

## **GUIDELINE FOR WATER IMMERSION IN LABOUR AND BIRTH**

The following information is intended to:

- guide informed choice discussions regarding water immersion for labour and birth
- ensure that clients are offered this option in a manner that is safest for both mother and baby
- provide the midwife an evidence-informed practice tool for offering the option of water immersion to labouring and birthing clients.

*For the purpose of this guideline, “pool” refers to a pool of water used during labour and/or birth and is synonymous with tub and bath.*

## **POTENTIAL BENEFITS AND RISKS TO WATER IMMERSION IN LABOUR AND BIRTH**

### POTENTIAL BENEFITS

#### **Maternal**

- Non-pharmacological method of pain relief
- Provides buoyancy which supports movement
- Creates a relaxing environment which supports the physiological process of labour
- Increases client ability to cope with pain
- Increases client satisfaction of birth experience
- Decreases use of analgesia
- Decreases labour augmentation rate
- Decreases operative birth rate
- Reduces risk of 3<sup>rd</sup> or 4<sup>th</sup> degree perineal tearing

#### **Fetal/Neonatal**

- Facilitates skin to skin contact

### POTENTIAL RISKS

Risks of infection and temperature control issues for both the client and the baby are directly related to cleaning/hygiene protocols and/or improper management of temperature control of the water. Ensuring these issues are well managed can mitigate risk in these areas and avoid unnecessary complications.

#### **Maternal**

- Prolonged labour if entering water before active labour is established.
- Maternal dehydration
- Blood loss estimation and assessment may be more difficult in the water.

#### **Potential Risks to Midwife**

- Acquiring bloodborne contamination/infection
- Risk of injury due to difficult positioning/poor ergonomics

**When proper care, education, and screening are included in preparation for a waterbirth, maternal, fetal/neonatal and midwife risks can be reduced considerably.**

## **CONTRAINDICATIONS FOR WATER IMMERSION IN LABOUR AND BIRTH**

- Intrapartum hemorrhage
- Abnormal or atypical fetal heart rate
- Use of fetal scalp clip
- Gestation of less than 37 weeks
- Maternal temperature of 37.5°C or higher
- Presence of maternal infection transmitted through fluid or blood, such as Hepatitis B or C, or HIV
- The baby has known defects involving the vagus nerve, such as cardiac disorders or defects of the larynx, respiratory or abdominal organs
- Epidural
- Narcotic sedation within 2 hours
- Client unable to get in or out of the pool independently

## **GENERAL CONSIDERATIONS FOR WATERBIRTH**

### **Preparation and Safety:**

- Decision to labour or birth in water should be the result of an informed choice discussion.
- Infection Prevention and Control is critical. Midwives must ensure they are aware of best practices to ensure these measures are in place and followed correctly. Including during set up, cleaning, disinfection and ongoing monitoring.
- The room temperature should be maintained to reduce the risk of hyper or hypothermia to the client and newborn.
- Towels/blankets should be available for the client and baby.
- There is insufficient evidence to make a recommendation regarding waterbirth for GBS positive clients who have not been adequately treated.
- A client should never be left alone while in the birthing pool and must be supported by someone who is capable of assisting them out of the pool or calling for help if need be.
- The midwife may use clinical judgment to recommend the client exit the birthing pool at any stage in the labour, birth or postpartum.

### **First Stage of Labour:**

- Water temperature should be maintained according to client comfort and should not exceed 37.7°C.
- Hydration is an important consideration in water immersion in labour.
- In addition to routine labour documentation, it is best practice to chart the following information when a client is labouring in the pool:
  - Vital signs for client and fetus as per standard labour protocol with the exception of maternal temperature which should be taken hourly
  - Time entering/exiting the pool
  - Temperature of water on entering the pool and every hour while the client is in the water

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## **Second Stage of Labour:**

- An alternate birthing area should be prepared near the pool for the client in case they need to leave the pool rapidly.
- Water temperature should be maintained according to maternal comfort between 36 and 37.7°C when birth is imminent.
- The water should be replaced if fecal matter which cannot be removed is present, or if the stool is loose and renders the water unsuitable. If cleaning is not possible, the client will need to exit the pool for the birth of the baby.

## **Third Stage of Labour:**

- **Delivery of the Placenta:** The placenta may be safely delivered in the water either by active or expectant management.
- **Assessment of Bleeding after Birth:** Assessment of bleeding in water is a skill, which the midwife will develop with increased attendance at waterbirths. If there is evidence of excessive bleeding or if the midwife is unable to assess blood loss, the client should be assisted out of the pool.
- **Postpartum Care and Follow Up:** Newborns born in the water do not require special follow-up care. Routine postpartum care should be offered.