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TITLE: Waterbirth and Labouring Guideline

1. Statement/Purpose/Description

To support women to use water immersion for labour and/or birth. Water as an option for pain relief may be offered during antenatal discussion to all low risk women; available on both of Lakes DHB sites.

Water has been shown to reduce the need for spinal/epidural anaesthesia, to reduce the first stage of labour and increase the satisfaction of the birth experience.

All midwives attending waterbirth need to have experience or be supported by a trained midwife as they gain experience. Care should always include an assessment of mother and baby prior to entering the pool to ensure that they remain low risk. Any risk factors should be discussed with the woman and the secondary care midwifery and medical team and care planned in light of this information.

In recognition of Te Tiriti o Waitangi (the Treaty of Waitangi) and the Crown’s special relationship with Maori, Lakes DHB is committed to acknowledging the Treaty by working in partnership with Maori. Lakes DHB personnel who are involved in implementing this policy should be aware of Lakes DHB’s Te Tiriti o Waitangi Policy (EDMS 40583).\

2. Scope

All Lakes DHB midwives and LMC midwives

3. Definitions

DHB	District Health Board
LMC	Lead Maternity Carer
CTG	Cardiotocograph

4. Criteria for pool entry

a) Water for labour pain relief / Warm Water Immersion is only advised for women who have had an antenatal birth plan discussion and who is:

- Informed of situations which would require the woman to exit the pool
- Informed of fetal and maternal monitoring requirements
- low risk patients
- 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

All other women outside these criteria wishing to use water for pain relief should be discussed with the in charge midwife and appropriate specialty team and have appropriate fetal monitoring with underwater telemetry.

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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

4. Standards to be met

- 4.1 With an antenatal assessment of a low risk pregnancy, waterbirth should be offered as a pain relief option when making the birth plan. This early discussion enables the informed consent process.
- 4.2 Maternal and fetal assessments should be the same as any normal birth prior to and during time in the water with the use of waterproof sonic aid to assess fetal heart rate. Also with the addition of maternal and pool temperatures being done hourly and documented in notes. If maternal temperature rises to >37.6 twice then cool by rehydrating and getting out of pool until normal again. If it remains high then stay out of pool and treat as per normal process for an abnormal observation.
- 4.3 Water temperature through labour should be for the woman’s comfort that keeps her temperature within a normal range. For the birth the water should be body temperature at 37 degrees Celsius.
- 4.4 If any risk factors are identified whilst in the pool then the woman should be prepared to leave the pool when requested, this should have been discussed antenatally and prior to entering the pool. These include but not limited to:
- Meconium liquor
 - Increased/decreased FH
 - Abnormal maternal observations
 - If the fetal/newborn’s head is exposed to air at any time, ensure the patient remains out of the water
- 4.5 Opioids should not be used in the pool.
- 4.6 Entonox can be used while in the water.
- 4.7 Hydration should be maintained with regular water intake.
- 4.8 Vaginal examinations can be performed in the pool.
- 4.9 Midwives need to be aware of how to get woman out of the pool in emergency situations.
- 4.10 Women can labour in the water and birth on dry land if they want to or if assessment requires it.
- 4.11 Women are not left alone at any time whilst in the pool and the midwife remains in the room during second stage. A second midwife should be present for the birth.
- 4.12 Encourage physiological pushing
- 4.13 A “hands off” technique should be used with verbal guidance only. This minimises tactile stimulation.
- 4.14 The baby is born completely under the water and brought gently to the surface preferably by mum, being careful to avoid 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.
- 4.15 Physiological third stage can be done in the pool but active third stage should be out of the pool. Injections are not to be given under the water.
- 4.16 Whilst skin to skin in the pool the baby’s body should be submerged in the water to maintain temperature.
- 4.17 If suturing is required after a waterbirth, preferably leave for at least one hour after leaving the water to allow water saturation to settle, unless excessive bleeding requires early treatment.

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5. Emergency:

In the event of an emergency pull the plug and work through the Basic Life Support algorithm DRSABC (Check for danger, assess responsiveness, send for help, airway + c-spine, breathing, circulation”

6. Health and Safety:

The responsible midwife has to observe Health and Safety precautions proactively around the pools to prevent slips. i.e. towels immediately available to dry spills and soak up puddles.

7. Infection Control:

Pools to be cleaned as per policy for blood and body spills. Precautions for staff safety to be used as defined.

8. Related Documentation:

Pools to be cleaned as per Blood and Body Spills Protocol after each pool use. (EDMS No 40173)

[Waterbirth Patient information Pamphlet Appendix A](#)

9. References

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

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>

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Garland, D. Revisiting Waterbirth: An Attitude to care, 2011. Palgrave MacMillan.

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Other considerations:

- Discuss your plans with your LMC
- Let your support people know your plan
- Enter the pool when you need pain relief but preferably more than 4 cm dilated
- Do not get too hot but if you do, cool down with sips of water, cool cloths or getting out of the pool for a while
- You may get out of the pool any time you want to
- The pool can be just for labour and you may choose to birth out of the pool
- Be prepared to get out of the pool if asked; this will only be done for either the benefit of yours or your baby's health
- If required you may use Entonox gas while in the pool



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Woman, Child and Family

Waterbirth



*Pain relief option for
birthing mothers*

Birthing pools

Both Rotorua and Taupo hospitals provide the option of using birthing pools for pain relief for labour and/or the birth.

Benefits of using water for pain relief:

- More relaxed
- Feeling of weightlessness

- Freedom of movement
 - Find more comfortable positions
 - Encourages own pain relieving endorphins so less need for analgesic medications
 - More gentle birth environment for baby moving from fluid to fluid
 - Shortens labors
 - Feel more in control
- Risks for using water for labour and birth:**
- Are rare if pregnancy is uncomplicated for both mother and baby; discuss with your LMC if this is you
 - Dehydration; sip water to prevent this from happening
 - Partner may feel more involved

- Getting too hot in the water; prevent this with fluids and cold cloths. Keep water temp comfortable at between 35-37°C whilst labouring and 37°C for the birth

What is an uncomplicated pregnancy?

- Term pregnancy between 37-42 weeks
- Normally grown healthy baby
- Baby is lying in head down position
- Healthy mother

Labour in water is not recommended if:

- There are any concerns with baby's health or wellbeing

- There has been any significant bleeding in pregnancy or labour
- You are less than 37 weeks gestation
- You are unwell
- You have medical conditions complicated by pregnancy
- Your baby is unusually large or small
- There is a need to continuously monitor baby's heartbeat
- Prolonged rupture of membranes
- If your labour is being induced