Waterbirth and the Use of Water During Labour Clinical Guideline V2.0

October 2018
1. **Aim/Purpose of this Guideline**

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

1.2. This guideline should be read in conjunction with:
- Labour \(1^{st}\) and \(2^{nd}\) stage – Clinical Guideline for Care of a Woman (RCH 2016)
- Intermittent auscultation Clinical Guideline – Guideline (RCH 2015)
- Third Stage of Labour (RCH 2015)

2. **The Guidance**

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

2.2. **Practice Issues**

Information about the use of a birthing pool should be given to women prior to labour to facilitate informed choice. Written documentation of any discussion should be made in the woman’s maternity record. If the woman is intending to have a water birth at home, the woman remains responsible for obtaining the equipment. The midwife should undertake a home visit to discuss birth choices and the community midwife should undertake an environmental risk assessment.

2.3. **Criteria for Mothers Suitable for Waterbirth**

| Suitable for booking for a waterbirth | Present in spontaneous labour  
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>37 – 42 weeks gestation</td>
</tr>
<tr>
<td></td>
<td>Cephalic presentation</td>
</tr>
<tr>
<td></td>
<td>Singleton pregnancy</td>
</tr>
<tr>
<td></td>
<td>BMI &lt;35</td>
</tr>
<tr>
<td></td>
<td>No significant medical or obstetric complications (ie low risk pregnancy).</td>
</tr>
</tbody>
</table>

2.3.1 In the Birth centres (Penrice, Heston and Truro) two members of staff should be present, in the birth centre, at all times to ensure safe evacuation from the pool in the event of an emergency. The mother is advised not to enter the pool until a second Midwife is present within the unit (New 2018)

2.3.2 At a homebirth, the mother is advised not to enter the pool until a second Midwife is present (New 2018)

2.3. **Observations and water temperature**

In addition to the routine intrapartum observations, hourly maternal, water and room temperatures should be taken and recorded. The water temperature should be comfortable for the woman but should not exceed 37.5 degrees Celsius (NICE,
2007). In the 2\textsuperscript{nd} stage of labour the water temperature should be checked every 15 minutes. At home, it is the responsibility of the birth partners to fill the pool and maintain the water temperature.

The ambient room temperature should be comfortable for the woman who should be encouraged to drink to avoid dehydration.

Labour should be established before a woman enters the water. Water can be used as an analgesic effect in the latent phase of labour and this should be offered as an option.

Times of entering and leaving the pool should be documented in the intrapartum notes, including the reason for leaving the pool. The women should be encouraged to leave the pool for mobilisation if her contractions become irregular, infrequent short lasting or weak. The effectiveness of the contractions should closely monitored and recorded as per units guidelines.

If there are any concerns about maternal or fetal well being, the woman should be advised to leave the birthing pool and medical advice sought when appropriate. This includes maternal pyrexia > 37.5 degrees Celsius, tachycardia or vaginal bleeding, fetal tachycardia or bradycardia or the presence of meconium stained liquor.

2.4. Pain relief

Entonox is the only form of pain relief which can be used by a woman whilst in the birthing pool.

2.5 Assessment of progress

As per unit guideline labour 1\textsuperscript{st} and 2\textsuperscript{nd} stage and delay in 1\textsuperscript{st} and 2\textsuperscript{nd} stage.

2.6 Indications for exiting the pool

- Delay in either stage
- Abnormal fetal or maternal observations
- Meconium liquor
- Excessive blood loss with suspected haemorrhage
- Excessive water contamination

2.7 Management of the 2\textsuperscript{nd} stage in water

- An episiotomy should not be performed under the water.
- Faecal contamination should be removed promptly.
- A non-touch 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 above the surface of the water face first.
- 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 is out, she should remain out of the water to complete the birth of her baby.
2.8 Management of the 3\textsuperscript{rd} stage

- Avoid undue tension on the umbilical cord whilst lifting the baby above the surface of the water; if the cord snaps, apply a clamp immediately.
- Never cut the umbilical cord under the water \textbf{(new 2016)}.
- If the woman is requesting an active management of the 3\textsuperscript{rd} stage of labour, and she wishes to remain in the pool, the midwife should undertake the following actions:
  1. Offer to deliver the third stage out of the pool
     OR
  1. Partially empty the pool so that controlled cord traction can be applied when there are signs of separation,
  2. Ensure the room is warm so the woman doesn’t get cold
  3. Clean and dry the woman’s leg prior to the administration of oxytocin, this is to avoid injecting contaminate into the woman.

2.9. Additional Equipment

- Aqua Doppler
- Water thermometer
- Disposable sieve
- Long sleeved latex/plastic gauntlets
- Hoist/evacuation net – not available in home situation
- Mirror

2.10. 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 water for labour or birth \textbf{(NMC, 2004)}. Care should be escalated using SBARD and MEOWS observations \textbf{commenced (new 2016)}

2.11. Failure to Advance following delivery of the head

- Call for help Via 2222 in the hospital or 999 in any community setting \textbf{(New 2018)}
- Help the woman into a standing position
- 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 undertaken as it can stimulate breathing
- Exit the pool as soon as possible

2.12. Shoulder Dystocia

- Call for Via 2222 in the hospital or 999 in any community setting \textbf{(New 2018)} and note the time
- Help the woman into a standing position
- Advise/assist the woman to get out of the pool
- Perform usual manoeuvres for shoulder dystocia \textbf{(refer to guidelines)}
• Ensure Shoulder Dystocia proforma completed

2.13 PPH
• Call for help Via 2222 in the hospital or 999 in any community setting (New 2018)
• Assist the women from the pool
• Don’t empty the pool until after the woman has left the water
• Perform usual actions for management of PPH (see guidelines)
• Ensure PPH proforma completed

2.14 Neonate requiring resuscitation
• Call for help Via 2222 in the hospital or 999 in any community setting (New 2018)
• Clamp and cut the cord immediately
• Dry baby vigorously and commence resuscitation as per guidelines
• Keep baby warm and dry
• Keep parents informed

2.15 Emergency assisted exit from the pool
See Appendix 3 for Truro birth centre
See Appendix 4 for Penrice
See Appendix 5 for Helston Birth Centre
See Appendix 6 for St Marys IOS birth centre or home

• Call for help Via 2222 in the hospital or 999 in any community setting (New 2018)
• 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

Cleaning of pool See Appendix 7
Pool and equipment should be thoroughly cleaned and dried after every use in
accordance with local infection control policies and the manufacturer’s guidelines. At
home, this is the responsibility of the birth partners.

After Use
• Use the standard infection control precautions (plastic apron and disposable gloves)
  when cleaning the pool. Ensure the area is well ventilated

• Remove any debris from the pool, using the sieve, before emptying the pool (to
  prevent debris blocking the pool outlet). Please ensure the thermometer has been
  removed from the pool prior to emptying the pool, in order not to block the pool outlet

• First wash the pool with mild detergent and water using a cloth, dry the pool using
  a clean mop head, which can then be used for the floor; ensure the tap is cleaned
  first, so as not to transfer micro-organisms from the “dirty” pool area to the cleaner
  tap region. Rinse well with warm water
• Clean the pool area with the Actichlor Plus chlorine releasing disinfectant tablets with detergent (10 tablets to 1 litre of water in the designated bottle, close the lid and wait until dissolved)

• Clean the pool tap first prior to cleaning the pool with the Actichlor Plus solution, as above

• When cleaning the pool itself, pour the Actichlor Plus solution around the inside rim of the pool. Then pour any remaining solution into the bottom of the pool. Using a clean disposable cloth, clean the surfaces of the pool. Leave the solution in the pool for 10 minutes. Discard this cloth

• Open the tap outlet and empty the pool of the Actichlor Plus solution do not rinse or dry

• Ensure the outside of the pool, window ledges, sink and its tap are cleaned with an Actichlor Plus solution

• To clean the equipment (pool thermometer, mirror) used: wash and rinse these in warm water. Then soak for a minimum of 20 minutes in Actichlor Plus solution. After this, rinse and dry the equipment

2.16 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 (NMC 2006). Staff should be trained with use of the hoist in Helston Birth Centre and the Trust moving and lifting guidance. Staff should be trained with evacuation from the pool during an emergency using the evacuation net. Managers should facilitate training and support midwives who require experience in caring for women who choose to labour in water.

3. Monitoring compliance and effectiveness

<table>
<thead>
<tr>
<th>Element to be monitored</th>
<th>The audit will take into account record keeping by midwives</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>The results will be inputted onto an excel spreadsheet</td>
</tr>
<tr>
<td></td>
<td>The audit will be registered with the Trust’s audit department</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lead</th>
<th>Audit Midwife</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Tool</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Are maternal, water and room temperatures recorded hourly</td>
</tr>
<tr>
<td></td>
<td>Are the times of entering and leaving birthing pool and reason for leaving pool documented</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Frequency</th>
<th></th>
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<table>
<thead>
<tr>
<th>Reporting arrangements</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A formal report of the results will be received annually at the maternity patient safety and clinical audit forum, as per the audit plan</td>
</tr>
<tr>
<td></td>
<td>During the process of the audit if compliance is below 75% or other deficiencies identified, this will be highlighted at the next</td>
</tr>
</tbody>
</table>
| Acting on recommendations and Lead(s) | • Any deficiencies identified on the annual report will be discussed at the maternity patient safety and clinical audit forum and an action plan developed  
• The Audit midwife will lead on the action plan  
• The action plan will be monitored by the Audit midwife and clinical audit forum until all actions complete |
| Change in practice and lessons to be shared | • Required changes to practice will be identified and actioned within a time frame agreed on the action plan  
• Audit Midwife will take each change forward where appropriate.  
• The results of the audits will be distributed to all staff through the Patient Safety newsletter/audit forum as per the action plan |

4. **Equality and Diversity**

4.12. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement.

4.13. **Equality Impact Assessment**

The Initial Equality Impact Assessment Screening Form is at Appendix 2.
## Appendix 1. Governance Information

<table>
<thead>
<tr>
<th>Document Title</th>
<th>Waterbirth and the Use of Water During Labour Clinical Guideline V2.0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Issued/Approved:</td>
<td>6&lt;sup&gt;th&lt;/sup&gt; September 2018</td>
</tr>
<tr>
<td>Date Valid From:</td>
<td>17&lt;sup&gt;th&lt;/sup&gt; October 2018</td>
</tr>
<tr>
<td>Date Valid To:</td>
<td>17&lt;sup&gt;th&lt;/sup&gt; October 2021</td>
</tr>
<tr>
<td>Directorate / Department responsible (author/owner):</td>
<td>Trudie Roberts Community Matron Obstetrics &amp; Gynaecology Directorate,</td>
</tr>
<tr>
<td>Contact details:</td>
<td>01872 252684</td>
</tr>
<tr>
<td>Brief summary of contents</td>
<td>This guideline is to inform all midwifery staff and doctors on the appropriate management of the use of water during labour and birth.</td>
</tr>
<tr>
<td>Suggested Keywords:</td>
<td>Water, Waterbirth, pool, evacuation</td>
</tr>
<tr>
<td>Target Audience</td>
<td>RCHT CFT KCCG</td>
</tr>
<tr>
<td>Executive Director responsible for Policy:</td>
<td>Medical Director</td>
</tr>
<tr>
<td>Date revised:</td>
<td>24&lt;sup&gt;th&lt;/sup&gt; August 2018</td>
</tr>
<tr>
<td>This document replaces (exact title of previous version):</td>
<td>Clinical guideline for the use of water during labour and birth V1.6</td>
</tr>
<tr>
<td>Approval route (names of committees)/consultation:</td>
<td>Maternity Guideline Group Obs &amp; Gynae Directorate Divisional Board Policy Review Group</td>
</tr>
<tr>
<td>Divisional Manager confirming approval processes</td>
<td>Tunde Adewopo</td>
</tr>
<tr>
<td>Name and Post Title of additional signatories</td>
<td>Not required</td>
</tr>
<tr>
<td>Name and Signature of Divisional/Directorate Governance Lead confirming approval by specialty and divisional management meetings</td>
<td>{Original Copy Signed}</td>
</tr>
<tr>
<td>Name: Caroline Amukusana</td>
<td></td>
</tr>
<tr>
<td>Signature of Executive Director giving approval</td>
<td>{Original Copy Signed}</td>
</tr>
</tbody>
</table>
Related Documents:

- RCH (2012) Labour 1st and 2nd Stage – Clinical Guideline for Care of a Woman
- RCH (2012) Intermittent auscultation of the Fetal Heart in Labour – Guideline
- RCH (2012) Labour – Management of the Third Stage

Training Need Identified?

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. (NMC, 2006).

Staff should be familiar with use of the hoist and the Trust moving and lifting guidance. Managers and supervisors of midwives should facilitate training and support midwives who require experience in caring for women who choose to labour in water.

<table>
<thead>
<tr>
<th>Date</th>
<th>Version No</th>
<th>Summary of Changes</th>
<th>Changes Made by (Name and Job Title)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2003</td>
<td>1.0</td>
<td>Initial Document</td>
<td>Theresa Williams Birth centre midwife</td>
</tr>
<tr>
<td>July 2010</td>
<td>1.1</td>
<td>Reviewed and Updated</td>
<td>Theresa Williams Supervisor of midwives</td>
</tr>
<tr>
<td>Date</td>
<td>Version</td>
<td>Change Description</td>
<td>Author</td>
</tr>
<tr>
<td>--------------</td>
<td>---------</td>
<td>------------------------------------------------------------------------------------</td>
<td>---------------------------------------------</td>
</tr>
<tr>
<td>July 2012</td>
<td>1.2</td>
<td>Reviewed and updated, no changes</td>
<td>Theresa Williams, Supervisor of Midwives</td>
</tr>
<tr>
<td>7 Nov 2016</td>
<td>1.3</td>
<td>Reviewed and updated changes to practice informing staff that the baby’s cord must not be cut under water.</td>
<td>Avril Archibald, Supervisor of Midwives</td>
</tr>
<tr>
<td>11 Nov 2016</td>
<td>1.4</td>
<td>Reviewed and clinical guidelines in section 1.2 updated and SBARD MEOWS escalation tools added to 2.7</td>
<td>Sarah-Jane Pedler, Practice Development Midwife</td>
</tr>
<tr>
<td>2nd Nov 2017</td>
<td>1.5</td>
<td>Added 2.3 Criteria for Mothers Suitable for Waterbirth. Amendments to 2.3, 2.5, 2.6 &amp; 2.8</td>
<td>Trudie Roberts, Community Matron</td>
</tr>
<tr>
<td>4th January 2018</td>
<td>1.6</td>
<td>Minor additions and algorithm added</td>
<td>Trudie Roberts, Community Matron</td>
</tr>
<tr>
<td>6th September 2018</td>
<td>2.0</td>
<td>Amended to expand on procedures for evacuation from the pool, who to contact during emergency and differentiating between</td>
<td>Trudie Roberts, Community Matron</td>
</tr>
</tbody>
</table>

All or part of this document can be released under the Freedom of Information Act 2000

This document is to be retained for 10 years from the date of expiry. This document is only valid on the day of printing

**Controlled Document**

This document has been created following the Royal Cornwall Hospitals NHS Trust Policy for the Development and Management of Knowledge, Procedural and Web Documents (The Policy on Policies). It should not be altered in any way without the express permission of the author or their Line Manager.
Appendix 2. Initial Equality Impact Assessment Form

This assessment will need to be completed in stages to allow for adequate consultation with the relevant groups.

<table>
<thead>
<tr>
<th>Name of Name of the strategy / policy / proposal / service function to be assessed</th>
<th>Waterbirth and the Use of Water During Labour Clinical Guideline V2.0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Directorate and service area:</td>
<td>Obs &amp; Maternity services</td>
</tr>
<tr>
<td>Is this a new or existing Policy?</td>
<td>Existing</td>
</tr>
<tr>
<td>Name of individual completing assessment:</td>
<td>Trudie Roberts</td>
</tr>
<tr>
<td>Telephone:</td>
<td>01872 252684</td>
</tr>
</tbody>
</table>

1. **Policy Aim***
   - Who is the strategy / policy / proposal / service function aimed at?
   - To inform all midwifery staff on the appropriate management of the use of water during labour and birth

2. **Policy Objectives***
   - Ensure the correct methods of management of the use of water during labour and birth

3. **Policy – intended Outcomes***
   - To ensure maternal and neonatal wellbeing.

4. **How will you measure the outcome?**
   - Monitoring through incident reporting.

5. Who is intended to benefit from the policy?
   - Women and babies

6a Who did you consult with
   - Workforce
   - Patients
   - Local groups
   - External organisations
   - Other
   - X

   **Please record specific names of groups**
   - Maternity Guidelines Group
   - Obs and Gynae Directorate
   - Divisional Board
   - Policy review group

What was the outcome of the consultation?
- Guideline agreed
### 7. The Impact

Please complete the following table. **If you are unsure/don’t know if there is a negative impact you need to repeat the consultation step.**

Are there concerns that the policy **could** have differential impact on:

<table>
<thead>
<tr>
<th>Equality Strands:</th>
<th>Yes</th>
<th>No</th>
<th>Unsure</th>
<th>Rationale for Assessment / Existing Evidence</th>
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</thead>
<tbody>
<tr>
<td>Age</td>
<td></td>
<td>X</td>
<td></td>
<td>All pregnant women and their newborn babies</td>
</tr>
<tr>
<td>Sex (male, female, trans-gender / gender reassignment)</td>
<td>X</td>
<td></td>
<td></td>
<td>All pregnant women and their newborn babies</td>
</tr>
<tr>
<td>Race / Ethnic communities /groups</td>
<td>X</td>
<td></td>
<td></td>
<td>All pregnant women and their newborn babies</td>
</tr>
<tr>
<td>Disability - Learning disability, physical impairment, sensory impairment, mental health conditions and some long term health conditions.</td>
<td>X</td>
<td></td>
<td></td>
<td>All pregnant women and their newborn babies</td>
</tr>
<tr>
<td>Religion / other beliefs</td>
<td>X</td>
<td></td>
<td></td>
<td>All pregnant women and their newborn babies</td>
</tr>
<tr>
<td>Marriage and Civil partnership</td>
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<td>All pregnant women and their newborn babies</td>
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<tr>
<td>Pregnancy and maternity</td>
<td>X</td>
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<td>All pregnant women and their newborn babies</td>
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<tr>
<td>Sexual Orientation, Bisexual, Gay, heterosexual, Lesbian</td>
<td>X</td>
<td></td>
<td></td>
<td>All pregnant women and their newborn babies</td>
</tr>
</tbody>
</table>

You will need to continue to a full Equality Impact Assessment if the following have been highlighted:

- You have ticked “Yes” in any column above and
- No consultation or evidence of there being consultation - this **excludes** any policies which have been identified as not requiring consultation. **or**
- Major this relates to service redesign or development

### 8. Please indicate if a full equality analysis is recommended.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

### 9. If you are **not** recommending a Full Impact assessment please explain why.

No areas indicated
Keep one copy and send a copy to the Human Rights, Equality and Inclusion Lead

c/o Royal Cornwall Hospitals NHS Trust, Human Resources Department, Knowledge Spa, Truro, Cornwall, TR1 3HD

This EIA will not be uploaded to the Trust website without the signature of the Human Rights, Equality & Inclusion Lead.

A summary of the results will be published on the Trust’s web site.

Signed Sarah-Jane Pedler

Date 6th September 2018
Appendix 3 Truro Birth Centre

**Waterbirth evacuation from a birthing pool In an emergency situation**

The aim this appendix is to inform staff how to remove a collapsed woman from the pool in the safest and quickest way possible.

- **Call for help via the emergency bell OR and 2222 call requesting a Maternal Emergency Response Team stating:**
  - location including room number
  - Nature of the emergency
  - Require a maternal emergency response team with or without a neonatal team

- **Support woman’s head to maintain airway.**
  - Fill pool with warm water to aid flotation

- **Place prepared bed/trolley adjacent to pool; apply breaks and put at height just below pool height.**
  - Bring net to the side of the pool

- **Open net out and place behind the women, floating net under her bottom**

- **Slide PAT slide or Spinal board under the net leaving the other end on the bed. 2 people to stand each side of the net. Hold handles of net securely around hands and pulling net as tight as possible. Float women using net to surface of water and prepare to slide the women via the slide onto the bed. If a third person is available they should support woman’s legs**

- **Lead person to say “Ready Steady slide” before sliding the women via the slide onto the bed. If a third person is available they should support woman’s legs**

- **Transfer women to Obstetric Delivery suite using verbal and SBARD communication tool. Document all actions as per documentation guidelines**
Appendix 4 Penrice Birth Centre

Waterbirth evacuation from a birthing pool In an emergency situation

The aim this appendix is to inform staff how to remove a collapsed woman from the pool in the safest and quickest way possible.

Call for help via the emergency bell to alert any other staff in unit AND 999 call requesting a Category 1 maternity response stating
- location
- nature of the emergency
- Require a first responder and transfer to main obstetric unit at RCHT

Support woman’s head to maintain airway
Fill pool with warm water to aid flotation

Place prepared bed/trolley adjacent to pool apply breaks and put at height just below pool height.
Bring net to the side of the pool

Open net out and place behind the women, floating net under her bottom

Slide PAT slide or Spinal board under the net leaving the other end on the bed. 2 people to stand each side of the net. Hold handles of net securely around hands and pulling net as tight as possible. Float women using net to surface of water and prepare to slide the women via the slide onto the bed. If a third person is available they should support woman’s legs

Lead person to say “Ready Steady slide” before sliding the women via the slide onto the bed. If a third person is available they should support woman’s legs

Continue to manage women with ABCD of resuscitation and prepare to Transfer women to Obstetric Delivery suite at RCHT via ambulance using verbal and SBARD communication tool. Document all actions as per documentation guidelines

Waterbirth and the Use of Water During Labour Clinical Guideline V2.0
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Appendix 5 Helston Birth Centre

Waterbirth evacuation from a birthing pool in an emergency situation

The aim of this appendix is to inform staff how to remove a collapsed woman from the pool in the safest and quickest way possible.

Call for help via the emergency bell AND 999 call requesting a Category 1 maternity response stating:
- location
- nature of the emergency
- Require a first responder and transfer to main obstetric unit at RCHT

Support woman’s head to maintain airway. Fill pool with warm water to aid flotation.

Place prepared bed/trolley adjacent to pool: apply breaks and put at height just below pool height. Bring hoist to pool.

Place hoist sling behind the women, fasten straps.

Raise the woman out of the pool using the hoist. Move hoist over the bed. Lower woman onto the bed. If a third person is available they should support woman’s legs.

Continue to manage women with ABCD of resuscitation and prepare to transfer women to Obstetric Delivery suite at RCHT via ambulance using verbal and SBARD communication tool. Document all actions as per documentation guidelines.
Appendix 6 St Mary’s (IOS) birth Centre and Home deliveries

Evacuation from an inflatable birthing pool in an emergency situation

The aim this appendix is to inform staff how to remove a collapsed woman from an inflatable birthing pool in the safest and quickest way possible.

Call for help via the emergency bell AND 999 call requesting a Category 1 maternity response stating
- location
- nature of the emergency
- Require a first responder and transfer to main obstetric unit at RCHT via search and rescue air transfer (IOS considering distance in the community)

Support woman’s head to maintain airway
Collapse the top ring of the birth pool

Prepare a flat area adjacent to pool to receive the women

Float women out of the pool using water as a buoyancy aid

If a third person is available they should support woman’s legs

Continue to manage women with ABCD of resuscitation and prepare to Transfer women to Obstetric Delivery suite at RCHT via ambulance using verbal and SBARD communication tool. Document all actions as per documentation guidelines
Appendix 7

Cleaning & disinfecting your birthing pool

- Use the standard infection control precautions (plastic apron and disposable gloves) when cleaning the pool. Ensure the area is well ventilated.

- Remove any debris from the pool, using the sieve, before emptying the pool (to prevent debris blocking the pool outlet). Please ensure the thermometer has been removed from the pool prior to emptying the pool, in order not to block the pool outlet.

- First wash the pool with mild detergent and water using a cloth, dry the pool using a clean mop head, which can then be used for the floor; ensure the tap is cleaned first, so as not to transfer micro-organisms from the “dirty” pool area to the cleaner tap region. Rinse well with warm water.

- Ensure the pool tap outlet is turned to “closed” prior to cleaning the pool tap and pool area with the Actichlor Plus chlorine releasing disinfectant tablets with detergent (10 tablets to 1 litre of water in the designated bottle, close the lid and wait until dissolved).

- Clean the pool tap first prior to cleaning the pool with the Actichlor Plus solution, as above.

- When cleaning the pool itself, pour the Actichlor Plus solution around the inside rim of the pool. Then pour any remaining solution into the bottom of the pool. Using a clean disposable cloth, clean the surfaces of the pool. Leave the solution in the pool for 20 minutes. Discard this cloth.

- Open the tap outlet and empty the pool of the Actichlor Plus solution do not rinse or dry.

- Ensure the outside of the pool, window ledges, sink and its tap are cleaned with an Actichlor Plus solution.

- To clean the equipment (pool thermometer, mirror) used: wash and rinse these in warm water. Then soak for a minimum of 20 minutes in Actichlor Plus solution. After this, rinse and dry the equipment.