Waterbirth Guideline

Approval date:	**18/08/2021**
Version number:	**1.0**
Author:	**Margaret Mouat, Midwife**
Review date:	**11/05/2023**
Security classification:	**Official – Green: unclassified information**

If you would like this document in an alternative language or format, please contact Corporate Services on 01595 743069.

Document reference number: NAGUI009

NHS Shetland Document Development Coversheet*

Name of document	Waterbirth Guideline		
Document reference number	NAGUI009	**New or Review?**	Review
Author	Margaret Mouat, Midwife		
Executive lead	Kathleen Carolan, Director of Nursing and Acute Services		
Review date	11/05/2023		
Security classification	Official – Green: unclassified information		

Proposed groups to present document to:		
Midwives	Consultants	ANMAC

Date	Version	Group	Reason	Outcome
19/09/2018	0.1	Midwives Consultant	PI	Minor changes to wording
19/11/2018	0.2	Midwives Consultant	PI	No changes
13/05/2021	0.3	Midwives Consultant	PI	Minor changes
18/08/2021	0.3	ANMAC	PO	Approved

Examples of reasons for presenting to the group	**Examples of outcomes following meeting**
• Professional input required re: content (PI)	• Significant changes to content required – refer to Executive Lead for guidance (SC)
• Professional opinion on content (PO)	• To amend content & re-submit to group (AC&R)
• General comments/suggestions (C/S)	• For minor revisions (e.g. format/layout) – no need to re-submit to group (MR)
• For information only (FIO)	• Recommend proceeding to next stage (PRO)
• For proofing/formatting (PF)	• For upload to Intranet (INT)
• Final Approval (FA)	• Approved (A) or Not Approved, revisions required (NARR)

***To be attached to the document under development/review and presented to the relevant group**

Please record details of any changes made to the document in the table below

Date	Record of changes made to document
19/09/2018	Minor changes to wording
13/05/2021	Addition of collapsed woman
27/05/2021	Expansion on 3rd stage management
18/08/2021	ANMAC approved. Saved as version 1.0

Contents

1. Purpose of this Guideline

This guideline is for the Midwives who are caring for women in water during labour and/or birth.

This guideline should be read in conjunction with:

Intrapartum Care for Healthy Women and Babies (NICE Guideline CG190 February 2017).

2. The guidance

Labouring in water is supported for healthy women with uncomplicated pregnancies at term (RCOG and RCM 2006) and is recommended for pain relief (NICE 2007).

3. Practice issues

Information about the use of the birthing pool should be given to women prior to labour to facilitate informed choice and the discussion documented in maternal records. If the woman is intending to have a waterbirth at home, the woman remains responsible for obtaining the equipment. The midwife should undertake a home visit to discuss birth choices and undertake an environmental risk assessment.

The midwife should document discussion with women around importance of leaving the pool if there is any deviation from the norm.

It is advisable that the woman enters the pool once labour is established as entering the pool in latent or early stage may slow the labour

In the event of a home birth the woman should be encouraged to wait until the midwife is in attendance prior to entering the pool.

Debris and faeces should be removed from the pool with a sieve in a timely manner before/ during and after birth wherever possible.

4. Criteria for mothers requesting a waterbirth

4.1. Suitable for a waterbirth

- Present in spontaneous labour
- Between 37-42 weeks gestation
- Cephalic presentation
- Singleton pregnancy
- BMI<35
- No significant medical or obstetric complications

4.2. Individualised discussion with Obstetrician, Midwife and SCM documented in management plan

- Intra-uterine growth retardation/serial scans above 10th centile on last scan
- Group B strep infections
- Previous obstetric complication e.g. difficult instrumental delivery, third degree tear
- BMI>35 but<40 must be able to manoeuvre in and out of pool unaided

4.3. Exclusion criteria for waterbirth

- Previous caesarean section
- Obstetric complications i.e. meconium
- Severe skin lesions
- Hypertension/pre-eclampsia
- Women requiring Oxytocin for induction/augmentation
- Multiple pregnancy
- Malpresentation
- Pre-term labour
- Medical conditions epilepsy, hepatitis B carrier, and active herpes
- Current/new clinical concern about fetal growth (large or small)

5. Pain relief

Entonox is the only form of pain relief which can be used by the woman whilst in birthing pool. The woman should not enter the within 2 hours of opiate administration or if they feel drowsy.

6. Management in Labour

6.1. Management of 1st stage of labour in water

- The temperature of the water should be maintained at 37 degrees Celsius.
- If the maternal temperature rises above 37 degrees Celsius she should leave the pool and cooled down and offered cool fluids to drink
- The depth of the water should be deep enough to allow full emersion of womb to promote buoyancy and movement in the pool.

6.2. Assessment of progress

Offer a vaginal examination 4 hourly or if there is concern about progress or in response to the woman's wishes (after abdominal palpation and assessment of vaginal loss). NICE CG190

6.3. Indications for exiting the pool

- Delay in 1st or 2nd stage of labour
- Abnormal fetal or maternal observations
- Meconium stained liquor (not thin meconium)
- Excessive blood loss with suspected haemorrhage
- Excessive water contamination

6.4. Management of the 2nd stage of labour in water

- Water temperature maintained as above

- Perform intermittent auscultation of the fetal heart rate immediately after a contraction for at least 1 minute, at least every 5 minutes. Palpate the woman's pulse every 15 minutes to differentiate between the two heartbeats. [NICE CG190)
- The use of a mirror underwater can help visualise progress
- Faecal contamination should be removed promptly
- It is important to document clearly whether the baby was born underwater and the condition of the baby at birth
- A non-touch hands off technique supported by verbal encouragement is recommended to ensure no stimulation to gasp is caused whilst the baby is underwater. The baby should be brought to the surface of the water face first. Keep the baby's head clear of the water while keeping the body in the water skin to skin with mother.
- If the presenting part is visible the woman must not be allowed to enter the pool
- If the woman raises herself out of the water once the fetal head has delivered she should remain out of the water to complete the birth of the baby

6.5. Management of the baby

- Avoid undue tension on the umbilical cord whilst lifting the baby above the surface of the water, if the cord snaps apply a cord clamp immediately.
- Record the Apgar score routinely at 1 and 5 minutes for all births.
- If the baby is born in poor condition (on the basis of abnormal breathing, heart rate or tone):
- Follow recommendation on neonatal resuscitation Continue to evaluate and record the baby's condition until it is improved and stable.
- Take paired cord blood samples for blood gas analysis, after clamping the cord using 2 clamps if the baby is born in poor condition

6.6. Management of third stage

- Ensure room is warm so the woman does not get cold. Both mother and baby should be kept warm after delivery.
- Monitor water temperature, baby's temperature and cover baby's head with a hat
- Clamp and cut cord after pulsation has stopped.
- Offer delivery of placenta out of the pool, give IM Oxytocin as soon as possible after birth of baby when woman not immersed in water.
- Physiological 3rd stage in the pool can be offered following discussion with the woman.
- Record estimated blood l

7. Additional Equipment

- Aqua Doppler
- Water thermometer

- Disposable sieve
- Long sleeved latex/plastic gloves
- Hoist/evacuation net – not available in home situation
- Mirror
- Dry towels for mother and baby

8. Problems/emergencies in the pool.

As when caring for any mother, the midwife is responsible for using her clinical judgement in responding appropriately to problems that may occur during any stage of labour, and for documenting actions taken. The midwife should refer to the most appropriate professional if there is any deviation from the normal or requires support in caring for a woman using after for labour or birth. Care should be escalated using the procedure for emergency situation in the maternity department.

8.1. Unexpected maternal collapse

- Call for immediate assistance.
- **Do Not** empty the pool. Continue to fill the pool; this will facilitate buoyancy and assist the midwives to evacuate the woman and facilitate safe application of the hoist.
- Keep the woman's head above the water and manage her airway. One person should maintain the woman's airway throughout the evacuation procedure.
- Start immediate resuscitation if required. The ABC of resuscitation always applies.

8.2. Failure to advance following delivery of the head

- Call for help and note the time
- Pull the plug out
- Help the woman into a standing position and encourage her to exit pool
- Ensure the perineum and baby's face are clear of the water
- Baby should not be delivered into the water
- Clamping and cutting the cord underwater must not be undertaking as this can stimulate breathing
- Exit the pool as soon as possible

8.3. Shoulder dystocia

- Call for help and note the time
- Pull the plug
- Help the woman into a standing position and encourage to exit the pool
- If the woman is unable to stand encourage her to adopt reverse McRobert position when the pool is sufficiently emptied
- Perform usual manoeuvres for shoulder dystocia

- Ensure Shoulder Dystocia record is completed

8.4. Postpartum haemorrhage (PPH)

- Call for help
- Assist the woman from the pool
- Don't empty the pool until after the woman has left the water
- Perform usual actions for management of PPH
- Ensure PPH proforma is complete

8.5. Asphyxiated baby / inhalation / drowning

- Call for help
- Clamp and cut the cord immediately
- Dry baby vigorously and commence resuscitation as per guidelines
- Keep baby warm and dry
- Keep parents informed

8.6. Emergency assisted exit from the pool

- See appendix 1
- Call for help
- Ensure bed is aligned at the edge of the pool
- Support the woman's head above water and advise you will be assisting her to leave the pool
- Use appropriate lifting aid
- Transfer to bed and provide care appropriate to the clinical situation

9. Cleaning of pool and equipment

Pool and equipment should be thoroughly cleaned and dried after every use in accordance with local infection control policies and the manufacture's guidelines. At home, this is the responsibility of the birth partners.

10. Training

Midwives should ensure that they have acquired the requisite knowledge and skills to support women who choose to labour in water. They should keep themselves updated on the research evidence in this area. Staff should be familiar with the use of the hoist/ evacuation net and NHS Shetland moving and handling policy. Managers should facilitate training and support midwives who require experience in caring for women who choose to labour in water.

References

References National Institute for Health and Care Excellence. Intrapartum care for healthy women and babies [CG190]. Published date: December 2014 Last updated: February 2017. London NICE.

Royal College of Midwives (2012) Immersion in Water for Labour and Birth. Evidence Based Guidelines for Midwifery-Led Care in Labour. Royal College of Midwives Trust.

Midwifery care in labour guidance for all women in all settings RCM Midwifery Blue Top Guidance No.1 Nov 2018

Appendix 1 – Evacuation from birthing pool in an emergency situation

The aim of this procedure is to remove the woman from the pool in the safest and quickest way possible. Do not initiate this if the woman is able to remove herself from the pool.

Concern Identified – Do Not Pull Plug

Call for Medical and Midwifery Assistance

Phone 2222

State the room and that you have an Obstetric Emergency in the Birthing Pool

Assess the woman

Support woman's head to maintain airway

Fill pool with warm water to aid flotation

Bring prepared bed, slide and evacuation net to side of pool

Apply brakes to bed and raise/lower adjacent to height of pool

Open net out and place behind woman shoulders, floating net under her bottom

2 people required to evacuate standing either side of pool

Hold handle of net securely around hands and pulling net as tight as possible

Float woman using net to surface of water

If possible a 3rd person should enter the pool to support legs during evacuation

Lead person to say Ready Steady Out before sliding the woman with the aid of the net and slide out of the pool and onto bed

Assess the woman and provide care appropriate to the clinical situation

Record all emergency procedures and timings in badgernet records