HUTTmaternity
Hutt Valley Maternity Care

HUTT VALLEY DHB

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Water Birth - Caring for Women who wish to labour and birth in Water Policy

Purpose
This information outlines the care of women who wish to labour and birth in water.

Scope
To all medical, midwifery and nursing staff employed by the Surgical, women and children's directorate, and other practitioners holding an access agreement.

Introduction
The immersion in water for labour and birth has become increasingly popular over the last two decades. Women have found labouring in water helps them to relax and in turn cope better with pain. Advocates suggest that immersion in water shortens the length of labour, decreases the amount of analgesia needed, and birthing in water provides the baby with a gentle introduction to the world. Research to date concludes that there is no difference in the outcome of water versus dry birth (in low risk births) of the well-being for mother or baby (NZCOM, 2002).

In some studies, immersion in water is shown to be an effective form of pain relief and reduces the use of narcotics. Some critics suggest that the studies need to be larger to prove this conclusively. Evidence that birth in water reduces perineal trauma or blood loss and that the length of labour is shortened is inconclusive. Ongoing research continues to look at the efficacy and effectiveness of the use of water in labour and birth, while women continue to request and enjoy this option of birthing their babies.

Criteria for Water Birth
To be eligible for consideration for a water birth, the woman should:
- Be at term
- Have had a normal pregnancy
- Have a single baby in a cephalic presentation
- Have no medical history that may preclude a safe labour and birth in water
- Have no blood-borne infectious diseases
- Not have had spontaneous rupture of membranes more than 24 hours
- Have no evidence of meconium
- Not have systemic sedation
- Not have an epidural in situ
- Not have adverse factors affecting the well-being of either mother or baby.

Equipment

Equipment to be used for labouring and/ or birth in water includes:

- Birthing pool and disposable liner
- Sieve and bucket/ container
- Long gloves
- Thermometer
- Underwater sonicaid
- Pedrollo pump
- Waterproof torch and/ or mirror

The birthing pool consists of:

- Inflatable birthing pool
- Plastic pool liner
- Ground pad
- Heat retention cover
- 1 length 13mm clear hose with tap connector attached (for filling pool only)
- 1 length 12 mm garden hose (for draining pool only)
- 1 length 32 mm “lie flat” blue hose

For assembly and use refer to manufacturers instructions laminated and kept with the equipment.

The Practice of Water birth

Practitioner Expertise

The practitioner conducting the labour and water birth should:

- Feel confident in their ability to do so
- Keep up-to-date with research findings
- Be prepared and prepare the woman for any emergency situations.

  Note: a midwife experienced in water birth should supervise new practitioners to this option of birth.

Maternal Informed Choice

The woman should be aware that she can leave the water anytime she wishes and be adequately informed of the:

- Water birth parameters
- Research outcomes
- Emergency procedures
- Fetal ejection reflex

Control of water temperature

- The water temperature should be kept as cool as the woman finds comfortable during the first stage of labour (approx 35° C) and increased to no more than 37° C for birth.
- If maternal temperature increases more than 1° C above the baseline temperature, then the water should be cooled or the woman encouraged to leave the bath/ pool
- Water temperature should be documented in the clinical notes or on the partogram as the woman enters the pool and taken hourly while the woman remains there. Document when adjusting the temperature for second stage.

Analgesia

- The woman is not to enter the pool if she has had narcotic analgesia within the previous 4 hours.
- Narcotic analgesia should not be given to women labouring in the pool.
- Entonox can be used judiciously as per normal labour.

Length of Immersion

- Some studies suggest that it is more effective if the woman doesn't enter the pool until at least 5cm, while others believe women should be encouraged to enter the water when they need analgesia.
- Women should be able to enter and leave the pool as desired and as with all normal labours encouraged to change position regularly.

Observations/ fluid

- Baseline observations: temperature, pulse, blood pressure and fetal auscultation need to be taken and documented prior to entering the pool then as per protocol for monitoring maternal wellbeing and FHR.
- Maternal temperature and pool temperature need to be taken hourly.
- Encourage oral fluids to prevent dehydration and encourage the woman to keep her bladder empty.
- Vaginal examination can be conducted in the bath/ pool.

Second Stage

- The baby should be born completely under water with no air contact until raised to the surface, then should be bought to the surface immediately but gently.
- The baby once raised to the surface should not be re-immersed.
- Do not feel for the nuchal cord.
- Do not clamp and cut the cord.
- If it is thought that the cord is impeding progress of second stage the woman should leave the pool.
- The baby's body should remain in the water to maintain warmth unless the baby’s condition dictates otherwise.

Third Stage

- Physiological care is appropriate, as per low risk birthing.
- If prolonged or requiring active management, the woman should leave the pool.
- Blood loss should be monitored carefully, if concern that the blood loss is more than expected the woman is to be removed from the pool immediately.
- Suturing is best done one hour after leaving pool to allow recovery from the effects of water saturation on the perineal tissue. Should bleeding be excessive, and then immediate suturing is required.

Infection control

- Use a disposable liner; a sieve to remove contaminants; and the long gloves to protect hands and arms from infection.
- Ensure the woman is aware that if the pool is too contaminated she may have to leave.
- Standard precautions are to be followed.

Health and safety

- Position the pool to allow easy access all the way round (consider trolley access in an emergency).
- Remove all unnecessary furniture and avoid clutter.
- Ensure safe exit from the pool, use a step with a non-skid surface.
- Dry any puddles of water on the ground surrounding the pool.
- Have at least two people to support the woman leaving the pool as she may become hypotensive and/ or lose balance.
- The midwife must not lift the woman out of the pool by herself.

Emergency Protocol

- As per normal birth the LMC midwife / core midwife is responsible for checking emergency equipment in the room
- The woman needs to have someone with her at all times and within reach of a call bell.
- Ensure plenty of personnel are available to help the woman from the pool if she needs to get out quickly.
- The woman must leave the pool if the LMC / midwife requires her to do so.

If in doubt, get her out

Cleaning and storage

The practitioner conducting the birth is responsible for the cleaning and storage of the pool and equipment.

To clean the birthing pool the following steps should be taken:

- Any faeces or birth debris should be removed from the pool via the sieve and disposed of in the toilet/ sluice. A bucket or appropriate container should be held under the sieve while transferring refuse to toilet/ sluice.
- The designated draining hose connected to the Pedrollo pump needs to be anchored securely behind the bath handrail before use otherwise it will flail about.
- The draining hose pumps out contaminated water into the bath and then should be rinsed with warm water until the water runs clear from the hose.
- The pool should be filled with clean water and 1.3 l bleach added (based on pool holding 650 l water).
- The sieve and bucket/container should be rinsed in warm water to remove any visible soiling and then put in the pool (bleach solution) for 20 minutes.
- The pump and draining hose should be immersed in the bleach solution and pumped for 10 minutes to clean the hose. The pump and draining hose should then be rinsed with warm water and dried, ensuring that pools of water are not left in the hose.
- Dispose of inner disposable liner in the yellow rubbish bags.
- Clean inflatable pool with hot soapy water then wipe with bleach 1:30. Allow to dry before deflating pool.
- Store birthing pool, pump and equipment in Old Theatre 5, on Delivery suite
- Store the pump and draining hose in the cleaners' room, in the green plastic container.

Note: The sieve and hoses should be replaced if they become cracked or damaged.

Note: Ensure that the full pool/bath is not left unattended or the room is secured from children.

If a bath is used:

- Remove faecal debris with sieve for disposal in sluice/toilet
- Rinse away visible soiling
- Fill the bath with the cold water and 840 mls of bleach
- Ensure bleach is within the use-by-date
- Leave for a minimum of 10 minutes by the clock
- Rinse with hot soapy water.

Note: the bleach concentration is based on the bath containing 420 litres and bleach (supplied by stores) being 5% w/v chlorine. If the bath size changes the amount of bleach added may need to be readjusted.

References

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Caring for Women who wish to Labour and Birth in Water. Women & Maternity, Queen Mary, ODHB, 2003.

Associated documents

Recommended practices for standard precautions and transmission-based precautions ICS3.