



Waterbirth Guideline

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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 st January 2010	Paula Clarke	Approved	Updated in line with NICE Guidance

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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

1st 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.

2nd 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.

3rd 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

- 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



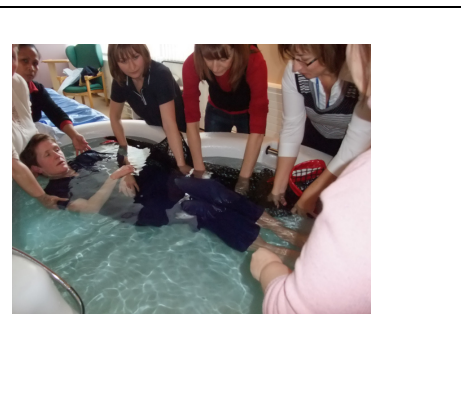

Do not empty the pool but use the water to aid movement of the women out of the pool.





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

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

	<p>Get into position 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</p> <p>Staff on the left will need to manoeuvre around pole</p> <p>Aim to avoid twisting and bending</p>	 	<p>Get into position Position as many staff as possible at the outer side of the pool (minimum 4)</p> <ul style="list-style-type: none"> ○ Two, or more if possible, at the inner side (closest to wall). Beware of over reaching. ○ Ensure woman's legs are supported whilst she is being moved onto trolley ○ Patient is raised by the net in two stages.
	<p>Prepare to slide woman out of pool May require extra staff to assist.</p> <p>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>Slide woman from pool</p> <p>Slide / raise the woman head first towards the trolley with slide sheet on it.</p> <ul style="list-style-type: none"> ○ First stage of move is to position the woman head to hips on trolley and stop. <p>Maintain airway during the transfer.</p>
	<p>Slide onto trolley</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. 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.

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

Dissemination Record to be used once document is approved.

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

Appendix B – Equality Impact Assessment Tool

Policy/Function Details	
Name of Policy/Function¹, Service, Plan, SLA, Function, Contract or Framework:	Waterbirth Guideline
Is this a new policy or function?	New <input type="checkbox"/> Existing <input type="checkbox"/> Updated <input checked="" type="checkbox"/>
Responsible Manager	Pam Clarke
Date Assessment Completed:	10 th January 2010
Sources of Data	

Screening Assessment					
Equality Group	Impact		Status of Impact		Brief Detail of impact
	Yes	No	Positive	Negative	
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			

¹ 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: 28th 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	
Assessor Name:	Pam Clarke
Assessor Job Title:	Midwifery Consultant
Date Completed:	10 th January 2010

Appendix C – Policy Checklist

	Title of document being reviewed:	Yes/No/Unsure	Comments
1.	Title		
	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	
2.	Rationale		
	Are reasons for development of the document stated?	Yes	
3.	Development Process		
	Is the method described in brief?	Yes	
	Is the responsible policy leads 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	
4.	Content		
	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	
5.	Format		
	Does the policy conform to the prescribed policy format?	Yes	
6.	Evidence Base		
	Is the type of evidence to support the document identified explicitly?	Yes	
	Are key references cited using Harvard referencing?	Yes	

	Title of document being reviewed:	Yes/No/Unsure	Comments
7.	Approval		
	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?		
8.	Document Control		
	Has a version control sheet been placed at the front of document, and been filled out correctly?	Yes	
9.	Process to Monitor Compliance and Effectiveness		
	Is there a plan to review or audit compliance with the document?	Yes	
10	Review Date		
	Is the review date identified?	Yes	
	Is the frequency of review identified? If so is it acceptable?	Yes	
11	Equality Assessment		
	Has an equality impact assessment been carried out?	Yes	
Individual Approval			
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 th January 2010
Signature			
Committee Approval			
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 st January 2010
Signature			