Guideline for the Management of Women Requesting Immersion in Water for Active Labour and/or Birth

Document Control:

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Version History:

Version	Date	Author	Reason/Change
V1.0	06/12/2011	Practice Development Midwife	To originate document
V2.0	27/02/2014	MLBU Team Leader	Routine update
V3.0	03/02/2017	MLBU Team Leader	Routine update but cancelled prior to upload
V4.0	06/02/2017	MLBU Team Leader	Routine update
V5.0	11/03/2019	MLBU Team Leader	Routine update
V6.0	09/01/2021	MLBU Team Leader	Routine update
V7.0	12/07/2023	MLBU Team Leader	New template Addition re pool filling alarm

Previous Titles for this Document:

Previous Title/Amalgamated Titles	Date Revised
None	Not applicable

Distribution Control

Printed copies of this document should be considered out of date. The most up to date version is available from the Trust Intranet.

Consultation

The following were consulted during the development of this document:
Maternity Guidelines Committee (multidisciplinary committee compiled of Obstetricians and Midwives)
Homebirth Team Leader
Delivery Suite Matron
Divisional Director of Midwifery
Deputy Divisional Director of Midwifery

Monitoring and Review of Procedural Document

The document owner is responsible for monitoring and reviewing the effectiveness of this Procedural Document. This review is continuous however as a minimum will be achieved at the point this procedural document requires a review e.g. changes in legislation, findings from incidents or document expiry.

Relationship of this document to other procedural documents

This document is a clinical guideline applicable to the individual trust, NNUH; please refer to local Trust's procedural documents for further guidance, as noted in Section 4.

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1 Introduction

1.1. Rationale

The therapeutic properties of water as a form on analgesia in labour and childbirth are well-recognised and documented. Evidence suggests that water promotes oxytocin production, thus encouraging the physiological progress in labour (Shaw-Battista 2017). The following benefits are associated with the safe use of water in labour (RCM 2018):

- Facilitating mobility and enabling the woman to assume comfortable positions.
- Gives the woman a greater feeling of control.
- Provides significant pain relief and greater satisfaction.
- Promotes relaxation and reduces the need for drugs and interventions.
- Can shorten the duration of labour.
- Protects the mother from interventions by giving her a protected private space.
- Can help reduce use of epidural and caesarean section rates.
- Encourages an easier birth for woman and a gentle transition for the neonate.
- Is highly rated by women - typically stating they would consider giving birth in water again.

1.2. Objective

The objective of the clinical guideline is to inform clinical care of women choosing to use immersion in water during labour and birth.

1.3. Scope

The guideline will guide the healthcare professional in delivering safe and evidence-based care to women choosing immersion in water during labour and birth.

All health care professional working within Obstetrics should follow this guideline.

1.3.1. Inclusion Criteria

- The recommended inclusion criteria for using water for labour and birth is the same as that for midwifery led care of low risk women see Intrapartum Care Guideline Trust Docs ID 850: Homebirth Guideline Trust Docs ID805 :MLBU Operational Policy Trust Docs ID 7181
- It is the responsibility of all maternity providers to ensure that women are supported to make an informed choice in relation to where they labour and birth their baby.
- Women outside of the recommended criteria may choose water immersion in labour/birth. In this instance, a clear plan should be agreed by the woman and the multi-disciplinary team. This plan should be documented on E3 and in the handheld records. In accordance with the Care Requested Outside of Guidance Guideline Trust Docs ID 20414

- The midwife responsible for admission should assess any concerns regarding mobility that might hinder rapid evacuation from the pool. These include, but are not limited to; pelvic girdle pain, raised BMI, mobility issues. This should be discussed with the woman and a plan documented.
- Low risk women, undergoing IOL who go into established labour following ARM or administration of Prostaglandin, are eligible for water immersion in labour/birth.

1.4. Glossary

The following terms and abbreviations have been used within this document:

Term	Definition
DS	Delivery Suite
MLBU	Midwife Led Birthing Unit
E3	Euroking - NNUH maternity records programme
BMI	Body mass index
IOL	Induction of labour
ARM	Artificial rupture of membranes
MCA	Maternity Care Assistant
PPE	Personalised Protective Equipment
EIA	Equality Impact Assessment

2 Responsibilities

It is the responsibility of the Team Leader, Midwife Led Birthing Unit, to review and update this document.

3 Processes to be followed

3.1. Precautions

- Due to the sedating effect on the woman and fetus, when opiates have been administered, the following should be considered: the NICE Intrapartum Guideline (2023) states that 'Women should not enter water (a birthing pool or bath) within two hours of opiate administration or if they feel drowsy'.
- If active labour is not established, using water for pain relief can slow the progress of labour. It is therefore advisable that labour is established before entering a birthing pool. This should not preclude women from using the bath or shower to help them cope in early labour.
- The woman should be advised, prior to entering the pool, that she will be asked to leave the pool if complications arise, or circumstances deviate from the norm.
- Women planning to use a pool at home should be advised to wait until the midwife has arrived before entering the water. This enables baseline observations and assessment to be undertaken.
- Water should be kept as clear and clean as possible.
- On MLBU, pool filling alarm should be used to prevent overfill.

- All staff involved in the care of a woman using the pool must be familiar with the procedure for evacuation from the pool in an emergency (Appendix 1). When a woman wishes to labour/birth in water at home the logistics of evacuation in the case of emergency should be discussed with the woman and her birth partner(s) prior to entering the water.

3.2. Observations

- Baseline observations should be recorded before entering the pool. All observations should then be carried out as per low-risk labour with the exception of maternal temperature which should be taken and recorded hourly (see Intrapartum Care Guideline Trust Docs ID 850)
- Intermittent auscultation of the fetal heart, using waterproof Doppler, should be performed as stated in the current NICE guidelines (intrapartum care 2023) and in accordance with the Intrapartum Care Guideline Trust Docs ID 850 Waterproof telemetry can be used if continuous fetal monitoring is recommended, when on Delivery Suite.
- Fluid balance should be maintained accordance with the Bladder Care Guideline Trust Docs ID 12617 Women should be encouraged to drink to thirst.
- If there are any concerns about maternal or fetal wellbeing or progress of labour, the woman should be asked to leave the pool. If deviations from the norm are confirmed, the opinion of an obstetrician should be sought. This may require transfer to DS from MLBU or home via ambulance (See home birth guideline Trust Docs ID 805)

3.3. First Stage of Labour

- Care in labour should be undertaken as per Intrapartum Care Guideline Trust Docs ID 850
- During the first stage of labour, the water temperature should be comfortable for the woman and not above 37.5°C. The water temperature should be checked hourly and recorded in the maternal handheld records.
- The depth of the water should be, at least, up to the woman's' axilla when she is in a sitting position. This aids buoyancy and promotes movement, which aids the progress of labour and increases maternal control. This will also give enough depth should the woman choose to give birth in the water.

3.4. Second Stage of Labour

- Care in labour should be performed as per Intrapartum Care Guideline Trust Docs ID 850
- Two midwives should be present for the birth, one of whom should be experienced in caring for women labouring and giving birth in water. If a 2nd midwife is not available, an experienced MCA is appropriate.
- The water temperature should be maintained at 36.5 - 37.5 °C for the birth (RCOG 2006).

- The water must be deep enough for the baby to be born completely submerged under water.
- Progress of the emerging head can be observed with a mirror. Slow crowning and birth of the head should be encouraged to minimise perineal trauma.
- The 'hands off' method of birth should be practised. This will minimize stimulation of the emerging baby. Traditional control of the head during crowning and palpation of the umbilical cord following birth are unnecessary. (RCOG/RCM 2006; Nutter et al. 2014). The cord can be loosened and disentangled if necessary, as the body emerges. The cord should never be clamped and cut whilst baby is still under the water. The woman or midwife reach down and support the baby as it emerges. Be aware that restitution still occurs under water and at no point should the midwife expedite the birth of the body unless suspected shoulder dystocia is observed. All manoeuvres for shoulder dystocia should be performed clear of the water.
- The baby should be brought to the surface, face uppermost, and care taken to ensure the cord is long enough to allow this. Following the birth rest the baby's head above the water keeping the body submerged, skin to skin with woman. This will keep the baby warm and promote skin to skin contact.
- Once the baby's head has come out of the water it must not be submerged again.
- Avoid undue traction on the umbilical cord as the baby's head surfaces from the water. This minimises the possibility of the cord snapping.
- Clearly document whether the baby was born under water and the condition of the baby at birth.

3.5. Third Stage of Labour

- If the woman is having a physiological third stage, and condition of woman and baby allows, there is no need to clamp the cord until the placenta is delivered.
- The mother may wish to remain in the pool for the third stage of labour and there is no evidence to contraindicate delivery of the placenta in water. However, the blood loss should be carefully observed and if the water is blood stained enough to impede visibility the woman should be asked to leave the pool.
- If the woman requests active management of the third stage or it is clinically indicated, she needs to sit above the water on the pool step or vacate the pool.
- The estimated blood loss should be recorded as less than 500 mls or greater than 500 mls.
- Both woman and baby should be kept warm following the birth.
- Perineal repair should be delayed for one hour due to water saturation of the tissues unless bleeding is excessive and prompt suturing is required.

3.6. Infection control and safety

- Personal protective equipment (PPE) should be worn by the midwife; these should include either gauntlet gloves and plastic apron or standard gloves with care taken to wash hands and arms prior to and following auscultation.
- The area surrounding the pool should be kept clear and dry in case of emergency evacuation and to avoid slipping.

3.7. Fixed pool cleaning

- The pool must be emptied and rinsed as soon as possible after use.
- Cleaning is as follows: scrub with Hospec Scrub, using appropriate mop, followed by either ChloroSan 10% (MLBU) & Tristel® (DS) solution made up as per the manufacturer's instructions to the correct concentration as per Infection control guidelines, rinse thoroughly thereafter.

4 Related Documents

- Homebirth Guideline Trust Docs ID 805
- Intrapartum Care in All Settings Guideline Trust Docs ID 850
- MLBU Operational Guideline Trust Docs ID 7181
- Care Requested Outside of Guidance Guideline Trust Docs ID 20414
- Bladder care and Fluid Balance Guideline Trust Docs (nnuh.nhs.uk)

5 References

- NICE Clinical Guideline (QS105) Intrapartum Care 2023
- Nutter et al (2014) Waterbirth: an integrative analysis of peer-reviewed literature.
- RCOG/RCM (2006) Joint statement No.1 Immersion in water during labour and Birth
- Shaw-Battista, (2017) Systematic Review of Hydrotherapy Research: Does a Warm Bath in Labor Promote Normal Physiologic Childbirth?
- RCM (2018) RCM Midwifery Blue top guidance: Midwifery Care for all women in all settings

6 Monitoring Compliance

Compliance with the process will be monitored through the following:

Key elements	Process for Monitoring	By Whom (Individual / group /committee)	Responsible Governance Committee /dept	Frequency of monitoring
Compliance with admission criteria	Review E3 to ensure Personalised Intrapartum Plan completed	MLBU Team Leader	Maternity Clinical Governance	3 yearly
Appropriate pool preparation	Review of Datix regarding overfill	MLBU Team Leader	Maternity Clinical Governance	As occurs

The audit results are to be discussed at maternity clinical governance meetings to review the results and recommendations for further action who will also ensure that the actions and recommendations are suitable and sufficient.

7 Appendices

Appendix 1: Waterbirth – Emergency Evacuation

8 Equality Impact Assessment (EIA)

Type of function or policy	Existing

Division	Division 3	**Department**	Maternity Services
Name of person completing form	Tracey Miller	**Date**	

Equality Area	Potential Negative Impact	Impact Positive Impact	Which groups are affected	Full Impact Assessment Required YES/NO
Race	No	No	N/A	No
Pregnancy & Maternity	No	Yes	Childbearing people	No
Disability	Unsafe for certain disabilities- individualised risk assessment undertaken	No		No
Religion and beliefs	No	No		No
Sex	No	No		No
Gender reassignment	No	No		No
Sexual Orientation	No	No		No
Age	No	No		No
Marriage & Civil Partnership	No	No		No
EDS2 – How does this change impact the Equality and Diversity Strategic plan (contact HR or see EDS2 plan)?	None			

- **A full assessment will only be required if: The impact is potentially discriminatory under the general equality duty**
- **Any groups of patients/staff/visitors or communities could be potentially disadvantaged by the policy or function/service**
- **The policy or function/service is assessed to be of high significance**

IF IN DOUBT A FULL IMPACT ASSESSMENT FORM IS REQUIRED

The review of the existing policy re-affirms the rights of all groups and clarifies the individual, managerial and organisational responsibilities in line with statutory and best practice guidance.