WATER IMMERSION DURING LABOR AND BIRTH

PROCEDURE:

1. Eligibility

   1.1. A patient is eligible to use the tub for hydrotherapy during labor and birth if she has reviewed and discussed concerns with her provider, and has signed the Water Immersion for Labor and/or Birth Consent Form (Attachment A).

   1.2. The following criteria are met:

      1.2.1. Gestation $37^{0/7}$ weeks or greater.

      1.2.2. Cephalic presentation.

      1.2.3. Normal maternal vital signs.

      1.2.4. If continuous underwater monitoring is not available, meets criteria for intermittent auscultation (reactive NST). If continuous monitoring is available, maintains category I or II fetal heart rate.

      1.2.5. No current untreated vaginal, skin, or blood born infections, not including positive antenatal group B streptococcus result.

      1.2.6. BMI below or equal to 35 at the first prenatal visit.

      1.2.7. At least four hours after last misoprostol, 30 minutes after removal of cervidil, or 20 minutes after discontinuation of pitocin.

2. Contraindications for water immersion during labor

   2.1. Absence of above criteria or any of the following:

      2.1.1. Maternal fever greater than $38^\circ C$ or $100.4^\circ F$ or suspected maternal infection.

      2.1.2. Suspected abruption.

      2.1.3. Epidural analgesia/anesthesia.

      2.1.4. Administered IV analgesics less than two (2) hours prior to entering the tub.

3. Contraindications for water immersion during birth

   3.1. Absence of above criteria or any of the following:

      3.1.1. Meconium stained fluid.

      3.1.2. History of previous shoulder dystocia or suspected macrosomia (>4000g).
3.1.3. History of postpartum hemorrhage.

4. Water temperature
   4.1. For labor: Not to exceed 100°F or 37.8°C
   4.2. For birth: Between 95-99°F or 35-37.2°C

5. Equipment
   5.1. Waterproof doppler, fetoscope, or underwater fetal monitor
   5.2. Water thermometer
   5.3. Strainer
   5.4. Delivery cart/flat set
   5.5. Infant resuscitation center
   5.6. Step stool
   5.7. Any supplies to facilitate comfort for woman or practitioner
   5.8. Standard supplies for universal precautions

6. Procedure during labor
   6.1. A laboring mother is attended in the tub by an adult visitor, doula, CNM, physician or staff member at all times.
   6.2. The woman enters the water at any point in labor. Patient is encouraged to exit tub at intervals of every 90-120 minutes for 20-30 minutes.
   6.3. Provide maternal hydration per order of the provider.
   6.4. Observe and document labor per routine labor standards.
   6.5. Fetal assessment occurs according to fetal monitoring guidelines.
   6.6. Assess maternal vital signs per labor guidelines with hourly temperatures. It is normal to observe a slight increase in maternal temperature and elevation of fetal baseline heart rate. If the patient experiences dizziness, check BP, pulse, temperature, fluid intake and cool the patient down as needed.
   6.7. Check and document water temperature hourly and at the onset of second stage.

7. Evaluation of the newborn after water birth
   7.1. Newborn remains in the tub with the mother, at the patient and provider’s discretion.
   7.2. Apgar assessment is done according to standard.
   7.3. Offer skin to skin to maintain newborn’s body temperature keeping the head out of the water.
8. Third stage

8.1. Delivery of the placenta takes place in the water or out of the water, at the discretion of the provider.

References:


WATERBIRTH CONSENT

I, __________________________________, have read all the protocols for water birth as implemented by MacDonald Women’s Hospital, University Hospitals Case Medical Center. I agree and accept all of the protocols as stated. I am aware of the eligibility criteria, as well as the contraindications and procedures for both water labor and water birth. I have been informed that during the course of my labor and birth, unforeseen conditions may occur that would require me to come out of the tub. I agree to follow instructions from the Nurse Midwife or Physician, getting out of the tub when asked to do so.

The guidelines have been discussed with me and all my questions have been answered by _____________________, CNM.

_____________________________________________ Patient Signature

_____________________________________________ Date

_____________________________________________ CNM Signature

_____________________________________________ Date

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Attachment A