Waterbirth And The Use Of Water During Labour And Birth (including alongside midwifery unit) Clinical Guideline
v1.6
January 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 1st and 2nd stage and delay in labour 1st and 2nd 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 women 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 midwife should undertake an environmental risk assessment.

The Midwife should document discussion with woman around importance of leaving the pool if there is deviation from the norm. The woman should be made aware how evacuation of the pool will occur if necessary.
- It is advisable that the woman enters the pool once labour is established as entering the pool in the latent or early stages may slow the labour down.
- If labour is occurring at home the woman should be encouraged to wait until the midwife is in attendance before entering the pool.
- Debris and faeces should be removed from the pool with a sieve in a timely manner before, during and after delivery wherever possible.

2.3 **Criteria for Mothers Suitable for Waterbirth (this list is not exhaustive)**

(NEW 2017)

<table>
<thead>
<tr>
<th>Suitable for booking for a waterbirth</th>
<th>Present in spontaneous labour</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Be between 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 (i.e. low risk pregnancy).</td>
</tr>
</tbody>
</table>
### Individualised discussion with consultant, HoM or Matron

- Intra-uterine growth retardation/ serial scans above the 10th centile on last scan
- Group B strep infections (do not forget to give intrapartum antibiotic cover – see guideline)
- Previous obstetric complications e.g. shoulder dystocia, difficult instrumental delivery, third degree tear

### Not suitable for waterbirth

- Previous caesarean section
- Obstetric complications, i.e. APH, PPH, meconium
- Severe skin lesions
- Hypertension/ pre-eclampsia
- Women requiring syntocinon infusion for induction / acceleration of labour
- Multiple pregnancy
- Malpresentation
- Pre-term labour
- IOL
- Medical conditions, e.g. epilepsy, Hepatitis B carrier, active herpes
- Current/new clinical concern about fetal growth (large or small)

### 2.3. Observations and water temperature

In addition to the routine intrapartum observations, hourly maternal, water temperature 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 2nd 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 woman should be encouraged to drink to avoid dehydration. and she should be encouraged to pass urine at least 4 hourly

- The fetal heart should be auscultated with a waterproof sonicaid whilst in the pool, according to RCHT Intermittent Auscultation guideline (2017).

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 recommended prior to admission to the birth unit. (New 2017)

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. (New 2017)

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. The woman should not enter pool within 2 hours of opiate administration [NICE Intrapartum Guideline 2007]

- **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 reach armpit level. This aids buoyancy and promotes movement in the pool.

2.5 Assessment of progress

As per unit guideline labour 1st and 2nd stage and delay in 1st and 2nd stage. (New 2017)

2.6 Indications for exiting the pool (New 2017)

- 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 2nd stage in water

- Water temperature maintained as above
- Fetal heart auscultation refer to RCH Intermittent auscultation guideline (2017)
- The use of a mirror underwater can help to visualise progress
- An episiotomy should not be performed under the water.
- Faecal contamination should be removed promptly.
- It is important to record clearly whether the baby was born underwater and the condition of 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 above 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 is out, she should remain out of the water to complete the birth of her baby.

2.8 Management of the 3rd 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 (new 2016).
• If the woman is requesting an active management of the 3rd stage of labour, and she wishes to remain in the pool, the midwife should undertake the following actions:
• Offer to deliver the third stage out of the pool (New 2017)
OR in the event of a woman refusing to get out of the pool:

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. Both mother and baby should be kept warm after the birth
3. Clean and dry the woman’s leg prior to the administration of oxytocin, this is to avoid injecting contaminate into the woman.
4. Record estimated blood loss

2.9. Additional Equipment

• Aqua Doppler
• Water thermometer
• Disposable sieve
• Long sleeved latex/plastic gauntlets
• Hoist/evacuation net – not available in home situation
• Mirror
• Dry towels for mother and baby

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 (NMC, 2004). Care should be escalated using SBARD and MEOWS observations commenced (new 2016)

2.11. Failure to Advance following delivery of the head

• Call for help
• Pull the plug out
• 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 help and note the time
• Pull the plug out
• Help the woman into a standing position
• Advise/assist the woman to get out of the pool
• Perform usual manoeuvres for shoulder dystocia (refer to guidelines)
• Ensure Shoulder Dystocia proforma completed

2.13 PPH

• Call for help
• 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 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

2.15 Emergency assisted exit from the pool

• See Appendix 3

• 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

2.16 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 manufacturer’s guidelines. At home, this is the responsibility of the birth partners.

2.17 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 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. Monitoring compliance and effectiveness
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 The audit will be registered with the Trust’s audit department</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lead</td>
<td>Community Matron</td>
</tr>
<tr>
<td>Tool</td>
<td>• Are maternal, water and room temperatures recorded hourly • Are the times of entering and leaving birthing pool and reason for leaving pool documented</td>
</tr>
<tr>
<td>Frequency</td>
<td>Once in lifetime of the guideline</td>
</tr>
<tr>
<td>Reporting arrangements</td>
<td>• A formal report of the results will be received annually at the Maternity Patient Safety meetings and clinical audit forum, as per the audit plan • During the process of the audit if compliance is below 75% or other deficiencies identified, this will be highlighted at the next Patient Safety Meeting and clinical audit forum and an action plan agreed.</td>
</tr>
<tr>
<td>Acting on recommendations and Lead(s)</td>
<td>• Any deficiencies identified on the annual report will be discussed at the Maternity Patient Safety meetings and clinical audit forum and an action plan developed • Action leads will be identified and a time frame for the action to be completed by • The action plan will be monitored by the Maternity Patient Safety meetings and clinical audit forum until all actions complete</td>
</tr>
<tr>
<td>Change in practice and lessons to be shared</td>
<td>• Required changes to practice will be identified and actioned within a time frame agreed on the action plan • A lead member of the forum will be identified to take each change forward where appropriate. • The results of the audits will be distributed to all staff through the Maternity Patient Safety meetings newsletter/audit forum as per the action plan</td>
</tr>
</tbody>
</table>

4. Equality and Diversity

4.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the ‘Equality, Diversity & Human Rights Policy’ or the Equality and Diversity website.

4.2. 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 AND BIRTH (Including alongside midwifery unit) CLINICAL GUIDELINE V1.6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Issued/Approved:</td>
<td>16th January 2018</td>
</tr>
<tr>
<td>Date Valid From:</td>
<td>16th January 2018</td>
</tr>
<tr>
<td>Date Valid To:</td>
<td>16th January 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 PCH CFT KCCG</td>
</tr>
<tr>
<td>Executive Director responsible for Policy:</td>
<td>Medical Director</td>
</tr>
<tr>
<td>Date revised:</td>
<td>4th January 2018</td>
</tr>
<tr>
<td>This document replaces (exact title of previous version):</td>
<td>WATERBIRTH AND THE USE OF WATER DURING LABOUR AND BIRTH – CLINICAL GUIDELINE V1.5</td>
</tr>
<tr>
<td>Approval route (names of committees)/consultation:</td>
<td>Maternity Guideline Group Obs &amp; Gynae Directorate</td>
</tr>
<tr>
<td>Divisional Manager confirming approval processes</td>
<td>David Smith</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} Name: Caroline Amukusana</td>
</tr>
</tbody>
</table>
• RCH (2017) Labour 1st and 2nd Stage – Clinical Guideline for Care of a Woman  
• RCH (2017) Intermittent auscultation of the Fetal Heart in Labour – Guideline  
• RCH (2015) 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 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</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>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>2 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 Sandra Hogan, Birth Unit Manager</td>
</tr>
</tbody>
</table>

[Please complete all boxes and delete help notes in blue italics including this note]

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 on Document Production. 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 the strategy / policy / proposal / service function to be assessed</th>
<th>WATERBIRTH AND THE USE OF WATER DURING LABOUR AND BIRTH (Including alongside midwifery unit) CLINICAL GUIDELINE V1.6</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

b). Please identify the groups who have been consulted about this procedure.

<table>
<thead>
<tr>
<th>Please record specific names of groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Guideline Group</td>
</tr>
<tr>
<td>Obstetric and Gynaecology Directorate</td>
</tr>
</tbody>
</table>
What was the outcome of the consultation?

---

**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.**

<table>
<thead>
<tr>
<th>Equality Strands:</th>
<th>Yes</th>
<th>No</th>
<th>Unsure</th>
<th>Rationale for Assessment / Existing Evidence</th>
</tr>
</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></td>
<td></td>
<td></td>
<td>All pregnant women and their newborn babies</td>
</tr>
<tr>
<td>Race / Ethnic communities / groups</td>
<td></td>
<td>x</td>
<td></td>
<td>All pregnant women and their newborn babies</td>
</tr>
<tr>
<td>Disability -</td>
<td></td>
<td></td>
<td></td>
<td>Women with impaired movement will require risk assessment prior to entering the birth pool</td>
</tr>
<tr>
<td>Learning disability, physical impairment, sensory impairment, mental health conditions and some long term health conditions.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Religion / other beliefs</td>
<td></td>
<td>x</td>
<td></td>
<td>All pregnant women and their newborn babies</td>
</tr>
<tr>
<td>Marriage and Civil partnership</td>
<td></td>
<td>x</td>
<td></td>
<td>All pregnant women and their newborn babies</td>
</tr>
<tr>
<td>Pregnancy and maternity</td>
<td></td>
<td>x</td>
<td></td>
<td>All pregnant women and their newborn babies</td>
</tr>
<tr>
<td>Sexual Orientation, Bisexual, Gay, heterosexual, Lesbian</td>
<td></td>
<td>x</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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>x</td>
</tr>
</tbody>
</table>

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

Individualised risk assessment will be undertaken for each case

<table>
<thead>
<tr>
<th>Signature of policy developer / lead manager / director</th>
<th>Date of completion and submission</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trudie Roberts</td>
<td>16th January 2018</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Names and signatures of members carrying out the Screening Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Trudie Roberts</td>
</tr>
<tr>
<td>2. Human Rights, Equality &amp; Inclusion Lead</td>
</tr>
</tbody>
</table>

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 **16th January 2018**
Appendix 3

WATERBIRTH- 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 WITH ASSISTANCE.

CONCERN IDENTIFIED: DO NOT PULL

CALL FOR MEDICAL AND MIDWIFERY ASSISTANCE. 2222 IF IN TRURO BIRTH CENTRE, STATE ROOM, NATURE OF EMERGENCY, THAT YOU REQUIRE A MATERNAL EMERGENCY RESPONSE TEAM, WITH OR WITHOUT NEONATAL TEAM

ASSESS WOMAN’S

FILL POOL WITH WARM WATER TO AID FLOTATION. SUPPORT WOMAN’S HEAD TO MAINTAIN AIRWAY.

BRING PREPARED BED AND EVACUATION NET TO SIDE OF THE POOL, APPLY BRAKES TO BED AND RAISE /LOWER ADJACENT TO HEIGHT OF THE POOL.

OPEN NET OUT AND PLACE BEHIND THE WOMAN, FLOATING NET UNDER HER BOTTOM.

2 PEOPLE REQUIRED TO EVACUATE, EACH STANDING EITHER SIDE OF THE POOL PREPARING TO TRANSFER BY HOLDING HANDLES OF NETS SECURELY AROUND HANDS AND PULLING NET AS TIGHT AS POSSIBLE. FLOAT WOMAN USING NET TO SURFACE OF THE 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 OUT OF THE POOL AND ONTO THE BED.

TRANSFER TO NEXT LEVEL OF CARE

RECORD ALL EMERGENCY PROCEDURES AND TIMINGS IN NOTES