

Policy

# Clinical Directive: compliance is mandatory

First Stage Labour and Birth in Water Clinical Directive

**Policy developed by:** SA Maternal & Neonatal Community of Practice  
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# **Policy for First Stage Labour and Birth in Water**

In

## **South Australian Public Health Services**



AUGUST 2017

## Note:

### Disclaimer

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This policy does not address all the elements of clinical practice and assumes that the individual clinicians are responsible to:

- > Discuss care with consumers in an environment that is culturally appropriate and which enables respectful confidential discussion. This includes the use of interpreter services where necessary
- > Advise consumers of their choice and ensure informed consent is obtained
- > Provide care within scope of practice, meet all legislative requirements and maintain standards of professional conduct Document all care in accordance with mandatory and local requirements.

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## 1. Policy for First Stage Labour and Birth in Water

This policy has been developed to give guidance to qualified practitioners (that is, registered midwives and/or medical practitioners), working in the South Australian public health system when caring for women who make an informed choice to labour and/or give birth in water.

For the purpose of this policy, the term 'Birth' is used to refer to 'second stage' labour and birth of the baby.

The qualified practitioner(s) (one of whom should be a registered midwife experienced in water immersion for labour and/or birth) facilitating this care are responsible for ensuring that the information given to women is accurate and up-to-date. This information should be given early in the pregnancy and an opportunity provided to discuss the choice of a water birth so that women can make an informed decision. The policy for *First Stage Labour & Birth in Water* and associated information brochure should be used for this purpose. It is important that information on water birth is conveyed to all women in a form they can understand and in a culturally appropriate fashion to ensure equity of access to quality services (Royal College of Obstetricians & Gynaecologists and Royal College of Midwives 2006).

The woman must be aware that plans to undertake first stage labour and/or birth in water immersion may need to be reconsidered at any time, depending on changes in the woman's or baby's condition during either pregnancy or labour, and she may need to transfer out of the water if complications arise. Moreover, the woman must have given signed informed consent for a first stage labour and/or birth in water. The *First Stage Labour & Birth in Water* information brochure has provision for the woman to sign her consent. The qualified practitioner(s) supporting a woman undertaking water immersion in first stage labour should be prepared for the event of a woman giving birth in water even if the woman had not indicated this as her original intent.

The SA Department of Health and Ageing policy *Planned Birth at Home* must also be followed if a woman decides to undertake first stage labour and/or birth in water at home.

The Chief Executive Officer of the health unit providing water births must advise the Department of Health's Insurance Services of that intention. This advice must arrive before starting the service to ensure compliance. There must be an annual report to the Department of Health of the number of water births undertaken in each financial year.

## 2. Preamble

A woman can be supported in first stage labour and/or birth in water if she has been assessed and is deemed as having a low risk, singleton pregnancy at term and there are confident and competent qualified practitioner(s) available to assist.

Women request the use of water immersion during first stage labour and/or birth in increasing numbers. In 2015, 9% of all babies were born under water in the United Kingdom (Taylor et al 2016). In SA, water births have been slowly increasing since 2006 and in 2015 represented 1.7% of all births. (Scheil 2017). The woman's wishes should be respected within the framework of safety and clinical guidelines. A water birth should only be undertaken at the woman's specific request and only when she meets the criteria set out in this policy.

The procedural recommendations in this policy describe a minimum standard of additional care to that which is routinely provided, but are not definitive in the detail of care that may be desirable for a particular woman and/or baby.

Water immersion in labour and/or birth has been found to have a number of benefits, particularly for women in terms of pain management and overall satisfaction with the birthing experience (Cluett & Burns 2009). Some theoretical concerns have been raised in relation to neonatal outcomes including water aspiration, increased infection and overall mortality (Taylor et al 2016). However, when midwives and medical staff are adequately educated and follow best practice guidelines with appropriate water testing and bath cleaning requirements instituted, large meta-analyses of randomised controlled trials and comparative studies (both prospective and retrospective), demonstrate no evidence to suggest that the practice of waterbirth in a low risk population is harmful to the neonate (Cluett & Burns 2009, Davies et al 2015, Taylor et al 2016).

## 3. Definition

Water immersion for first stage labour and birth means a bath/pool is made available to the woman where she can immerse her body up to but not exceeding the height of her axilla and the baby is born fully submerged into water. The baby's head must remain submerged under water until after the body is born, then the baby should be brought to the surface immediately. Once born, the baby's head must not be submerged again.

## 4. Aim

- 4.1 To provide women and the qualified practitioner(s) with a safe and supportive framework in relation to the use of water during first stage labour and birth.
- 4.2 To achieve a vaginal birth of a healthy baby by a healthy woman.

## 5. Rationale

- 5.1 The use of water during first stage labour and/or birth provides a woman with an alternative option for comfort, mobility and privacy, thereby increasing the opportunity for a deeply satisfying experience (Cluett & Burns 2009, Jones et al 2012, Maude and Foureur 2007, Nutter 2014, Richmond 2003).
- 5.2 Water offers a labouring woman an environment where she can behave instinctively and feel in control. When a woman feels in control during childbirth, she experiences a higher degree of emotional wellbeing in the postnatal period (Green et al 1990).
- 5.3 The buoyancy of water enables a woman to move more easily than on land. This alleviates pain and optimises the progress of her labour (Burns & Kitzinger 2001; Burns 2001; Enkin et al 2000; Harmsworth 1994; Johnson 1996; Jones et al 2012). Cluett & Burns (2009) in their systematic review of 12 randomised controlled trials found an average decrease in length of labour of approximately 30 minutes.
- 5.4 Systematic reviews of several randomised controlled trials have shown that immersion in water during first stage labour and/or birth results in less severe pain with a subsequent reduced use of epidural and spinal analgesia or paracervical analgesia/anaesthesia (Cluett & Burns 2009, Jones et al 2012).
- 5.5 Evidence from systematic reviews of randomised controlled trials, integrative analyses of cohort, case controlled and observational studies, and large audits of water birth demonstrate no differences when compared to land birth in:
  - Operative vaginal births
  - Caesarean section births
  - Use of oxytocin to augment labour
  - Perineal trauma (although there is a trend towards increased perineal tears but decreased episiotomies)
  - Maternal infection
  - Postpartum haemorrhage(Bovbjerg et al 2016, Cluett & Burns 2009, Dahlen et al 2013, Henderson et al 2014, Menakaya et al 2013, Nutter et al 2014)
- 5.6 Evidence from systematic reviews of randomised controlled trials, including 12 RCTs and over 3200 women (Cluett & Burns 2009), meta-analysis of 2 randomised controlled trials, 5 cohort studies and 5 case-control studies (Davies et al 2015), integrative analysis of 38 studies including cohort, case controlled and observational studies with over 31,000 births (Nutter et al 2014), and meta-analysis of randomised controlled trials, cohort studies and case control studies including 29 studies and over 39,000 births (Taylor et al 2016), demonstrate no differences when compared to land birth in the following neonatal outcomes:
  - APGAR scores < 7 at 1 minute
  - Resuscitation with oxygen
  - Respiratory distress syndrome
  - Admission to special care of neonatal intensive care nurseries
  - Neonatal infection
  - Overall mortalityThese same studies demonstrated some improvement in umbilical cord gases at birth and increased numbers of babies with APGAR scores  $\geq 7$  at 5 minutes in the water birth group but this is of limited clinical significance.
- 5.7 Current observational evidence suggests that where water births are conducted according to a protocol and women are selected appropriately, they can be achieved safely (Bovbjerg et al 2016, Nutter et al 2014b, Thoeni et al 2005; Young and Kruske 2013, Zanetti-Dallenbach et al 2006).
- 5.8 There is a risk of cord avulsion (snapping) in babies born under water as there is for land based births. Schafer (2014) pooled data from published studies suggesting an overall incidence of 3.1 per 1000 waterbirths. However, the incidence in land based births is unknown due to lack of published data (Nutter et al 2014b). Risk of neonatal morbidity is related to the length of time between occurrence and intervention. Recognition and management is therefore discussed in the Procedural and Labour/Birth Complications sections.

## 6. Outcome Statement

- 6.1 Maternal and infant safety is maintained throughout first stage labour and birth.
- 6.2 Increased maternal choice is present for first stage labour and birth.
- 6.3 Maternal satisfaction with the birth experience is high.
- 6.4 Adequate support is available for the qualified practitioner(s) supporting the woman's first stage labour and/ or birth in water.

## 7. Standard Requirements for Facilitating Water Immersion for First Stage Labour and/or Birth

- 7.1 A woman using water immersion in first stage labour and birth must:
  - not be left alone, and
  - have a qualified practitioner with accredited competency in first stage labour and birth in water (as per local health unit procedure) allocated responsibility for her care
- 7.2 A qualified practitioner attending a birth in water immersion must have appropriate experience in all of the following areas:
  - participation in at least two (2) previous births in water immersion under supervision
  - previous attendance at an educational session or workshop on birth in water immersion
  - awareness of the contraindications for, and potential complications of, giving birth in water, including the means to avoid them
  - competency in obstetric emergency procedures, maternal resuscitation, newborn examination and newborn resuscitation.
- 7.3 The qualified practitioner must also follow the SA Department of Health and Ageing policy Planned Birth at Home if a woman decides to undertake first stage labour and/or birth in water at home.
- 7.4 Health unit managers will ensure that qualified practitioner(s), who have agreed to participate in water immersion for first stage labour and/or birth in their employment, have an understanding of the SA Department of Health and Ageing policy First Stage Labour and Birth in Water.
- 7.5 Health unit managers providing the opportunity for First Stage Labour and Birth in Water in their health unit must ensure the qualified practitioners providing this service have access to local annual emergency drill(s) / exercise(s) to practise and test elements of the emergency plan related to caring for the pregnant woman in a bath.

## 8. Standard Statement

- 8.1 The qualified practitioner(s), in facilitating water immersion for first stage labour and/or birth, will undertake all of the following:
  - be aware of the possible benefits, hazards and contraindications, including current literature about first stage labour and/or birth in water
  - inform the woman of the SA Department of Health and Ageing policy on First Stage Labour and Birth in Water, the necessary precautions and contraindications
  - provide the woman with the information brochure First Stage Labour and Birth in Water (see appendix 1), and be confident the woman has read it
  - ensure that the woman is fully informed and has signed 2 copies of the Consent to First Stage Labour and Birth in Water form – MR82WB (see appendix IV), one of which is kept by the woman in her South Australian (SA) Pregnancy Record and the other is filed at the participating health unit
  - ensure that all observations and advice are documented correctly and appropriately
  - ensure compliance to the SA Department of Health and Ageing policy Planned Birth at Home if a woman decides to undertake first stage labour and/or birth in water at home.
  - take appropriate action to preserve the mother's and baby's health.
- 8.2 The health unit providing first stage labour and birth in water will ensure:
  - All warm water systems comply with the requirements of the South Australian Public Health (Legionella) Regulations 2013, which are supported by the *Guidelines for the Control of Legionella in Manufactured Water Systems in South Australia*.
  - Appropriate cleaning procedures for the bath/pool/equipment are undertaken in line with infection control procedures (see Appendix II)
  - Qualified practitioners are supplied with appropriate equipment facilitating adherence to SA Work Health and Safety Regulations (2012)
- 8.3 The Chief Executive Officer of the health unit providing first stage labour and birth in water will advise the Department of Health and Ageing's Insurance Services:



- of its' intention to offer first stage labour and birth in water, before starting the service
- annually, of the number of water births undertaken in the financial year.

## 9. Contraindications

The qualified practitioner will conduct screening and ongoing monitoring during pregnancy, labour, birth and early postnatal period to ensure that the woman's and fetus' condition is suitable for water immersion during first stage labour and/or birth. The qualified practitioner should ensure the woman has no fetal or maternal contraindications and that she has the capacity to give informed consent. The qualified practitioner must ensure the woman has consented in accordance with this policy before she enters the water.

- 9.1 The prerequisite for a water immersion during first stage labour and/or birth is that the woman should have an uncomplicated singleton pregnancy with a cephalic presentation between 37 and 42 weeks of gestation (259 to 294 days).
- 9.2 Having one or more of the following conditions precludes a woman from first stage labour or birth in water:
- 9.2.1 Obstetric History – previous:
- post-partum haemorrhage in excess of one (1) litre
  - caesarean section delivery when the women's labour and or birth cannot be monitored electronically as described in the relevant standards
  - shoulder dystocia
- 9.2.2 Medical History:
- insulin dependent diabetes
  - active herpes
  - known HIV positive
  - alcohol or drug misuse
  - any pre-existing medical condition that may affect the woman's labour risk
  - mobility/skeletal problems that may prevent leaving the bath when necessary
- 9.2.3 Current Pregnancy:
- pre-eclampsia
  - intrauterine growth restriction
  - current risk factors for shoulder dystocia
  - BMI > 35kg/m<sup>2</sup> at any time during pregnancy, including at the commencement of labour
- 9.2.4 During Labour:
- meconium stained liquor (in the presence of meconium stained liquor and continuous fetal surveillance/monitoring), the woman could use the bath for labour, but not for birth and ensuring care is provided in accordance with the SA Perinatal Practice Guidelines
  - febrile or evidence of infection (maternal temperature >37.8°C, or 2 high readings ≥ 37.5 °c recorded 2 hours apart), including chorioamnionitis or active herpes
  - fetal heart rate abnormalities
  - intrapartum haemorrhage
  - maternal opioid use within the last 4 hours
  - epidural analgesia
- 9.2.5 Workforce:
- If the health unit is not able to ensure the availability (24/7) of a qualified practitioner with accredited competency in first stage labour and birth in water (as per local health unit procedure) to undertake designated responsibility for the care of the woman wishing to use water immersion during first stage labour and/or birth.

## 10. Special circumstances

- 10.1 Maternal colonisation with Group B Streptococcus (GBS) is not a contraindication for labour and/or birth in water. There is some evidence that GBS colonisation of the baby is lower following water birth when compared to land birth (Cluett & Burns 2009), however, intravenous antibiotic prophylaxis for known GBS positive women should be followed in accordance with the SA Perinatal Practice Guidelines (PPGs).
- 10.2 Women with ruptured membranes > 18-24 hours may also use water for labour and birth, however, must have intravenous antibiotic prophylaxis in accordance with the PPGs.
- 10.3 Where the qualified practitioner is a midwife, he/she is to practice in accordance with the Australian College of Midwives (ACM) National Midwifery Guidelines for Consultation and Referral (2013) if there is any deviation from the 'norm' during the pregnancy and birth.

## 11. Essential Equipment

- 11.1 In addition to standard equipment made available for birth, the qualified practitioner should ensure that the following necessary items are available for a first stage labour and/or birth in water:
- appropriate water proof patient lifting equipment
  - water thermometer
  - waterproof Doppler
  - waterproof continuous cardiocograph/fetal surveillance/monitoring (if indicated)
  - gloves of sufficient length to cover bare skin when in contact with water containing amniotic fluid or blood
  - waterproof gown or apron
  - a sieve to remove faecal contamination
  - kneeler pads, cushions, low stool or birth ball for the health and safety of midwives and birth companion (Burns & Kitzinger 2001; Garland 2011)
  - resuscitation equipment
  - hand held mirror (single use or able to be sterilised)
- 11.2 An attached shower facility over the bath should be considered whenever practicable for additional maternal comfort to ease backache (Burns & Kitzinger 2001).
- 11.3 Consideration could be given to additional flotation aids such as an inflatable neck collar or 'swim noodles' (Pidgeon 2010)

## 12. Precautions

- 12.1 Women planning to use water immersion during first stage and/or birth must be managed in accordance with, and have the range of investigations/tests recommended by the SA Perinatal Practice Guidelines. The qualified practitioner supporting the woman using water immersion during first stage labour and/or birth must have direct access to the results of the investigations/tests and all antenatal records.
- 12.2 The qualified practitioner must also follow the SA Department of Health and Ageing policy Planned Birth at Home if a woman decides to undertake first stage labour and/or birth in water at home.
- 12.3 It is advisable that a woman intending to have a water birth is booked with the health unit facilitating her water birth in early pregnancy to ensure optimal maternal and fetal wellbeing.
- 12.4 The qualified practitioner(s) should ensure that the woman is aware that her removal/transfer out of the water is necessary if epidural, spinal or narcotic pain relief is required or if complications arise during labour or birth
- 12.5 The qualified practitioner(s) should advise the woman intending to use water immersion for first stage labour and/or birth that active management of the 3rd stage of labour is encouraged and she would be required to leave the water at this stage. Consideration can be given for the woman to remain in the water for physiological management of the 3rd stage if she chooses after informed consent. Information re the lack of evidence to support or contraindicate birth of the placenta in water should be given to women.
- 12.6 If a woman chooses to continue with first stage labour, birth or third stage labour in water contrary to the advice of the qualified practitioner(s), the qualified practitioner(s) should seek assistance immediately and notify the relevant senior clinical staff in the area, documenting the advice provided and subsequent outcome.

## 13. Procedural Guidelines

- 13.1 A woman using water immersion in first stage labour must:
- not be left alone, and
  - must have a qualified practitioner experienced in first stage labour and birth in water immersion allocated responsibility for her care
- 13.2 A woman using water immersion for birth must have a qualified practitioner with accredited competency in first stage labour and birth in water (as per local health unit procedure) in attendance during birth in water.
- 13.3 The qualified practitioner(s) should provide a safe working environment at all times by maintaining effective work practices, adopting procedures and practices that comply with the relevant legislative requirements within the Work Health and Safety Act 2012 (SA Government 2012), and taking reasonable care to protect their own health and safety and that of the woman and the baby.
- 13.4 Principles of infection control during first stage labour and/or birth in water will be maintained in accordance with National Infection Control Guidelines (National Health and Medical Research Council, 2010). Personal protective clothing should be worn as appropriate.

13.5 If a woman chooses to remain in the water when the qualified practitioner(s) have advised against it, the qualified practitioner(s) should seek assistance immediately and notify the relevant senior clinical staff in the area and document the advice provided and subsequent outcome.

13.6 The qualified practitioner(s) will ensure that maternal, fetal and newborn wellbeing are monitored and documented as per contemporaneous documentation standards, in accordance with the SA Department of Health Medical Records Documentation and Data Capture Standards August 2000, including the progress of labour and all decision-making.

In the instance that the qualified practitioner is a midwife, consultant advice should be sought as deemed appropriate and/or as indicated in the ACM National Midwifery Guidelines for Consultation and Referral (2014).

13.6 The qualified practitioner should provide care in accordance with the SA Perinatal Practice Guidelines. Additional measures for first stage labour and/or birth in water qualified practitioner(s) should take, include the following:

<b>Bath and Water Management</b>	
<b>Practice recommendation</b>	<b>Rationale</b>
Appropriate oxygen and suction equipment for both mother and baby must be readily accessible to the woman using water immersion in first stage labour and / or birth. This equipment must be checked regularly for effective supply and function before the woman enters the water; as per local unit procedure. Appropriate waterproof lifting equipment must be readily available	Ensure accessibility and ease of use in the event of an obstetric emergency
If in Hospital - Routine testing of water supplies as per Guidelines for the control of legionella in manufactured water systems in South Australia / Health Protection Programs (DOH, 2013)	Ensure legionella not in the water (Collins et al 2016)
Ordinary tap water is to be used for first stage labour and/or birth in water, with no additives (e.g. no essential oils).  The pool or bath used should not be pre-filled in advance of labour	Some evidence that additives may be harmful to the baby (Garland 2011)  Filling water in advance encourages the growth of environmental pathogens such as Legionella pneumophila and pseudomonas
Bath temperature should be recorded hourly on the partogram: First stage labour suggested range 34.0-38.0°C Second stage labour and birth suggested range 36.0-38.0°C	Appropriate record keeping and monitoring of temperature
If the bath/pool becomes heavily contaminated, the woman should be asked to leave it temporarily until the water can be changed and the bath/pool surface cleaned.	Increased risk of transmission of faecal microbes to the baby
The pool used, ideally should have a disposable liner. Domestic spa pools (or any pool with jets) are not recommended	Improved infection control. They are unable to be disinfected to a suitable standard (Collins et al 2016)
After use, the bath and sieve (if not disposable), must be thoroughly cleaned and allowed to air dry before next use (refer to Appendix II).	Infection control
Additional considerations for first stage labour and/or birth in water at home: The floor should be structurally strong enough to support the weight of the filled birth pool There should be sufficient supply of hot and cold water to maintain appropriate temperature of the pool Pool should be positioned to allow ease of access to the birth attendant Lifting equipment in the case of an obstetric emergency may need to be modified for use in the home. Consideration can be given to additional flotation devices such as 'noodles' or inflatable neck pillows. the pool used should not have the water temperature maintained by the use of a heater or pump.	General considerations (Home Birth Organisation, UK 2017)  Ensure accessibility and ease of use in the event of an obstetric emergency  There is an increased risk of the rare but serious complication of Legionnaires disease (Collins et al 2016)

<b>First stage of labour – additional care guidelines beyond routine care</b>	
<b>Practice recommendation</b>	<b>Rationale</b>
Discuss with the woman reasons for having to leave the bath should complications arise and the need to comply with the request.	It is difficult to predict outcomes of pregnancy and birth, and complications can occur quickly.
Ensure the woman is aware that she can leave the water at any time she wishes. Record on the partogram, the times that the woman enters and leaves the water.	Supports women's choices. Adequate documentation of labour events.
Consideration should be given to ensuring the woman is in established labour prior to entering the pool	Some evidence that labour may slow down if the pool is entered in early labour, but this is not definitive (Harper 2016)
The bath should be filled to the level of the woman's axilla or breast level when sitting for first stage of labour and it should be ensured that the woman's vulval/perineal area is completely submerged for the birth.	Benefits of labouring in water may be less noticeable without deep immersion (Harper 2016).
Water temperature should be maintained to women's comfort levels in first stage of labour but not exceed 38.0°C	In temperatures above 38.0°C there is a risk of maternal hyperthermia with subsequent fetal hyperthermia, increased oxygen consumption and potential for fetal hypoxia (Garland 2011, Harper 2016, Nutter et al 2014b)
Maternal temperature should be recorded hourly. If her temperature is raised, she should either leave the pool for a period or the bath water should be cooled. The woman's temperature should be checked again in 30 minutes. If the woman's temperature is $\geq 38.0^{\circ}\text{C}$ or $> 37.5^{\circ}\text{C}$ on 2 occasions, the woman should leave the water and a full maternal and fetal assessment undertaken. Consult or refer if indicated.	Maternal hyperthermia may result in fetal hyperthermia, increased oxygen consumption and potential for fetal hypoxia (Garland 2011, Harper 2016, Nutter et al 2014b).
A qualified practitioner may perform a vaginal examination underwater if deemed necessary. This procedure should be undertaken as for a normal birth.	No contraindications providing the qualified practitioner is comfortable to do so in accordance with local Work Health and Safety Guidelines (Garland 2011)
Nitrous oxide and oxygen may be used in pain management for the woman undertaking first stage labour and/or birth in water. The woman should be given appropriate instructions for safe use of this pain relief medication.	
Encourage the woman to drink	Ensure adequate hydration and minimise effects of warm environment (Garland 2011)
If the labour is not 'progressing', the woman may need to leave the water, mobilise and possibly eat and drink.	This may facilitate increased contractions (Garland 2011).

<b>Second stage of labour and birth - additional care guidelines beyond routine care</b>	
<b>Practice Recommendation</b>	<b>Rationale</b>
Consideration should be given to ensuring bath temperature is between 36.0°C and 38.0°C at the time of the birth.	Theoretical risk of stimulating breathing prior to baby surfacing with colder temperatures (Harper 2016, Nutter et al 2014b)
Encourage spontaneous (physiological) pushing. A mirror can be used to observe for external signs of progress if necessary.	Directed pushing is associated with lower Apgar scores and umbilical artery pH (Enkin et al 2000).
Support the woman with a 'hands off' birth with quiet verbal guidance, ensuring minimal stimulation of the baby underwater. Await spontaneous restitution and birth of the body.	Theoretical risk of stimulating respiration by touching the baby prior to newborn surfacing (Harper 2016, Nutter et al 2014b)
The vulval/perineal area needs to be completely submerged for birth. Ensure the baby is born completely underwater, with no air contact until being brought gently to the surface immediately after the body is delivered. If a woman raises herself out of the water during the birth, exposing the fetal head to air, she should remain out of the water for the remainder of the birth.	Avoids potential initiation of newborn respiration and water inhalation if newborn exposed to air and then submerged during birth (Nutter et al 2014b) Reduces risk of stimulating respiration through handling or temperature change. (Harper 2016, Nutter et al 2014b)

<b>Second stage of labour and birth - additional care guidelines beyond routine care</b>	
<b>Practice Recommendation</b>	<b>Rationale</b>
Do not feel for the presence of a nuchal cord. Loosen the cord and disentangle as the baby is born if required. If the cord is around the baby's neck tightly and needs to be cut, the woman is to be assisted to stand out of the water so this process can occur safely. The woman needs to remain out of the water for the remainder of the birth. Under no circumstances should the cord be clamped and cut under water.	Reduces risk of stimulating respiration through handling or temperature change prior to newborn surfacing. (Harper 2016, Nutter et al 2014b) Clamping or cutting of the umbilical cord may stimulate newborn respiration (Johnson 1996)
Avoid excessive cord traction as newborn brought to the surface.	Reduces risk of cord avulsion (Schafer 2014)
Check the umbilical cord immediately following birth for avulsion. If detected, immediately clamp at the umbilicus.	Reduces the potential for newborn haemorrhage and subsequent morbidity due to cord avulsion (Schafer 2014)
Assess the colour of the water following birth. If a woman's legs are not easily visualised she should be assisted out of the water immediately for further evaluation.	Excessive blood discolouration in the pool may indicate cord avulsion or maternal PPH (Nutter et al 2014b, Schafer 2014)
Dry the newborn's face and head. Skin to skin contact between the newborn and mother is encouraged with only the newborn's body submerged in the water. The newborn's head or face should not be resubmerged.	Facilitates newborn thermoregulation. Avoids potential for newborn respiration under water

<b>3<sup>rd</sup> stage of labour - additional care guidelines beyond routine care</b>	
<b>Practice Recommendation</b>	<b>Rationale</b>
Active management of the 3 <sup>rd</sup> stage of labour is encouraged. The woman should be assisted to leave the water. Procedure as per normal birth. Do not administer the oxytocic injection under the water.	Reduces the risk of PPH > 1000 mL (Begley et al 2015) Active management of the 3 <sup>rd</sup> stage of labour should not occur in water immersion Avoids injection of contaminate into the woman
"Although the recommendation for management of third stage is active, in uncomplicated labours (no oxytocin or epidural) where the woman's history is also uncomplicated, the woman may exercise her choice of expectant (physiological) management of the third stage" (Department for Health and Ageing 2015, p13). If the woman has chosen not to remain in the bath for physiological 3 <sup>rd</sup> stage of labour, assist the woman out of the water and follow procedure as per Normal Birth PPG.	For women at low risk of bleeding, active management decreases primary blood loss > 500 mLs but there is no difference in severe haemorrhage or Hb less than 9 g/dL between women who have active or physiological management (Begley et al 2015)
Consideration should be given for the woman to remain in the water for physiological management of the 3 <sup>rd</sup> stage if she chooses.	There is no evidence to either contraindicate or support physiological 3 <sup>rd</sup> stage of labour in water. There are no studies linking water embolism to birth of the placenta in water (Cluett & Burns 2009). Physiological 3 <sup>rd</sup> stage of labour in water is supported in a number of other guidelines (Department of Health WA 2012, Lakin et al 2014, Nutter et al 2014b)

<b>Care of the newborn - additional care guidelines beyond routine care</b>	
<b>Practice Recommendation</b>	<b>Rationale</b>
Dry the newborn's face and head. Skin to skin contact between the newborn and mother is encouraged with only the newborn's body submerged in the water. The newborn's head or face should not be resubmerged.	Facilitates newborn thermoregulation. Avoids potential for newborn respiration under water
Assessment of the baby should take place as per usual routines. APGAR scoring should not be delayed until the baby is removed from the water.	Timely identification of newborn compromise.
If respirations have not commenced within one minute of birth, the cord should be clamped and cut, and the baby removed from the bath for resuscitation. Neonatal resuscitation should commence immediately.	Timely action in the event of newborn compromise.
Temperature of the newborn should be monitored if remaining in the water with its mother. Temperature of the water should be maintained at 36.5-37.5°C during this time. Consideration can be given to using a dry hat on the newborn, changing it if it becomes wet. The newborn should be dried quickly once exited the water.	Wet newborns exposed to air are at increased risk of hypothermia. Timely identification of newborn hypothermia (Department of Health WA 2012)

<b>Care of the mother in the first hour after birth – additional care guidelines beyond routine care</b>	
<b>Practice Recommendation</b>	<b>Rationale</b>
The mother should be kept warm following birth. Water temperature should be maintained at 36.0-37.5°C whilst she remains in it. Consideration should be given to having warm towels and blankets when she exits the pool.	Avoid maternal hypothermia
If PPH is suspected or there is any evidence of maternal compromise, the woman must be assisted to leave the water immediately.	Timely action in the event of maternal compromise.
The woman (and baby) must be fully assisted when leaving the water.	Potential for maternal hypotension on standing. Potential for slipping on wet floor Prevention of falls (Department for Health and Ageing 2016)
If perineal suturing is required, it is preferable to delay this until 1 hour after leaving the water in the absence of excessive bleeding	Allows time for water retained in the tissues to dissipate following prolonged immersion (Garland 2011)

## 14. Labour/Birth Complications in the Bath

- 14.1 The qualified practitioner(s) in attendance are responsible for acting appropriately in response to problems that may occur during any stage of labour or birth, for the concurrent documenting of progress and outcomes.
- 14.2 If there is any deviation from normal observations of the woman and/or fetus, the woman must be asked to leave the water and the qualified practitioner should seek additional assistance as necessary.
- 14.3 In the rare case of an emergency situation (eg. intrapartum haemorrhage, shoulder dystocia, postpartum haemorrhage), the woman should be assisted to leave the bath. Subsequent management should follow the relevant PPG.
- 14.4 If the woman becomes unconscious, the qualified practitioner should immediately ensure the woman's airway is maintained and instigate the required emergency procedures as per the local unit policy and PPGs. It should be remembered in this instance to refrain from emptying the bath as the bath water will give buoyancy and assist in the process of removing the woman from the bath (Garland 2011).
- 14.5 In the event of cord avulsion, grasp the end of the baby's end of the cord quickly and apply cord clamp to prevent blood loss. Assess the baby and inform the Medical Officer responsible for review (Schafer 2014)
- 14.6 Health units providing facilities for first stage labour and/or birth in water should have specific emergency procedures in the event of the need to resuscitate the woman and/or the baby in this area. The utilisation of patient lifting equipment and the immediate access of additional staff to assist in this situation must be included.
- 14.7 The qualified practitioner should report any incident or adverse outcome in accordance with the health unit's Safety Learning System
- 14.8 The Chief Executive Officer of the health unit providing facilities for first stage labour and/or birth in water must notify the Department of Health and Ageing's Insurance Services in accordance with the normal practice when an adverse event occurs.

## 15. Documentation

The qualified practitioner caring for the woman using water immersion for first stage in labour and/or birth must accurately document all clinical observations made during labour, birth and postnatally as for normal birth. In addition she/he must document the following:

- 15.1 Discussions with the woman on the use of water immersion during first stage labour and/or birth.
- 15.2 Advice to the woman about the need for her to leave the bath if complications arise.
- 15.3 Discussions about the “Policy for First Stage Labour & Birth in Water” patient information brochure (Appendix I), ensuring the associated consent is signed and filed in the woman’s medical record.
- 15.4 Time and date, on the partogram, when the woman enters and leaves the water during first stage labour and/or birth.

## 16. Policies/Procedures

- 16.1 As per *Normal Birth* and other relevant PPGs if indicated.
- 16.2 The SA Department of Health and Ageing policy Planned Birth at Home if applicable.

## 17. Bath Cleaning Requirements

Refer to Appendix II for detail

## 18. Checklist for Qualified Practitioners Attending a Water Birth

The qualified practitioner(s) should ensure that they complete the First Stage Labour and Birth in Water Checklist (Appendix III) before the woman undertakes water immersion for labour and/or birth.

## 19. References

1. Australian College of Midwives, 2013, National Midwifery Guidelines for Consultation and Referral, 3<sup>rd</sup> Ed, Issue 2 (December 2014), Canberra Australian College of Midwives, 2013. Deakin West, ACT Australian College of Midwives 2013
2. Begley, CM, Gyte, GML, Devane, D, McGuire, W & Weeks, A. 2015, "Active versus expectant management for women in the third stage of labour", Cochrane Database of Systematic Reviews, Issue 3. [cited 17/2/17], available from <http://www.thecochranelibrary.com>
3. Bovbjerg, ML, Cheyney, M & Everson, C. 2016. "Maternal and Newborn Outcomes Following Waterbirth: The Midwives Alliance of North America Statistics Project, 2004 to 2009 Cohort", *Journal of Midwifery and Women's Health*, 61(10): pp 11-20.
4. Burns, E & Kitzinger, S. 2001. *Midwifery Guidelines for Use of Water in Labour*. Oxford: Oxford Centre for Health Care Research and Development, Oxford Brookes University.
5. Burns, E. 2001. "Waterbirth", *MIDIRS Vol. 11*: pp 510-3.
6. Cluett, ER & Burns, E. 2009. "Immersion in water in labour and birth (Review)", *Cochrane Database of Systematic Reviews*, Issue 2. [cited 17/2/17], available from <http://www.thecochranelibrary.com>
7. Collins, SL, Afshar, B, Walker, JT, Aird, H, Naik, F, Parry-Ford, F, Phin, N, Harrison, TG, Chalker, VJ, Sorrell, S & Cresswell, T. 2016. "Heated birthing pools as a source of Legionnaires' disease", *Epidemiology and Infection*, 144: pp 796-802.
8. Dahlen HG, Dowling H, Tracy M, Schmied V, Tracy S. 2013. "Maternal and perinatal outcomes amongst low risk women giving birth in water compared to six birth positions on land. A descriptive cross sectional study in a birth centre over 12 years", *Midwifery*, 29(7): pp 759-764.
9. Davies, R, Davis, D, Pearce, M & Wong, N. 2015. "The effect of waterbirth on neonatal mortality and morbidity: a systematic review and meta-analysis", *Joanna Briggs Institute Database of Systematic Reviews & Implementation Reports*, 13(10): pp 180-231.
10. Department for Health and Ageing, South Australia. 2013. *Guidelines for the control of legionella in manufactured water systems in South Australia / Health Protection Programs*, SA Government. [cited 27/3/17], available from [www.sahealth.sa.gov.au](http://www.sahealth.sa.gov.au)
11. Department for Health and Ageing, South Australia. 2016. *Fall and Fall Injury Prevention and Management Policy Directive*, SA Government. [cited 17/2/17], available from [www.sahealth.sa.gov.au](http://www.sahealth.sa.gov.au)
12. Department for Health and Ageing, South Australia. *Perinatal Practice Guidelines*, [cited 17/2/17], available from [www.sahealth.sa.gov.au/perinatal](http://www.sahealth.sa.gov.au/perinatal)
13. Department of Health and Ageing, South Australia. 2007, *Policy for Planned Home Birth at Home in South Australia*, Government of South Australia
14. Department of Health, Western Australia. 2012 *WA Water Birth Clinical Guidelines*. Perth: Health Networks Branch.
15. Enkin, M, Keirse, MJNC, Neilson, J, Crowther, C, Duley, L, Hodnett, E & Hofmeyer, J. 2000. *A Guide to Effective Care in Pregnancy and Childbirth*. Oxford: Oxford University Press.
16. Garland, D. 2011. *Revisiting Waterbirth – an attitude to care*. Palgrave Macmillan UK.
17. Green, JM, Coupland, VA & Kitzinger, JV. 1990. "Expectations, experiences and psychological outcomes of childbirth: a prospective study of 825 women", *Birth*, 17: pp 15-24.
18. Harmsworth, G. 1994. "Safety first", *Nursing Times*, 90: pp 31-32.
19. Harper, B. 2016. "Waterbirth Basics. From Newborn Breathing to Hospital Protocols", *Midwifery Today*, Spring: pp 32-35
20. Henderson, J, Burns, EE, Regalia, AL, Casarino, G, Boulton, MG, Smith, LA. 2014. "Laboring women who used a birthing pool in obstetric units in Italy; prospective observational study", *BMC Pregnancy Childbirth*, 14: pp 1-7.
21. Home Birth Organisation UK, "Waterbirth at Home", Home Birth Reference Site, [cited 13/2/17], available at <http://www.homebirth.org.uk/water.htm>.
22. Johnson, P. 1996. "Birth under water – to breathe or not to breathe", *British Journal of Obstetrics and Gynaecology*, 103: pp 202-208.
23. Jones, L, Othman, M, Dowswell, T, Alfirevic, Z, Gates, S, Newburn, M, Jordan, S, Lavender, T, Neilson, JP. 2012. "Pain management for women in labour: an overview of systematic reviews", *Cochrane Database of Systematic Reviews*, Issue 3. [cited 24/2/17], available from <http://www.thecochranelibrary.com>
24. Lakin, F, Ross, J & Gandy, J. 2014, *Guideline for the use of water immersion for labour and/or birth*, Nottingham University Hospitals NHS Trust, [cited 17/2/17], available at [https://www.google.com.au/search?q=Nottingham+University+Hospitals+guideline+for+the+use+of+water+immersion+for+labor&aq=chrome..69i57.26312jOj8&sourceid=chrome&es\\_sm=122&ie=UTF-8](https://www.google.com.au/search?q=Nottingham+University+Hospitals+guideline+for+the+use+of+water+immersion+for+labor&aq=chrome..69i57.26312jOj8&sourceid=chrome&es_sm=122&ie=UTF-8)
25. Maude, R & Foureur, M. 2007. "It's beyond water: Stories of women's experience of using water for labor and birth", *Women and Birth*, 20(1): pp 17-24.
26. Menakaya, U, Albayati, S, Vella, E, Fenwick, J, Angstetra, D. 2013. "A retrospective comparison of water birth and conventional vaginal birth among women deemed to be low risk in a secondary level hospital in Australia", *Women and Birth*, 26(1): pp 114-118.
27. National Health and Medical Research Council. 2010. *National Infection Control Guidelines*. [cited 27/3/17], available at <https://www.nhmrc.gov.au/guidelines-publications/cd33>
28. Nutter, E, Meyer, S, Shaw\_Battista, J & Marowitz, A. 2014. "Waterbirth: An Integrative Analysis of Peer-Reviewed Literature", *Journal of Midwifery and Women's Health*, 59(3): pp 286-319.
29. Nutter, E, Shaw-Battista, J & Marowitz, A. 2014b. "Waterbirth Fundamentals for Clinicians", *Journal of Midwifery and Women's Health*, 59(3): pp 350-354.
30. Pidgeon, J. 2010. "Avoiding troubled waters", *Midwives. The official magazine of the RCM*, Feb/Mar: pp 42-43.
31. Richmond, H. 2003. "Women's experience of waterbirth", *Practising Midwife*, 6(3): pp 26-31.
32. Royal College of Obstetricians & Gynaecologists/Royal College of Midwives. 2006. *Immersion in Water During Labour and Birth*. Joint Statement No. 1.
33. Schafer, R. 2014. "Umbilical Cord Avulsion in Waterbirth", *Journal of Midwifery and Women's Health*, 59(1): pp.91-94.
34. Scheil, W. 2017 "Waterbirth numbers in South Australia 2006-2015", personal correspondence.....



35. South Australian Government. 2012. Work Health and Safety Act and Regulations: SafeWork SA, [cited 27/3/17], available from [https://www.safework.sa.gov.au/show\\_page.jsp?id=112257](https://www.safework.sa.gov.au/show_page.jsp?id=112257)
36. Taylor, H, Kleine, I, Bewley, S, Loucaides, E & Sutcliffe, A. 2016. "Neonatal outcomes of waterbirth: a systematic review and meta-analysis", Archives of Disease in Childhood. Fetal and Neonatal Edition, 101: pp F357-F365.
37. Thoeni, A, Zech, N, Moroder, L & Ploner, F. 2005. "Review of 1600 water births. Does water birth increase the risk of neonatal infection?", Journal of Maternal-Fetal & Neonatal Medicine, 17(5): pp 357 – 361.
38. Young, K & Kruske, S. 2013. "How valid are the common concerns raised against water birth? A focused review of the literature", Women and Birth, 26(2): pp 105-109.
39. Zanetti-Dallenbach, R, Lapaire, O, Maertens, A, Holzgreve, W & Hösli, I. 2006. "Water birth, more than a trendy alternative: a prospective, observational study", Archives of Gynecology and Obstetrics, 274: pp 355–365.

## 20. Level of Evidence

I, III-2, III-3 and IV

## 21. Associated Unit/s of Care (UOC's)

Unit	Title
Perinatal Medicine	First Stage Labour & Birth in Water

## 22. Appendices

### Appendix I: Policy for First Stage Labour & Birth in Water” patient information brochure

Patient Information Brochure

**Policy for First Stage Labour & Birth in Water**

**August 2017**

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Copies of this brochure and the related policy, *First Stage Labour and Birth in Water*, are available from [www.sahealth.sa.gov.au/permatel](http://www.sahealth.sa.gov.au/permatel)

**For more information**  
Department of Health and Ageing,  
SA Maternal, Neonatal & Gynaecology Community of Practice  
Women's & Children's Health Network  
72 King William Road  
North Adelaide, SA 5006  
[www.wch.sa.gov.au](http://www.wch.sa.gov.au)  
Non-English speaking: for information in language other than English, call the Interpreting and Translating Centre and ask them to call the Department of Health.  
This service is available at no cost to you, contact (08) 82261990

Government of South Australia  
SA Health

## Patient Information Brochure Policy for First Stage Labour & Birth in Water

The use of water immersion during labour provides you with an alternative option for comfort, mobility and privacy. You may also wish to give birth in water.

Water immersion in a birth pool or bath during labour and birth has been shown to reduce pain and the need for pain relieving drugs and also to increase women's satisfaction with the experience. It may even shorten the length of labour.

Research data shows that women at low risk of complications using water immersion for labour and/or birth have similar outcomes to women that do not use water immersion in terms of:

- ◊ the need to use drugs to help labour progress
- ◊ caesarean or assisted births
- ◊ rates of infection in women
- ◊ need for stitches in the perineum after birth
- ◊ overall blood loss.

The use of water immersion may make it difficult to easily recognise some complications. You may be asked to leave the water if your midwife or doctor is concerned.

Concerns have been raised previously that your baby may be at increased risk of infection if you use water immersion in labour and birth. There are strict guidelines around the types of bath/pool used, cleaning regimes and water management to minimise this risk. Research shows no increased risk of infection when these guidelines are followed.

Another concern is that your baby may breathe under the water and inhale the water. To avoid this potential, your baby should be born completely under the water and then gently lifted into the air. Your baby's head should then remain above the water. Again, research shows no increased risk of breathing problems if these guidelines are followed.

You can consider undertaking first stage labour and/or birth in water if all of these points apply to you:

- ◊ You are able to be cared for continuously by a midwife or doctor experienced in managing water births should you decide to stay in the water
- ◊ You have an uncomplicated pregnancy with only one (1) baby that is presenting head first
- ◊ You are between 37 and 42 weeks pregnant
- ◊ You do not have a medical condition that may compromise your safety or that of your baby
- ◊ You are not overweight & have a Body Mass Index less than 35kg/m<sup>2</sup> at the commencement of labour
- ◊ You do not want to have epidural, spinal or narcotic pain relief during labour
- ◊ You do not have an altered state of consciousness
- ◊ You or your baby does not require a level of monitoring that is difficult to achieve in the water
- ◊ You are prepared to be transferred out of the water if necessary
- ◊ You have been informed of the Department of Health and Ageing policy on **First Stage Labour and Birth in Water**
- ◊ You have read this brochure, discussed it with your midwife or doctor and signed the consent form "Consent to first stage labour and birth in water MFR 82WB".

Safety for you and your baby is the main concern when deciding to undertake first stage labour and/or give birth in water.



## Bath Cleaning Requirements

### Preamble

Standard Infection Control Guidelines, including standard precautions and appropriate environmental cleaning must be adhered to, to prevent cross infection or contamination (NHMRC, 2010).

Evidence seems to suggest no great risk of infection from using water for labour and/or birth, although routine infection control procedures are recommended, including removal of faecal or blood contamination from the water and appropriate cleaning of baths (Brown 1998; Eriksson et al 1996; Robertson et al 1998; Forde et al 1999).

The suggestion that bath water provides a perfect condition for bacteria to reproduce is refuted by the data (Garland, 2011).

### Procedure

The extent of cleaning will depend on whether a bath or a birth pool is used, as follows:

- 1.1 If a portable pool is to be used, use/purchase individual pool with a disposable liner.
- 1.2 If a spa bath is used, the cleaning regimen should include jets, drain pumps, hoses and filters. They should be well maintained, free draining and flushed through with a chlorine solution after each use.
- 1.3 The cleaning agent should be an appropriate hospital cleanser commonly used by the organisation.
- 1.4 The bath should be allowed to air dry.
- 1.5 The bath should be rinsed before the next use.
- 1.6 The bath or pool should be regularly maintained.
- 1.7 Routine Legionella testing of the hospital water supply should occur in accordance with state/national recommendations. (DOH, 2013)

Correct ergonomic positions for cleaning of the bath should be adopted (SA Govt 2012), as follows:

- 1.8 Cleaning of baths should take place with long handled equipment, adjusted to the correct length to allow cleaning of all bath walls.
- 1.9 The bath should be cleaned without forward bending, twisting or over-reaching.
- 1.10 The back should be kept in a position so as to maintain normal spinal curves with all cleaning activities.

### References

1. Brown, L. 1998. "The tide has turned: audit of waterbirth" in British Journal of Midwifery Vol. 6: pp. 236-43.
2. Department for Health and Ageing, South Australia. 2013. Guidelines for the control of legionella in manufactured water systems in South Australia / Health Protection Programs, SA Government. [cited 27/3/17], available from [www.sahealth.sa.gov.au](http://www.sahealth.sa.gov.au)
3. Eriksson, M, Ladfors, L, Mattsson, L & Fall, O. 1996. "Warm tub during labour. A study of 1385 women with prelabor rupture of the membranes after 34 weeks gestation", Acta Obstet Gynecol Scand Vol. 75: pp. 642-4.
4. Forde, C, Creighton, S, Batty, A, Hawdon, J, Summers-Ma, S & Ridway, G. 1999. "Labour and delivery in the birth pool", British Journal of Midwifery Vol. 7: pp. 165-71.
5. Garland, D. 2011. Revisiting Waterbirth – an attitude to care. Palgrave Macmillan UK.
6. National Health and Medical Research Council. 2010. National Infection Control Guidelines. [cited 27/3/17], available at <https://www.nhmrc.gov.au/guidelines-publications/cd33>
7. Robertson, PA, Huang, LJ, Croughan-Minihane, MS & Kilpatrick, SJ. 1998. "Is there an association between water baths during labor and the development of chorioamnionitis or endometritis?", American Journal of Obstetrics and Gynecology Vol. 178: pp. 1215-21.
8. South Australian Government. 2012. Work Health and Safety Act and Regulations: SafeWork SA, [cited 27/3/17], available from [https://www.safework.sa.gov.au/show\\_page.jsp?id=112257](https://www.safework.sa.gov.au/show_page.jsp?id=112257)

## First Stage Labour and Birth in Water Checklist

Patient label here

The qualified practitioner(s) should ensure that the checklist is completed prior to the women entering the water in First Stage Labour and/or Birth.

This checklist should be completed as each item is addressed.

	Date	Signature	Designation
The woman has been informed of the SA Department for Health and Ageing Policy for First Stage Labour and Birth in Water.			
It has been determined that the woman meets the criteria for First Stage Labour and/or Birth in Water as outlined in the policy.			
Issues relating to pain management have been discussed with the woman.			
The woman has been informed of the safety precautions related to First Stage Labour and/or Birth in Water, including when it would be required that she leave the water.			
The woman has received a copy of the Patient Information Brochure: Policy for First Stage Labour and Birth in Water.			
A record of the woman’s request to undertake First Stage Labour and Birth in Water has been made in her SA Pregnancy Record and/or medical record			
The woman has signed 2 copies of the Consent to First Stage Labour and Birth in Water (MR82WB).			
One copy of the signed consent has been filed in the woman’s SA Pregnancy Record and the other at her participating health unit.			
All appropriate resuscitation and lifting equipment are checked ready for use and are available in the area that the woman is labouring.			
A record of when the woman has entered and left the water is recorded on her partogram.			

<p><b>CONSENT TO FIRST STAGE LABOUR AND BIRTH IN WATER</b></p> <p><b>(MR82WB)</b></p> <p>Hospital: .....</p>	<p>Affix patient identification label in this box</p> <p>UR No: .....</p> <p>Surname: .....</p> <p>Given Name: .....</p> <p>Second Given Name: .....</p> <p>D.O.B: ..... Sex: .....</p>
--	---

*If you are planning to use water in the first stage of labour or for birth, you should seek information from a qualified practitioner and read the Department of Health policy on **First Stage Labour and Birth in Water** and the opposite side of this brochure before making a final decision.*

*You must be aware that your plans to give birth in water may need to be reconsidered at any time if there are changes in your condition or the baby's, either during pregnancy, during labour or shortly after birth.*

*Qualified practitioners who participate in first stage labour and/or birth in water must adhere to the SA Health policy, **First Stage Labour and Birth in Water**.*

*If you also are planning to have a planned home birth in water, then the qualified practitioners attending you must follow the SA Health policy, **Policy for Planned Birth at Home**.*

**1. PATIENT CONSENT— Please initial the boxes below to indicate you understand the corresponding statement. If you have any questions, please ask your qualified practitioner.**

I am aware that although all births carry an inherent risk, complications with water in first stage labour and/or birth in water can occur and potential harm might arise to my baby.	
I understand the use of water in first stage labour and/or birth in water may contribute to the difficulty in easily recognising complications.	
I understand that using water in first stage labour or birth can be achieved safely, when conducted within appropriate guidelines under the care of skilled and confident qualified practitioners.	
I understand that safety for me and my baby is the main concern when undertaking first stage labour and/or give birth in water.	
I understand I will be refused the opportunity to undertake first stage labour and/or birth in water if I have any medical condition or exemplary criteria outlined on Page 1 of this brochure.	
I understand that I must be prepared to be transferred out of the water at any time if deemed necessary.	
I have been informed of the Department of Health policy on <b>First Stage Labour and Birth in Water</b> , and have read this brochure and discussed it with my qualified practitioner.	

.....  
 (Patient's given name/s) (Patient's surname)

*I confirm that I have received a copy of the **First Stage Labour and Birth in Water** information brochure, and have read and understood the information outlined on this form.*

*I also have discussed the management of my labour and birth with the qualified practitioner whose details appear in section 2 of this form.*

Patient's signature: ..... Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**2. DETAILS OF QUALIFIED PRACTITIONER ACKNOWLEDGING PATIENT CONSENT**

Full name (Please print)	Designation		
Signature	Date ____/____/____	Time ____:____	AM PM

**CONSENT—First Stage Labour and Birth in Water**  
  
**MR82WB**

SA Health  
 Created  
 April  
 2011,  
 revised  
 April  
 2017

Please use black ballpoint pen when completing this form