next contraction, then check for the cord. In most instances it can be slipped over the head or the body delivered through it. If tight enough to require clamping & cutting, the woman should stand up out of the water.
- If the woman is on all fours/kneeling for the birth – then midwife assisting the birth should ensure that the baby is born in front of the woman headfirst.
- Encourage the woman to reach down and gently lift the baby out of the water as the body is born.
- Ensure the woman and baby is kept warm with plenty of towels.

#### **3<sup>rd</sup> stage:**

**MUST** occur on dry land or when the water has been drained from the pool for active or physiological management.

### **7.6 Additional information:**

Complete the delivery records accordingly. Remember to record the use of water for labour on the computer records, even if the delivery has not taken place in water. **NB:** If the woman gives birth in a semi sitting position, please state position for birth as 'other' on CCL

### **7.7 Potential Problems**

**Meconium Stained Liquor** - the woman should be transferred to main delivery suite for continuous fetal heart rate monitoring. Getting her out of the pool is paramount. If meconium is only obvious at the time of birth, advise her to stand up in the water.

**Cord Snap:** Always visualise the cord once the baby is born. Have a cord clamp close to hand in case of a cord snap at the birth (incidence 4:100) (RCOG 2006).

### **7.8 Water birth at home (see in conjunction with the homebirth guideline):**

- When planning for the homebirth consideration should be given to the strength of the floor and taking the weight of the pool -might need to get advice of a structural engineer.
- Ensure that the area around the pool is free from clutter
- Ensure all electrical appliances are out of the way

Policy Title: Waterbirth Guideline

Policy Number:

Version: 2.0

Date: 28<sup>th</sup> January 2010

Birmingham Women's NHS Foundation Trust

Page 7 of 18

- A low stool would be useful for assisting the woman to get in and out of the pool
- It is essential that the woman is advised not to enter the pool until the second midwife had arrived.
- The on-call bag should ideally contain a thermometer and mirror

### **7.9 Procedure to evacuate a collapsed woman from the pool**

Pull the emergency bell immediately to summon help

Do not empty the pool but use the water to aid movement of the women out of the pool.

Assign someone to documents events

NB: The midwife caring for the woman needs to clearly co-ordinate events when help arrives.

## 7.10 Emergency Evacuation from the pool

Evacuation from pool in Birth Centre		Evacuation from pool in main delivery suite	
	Actions		Actions
	<p><b>Collapse</b>          Raise the alarm          Move the women to the end of the pool.</p> <p><b>Fill the pool</b>          Do not empty the water from the pool but use it to aid evacuation.</p>		Move the woman so head is at the <b>low</b> end of the pool
	<p><b>Protect Airway</b>          Airway must be maintained at all times.          Tilt the head back and lifting the chin forward</p> <p><b>Send for;</b> Portable suction and oxygen, transfer trolley, slide sheets, net and head rest (kept in cupboard in poolroom)</p>		
	<p><b>Inflatable neck support around neck</b></p> <p>Move any unnecessary equipment from the pool room to increase access to room (light, chairs mats)</p>		

	<p><b>Fill the pool</b></p> <p>The pool will need to be filled to the brim with warm water to aid evacuation</p>
	<p><b>Insert Net</b> Place net around the women to aid evacuation and 2 staff on the other side of the pool to pull it through</p> <p></p> <p><b>Insert net</b> Evacuation net to be passed under the woman</p> <ul style="list-style-type: none"> <li>○ Wrapped net around the woman</li> </ul> <p><b>Woman's head and airway must be supported until she is on the trolley</b></p>
	<p><b>Position trolley</b></p> <ul style="list-style-type: none"> <li>○ Foot end of trolley to be positioned against edge of the pool at woman's head</li> <li>○ Ensure trolley is same height as edge of pool</li> <li>○ Full length slide sheet to be placed on trolley</li> </ul>

	<p><b>Get into position</b>  As many staff as possible to take a good hold of the net and use side to side transference to lift woman from pool onto the trolley    Staff on the left will need to manoeuvre around pole    Aim to avoid twisting and bending</p>		<p><b>Get into position</b>  Position as many staff as possible at the outer side of the pool (minimum 4) <ul style="list-style-type: none"> <li>○ Two, or more if possible, at the inner side (closest to wall). Beware of over reaching.</li> <li>○ Ensure woman's legs are supported whilst she is being moved onto trolley</li> <li>○ Patient is raised by the net in two stages.</li> </ul> </p>
	<p><b>Prepare to slide woman out of pool</b>  May require extra staff to assist.    Organised by shift leader.</p>		

	<p>Slide woman from pool</p> <p>Slide the woman head first towards the trolley with slide sheet on it.</p> <p>Maintain airway during the lift</p>		<p><b>Slide woman from pool</b></p> <p>Slide / raise the woman head first towards the trolley with slide sheet on it.</p> <ul style="list-style-type: none"> <li>First stage of move is to position the woman head to hips on trolley and stop.</li> </ul> <p><b>Maintain airway during the transfer.</b></p>
		<p><b>Slide onto trolley</b></p> <p>Stage the slide out of the pool so staff can reposition</p> <p>Slide the woman head first onto the trolley over the slide sheet</p> <p>Cover with towels and blanket and move her into adjacent room.</p> <p>Remove slide sheet</p>	

## 7.11 Decontamination of the Birth Pool

### Introduction

Any bath or birth pool should be kept clean in conjunction with the Trusts' cleaning, Disinfection and Decontamination Policy in the Infection Control Policy Manual.

### Procedure

- Following use, the pool should be immediately rinsed of debris
- Clean the pool with hot water and liquid detergent using a disposable cloth.
- Rinse thoroughly and dry
- Apply hypochlorite sanitizer powder with a damp disposable cloth/paper towel
- Clean waste outlet with sanitizer powder using a damp cloth and sponge forceps
- Leave for 20 minutes. **During this time a laminated sign over taps should be used advising that rinsing thoroughly is essential before use.**
- Rinse **thoroughly** and leave to dry.
- Discard used cleaning equipment and protective clothing into the clinical waste bin.
- Wash hands

#### Important Notes

- ⇒ Open doors and windows if possible.
- ⇒ Wear disposable plastic apron and disposable latex gloves
- ⇒ Use disposable cleaning equipment

## 8. Review, Monitoring, and Revision Arrangements

## 9. Associated Documents

## 10. References

## Appendix A – Plan for Dissemination of Procedural Documents

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

<b>Title of document:</b>	Waterbirth Guideline		
<b>Date finalised:</b>	21 <sup>st</sup> January 2010	<b>Dissemination lead: Print name and contact details</b>	Pam Clarke
<b>Previous document already being used?</b>	Yes		
<b>If yes, in what format and where?</b>	Available on the Intranet		
<b>Proposed action to retrieve out-of-date copies of the document:</b>	Archive out of date copy and replace with updated version		
<b>To be disseminated to:</b>	<b>How will it be disseminated, who will do it and when?</b>	<b>Paper or Electronic</b>	<b>Comments</b>
Trust Wide	Via Email	Electronic	

### Dissemination Record to be used once document is approved.

<b>Date put on register / library of procedural documents</b>		28 <sup>th</sup> January 2010	<b>Date due to be reviewed</b>		1 <sup>st</sup> November 2010
<b>Disseminated to: (either directly or via meetings, etc)</b>	<b>Format (i.e. paper or electronic)</b>	<b>Date Disseminated</b>	<b>No. of Copies Sent</b>	<b>Contact Details / Comments</b>	
Trust Wide	Via Email	28 <sup>th</sup> January 2010	0	Email sent to staff informing them policy is available on the intranet	

Policy Title: Waterbirth Guideline

Policy Number:

Version: 2.0

Date: 28<sup>th</sup> January 2010

Birmingham Women's NHS Foundation Trust

## Appendix B – Equality Impact Assessment Tool

<b>Policy/Function Details</b>	
<b>Name of Policy/Function<sup>1</sup>, Service, Plan, SLA, Function, Contract or Framework:</b>	Waterbirth Guideline
<b>Is this a new policy or function?</b>	New <input type="checkbox"/> Existing <input type="checkbox"/> Updated <input checked="" type="checkbox"/>
<b>Responsible Manager</b>	Pam Clarke
<b>Date Assessment Completed:</b>	10 <sup>th</sup> January 2010
<b>Sources of Data</b>	

<b>Equality Group</b>	<b>Impact</b>		<b>Status of Impact</b>		<b>Brief Detail of impact</b>
	<b>Yes</b>	<b>No</b>	<b>Positive</b>	<b>Negative</b>	
Race, Ethnicity, Colour, Nationality or national origin (incl. Romany Travellers, refugees and asylum seekers)		X			
Gender or Marital Status of Men or Women		X			
Gender or Marital Status of Transsexual or Transgender people		X			
Religion or belief		X			
Physical or Sensory Impairment		X			
Mental Health Status		X			
Age or perceived age		X			
Sexual Orientation (Gay, Lesbian, Bisexual)		X			
Offending Past		X			
Other Grounds (i.e. poverty, homelessness, immigration status, language, social origin)		X			

<sup>1</sup> Policy/Function for the purpose of this document also includes Services, Plans, SLAs, Contracts, Care Pathways and Service or Care Frameworks.

Policy Title: Waterbirth Guideline

Policy Number:

Version: 2.0

Date: 28<sup>th</sup> January 2010

Birmingham Women's NHS Foundation Trust

**Assessment Narrative**

**Are there any alternative service/policy provisions that may reduce or eradicate any negative impacts?**

n/a

**How have you consulted with stakeholders and equalities groups likely to be affected by the policy?**

n/a

**What are your conclusions about the likely impact for minority equality groups of the introduction of this policy/service?**

n/a

**How will the policy/service details (including this Equality Impact Assessment) be published and publicised?**

Please see dissemination plan

**How will the impact of the policy/service be monitored and reviewed?**

**Please refer to section 8**

<b>Assessor Name:</b>	Pam Clarke
<b>Assessor Job Title:</b>	Midwifery Consultant
<b>Date Completed:</b>	10 <sup>th</sup> January 2010

## Appendix C – Policy Checklist

	<b>Title of document being reviewed:</b>	<b>Yes/No/ Unsure</b>	<b>Comments</b>
<b>1.</b>	<b>Title</b>		
	Is the title clear and unambiguous?	Yes	
	Has all the information on the front page been completed?	Yes	
	Is it clear whether the document is a guideline, policy, protocol or standard?	Yes	
<b>2.</b>	<b>Rationale</b>		
	Are reasons for development of the document stated?	Yes	
<b>3.</b>	<b>Development Process</b>		
	Is the method described in brief?	Yes	
	Is the responsible policy lead's name and title clearly printed?	Yes	
	Do you feel a reasonable attempt has been made to ensure relevant expertise has been used?	Yes	
	Is there evidence of consultation with stakeholders and users?	Yes	
<b>4.</b>	<b>Content</b>		
	Is the objective of the document clear?	Yes	
	Are the intended outcomes described?	Yes	
	Is the language used in the document clear, jargon free and spelt correctly?	Yes	
<b>5.</b>	<b>Format</b>		
	Does the policy conform to the prescribed policy format?	Yes	
<b>6.</b>	<b>Evidence Base</b>		
	Is the type of evidence to support the document identified explicitly?	Yes	
	Are key references cited using Harvard referencing?	Yes	

Policy Title: Waterbirth Guideline

Policy Number:

Version: 2.0

Date: 28<sup>th</sup> January 2010

Birmingham Women's NHS Foundation Trust

	<b>Title of document being reviewed:</b>	<b>Yes/No/ Unsure</b>	<b>Comments</b>
<b>7.</b>	<b>Approval</b>		
	Does the document identify which committee/group will approve it?	Yes	
	If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?		
<b>8.</b>	<b>Document Control</b>		
	Has a version control sheet been placed at the front of document, and been filled out correctly?	Yes	
<b>9.</b>	<b>Process to Monitor Compliance and Effectiveness</b>		
	Is there a plan to review or audit compliance with the document?	Yes	
<b>10</b>	<b>Review Date</b>		
	Is the review date identified?	Yes	
	Is the frequency of review identified? If so is it acceptable?	Yes	
<b>11</b>	<b>Equality Assessment</b>		
	Has an equality impact assessment been carried out?	Yes	
<b>Individual Approval</b>			
If you are happy to approve this document, please sign and date it below, and put the document onto the DMS for final approval			
Name	Pam Clarke	Date	10 <sup>th</sup> January 2010
Signature			
<b>Committee Approval</b>			
If the committee is happy to approve this document, please sign and date it and forward copies to the person with responsibility for disseminating and implementing the document and the person who is responsible for maintaining the organisation's database of approved documents.			
Name	Jenny Henry	Date	21 <sup>st</sup> January 2010
Signature			

Policy Title: Waterbirth Guideline

Policy Number:

Version: 2.0

Date: 28<sup>th</sup> January 2010

Birmingham Women's NHS Foundation Trust