Water Birth – Guidelines for the use of water for labour and birth

University Hospitals of Leicester NHS
NHS Trust

C68/2004

Contents

1. Introduction and Who Guideline applies to

Nationally, a percentage of births include birth in water or the use of immersion in water during labour. Although immersion in water during labour compared to conventional care has not been shown to reduce the caesarean section rate other significant benefits have been reported[3].

Water immersion for labour and birth is consistently challenged as a practice lacking support from high quality evidence. In National guidance, the lack of Randomised Controlled Trials has led to other forms of evidence and individual opinions being drawn upon which has sometimes resulted in a medical perspective taking precedence[1].

This guideline is intended for the use of all Midwifery staff involved in the care of pregnant women and people choosing to labour and/or give birth in water. This guideline applies to all low risk birth settings.

Related documents & patient information leaflets:

Intrapartum Care UHL Obstetric Guideline Trust ref: C60/2019
Cleaning and Decontamination for Infection Prevention UHL Policy Trust Ref: B5/2006 (see appendices 10)
Safer Handling UHL Policy Trust Ref: B29/2023

What's new?

- New guidance regarding emergency evacuation from the pool

2. Water birth guidance

2.1 Training requirements

All Midwives involved in the care of a pregnant woman and person choosing to labour and/or give birth in water should ensure that are competent to care for the pregnant woman and person

- All Midwives should be skilled in caring for pregnant women and people choosing to labour / birth in water.

- All Midwives caring for pregnant women and people choosing to labour and/or give birth in water should make themselves aware of local policies and guidelines

2.2 Discussion and information sharing

Evidence around immersion in water and suitability for a water birth should be discussed with the woman

Midwives should discuss during the antenatal period, the use of immersion in water in labour with all pregnant women and people

- Where possible an assessment should be made in consultation with the pregnant woman and person prior to labour and documented in the health record

- Information on immersion and birth in water should be given to pregnant women and people in a form they can understand and in a culturally sensitive fashion, to ensure equity of access to quality services. Such information should include the following [2];
    1) There is good evidence to support immersion in water during the first stage of labour can reduce pain and as such the likelihood of having an epidural [3,4]
    2) Qualitative studies have shown pregnant women and people who choose to labour and birth in water have a higher sense of control and satisfaction [3]
    3) For pregnant women and people receiving midwifery led care, there is some evidence that shows if water is used during the first or second stage of labour this does not affect the rates of spontaneous birth, instrumental birth or caesarean section [3].
    4) There is no evidence to suggest water immersion effects blood loss or genital trauma [3]
    5) There is some evidence that shows no increased risk of sustaining OASI (obstetric anal sphincter injury), no increase risk in maternal or neonatal infection, or resuscitation or admission to the neonatal unit [3].
    6) There is no evidence evaluating different baths or pools, timing of entry into the pool, or third stage labour management 3

- Inclusion criteria are –

    - >Term Pregnancy (37- 42 weeks)

- >Spontaneous established labour
- >Uncomplicated pregnancy suitable for Midwifery Led Care in Labour

- When a pregnant woman and person requests a water birth but does not meet the inclusion criteria an individualised care pathway should be made with the multi-disciplinary team. This should be clearly documented in the maternal records.

    - Pregnant women and people requesting home water births should be advised as to the considerations they should make to ensure their own safety and those of others during labour e.g. positioning of the pool, flooring, electrical safety, quick release valves and implications of flooding in an emergency, accessibility, drowning risks to children and pets. The birth pool checklist should be discussed at 36 weeks or prior to delivery.

2.3 Timing or entry to the pool

Consideration should be given as to the timing of entry to the pool

- The evidence on timing of entry into water during the first stage of labour is not robust enough to set criteria. There is a common belief amongst practitioners that early entry (when labour is not established), may reduce the length, strength and frequency of contractions, therefore lengthen the latent phase. Early labour could be managed by mobilisation and other activities within a labour room rather than water immersion.

- The working party recommend that the most appropriate time for the pregnant woman and person to enter the pool is when labour is established and the contractions are increasing in length, strength and frequency

- Pregnant women and people should not enter water (a birthing pool or bath) within 2 hours of opioid administration or if they feel drowsy [4.]

2.4 Temperature

The water temperature should be regulated by the pregnant woman and persons comfort and should not exceed 37.5°C [4]

- The water temperature should be recorded hourly. The ambient room temperature should be comfortable for the woman/birthing person.
- Maternal temperature should be recorded hourly4 if the temperature rises above 1 degree centigrade from the baseline temperature the water must be cooled down or the pregnant woman and person must be asked to leave the pool until her temperature returns to normal. If the pregnant woman and person is using the pool for the analgesic effect in labour, maternal temperature and water temperature should be monitored in the same way, regardless of whether or not she intends giving birth in water

2.5 Labour and birth

Labour and birth should be managed appropriately

- The usual maternal observations of low risk pregnant women and people in labour should be performed as per the “Intrapartum Care: Healthy Women and their Babies” guideline 4
- A maternal temperature of 37.8 or higher should prompt exiting the pool (and then action as per the Pyrexia and Sepsis in Labour guideline)
- The fetal heart should be monitored using waterproof Doppler and in accordance with the “Fetal Heart Rate Monitoring in Labour” guideline
- The pregnant woman and person should be encouraged to leave the pool to empty her bladder at regular intervals 4
- Frequent drinks should be encouraged to prevent dehydration and isotonic drinks may be more beneficial than water 4
- Vaginal Examination should be performed out of the water and should include full assessment
- A “Hands off” approach at delivery is recommended. It is not usual to feel for cord – the baby will be born spontaneously
- The baby should be slowly and gently guided to the surface face first. Undue traction on the cord should be avoided
- If there is lack of descent/advancement of the head the pregnant woman and person should be asked to stand out of water
- If the pregnant woman and person raises herself out of the water following delivery of the baby’s head she must not re – immerse herself
- If there are any concerns with restitution and delivery of the shoulders the pregnant woman and person should stand clear of the water and transferred to land
- If it is necessary to clamp and cut the cord the baby must be clear of the water
- If there is evidence of:

Concerns about progress of labour
Request for epidural analgesia
Vaginal bleeding
Maternal pyrexia ≥37.5 on more than 2 occasions 1 hour apart (as per Intrapartum care guideline)
Maternal hypertension >140/90mmHg (on 2 separate occasions 30 minutes apart)
Meconium stained liquor
Fetal heart rate irregularities
Undiagnosed malpresentation
Cord prolapse
Shoulder dystocia
ANY concerns about maternal or fetal wellbeing

The woman should be asked to get out of the pool and her care transferred to Combined care

- If there is:

  Maternal request for opioid analgesia
  Heavy contamination of pool
  Technical difficulties with the pool

  The woman should be asked to get out of the pool and low risk midwifery care should be continued in another low risk environment (unless there are also transfer criteria)

2.6 Third stage management

- **Pregnant women and people who have experienced an uncomplicated second stage should be able to choose a physiological third stage as an option. Where active management of the third stage is considered pregnant women and people should be requested to leave the pool for the administration of the oxytocic and management of the third stage.**

- Cord bloods for Rhesus negative pregnant women and people who opt for a physiological third stage in the water should not be taken until the placenta is fully delivered and removed from the pool

2.7 Infection prevention considerations

- **Midwives should be aware of the infection control implications when facilitating a water birth**

- Water should be run through permanent plumbing for two minutes prior to use. If the pool is not used for 24 hours water should be flushed through the system for 2 minutes

- Contamination of any kind may have an effect on the baby. Visible solids should be removed with a sieve. If the midwife feels there is heavy contamination the woman/birthing person should be advised to leave the pool. Before the pregnant woman and person returns to the water the pool must be emptied, cleaned in accordance with current infection control recommendations and thoroughly dried before refilling

- Disposable Liners: a new liner is essential for each pregnant woman and person when using a portable pool. Used liners must be disposed of in yellow clinical waste bags. Ensure liner is not torn or leaking prior to use

- Where disposable tubing is used this must be discarded after each use. All equipment must be thoroughly cleaned and sterilised after each use

- Pregnant women and people who choose to use water for labour and birth during a planned homebirth should be advised of these measures to reduce the risk of infection. Midwives must decontaminate equipment after a home water birth following ‘UHL Decontamination of portable inflatable home birthing pools Standard Operating Procedure’ which can be found on insite.

Blood Borne infections:

Pregnant women and people with BBI must have an individualised care plan by the MDT in place. Although the quantity of water will seriously reduce the risk from blood borne viruses,

universal protections should always be taken. Midwives should pay particular attention to transmission via sclera and should wear protective glasses for all types of birth

2.8 Manual handling

- **All Staff caring for pregnant women and people labouring/giving birth in water should be aware of the manual handling implications for the pregnant woman and person and themselves**

- Prior to entering the pool the pregnant woman and person must have been assessed and met the clinical criteria as stated in recommendation Two.
- Patient handling risk assessment must be completed on NerveCentre or in the MEOWS assessment booklet where access to NerveCentre is not available.

Good practice to minimise the risk of manual handling injuries:

- Antenatal discussion regarding home birth should include the location of the birthing pool to enable good access all around the pool and suitable flooring.

- Any unnecessary manual handling whilst the pregnant woman and person is in the pool should be avoided.

- The pregnant woman and person should be encouraged to position the sonicaid herself, or to raise her abdomen out of the water for the midwife to position it

- The area around the pool should be kept dry; any spills should be wiped up immediately to prevent any slips

- The Midwife should not attempt to remove the pregnant woman and person from the pool if she is unable to move herself – she should:

    - Call for immediate assistance
    - Maintain the pregnant woman and persons safety
    - Consider filling the pool. This will depend on the clinical situation
    - Follow the 'Procedure for removal of a pregnant woman and person from the pool if she is unable to do so herself' (Appendix I).
    - **It may be more prudent to stabilise her condition in the pool and then move her when it is safe to do so.**

- Pregnant women and people, who develop complications during labour, should be advised to leave the pool while they are still able to do so. Specific transfer criteria are listed in Recommendation Five

3. Education and Training

This is a point of registration competency, where practitioners feel they would benefit from a clinical update it is their responsibility as an accountable practitioner to highlight this to their manager so it can be facilitated.

4. Monitoring Compliance

Auditable standards	• Suitability for use of water when requested should be assessed and documented in the health record • The pregnant woman and person should be in established labour on entering the pool • The water temperature should be maintained at and be no higher than 37.5 degrees centigrade • The pregnant woman and person should be given the choice of physiological management of the 3rd stage if the 2nd stage is uncomplicated • Where the 3rd stage is managed actively the pregnant woman and person should stand clear of the water or leave the pool

5. Supporting References

1. Cooper M, McCutcheon H & Warland J (2019) Water immersion policies and guidelines: How are they informed?. *Women and Birth,* 32 (3) 246-254

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

3. Cluett ER, Burns E, Cuthbert A. Immersion in water during labour and birth. Cochrane Database of Systematic Reviews 2018, Issue 5.

4. NICE. Intrapartum care for healthy women and babies. National Institute for Clinical Excellence. Clinical Guideline CG190. 2019

5. UHL Decontamination of portable inflatable home birthing pools Standard Operating Procedure'

6. Key Words

Water birth, home birth, birth centre, intrapartum, low risk

The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs.
As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

DEVELOPMENT AND APPROVAL RECORD FOR THIS DOCUMENT		
Author / Lead Officer:	Original Working party **Job Title:** Midwives	**Executive Lead:** Chief Nurse

REVIEW RECORD			
Date	**Issue Number**	**Reviewed By**	**Description Of Changes (If Any)**
July 2013	2	Lorraine Matthews, June Burkin. Ann Buckley and Andrea Dziemianko	Minimal changes. Brought more into line with current practice. Made shorter. Training requirement removed
March 2015	3	Ann Buckley and Lorraine Matthews	Change to water temperature limits. Insertion of restriction of entering water after Opiods
September 2017	4	F Wood and N Ling	Guidance re pyrexia in labour and requirement for woman to leave the pool added
February 2021	5	A Barker and L Phillips-Gray	Decontamination of birth pool SOP added in. Home birth discussion checklist added in.
October 2023	6	L Taylor, L Matthews, S Whait & A Foxwell Maternity guidelines group Maternity Governance committee	Insertion of video link and still images to demonstrate evacuation procedure using sling. Added fill pool to aide buoyancy

Appendix 1: Emergency pool evacuation

PLEASE WATCH THE VIDEO IN THE LINK BELOW. IT SHOWS THE EVACUATION PROCEDURE USING THE SLING THAT IS AVAILABLE WITHIN UHL.

SILVALEA® SLING POOL EVACUATION VIDEO

https://youtu.be/PjFZvGscXH4

PROCEDURE FOR REMOVAL OF A PREGNANT WOMAN AND PERSONM FROM THE POOL WHO IS UNABLE TO DO SO FOR HERSELF

Blood loss may be difficult to assess in the pool. If excessive blood loss is suspected or it there are any other concerns the pregnant woman and person should be asked to leave the pool at the earliest opportunity prior to any deterioration in condition

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

The degree of urgency will dictate how the pregnant woman and person is removed from the pool.

1. Assess the pregnant woman and persons condition
2. Call for assistance
3. Support airway
4. If using a specifically designed net to remove the pregnant woman and persons fill the pool first to aid buoyancy
5. Take measures to stabilise the pregnant woman and persons condition
6. Bounce gently 3 times and lift out of pool
7. Remove the pregnant woman and person from the pool when it is safe to do so

Emergency Evacuation of Patient from Birthing Pool

Dec 2023

NHS
University Hospitals of Leicester
NHS Trust

Step 1

Maintain airway immediately, supported by a second staff member as soon as possible

Step 2

Fill the pool if necessary for buoyancy

Step 3

Bring bed to pool side and place net on bed

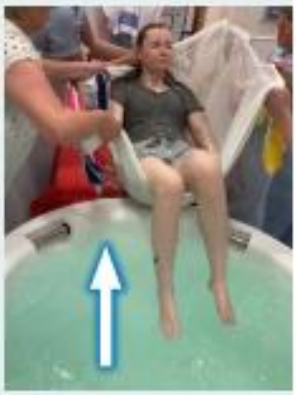
Step 4

Slip net under patient in the water.

All hold handles firmly as close to the net as possible

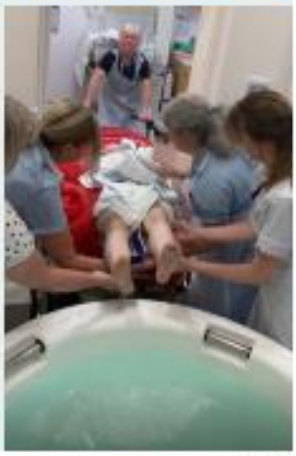
Step 5

Bounce gently 3 times and lift out of pool



Step 6

Slide patient up the bed



Some stills taken from Silvalea Birthing Pool Evacuation Sling by Silvalea Ltd - Product Video

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