

Water for Labour and Birth

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Staff members affected	All National Women's Health clinicians and access holders
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Contents

1. [Purpose of guideline](#)
2. Criteria for pool entry
 - a) [Water for labour pain relief only](#)
 - b) [Water birth](#)
 - c) [Intrapartum](#)
3. [Care of the second stage of labour](#)
4. [Care of the third stage of labour](#)
5. [Staff member competency](#)
6. [Health and safety considerations](#)
7. [Supporting evidence](#)
8. [Associated ADHB documents](#)
9. [Disclaimer](#)
10. [Corrections and amendments](#)

1. Purpose of guideline

This guideline is to assist all practitioners in the safe care of the patient who chooses water as part of their birthing experience either for pain relief or the birth.

Safety of practice is the responsibility of the practitioner providing the care (see [staff member competency](#))

Patients requesting a water birth should have planned and discussed this prior to the onset of labour.

The subsequent discussion including topics covered and verbal informed consent should be documented clearly in the patient's clinical record by the midwifery/medical practitioner.

Two competent practitioners should be at the delivery, or one competent practitioner and one learning practitioner.

[Back to Contents](#)

2. Criteria for pool entry

a) Water for labour pain relief only

- Consult birth-plan
- All low risk patients as criteria below for water birth
- All other patients outside this criteria wishing to use water for pain relief should be discussed with the CCM or medical team and have appropriate fetal monitoring with underwater telemetry i.e. VBAC, breech, meconium

[Back to Contents](#)

b) Water birth

Water birth is defined as a baby born fully submerged into water. Water birth is an option exclusively for patients who have:

- A singleton pregnancy
- Vertex presenting
- Gestation > 37 weeks
- Whose pregnancy and labour are uncomplicated by medical or obstetric problems
- Patients with a body mass index < 35
- Patients with ruptured membranes for more than 18 and up to 24 hours may be offered the option of being immersed in water during labour and birth, after commencing the recommended course of intravenous antibiotics

[Back to Contents](#)

c) Intrapartum

Baseline assessments of both mother and fetal wellbeing should be done prior to entering the pool and assessment (and documentation) continued throughout the time in water as for any normal labour.

Any deviation from normal labour, at any stage, should be acknowledged, discussed with the patient, documented and acted on. This will most likely necessitate the patient exiting the pool.

During the intrapartum period the following additional criteria needs be taken into consideration:

- There is no contra-indication to the use of intermittent auscultation of the fetal heart (see [associated ADHB documents](#) section)
- All maternal and fetal observations remain within normal range
- The patient is required to leave the water if an intrapartum risk factor develops or is detected
- There is clear amniotic fluid in the presence of a reassuring fetal heart rate
- The patient has not received narcotic analgesia within 4 hours of entering the pool

Additional care when using water for labour and birth during first stage

- Patients should enter the pool when the temperature of the water is 35.5-36.5 Celsius or as cool as the patient feels comfortable. The pool temperature is monitored hourly and recorded on the partogram. The patient should enter the pool once in established labour i.e. cervical dilatation $\geq 4 - 5$ cms
- Vaginal examinations may be carried out with the patient in the water
- Maternal temperature should be recorded hourly and should remain within normal range. If greater than or equal to 37.6C on 2 occasions or it rises 1 degree above the patients baseline temperature, the patient should leave the water
- Ensure adequate hydration by encouraging oral fluids and avoid overheating
- Nitrous oxide use is not contraindicated while in the pool, observe closely

Patients may choose to leave the pool at anytime.

[Back to Contents](#)

3. Care of the second stage of labour

A baby should be born fully in the water and then brought gently to the surface without delay.

- Increase pool temperature to no more than 37degrees
- Monitor fetal heart every 5 minutes or after each push/contraction and document (see [associated ADHB documents](#) section)
- Pushing should be physiological, when the urge is sustained
- A mirror can be used to observe progress
- “Hands off” birth is supported by verbal encouragement and guidance by the midwife. However the midwife should be observing closely and occasionally some control of the crowning head may be necessary to minimise perineal trauma
- At birth the baby should be completely submerged and brought to the surface, head first and face down gently but immediately following birth. The baby’s head must not be re-submerged under water once it has surfaced
- If the fetal/newborn’s head is exposed to air at any time, ensure the patient remains out of the water
- Never cut a cord before the baby is completely born. If the cord appears to be very short and it is difficult for the mother to hold her baby comfortably, cord clamping and cutting may need to be employed
- The baby should be skin to skin with the mother with the baby’s body remaining in the water, to maintain warmth, unless the baby’s condition dictates otherwise. The pool may need a top-up of hot water
- Observe the baby’s respirations, heart rate, tone and colour (apgar score)
- Encourage and facilitate early breastfeeding in the pool

[Back to Contents](#)

4. Care of the third stage of labour

- Physiological management of third stage should be anticipated. The cord is left unclamped until it ceases pulsating
- Should oxytocin be required or third stage prolonged the patient will be assisted to leave the pool and active management of third stage commenced
- Injections of any kind must not be given while the patient is in the water. The administration of an oxytocic drug should be delayed until the patient has safely left the water
- Assess blood loss and the patient’s condition and manage appropriately. This may necessitate exiting the pool
- Remember to check for perineal trauma and suturing should be delayed up to one hour after the patient has left the water. (Perineal tissue needs to revitalise following prolonged emersion in water)

[Back to Contents](#)

5. Staff member competency

To be able to provide safe care for patients, staff members must be competent in water birth care.

Competent practitioner

To be deemed competent a practitioner must:

- Have attended a staff orientated water birth workshop and be confident in their ability to cope with emergency situations should they arise
- Be familiar with current research/information on water birth
- Be familiar with current ADHB water birth guidelines for best practice
- Know and be able to complete the pool cleaning regime

Learning practitioner

A learning practitioner must:

- Prior to providing hands on care, have read and be able to answer questions on the use of water for labour and birthing policy and be aware of pool cleaning regime
- Begin reading and becoming familiar with current research/information
- Plan to attend a workshop prior to (or after) assisting a competent practitioner with several water births in order to achieve accountability for practice. The competent practitioner must be comfortable that the learner can provide safe care and can deal with emergencies should they arise

[Back to Contents](#)

6. Health and safety considerations

- Above elbow gloves are available
- Midwives should take self responsibility for appropriate back care and safe handling techniques (see [associated ADHB documents](#) section)
- Midwives should ensure the pool is emptied of water and all debris (blood clots etc.) removed. All water birth equipment used (such as thermometer, mirror, sieve etc) should be placed in the base of the pool

[Back to Contents](#)

7. Supporting evidence

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- Forde, C.; Creighton, S.; and Batty, A. (1999). '[Labour and delivery in the birthing pool](#)' British Journal of Midwifery: 17(3), pp 165-171.
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- [WA Labour and Birth in Water Clinical Guidelines](#) 2009 Dept of Health Western Australia
- Women's and Children's Health [The Use of Water in Labour and Birth](#) Jan 2011 Canterbury DHB
- Woodward, J., & Kelly, S.M. (2004) [A pilot study for a randomised controlled trial of waterbirth versus land birth](#), British Journal of Obstetrics and Gynaecology, Vol. 111(5), June, p 537-545

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- Wake, C. (1997). '[Birth and water: a neonatologist's perspective](#)'. Hunter Valley Midwives Association Journal. 5(3) pp 4-24.
- Wu, C-J., & Chung, U-L. (2003) [The decision-making experience of mothers selecting waterbirth](#), Journal of Nursing Research, vol.11 (4), p 261-267.

[Back to Contents](#)

8. Associated ADHB documents

[Entonox® / Nitrous Oxide in Maternity](#)
[Fetal Heart Rate - Intrapartum - Surveillance](#)
[Identification of Patients \(including Newborns\)](#)
[Intrapartum Care - Normal Labour & Birth](#)
[Nursing Led Handover](#)
[Postpartum Haemorrhage](#)
[Resuscitation at Delivery - Newborn](#)

Back injury prevention – Safe handling techniques – OH&S

[Back to Contents](#)

9. Disclaimer

No guideline can cover all variations required for specific circumstances. It is the responsibility of the health care practitioners using this ADHB guideline to adapt it for safe use within their own institution, recognise the need for specialist help, and call for it without delay, when an individual patient falls outside of the boundaries of this guideline.

[Back to Contents](#)

10. Corrections and amendments

The next scheduled review of this document is as per the document classification table (page 1). However, if the reader notices any errors or believes that the document should be reviewed **before** the scheduled date, they should contact the owner or the [Clinical Policy Advisor](#) without delay.

[Back to Contents](#)