

THE USE OF WATER FOR LABOUR AND BIRTH

ABOUT

Warm water immersion during labour is supported within all CDHB maternity units. Evidence indicates that water immersion in labour reduces the need for epidural/spinal anaesthesia¹, shortens the first stage of labour² and results in increased satisfaction for women with their birth experiences.^{3,4} Some women use water to help cope with labour pain only and some women progress to a water birth. Supporting women who wish to use water as part of their birth plan is a midwifery skill and midwives are responsible for antenatal discussions and for ensuring safety while the woman is in the pool.

This guideline focuses on issues specific to the use of water immersion during labour/birth. Labour care, monitoring and documentation continue as for any labour, according to the clinical situation.

ASSESSMENT

The use of water in primary birthing units with intermittent auscultation of the fetal heart is appropriate for well women with an uncomplicated term pregnancy and spontaneous labour.

Water immersion may also be appropriate for women who have conditions requiring birth at Christchurch Women's Hospital with continuous monitoring of the fetal heart rate during labour. Water immersion can be achieved with the use of the wireless telemetry CTG. Fetal scalp electrodes are not able to be used in the water, so labouring in water is contingent on being able to get a clear CTG trace abdominally – if this is not possible the woman is asked to exit the pool.

The clinical situation is considered regarding whether the baby can be born into water or whether to recommend that the woman give birth out of the pool.

¹ Cluett, E. and E. Burns, Immersion in water in labour and birth. 2009, Cochrane Database of Systemic Reviews. Issue 2. Art. No.: CD000111.: The Cochrane Library.

² Dahlen, H., et al., Maternal and perinatal outcomes among low risk women giving birth in water compared to six birth positions on land. *Midwifery*, 2013. 29: p. 759-764.

³ Maude, R. and S. Caplice, Using water for labour and birth, in *Midwifery Preparation for Practice*, S. Pairman, et al., Editors. 2015, Elsevier: Sydney. p. 671-692.

⁴ New Zealand College of Midwives, 2015. Consensus Statement: The Use of Water for Labour and Birth. Available at <https://www.midwife.org.nz/quality-practice/nzcom-consensus-statements>

MANAGEMENT

- The option of using warm water immersion during labour and/or birth is discussed antenatally and included in the woman's birth care plan.
- Where conditions for continuous monitoring exist and the woman wishes to use the pool, a three-way conversation between the midwife, obstetrician and woman is recommended. On birthing suite, notify the clinical co-ordinating midwife of the plan to labour in water.
- Observations of maternal and fetal/newborn wellbeing are recorded and documented according to the clinical situation as for any labour, birth and immediate postpartum care.
- Women are not left alone at any time whilst in the pool and the midwife remains in the room during second stage.
- Vaginal examinations can be performed in the pool.
- If complications arise at any point during labour or birth, these are discussed with the woman. This usually necessitates exiting the pool immediately. This is explained before entering the pool.
- Practitioners need to be mindful of their own back care, particularly whilst auscultating the fetal heart or assisting the woman out of the pool.
- The woman's weight, wellbeing, cooperation, alertness and risk for complications (likelihood of needing to be lifted) are all important considerations when using water during labour or birth.

TEMPERATURE

There is a broad range of recommendations for water temperature during labour. A joint statement by RCOG and RCM advises, 'There may be more benefit to allow women to regulate the pool temperature according to their own comfort⁵. It is therefore more appropriate to check the woman's temperature before entering the pool and regularly while in the pool and check with her about the water temperature comfort⁶. For the birth, it is recommended that the temperature is close to body temperature (37 degrees C) for the wellbeing of the baby.

PRACTICE POINTS

- Check and document the woman's temperature before entering the pool and hourly whilst in the pool. If 37.6 to 37.9 degrees C, check the water temperature and cool if needed. Review the woman's wellbeing and monitor fetal heart rate closely for tachycardia. If the woman's temperature remains within this range after an hour it would be reasonable to request that she leaves the pool. However, if at any point the woman's temperature is 38 degrees celsius or

⁵ Royal College of Obstetricians and Gynaecologists & Royal College of Midwives (RCM) 2006, *Joint Statement No. 1*, London: RCOG/RCM. Available http://www.waterbirth.org/assets/s/rcog_rcm_birth_in_water.pdf

⁶ Maude, R. and S. Caplice, Using water for labour and birth, in *Midwifery Preparation for Practice*, S. Pairman, et al., Editors. 2015, Elsevier: Sydney. p. 671-692.

higher, request that she exits the pool promptly and request medical review, as per management of maternal pyrexia in labour.

- Check with the woman regularly about level of comfort with the water temperature
- Warm the pool to no more than 37 degrees for birth
- Encourage women to maintain adequate hydration, and leave the pool to pass urine at regular intervals
- Keep the room at an ambient temperature and have a fan available

PHARMACOLOGICAL ANALGESIA:

- Nitrous oxide analgesia can be used in the pool.
- OPIOID ANALGESIA: Opioid analgesia is not given to women while in the pool or if it has been given prior, the woman requires careful assessment to ensure that the sedative effects of the opioid have worn off before entry to the pool – use the MEOWS sedation score. The woman needs to be alert and able to co-operate in the event that interventions or exiting the pool become necessary See CDHB Guideline [GLM0053 Opioid Use in Labour](#).

BIRTH IN WATER

Giving birth in water is appropriate for women with low-risk labours with intermittent auscultation and no signs of fetal distress. The clinical situation is considered where water birth is desired by the woman in the presence of risk factors, in consultation as per Section 88 referral guidelines.

SECOND STAGE PRACTICE POINTS

The following are adapted from evidence-based recommendations from Midwifery: Preparation for Practice (3rd ed.)⁷

- The midwife remains in the room during second stage
- Encourage physiological pushing
- A 'hands-off' technique by the midwife is advised, supported by verbal guidance. This minimises tactile stimulation.
- The baby is born completely under the water and brought gently to the surface, being careful to minimise cord traction. If the cord is short, the woman is instructed and assisted to stand up to allow the baby to come to the surface without snapping the cord.

⁷ Maude, R. and S. Caplice, Using water for labour and birth, in Midwifery Preparation for Practice, S. Pairman, et al., Editors. 2015, Elsevier: Sydney. p. 671-692.

THIRD STAGE PRACTICE POINTS

Management of the third stage is decided according to the clinical situation.

- Following physiological labour and water birth, physiological third stage is recommended. There is no evidence to suggest that a physiological third stage must be conducted out of the water, however it is important to recognise the difficulty in measuring blood loss in the water.
- Where active management is required, the woman is assisted to exit the pool for this to occur. Injections are not given under the water.

EMERGENCY SITUATIONS

Assist the woman to exit the pool for assessment and emergency management in any emergency situation including:

- Suspected fetal distress
- Shoulder dystocia
- Tight nuchal cord: Do not clamp and cut the cord under water before the baby's body is born.
- PPH or suspected PPH
- Maternal collapse: activate the emergency system, support the women's airway and bring the bed to the pool if possible, to assist her out of the pool.

INFORMATION

ASSOCIATED DOCUMENTS

CDHB [Fetal Heart Monitoring guideline GLM0010](#)

CDHB Infection Control Policy for cleaning of the pool

CDHB [Opioid Use in Labour guideline GLM0053](#)

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