

# **Waterbirth and the Use of Water During Labour Clinical Guideline**

**V3.1**

**January 2024**

## 1. Aim/Purpose of this Guideline

- 1.1. This guideline is for Midwives who are caring for women/people in water during labour and/or birth.
- 1.2. This guideline should be read in conjunction with:
  - [Labour First and Second Stage and Delay in Labour First and Second Stage Clinical Guideline V3.0 \(cornwall.nhs.uk\)](#)
  - [Intermittent Auscultation \(IA\) Clinical Guideline \(cornwall.nhs.uk\)](#)
  - [ThirdStageofLabourClinicalGuideline.pdf \(cornwall.nhs.uk\)](#)
- 1.3. This guideline makes recommendations for women/people and people who are pregnant. For simplicity of language the guideline uses the term woman/person/women/people throughout, but this should be taken to also include people who do not identify as women/people but who are pregnant, in labour and in the postnatal period. When discussing with a person who does not identify as a woman/person, please ask them their preferred pronouns, and ensure this is clearly documented in their notes to inform all health care professionals (NEW 2022).
- 1.4. This version supersedes any previous versions of this document.

### **Data Protection Act 2018 (UK General Data Protection Regulation – GDPR) Legislation.**

The Trust has a duty under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out, it must be opt in.

Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team.

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## 2. The Guidance

- 2.1. Labouring in water is supported for healthy women/people with uncomplicated pregnancies at term.

## 2.2. Practice Issues

Information about the use of a birthing pool should be given to women/people prior to labour to facilitate informed choice. Written documentation of any discussion should be made in the woman/person's maternity record, handheld and on the electronic health record. If the woman/person is intending to have a waterbirth at home, the woman/person remains responsible for obtaining the equipment. The Community Midwife should undertake a home visit to discuss birth choices during pregnancy and should undertake an environmental risk assessment at home at 36 weeks. This risk assessment needs to be attached in the electronic health record attachments (NEW 2022).

## 2.3. Criteria for Women/People Suitable for Waterbirth

Suitable for a waterbirth	<ul style="list-style-type: none"><li>• Present in spontaneous labour.</li><li>• 37 – 41+6 weeks gestation.</li><li>• Cephalic presentation.</li><li>• Singleton pregnancy.</li><li>• BMI 34.9 or below based upon the measurement of BMI at the dating scan.</li><li>• No significant medical or Obstetric complications (i.e., low risk pregnancy).</li><li>• Women/people with additional risks who have had an antenatal review by a Senior Obstetrician/Birth Options Clinic, with a clear documented plan (NEW 2022).</li></ul>
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- 2.3.1. The woman/person should be advised not to enter the pool until a full risk assessment has taken place, including completion of page 1 of the intrapartum partogram (NEW 2022).
- 2.3.2. When a woman/person is using the water in labour, two members of staff should always be present in the Birth Centre to ensure safe evacuation from the pool in the event of an emergency. The pool should not be prepared until a second member of staff is present.
- 2.3.3. At a homebirth, the woman/person is advised not to enter the pool until a second Midwife is present.

## 2.4. Observations and water temperature

- 2.4.1. In addition to the routine intrapartum observations, hourly maternal and water temperatures should be taken and recorded. The water temperature should be comfortable for the woman/person but should not exceed 37.5 degrees Celsius.

- 2.4.2. The ambient room temperature should be comfortable for the woman/person who should be encouraged to drink to avoid dehydration.
- 2.4.3. It is recommended that labour should be established before a woman/person enters the water.
- 2.4.4. Times of entering and leaving the pool should be documented in the intrapartum notes, including the reason for leaving the pool. The woman/person should be encouraged to leave the pool for mobilisation if contractions become irregular, infrequent, short lasting or are mild/do not appear effective. The effectiveness of the contractions should be closely monitored and recorded.
- 2.4.5. If there are any concerns about maternal or fetal wellbeing, the woman/person should be advised to leave the birthing pool and appropriate escalation of care should be carried out.
- 2.4.6. Latent phase care is not routinely provided on the Birth Centre. If women/people require admission for latent phase care after assessment then they should be admitted to Wheal Rose, and only admitted to a Birth Centre birth room in the case of high acuity elsewhere and/or after an individualised management plan. The use of a shower should be encouraged in the first instance and the pool used as a bath only after a full assessment has been undertaken. The woman/person should be advised to only stay in the bath for short periods of time and to utilise other latent phase tools, as they would at home or on the ward (NEW 2022).

## 2.5. Pain relief

Entonox is the only form of pain relief which can be used by a woman/person whilst in the birthing pool. If a woman/person has had pethidine, it is advised that they stay out of the pool for at least 2 hours after administration, longer if still feeling the effects of pethidine (NEW 2022).

## 2.6. Assessment of Progress

As per unit guideline [Labour First and Second Stage and Delay in Labour First and Second Stage Clinical Guideline V3.0 \(cornwall.nhs.uk\)](https://www.cornwall.nhs.uk)

## 2.7. Indications for Exiting the Pool

- Delay in the first or second stage of labour.
- Abnormal fetal or maternal observations.
- Meconium-stained liquor.
- Suspected haemorrhage.
- Excessive water contamination.
- For vaginal examination (NEW 2022).

## 2.8. Management of the 2nd 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/person should be advised against entering the pool.
- If the woman/person raises themselves out of the water once the fetal head is out, they should remain out of the water to complete the birth of the baby.

## 2.9. 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.
- If the woman/person is requesting an active management of the 3rd stage of labour, oxytocin/syntometrine can be given into the deltoid IM.
- (intramuscular) whilst the person remains in the pool. Ensure the arm is cleaned and dried prior to administration to prevent injecting contaminate into the woman/person. After administering the one dose of IM medication, women/people must be advised to leave the pool to complete the management of the 3rd stage (NEW 2022).
- If the woman/person wishes to have a physiological third stage, it is advised that this is conducted out of the pool.
- If there are any concerns regarding blood loss following the birth, the woman/person should be assisted out of the pool immediately.

## 2.10. Additional Equipment

- Waterproof Sonicaid.
- Water thermometer.
- Sieve.
- Mirror.
- Torch.
- Evacuation equipment – not available at a homebirth.

## 2.11. Shoulder Dystocia

- In the hospital, pull the emergency bell and call for help via 2222 for “Obstetric and Neonatal Emergency”. At a homebirth or stand-alone Birth Centre, call 999 and request a Category 1 ambulance to declare an Obstetric emergency, state that you are a healthcare professional, note the time and document a reference number and an ETA.
- Help the woman/person into a standing position.
- Advise/assist the woman/person to get out of the pool.
- Perform usual manoeuvres for shoulder dystocia (refer to shoulder dystocia guideline).
- Ensure documentation is completed contemporaneously or in retrospect if required and complete a Shoulder Dystocia proforma. Remember to use an SBARD sticker for any escalation of care.
- Complete Datix.

## 2.12. Emergency Pool Evacuation Processes

- See Appendix 3 for Truro Birth Centre.
- See Appendix 4 Standalone Birth Centres.
- See Appendix 5 Step-by-step guide to Evacuation of the Pool for Maternal Collapse within the Birth Centre environments.
- Please note: In the event of a pool evacuation being required at a homebirth, pop the top ring of the inflatable pool with a sharp implement if needed to assist with evacuation (NEW 2022).
- All staff facilitating waterbirths should be trained in pool evacuation (NEW 2022).

## 2.13. Cleaning of pool

See Appendix 6.

## 2.14. Training

- 2.14.1. Midwives should ensure that they have acquired the requisite knowledge and skills to support women/people who choose to labour in water. They should keep themselves updated on the research evidence in this area.
- 2.14.2. The maternity service will carry out regular emergency skills, drills, and simulation training in all birth settings.

### 3. Monitoring compliance and effectiveness

Information Category	Detail of process and methodology for monitoring compliance
<b>Element to be monitored</b>	<ul style="list-style-type: none"> <li>• The audit will take into account record keeping by midwives.</li> <li>• The results will be inputted onto an excel spreadsheet.</li> <li>• The audit will be registered with the Trust's audit department.</li> </ul>
<b>Lead</b>	Audit Midwife.
<b>Tool</b>	<ul style="list-style-type: none"> <li>• Was the woman/person suitable for booking for a waterbirth?</li> <li>• Was the partogram completed appropriately?</li> <li>• In addition to routine partogram observations, were hourly maternal, water and room temperatures taken and recorded?</li> <li>• In the second stage of labour, was the water temperature checked and documented every 15 minutes?</li> <li>• Were the times of entering and leaving the pool and reason for leaving the pool documented?</li> <li>• If there were any concerns about maternal or fetal wellbeing, was the woman/person advised to leave the pool and medical advice sought when appropriate?</li> <li>• Have staff attending water births acquired the requisite knowledge and skills to support women/people who choose to labour in water?</li> <li>• Were staff appropriately trained with use of the hoist, moving, and lifting guidance and evacuation from the pool during an emergency using the evacuation net? (Location dependent).</li> </ul>
<b>Frequency</b>	Once in lifetime of the guideline.
<b>Reporting arrangements</b>	<ul style="list-style-type: none"> <li>• A formal report of the results will be received annually at the maternity patient safety and clinical audit forum, as per the audit plan.</li> <li>• During the process of the audit if compliance is below 75% or other deficiencies identified, this will be highlighted at the next maternity patient safety and clinical audit forum and an action plan agreed.</li> </ul>
<b>Acting on recommendations and Lead(s)</b>	<ul style="list-style-type: none"> <li>• Any deficiencies identified on the annual report will be discussed at the maternity patient safety and clinical audit forum and an action plan developed.</li> <li>• The Audit Midwife will lead on the action plan.</li> <li>• The action plan will be monitored by the Audit Midwife and clinical audit forum until all actions complete.</li> </ul>

Information Category	Detail of process and methodology for monitoring compliance
<b>Change in practice and lessons to be shared</b>	<ul style="list-style-type: none"> <li>• Required changes to practice will be identified and actioned within a time frame agreed on the action plan.</li> <li>• Audit Midwife will take each change forward where appropriate.</li> <li>• The results of the audits will be distributed to all staff through the Patient Safety newsletter/audit forum as per the action plan.</li> </ul>

## 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 And Inclusion 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

Information Category	Detailed Information
<b>Document Title:</b>	Waterbirth and the Use of Water During Labour Clinical Guideline V3.1
<b>This document replaces (exact title of previous version):</b>	Clinical guideline for the use of water during labour and birth V3.0
<b>Date Issued/Approved:</b>	December 2023
<b>Date Valid From:</b>	January 2024
<b>Date Valid To:</b>	June 2025
<b>Directorate / Department responsible (author/owner):</b>	Lorraine Thompson Intrapartum Ward Manager
<b>Contact details:</b>	01872 252026
<b>Brief summary of contents:</b>	This guideline is to inform all Midwifery staff and doctors on the appropriate management of the use of water during labour and birth
<b>Suggested Keywords:</b>	Water, Waterbirth, pool, evacuation
<b>Target Audience:</b>	<b>RCHT:</b> Yes <b>CFT:</b> No <b>CIOS ICB:</b> No
<b>Executive Director responsible for Policy:</b>	Chief Medical Director
<b>Approval route for consultation and ratification:</b>	Maternity Guideline Group
<b>Manager confirming approval processes:</b>	Caroline Chappell
<b>Name of Governance Lead confirming consultation and ratification:</b>	Mel Gilbert
<b>Links to key external standards:</b>	None
<b>Related Documents:</b>	<ul style="list-style-type: none"> <li>• NICE (2007) <b>Intrapartum Care – Care of healthy women/people and their babies during childbirth.</b> NICE, London.</li> <li>• Nursing and Midwifery Council (2006) Midwives and Home Births. NMC circular 8/2006, NMC London.</li> </ul>

Information Category	Detailed Information
	<ul style="list-style-type: none"> <li>• RCOG/ Royal College of Midwives (2006) <b>Immersion in Water During Labour and Birth (RCOG/Royal College of Midwives Joint Statement No. 1).</b></li> <li>• <a href="http://www.rcog.org.uk/women/peopleshealth/clinical-guidance/immersion-water-duringlabour-an-birth">http://www.rcog.org.uk/women/peopleshealth/clinical-guidance/immersion-water-duringlabour-an-birth</a>.</li> <li>• <a href="#">Labour First and Second Stage and Delay in Labour First and Second Stage Clinical Guideline V3.0 (cornwall.nhs.uk)</a></li> <li>• <a href="#">Intermittent Auscultation (IA) Clinical Guideline (cornwall.nhs.uk)</a></li> <li>• <a href="#">ThirdStageofLabourClinicalGuideline.pdf (cornwall.nhs.uk)</a></li> </ul>
Training Need Identified?	No
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet and Intranet
Document Library Folder/Sub Folder:	Clinical / Midwifery and Obstetrics

### Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
2003	V1.0	Initial Document	Theresa Williams, Birth Centre Midwife
July 2010	V1.1	Reviewed and Updated	Theresa Williams Supervisor of midwives
July 2012	V1.2	Reviewed and updated, no changes	Theresa Williams, Supervisor of Midwives
Nov 2016	V1.3	Reviewed and updated changes to practice informing staff that the baby's cord must not be cut under water	Avril Archibald, Supervisor of Midwives
Nov 2016	V1.4	Reviewed and clinical guidelines in section 1.2 updated and SBARD MEOWS escalation tools added to 2.7	Sarah-Jane Pedler, Practice Development Midwife

Date	Version Number	Summary of Changes	Changes Made by
Nov 2017	V1.5	Added 2.3 Criteria for Woman Suitable for Waterbirth. Amendments to 2.3, 2.5, 2.6 and 2.8	Trudie Roberts, Community Matron
January 2018	V1.6	Minor additions and algorithm added	Trudie Roberts, Community Matron and Sandra Hogan, Birth
September 2018	V2.0	Amended to expand on procedures for evacuation from the pool, who to contact during emergency and differentiating between Birth centres using water birth. Appendix 3-7 added	Trudie Roberts, Community Matron
October 2019	V2.1	Addition relating to the measurement of the patients BMI at the 12-week scan appointment	Sarah-Jane Pedler, Practice Development Midwife
November 2019	V2.2	Update 2.14; 2.17.2	Maternity Team
May 2022	V3.0	Updates to 2.4, 2.4.1, 2.5.6, 2.6, 2.8, 2.10. 2.13. and appendices 3, 4 ,5, 6, 7	Rachel Hawkey, Interim Birth Centre Manager
December 2023	V3.1	Update cleaning guidance	Lorraine Thompson, Intrapartum Ward Manager

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

**All Policies, Strategies and Operating Procedures, including Business Plans, are to be kept for the lifetime of the organisation plus 6 years.**

**This document is only valid on the day of printing.**

**Controlled Document.**

This document has been created following the Royal Cornwall Hospitals NHS Trust [The Policy on Policies \(Development and Management of Knowledge Procedural and Web Documents Policy\)](#). It should not be altered in any way without the express permission of the author or their Line Manager.

## Appendix 2. Equality Impact Assessment

### Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.

For guidance please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity, and Inclusion Team  
[rcht.inclusion@nhs.net](mailto:rcht.inclusion@nhs.net)

Information Category	Detailed Information
<b>Name of the strategy / policy / proposal / service function to be assessed:</b>	Waterbirth and the Use of Water During Labour Clinical Guideline V3.1
<b>Directorate and service area:</b>	Obstetrics and Gynaecology
<b>Is this a new or existing Policy?</b>	Existing
<b>Name of individual completing EIA</b> (Should be completed by an individual with a good understanding of the Service/Policy):	Lorraine Thompson, Intrapartum Ward Manager
<b>Contact details:</b>	01872 252026

Information Category	Detailed Information
<b>1. Policy Aim - Who is the Policy aimed at?</b>  (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed)	To inform all Midwifery staff on the appropriate management of the use of water during labour and birth.
<b>2. Policy Objectives</b>	Ensure the correct methods of management of the use of water during labour and birth.
<b>3. Policy Intended Outcomes</b>	To ensure maternal and neonatal wellbeing.
<b>4. How will you measure each outcome?</b>	Monitoring through incident reporting.
<b>5. Who is intended to benefit from the policy?</b>	Women/people and babies.

Information Category	Detailed Information
<b>6a. Who did you consult with?</b> (Please select Yes or No for each category)	<ul style="list-style-type: none"> <li>• Workforce: Yes</li> <li>• Patients/ visitors: No</li> <li>• Local groups/ system partners: No</li> <li>• External organisations: No</li> <li>• Other: No</li> </ul>
<b>6b. Please list the individuals/groups who have been consulted about this policy.</b>	<b>Please record specific names of individuals/ groups:</b> Maternity Guidelines Group.
<b>6c. What was the outcome of the consultation?</b>	Guideline agreed.
<b>6d. Have you used any of the following to assist your assessment?</b>	<b>National or local statistics, audits, activity reports, process maps, complaints, staff, or patient surveys:</b> No.

## 7. The Impact

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

Protected Characteristic	(Yes or No)	Rationale
<b>Age</b>	No	
<b>Sex</b> (male or female)	No	
<b>Gender reassignment</b> (Transgender, non-binary, gender fluid etc.)	No	
<b>Race</b>	No	
<b>Disability</b> (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	
<b>Religion or belief</b>	No	
<b>Marriage and civil partnership</b>	No	

Protected Characteristic	(Yes or No)	Rationale
Pregnancy and maternity	No	
Sexual orientation (e.g. gay, straight, bisexual, lesbian etc.)	No	

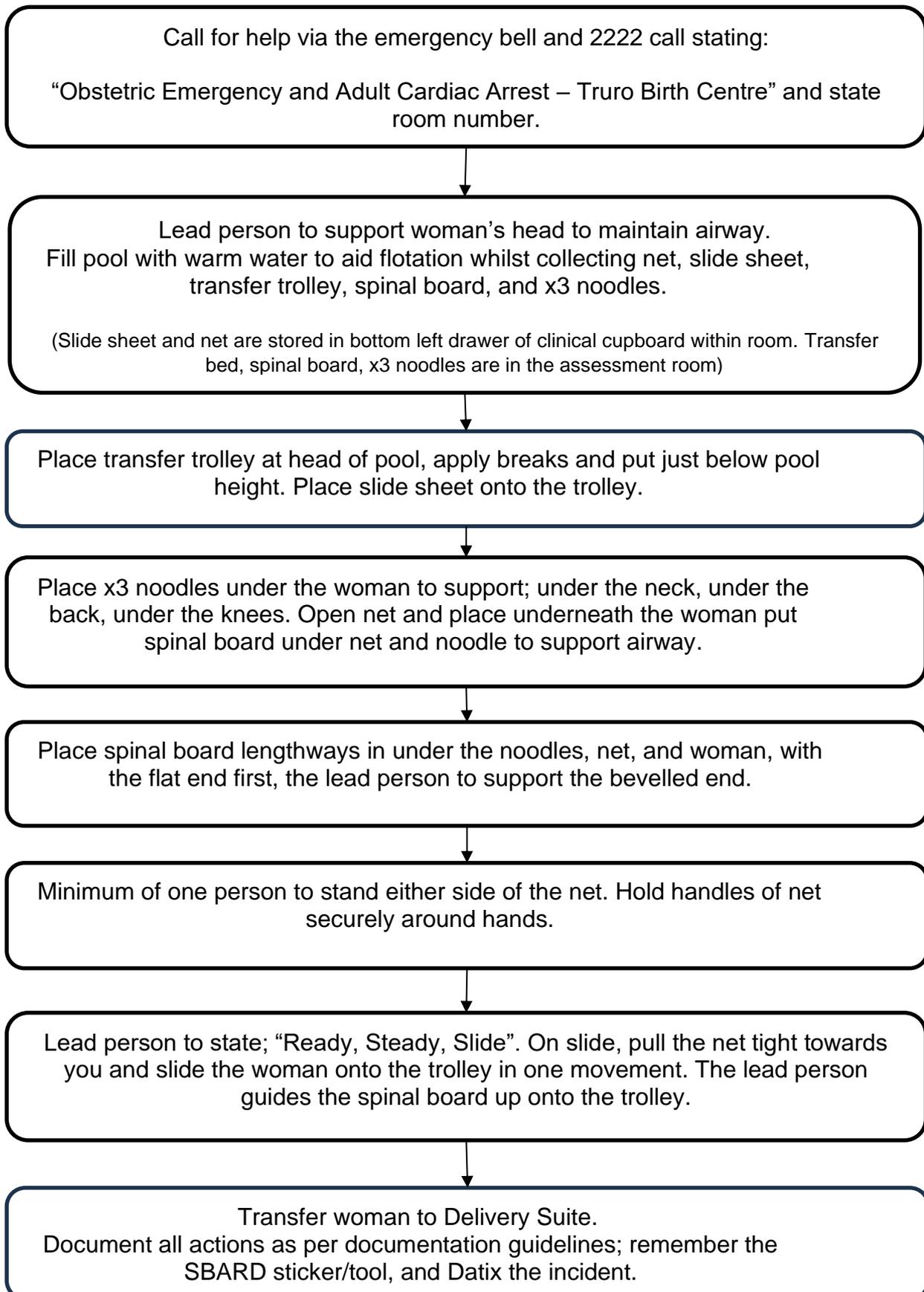
**A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.**

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment: Catherine Wills, Guidelines Midwife

**If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:**  
[Section 2. Full Equality Analysis](#)

## Appendix 3. Truro Birth Centre – Pool evacuation for a Collapsed Woman



## Appendix 4. Standalone Birth Centre – Pool evacuation for a Collapsed Woman

Call for help via the emergency bell to alert any other staff in unit AND call 999. Request a Category 1 ambulance for obstetric emergency, maternal collapse, and for an emergency transfer to RCHT.

State your location and that you are a healthcare professional, note the time and document a reference number and an ETA. If you are asked “are you declaring an obstetric emergency?” by ambulance control, answer yes.

Lead person to support woman’s head to maintain airway. Fill pool with warm water to aid flotation whilst collecting net, slide sheet, transfer trolley, spinal board, and x3 noodles.

Place prepared bed/trolley adjacent of pool, apply breaks and put just below pool height. Place slide sheet onto the trolley.

Place x3 noodles under the woman to support; under the neck, under the back, under the knees. Open net and place underneath the woman put spinal board under net and noodle to support airway.

Place spinal board lengthways in under the noodles, net, and woman, with the flat end first, the lead person to support the bevelled end.

Minimum of one person to stand either side of the net. Hold handles of net securely around hands.

Lead person to state; “Ready, Steady, Slide”. On slide, pull the net tight towards you and slide the woman onto the trolley in one movement. The lead person guides the spinal board up onto the trolley.

Continue to manage the woman with ABCD of resuscitation and prepare to transfer women to Delivery Suite at RCHT via ambulance. Document all actions as per documentation guidelines; remember the SBARD sticker/tool, and Datix the incident.

## Appendix 5. Evacuation of the pool for maternal collapse pictorial guide

1. X 3 noodles under woman/person; neck, back, legs.



2. Net under the woman/person; blue handles one side, yellow the other.



3. Place the spinal board fully underneath, flat edge first.



4. Lead person (at head-end) states “ready, steady, slide”. On slide, transfer woman/person from the pool onto the trolley.



## Appendix 6. Cleaning and Disinfecting the Birth Pool

- Use the standard infection control precautions (plastic apron, disposable gloves and goggles) when cleaning the birthing pool. Ensure the area is well ventilated.
- Immediately after the birthing person leaves the pool, use the sieve to remove any debris and empty the pool completely. Please ensure the thermometer has been removed from the pool prior to emptying the pool, in order not to block the pool outlet.
- Thoroughly clean the pool with non-abrasive detergent, water, and a non-abrasive cloth. 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. A thorough clean of the pool is an integral part of the pool cleaning process to avoid build-up and staining.
- Ensure the pool tap outlet is turned to “closed” prior to cleaning the pool tap and the pool area with Tristel Fuse (**fold one sachet of Tristel fuse in half to allow the two mixtures to mix. Fill 5L container with cold water, add the mixed sachet, leave for 5 minutes**) (New 2023).
- Disinfect the pool tap first with Tristel fuse (NEW 2023).
- When disinfecting the pool itself, pour the Tristel fuse solution around the inside rim of the pool. Then pour any remaining solution into the bottom of the pool. Using a clean disposable cloth, or a clean mop head and clean the surfaces of the pool. Leave the solution in the pool for 5 minutes. Discard this cloth (NEW 2023).
- To clean the equipment (pool thermometer, mirrors) used: wash and rinse these in warm water. Then soak for a minimum of 5 minutes in Tristel Fuse solution. After this, rinse and dry the equipment (NEW 2023).
- Using cold water, rinse the tap the tape then the pool to remove all traces of disinfectant, to prevent any residue being left on the pool surface (NEW 2022).
- Dry the entire surface of the pool using a new cloth (NEW 2022).
- Keep the drain outlet closed when not in use (NEW 2022).
- On completion use the green ‘I’m Clean’ sticker to evidence that the pool has been thoroughly cleaned.