Dartford and Gravesham NHS
NHS Trust

Guidelines for Water Birth within the Hospital and at Home

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Guideline Profile		
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1 Criteria for Inclusion

1.1 In an uncomplicated pregnancy of at least 37 weeks gestation, where labour onset is spontaneous there is no evidence to suggest that there are any increased risks associated with using a pool for delivery of the baby.

1.2 Labour should be spontaneous and established prior to entering the pool, because if labour is not established immersion in water may slow or stop Labour. Immersion in water may enhance uterine contractions once labour is established.

NOTE: This does not preclude women in early labour from using the pool to obtain pain relief.

2. Temperature of pool

2.1 The water temperature should be comfortable for the mother and at a temperature to avoid hyper/hypothermia.

2.2 In the first stage of labour, the recommended range of temperature is between 34 - 37°C during the first stage of labour, the temperature is checked every hour and recorded in the notes.

2.3 In the second stage of labour, the water temperature should be 37 - 37.5 °C, the temperature is checked every 15 minutes and recorded in the notes.

2.4 Keep the room temperature between 22-28°C. Room temperature should not be too hot as there is a risk of dehydration. The temperature is checked every hour and recorded in the notes.

2.5 Maternal temperature should be checked on entry to the pool to provide a baseline and then hourly depending on the time spent in the water. This should also be recorded in the written record. A rise greater than 37.5°C should result in advice to discontinue use of the pool.

2.6 Women should be encouraged to take large amounts of oral cool fluids while in the pool, (at least 1 litre per hour).

2.7 The depth of the water should be up to the mothers' breast when she is in a sitting position. This aids buoyancy and promotes movement, which aids the progress of labour and maternal control.

3 Observations

3.1 The fetal heart should be auscultated in accordance with the NICE Guidance – for one complete minute beginning immediately after the end of a contraction every 15 minutes.
One minutes after every contraction or every 5 minutes in the 2nd stage of labour and recorded in the notes.

3.2 The usual labour observations should be carried out (for monitoring the fetal heart the aqua Doppler should be used).

3.3 Because of the sedating effect on the mother and fetus, systemic opioids should not be used for labour and/or delivery in the pool, however the mother may use nitrous oxide 50% and oxygen 50% via the entonox apparatus.

4 Management of second stage

Pushing should be physiological. By allowing the mother to push spontaneously the risk of an imbalance between oxygen and carbon dioxide in the maternal/foetal circulations is reduced. It is also less likely to exhaust her and her baby.

4.1 The delivery - whenever possible a method of" hands off" should be practised. This will minimize the stimulation to the emerging baby. Traditional control of the head during crowning is unnecessary.

4.2 It is not necessary to palpate for the presence of the umbilical cord once the baby's head delivers. It can be loosened and disentangled as the baby is born. To minimize the risk of cord snapping avoid undue traction on it as the baby's head surfaces from the water. **The cord should never be clamped and cut whilst baby is still under the water**.

4.3 The baby should be born completely underwater. He/She is then brought immediately, gently, to the surface. Following the birth of the baby consider resting baby's head above the water, with the baby's body still in the water to prevent hypothermia, at the level of the mothers uterus this may prevent excessive transfusion to the baby. Once the baby's head has come out of the water it must not be submerged again

5. Management of 3rd Stage

5.1 Physiological third stage should be an option. Both physiological and active management is always conducted out of the pool.

5.2 The mother is helped out of the pool or the pool drained. If the mother is having an active 3rd stage, Syntometrine is given and management is carried out once mother is out of the pool. If the mother is having a physiological 3rd stage, see **Delivery suite guideline 3**

5.3 Estimated blood loss is recorded as < or > 500mls as recording EBL accurately is not possible.

5.4 Suturing of perineal tears should be delayed for a least 1 hour to allow for water retention in the tissues to dissipate (unless bleeding profusely).

IN EMERGENCY SITUATIONS THE WOMAN IS HELPED OUT OF THE POOL TO A SUITABLY PREPARED AREA OF THE ROOM.

ALL OBSERVATIONS ARE RECORDED IN THE WOMAN'S NOTES AS PER NORMAL AND AUDIT FORM COMPLETED.

References

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