Document Title:	**WATERBIRTH LABOUR, DELIVERY IN WATER AND THIRD STAGE MANAGEMENT**		
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Document type: (Policy/ Guideline/ SOP)	Guideline	**To be followed by:** (Target Staff)	Midwives, Obstetricians, Paediatricians
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Developed in response to:	Intrapartum NICE Guidelines, CNST Requirement RCOG guideline		
Contributes to HSC Act 2008 (Regulated Activities) Regulations 2014(Part 3); and CQC Regulations 2009 (Part 4) **CQC Fundamental Standards of Quality and Safety:**			9,12

Issuing Division/Directorate:	Women's and Children's		
Author/Contact: (Asset Administrator)	Alison Groves, Senior Midwife		
Hospital Sites: (tick appropriate box/es to indicate status of policy review i.e. joint/ independent)	✓ MEHT □ BTUH □ SUH		
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Approval Group / Committee(s):	n/a	**Date:**	n/a
Professionally Approved by: (Asset Owner)	Anita Rao (Lead Consultant for Obstetrics and Gynaecology)	**Date:**	17th January 2019
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Executive and Clinical Directors (Communication of minutes from Document Ratification Group	**Date:** March 2019	**Distribution Method:**	Trust Intranet/ Internet

Consulted With:	**Post/ Approval Committee/ Group:**	**Date:**
Anita Rao/ Alison Cuthbertson	Clinical Director for Women's and Children's Division	17th January 2019
Alison Cuthbertson	Head of Midwifery / Nursing	
Anita Dutta	Consultant for Obstetrics and Gynaecology	
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Deborah Lepley	Warner Library	14th February 2019

Related Trust Policies (to be read in conjunction with)	04071 Policy for Standard Infection Prevention and Precaution 04072 Hand Hygiene Policy 08049 Management of Term Pre-labour Rupture of Membranes 09007 Bladder care in Maternity Services 07066 Assessment and Repair of perineal repair Trauma 09079 Management of normal labour and prolonged labour in low risk patients

Document Review History:			
Version No:	**Authored/Reviewer:**	**Summary of amendments/ Record documents superseded by:**	**Issue Date:**
1.0	Julie Bishop		November 2005
2.0	Maggie Jarrett		February 2007
3.0	Roslyn Bullen-Bell		October 2009
4.0	Catherine Lawes		24 January 2013
5.0	Kate Prazsky		1st March 2016
5.1	Sarah Moon	Clarification to points 3.2, 4.1, 7.2, 7.3 and 12.1	April 2016
6.0	Alison Groves	Full Review	4th March 2019

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1.0 Purpose

1.1 The aim of this guideline is to provide staff with the appropriate information to enable patients who request water for labour and delivery.

2.0 Equality Impact Assessment

2.1 Mid Essex Hospital Services NHS Trust is committed to the provision of a service that is fair, accessible and meets the needs of all individuals.
(Refer to Appendix 1)

3.0 The Benefits of Water for Labour and Delivery

3.1 The benefits of water for labour and delivery are as follows:

- May reduce pain during the first stage of labour;
- Maternal relaxation; lowers anxiety;
- Fewer instrumental deliveries and caesarean sections;
- Fewer third degree tears;
- Normal birth reduces risk of postnatal depression;
- Greater satisfaction for the patient and midwife;
- Water reduces the need for pharmacological analgesia.

3.2 Inform women that there is insufficient high-quality evidence to either support or discourage giving birth in water.

4.0 The Criteria for Using the Birthing Pool

4.1 The criteria for using the birthing pool are as follows:

- Spontaneous onset of labour;
- Low risk patients 37-42 weeks gestation;
- No known obstetric problems;
- Cervical dilation more than or equal to 5cms;
- No fetal distress;
- Spontaneous rupture of membranes more than 24 hours;
  (Refer to ‘Management of term pre-labour rupture of membranes’. Register number 08049)
- Women should not enter water (a birthing pool or bath) within 2 hours of opioid administration or if they feel drowsy;
- No bleeding;
- Good progress;
- Induction of labour with Propess for post dates with no other risk factors.

5.0 The Criteria for Exclusion from the Birthing Pool

5.1 The criteria for exclusion from the birthing pool are as follows:

- Small for gestational age (SGA);
- Fetal abnormalities;
- Less than 37 weeks or more than 42 weeks gestation;
- Multiple births;
- Meconium stained liquor;
- Fetal distress;
- Raised blood pressure (BP) or temperature;
- Previous LSCS;
- Any patient whose parameters fall outside of the normal labour criteria. (Refer to the 'Management of normal labour and prolonged labour in low risk patients'; register number 09079)

6.0 Adverse Effects of Delivering in Water

6.1 The only form of pain relief available for patients who choose to labour and deliver in water is entonox. Any other form of pain relief will require the patient to leave the pool.

7.0 Care of the Patient and Fetus during the First Stage of Labour

7.1 The room should be kept at an ambient temperature. To assist in maintaining maternal core temperature a fan should be available along with cool drinks to prevent dehydration.

7.2 The ambient air temperature should be between 21-22 degrees centigrade for delivery:

- For women labouring in water, monitor the temperature of the woman and the water hourly to ensure that the woman is comfortable and not becoming pyrexial. The temperature of the water should not be above 37.5°C and should be regulated between 36.5 to 37 degrees centigrade, thus preventing hypothermia or hyperthermia;
- The patient should be free to enter or leave the pool as desired;
- Patients should be encouraged to void every 2-3 hours in labour with a low threshold for catheterisation if unable to void. The patients are encourage to exit the pool to use the toilet.
  (Refer to 'Bladder care in Maternity Services'; register number 09007)

7.3 Maternal and fetal observations are as follows:

- Hourly pulse;
- Hourly maternal temperature;
- Auscultate fetal heart rate every 15 minutes with water proof dopplar;
- All maternal and fetal observations must be entered onto the partogram and recorded in the patient's health care records.

8.0 Care of the Patient and Fetus during the Second Stage of Labour

8.1 During the second stage of labour when the delivery is imminent, two practicing midwives must be present. The midwife responsible for the delivery should be competent and skilled in caring for patients who choose to deliver in water.

8.2 The water temperature should be maintained between 36.5 – 37.0 degrees centigrade. Evidence suggests that this range of temperature enhances uterine activity and prevents initiation of respirations in the newborn.

8.3 Auscultate the fetal heart rate at least every 5 minutes following a contraction.

8.4 Once the vertex is visible the patient will respond to the expulsive contractions.

8.5 **A 'hands off' approach** is recommended for delivery of the head. Immersion in water appears to enhance the elasticity of the perineum. The counter pressure of the water enables the mother to push more steadily and thus encourages controlled birth of the head.

8.6 **Do not feel for the cord**. Cord stimulation may initate respirations.

8.7 **Under no circumstances** should the **cord be clamped** and **cut under water.**

8.8 The baby should be brought gently to the surface. This can be facilitated by the mother or partner/birthing partner supported or assisted by the midwife, to allow the cold air to stimulate respirations.

8.9 The baby's body should be submerged in the water up to its neck to help maintain the correct body temperature, with the head held slightly tilted to assist the drainage of mucous.

8.10 Once the cord has stopped pulsating it may be clamped and cut. If the infant does not establish respirations after gentle stimulation the cord should be clamped and cut immediately, and the infant taken to the resuscitation area for neonatal resuscitation.

9.0 Care for the Woman and Fetus during Third Stage of Labour

9.1 It is recommended that the placenta is delivered outside of the pool to actively assess maternal bleeding. Warmth has a relaxing effect on the uterine muscle that could, theoretically lead to increased bleeding after delivery of the placenta or possibly retained placenta. The amount of blood lost during delivery may also be difficult to estimate when diluted in the pool.

9.2 If the patient has opted for the active management of the third stage, syntometrine® 1ml intramuscularly, should be given when the patient has left the pool.

9.3 After birth encourage all patients to void within one to two hours, with a maximum of 6 hours.
(Refer to 'Bladder care in Maternity services'; register number 09007)

10.0 Perineal Repair

10.1 If the patient requires suturing it is appropriate to wait for an hour after a water birth if bleeding is minimal. This allows the perineal tissue to revitalise after being submerged in water.
(Refer to the 'Assessment and Repair of Perineal Trauma'; register number 07066)

11.0 Situations that Require the Patient to Leave the Pool

11.1 The patient should leave the pool for the following indications:

- The need for pharmacological pain relief;
- Maternal pyrexia or tachycardia;
- An abnormality in fetal heart rate;
- The presence of meconium stained liquor;
- Failure to progress;
- Any vaginal bleeding other than a show;
- At delivery if the cord is tightly around the neck;
- In the event of shoulder dystocia;
- Postpartum haemorrhage.

12.0 Health and Safety

12.1 Keep baths and birthing pools clean using a protocol agreed with the microbiology department and, in the case of birthing pools, in accordance with the manufacturer's guidelines. The cleaning and maintenance of all equipment used during a water birth will help prevent the spread of infection.

12.2 Health and safety regarding emergency moving and handling should be adhered to at all times.
(Refer to Appendix 2)

12.3 The hoist should be checked prior to the patient getting into the pool and the midwife should have been trained in its use.

12.4 Staff should not be bending over the pool thus it is permissible to ask the patient to hold the doppler to her abdomen.

13.0 Staffing and Training

13.1 All midwifery and obstetric staff must attend yearly mandatory training which includes skills and drills training.

13.2 All midwifery and obstetric staff are to ensure that their knowledge and skills are up-to-date in order to complete their portfolio for appraisal.

14.0 Professional Midwifery Advocates

14.1 Professional Midwifery Advocates provide a mechanism of support and guidance to women and midwives. Professional Midwifery Advocates are experienced practising midwives who have undertaken further education in order to supervise midwifery services and to advise and support midwives and women in their care choices.

15.0 Infection Prevention

15.1 All staff should follow Trust guidelines on infection prevention by ensuring that they effectively 'decontaminate their hands' before and after each procedure.

15.2 The pool taps should be run for 10 minutes once a week.

15.3 The pool should be cleaned with 'tristel fuse' ensuring that there is a contact time of 5 minutes. Following cleaning, 1 litre of 'tristel fuse' should be poured down the drain.

15.4 Single use disposable sieves are available for removing debris in the water during labour and prior to drainage.

15.5 Single use disposable scrubbing brushes are available for removal of stubborn debris and to clean inside plug holes.

16.0 Audit and Monitoring

16.1 Audit of compliance with this guideline will be considered on an annual audit basis in accordance with the Clinical Audit Strategy and Policy and the Maternity annual audit work plan. The Women's and Children's Clinical Audit Group will identify a lead for the audit.

16.2 The findings of the Women's and Children's Clinical audit will be reported to and approved by the Directorate Governance meeting and an action plan with named leads and timescales will be developed to address any identified deficiencies. Performance against the action plan will be monitored by this group at subsequent meetings.

16.3 The Women's and Children's Clinical Audit report will be reported to the monthly Directorate Governance Meeting and significant concerns relating to compliance will be entered on the local Risk Assurance Framework.

16.4 Key findings and learning points from the Women's and Children's Clinical Audit Report will be submitted to the Patient Safety 7 Quality Group within the integrated learning report.

16.5 Key findings and learning points will be disseminated to relevant staff.

17.0 Guideline Management

17.1 As an integral part of the knowledge, skills framework, staff are appraised annually to ensure competency in computer skills and the ability to access the current approved guidelines via the Trust's intranet site.

17.2 Quarterly memos are sent to line managers to disseminate to their staff the most currently approved guidelines available via the intranet and clinical guideline folders, located in each designated clinical area.

17.3 Guideline monitors have been nominated to each clinical area to ensure a system whereby obsolete guidelines are archived and newly approved guidelines are now downloaded from the intranet and filed appropriately in the guideline folders. 'Spot checks' are performed on all clinical guidelines quarterly.

18.0 Communication

18.1 A quarterly 'maternity newsletter' is issued to all staff to highlight key changes in clinical practice to include a list of newly approved guidelines for staff to acknowledge and familiarise themselves with and practice accordingly. Midwives on maternity leave or 'bank' staff have letters sent to their home address to update them on current clinical changes.

18.2 Approved guidelines are published monthly in the Trust's Staff Focus that is sent via email to all staff.

18.3 Approved guidelines will be disseminated to appropriate staff quarterly via email.

18.4 Regular memos are posted on the guideline and audit notice boards in each clinical area to notify staff of the latest revised guidelines and how to access guidelines via the intranet or clinical guideline folders.

19.0 References

Cluett E R, Burns, E (2018) Immersion in water in labour and birth. Cochrane Database of Systematic Reviews 2018, Issue 5.

Eberhard J, Stein S, Geissbuehler V (2005) Experience of Pain and Analgesia with Water and Land births. Journal of Psychosomatic Obstetrics and Gynaecology; .26(2): 127-133.

Nursing Midwifery Council (2015) The Code, Professional Standards of Practice and Behaviour for Nurses and Midwives. NMC.
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National Institute for Health and Clinical Excellence (2007) Intrapartum Care for healthy women and babies. Clinical Guideline (CG190). London: NICE.

Maternity Care Working Party. (2007) Making Normal Birth a Reality. Consensus statement from the Maternity Care Working Party. Our Shared Views about the need to Recognise and Facilitate a Normal Birth. London: RCM/RCOG/NCT.

Royal College of Obstetricians and Gynaecologists (2007) Safer Childbirth: Minimum Standards for the Organisation and Delivery of Care in Labour. London: RCOG.

Winterton, N. (1992) Maternity Services: Second report of the House of Commons Health Committee (The Winterton Report), London, HMSO.

Appendix 1: Preliminary Equality Analysis

This assessment relates to: (please tick all that apply)

A change in a service to patients		A change to an existing policy	**X**	A change to the way staff work	
A new policy		Something else (please give details)			

Questions	Answers
1. What are you proposing to change?	Review of the guideline
2. Why are you making this change? **(What will the change achieve?)**	3 year review of the guideline
3. Who benefits from this change and how?	Clinicians and patients
4. **Is anyone likely to suffer any negative impact as a result of this change?** If **no**, please record reasons here and sign and date this assessment. If **yes**, please complete a full EIA.	No
5. a) Will you be undertaking any consultation as part of this change? **b) If so, with whom?**	Yes Refer to pages 1 & 2

Preliminary analysis completed by:

Name	Alison Groves	**Job Title**	Senior Midwife	**Date**	18/12/18

Appendix 2

Version 1.0 09/01/06

birth pool in a box

Emergency Exit Pool Procedures

The following are our guidelines for getting a woman out of a pool in an emergency. There are three ways to do this, all of which take less than a minute when midwife is practiced in the procedure.

Option 1: Simple, equipment-free evacuation.

1) Ask for assistance from a partner or another midwife to stand beside the pool.
2) Tell the woman she needs to get out quickly and ask her to stand up, if she can.
3) If the woman cannot stand up, both midwives should hold the woman beneath her arms and get her to the side of the pool with her back against the side of the pool. If the woman can stand up, have her sit on the side of the pool and lift one leg up so it is resting on the side of the pool.
4) Lifting from their knees, the midwives should pull the woman up so she is sitting on the side of the pool.
5) Lift one of the woman's legs so that her foot is resting on the edge of the pool (her knee will now be facing the ceiling). In a situation where the baby is stuck, sometimes this position will actually allow the baby to be born while the woman is on the side of the pool like this. The midwife can lean over and catch the baby while the supporting midwife or partner supports the woman.
6) Rotate the woman so she is now straddling the pool. Then lift her other leg over the pool and ease her to the ground outside the pool.

Option 2: Use a slide sheet.

1) Ask for assistance from a partner or another midwife to stand beside the pool.
2) Slide the slide sheet beneath the woman.
3) Holding onto the slide sheet, together get her to the side of the pool and follow steps above.