



OBSTETRICS AND GYNAECOLOGY
PROCEDURE

Water immersion during labour and birth

Scope (Staff):	Maternity staff (midwifery and obstetric)
Scope (Area):	WNHS labour and birthing areas within King Edward Memorial Hospital (KEMH), Family Birth Centre (FBC), Osborne Park Hospital (OPH) and Community Midwifery Program (CMP)
This document should be read in conjunction with this Disclaimer	

KEMH, FBC, OPH and CMP follow the state-wide **Mandatory Policy 0049/17** and **Water Immersion During Labour and Birth State-wide Standard**. Go directly to the [state-wide standard \(PDF 345KB\)](#) for guidance on the safe provision of water birth.

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Aims

- To provide midwives and doctors site specific guidance when water immersion during labour and birth has been chosen
- Process for successful evacuation from a birthing pool during labour and birth if required

Go directly to, and follow, the [state-wide standard \(PDF 345KB\)](#) and Mandatory Policy [0049/17](#) for guidance on the safe provision of water birth.

Specific requirements at KEMH, OPH and CMP

- **For consumer information:** See WNHS Pregnancy, Birth and Your Baby book and [Water birth: Patient Information \(PDF 447KB\)](#) (online brochure)
- **Room suitability for inflatable pools and water birth**

➤ KEMH Labour and Birth Suite (LBS)

Suitability	Room number
MOST suitable	1, 8 and 12
Suitable	2, 3, 4, 5, 6, 11, 13 and 14
Unsuitable	7, 9, 10, 15 and 16

➤ **FBC:** All rooms suitable. Inflatable pools are provided.

➤ **OPH:** Birth suite bays 3, 4, 5 and 6 suitable. Inflatable pools are provided.

Preparation

Antenatal discussion regarding water birth assists in informed decision making for healthy women enquiring about this option.

Responsibilities of the health professional:

For women who are considered healthy, with a low risk, singleton pregnancy who have chosen water immersion during labour and birth, the midwife and/or doctor are to discuss, document and facilitate the following, preferably during the antenatal period, with the woman and support people:

1. Any reasons why immersion in water is not advised for the woman (see inclusion criteria on state-wide standard) and communication of clear expectations and reasons why they may be asked to leave the water (see [Standard](#)- section 4.2).
2. Benefits and risks to the woman and neonate
3. That a midwife competent in water birth needs to be available for the woman using water immersion during labour and birth
4. Equipment that the woman may hire/purchase for water birth at WNHS:
 - a. Women using the bath(s) on LBS will be required to bring in a debris net
 - b. If women are hiring or purchasing an inflatable birth pool, equipment including hoses; tap fittings; debris net; are available through several external suppliers
5. Ensure the woman has read and signed MR215.09 (KEMH) / MR20.1 (OPH) 'Agreement for use of water for birth' form
6. For women planning a home birth with CMP, the woman and her support person must be informed of their responsibility and accountability in relation to obtaining all the equipment required for water birth, ensuring that it is safe and in working order and have made themselves aware of appropriate disposal.

Water immersion training for health professionals

To enable a woman to enter a pool / bath for water immersion in established labour, the midwife caring for her must be water birth competent, or if being supported to attain competency:

- the competent midwife must be on the unit and available to work with that midwife in a supernumerary capacity
- and as a minimum, the midwife that is providing care to the woman needs to have completed the WNHS water birth eLearning, to ensure knowledge of how to provide appropriate care and evacuation of a woman from the pool.

WNHS provide and encourage training opportunities to become water birth competent, with ongoing mandatory annual refreshers on use of an evacuation pod.

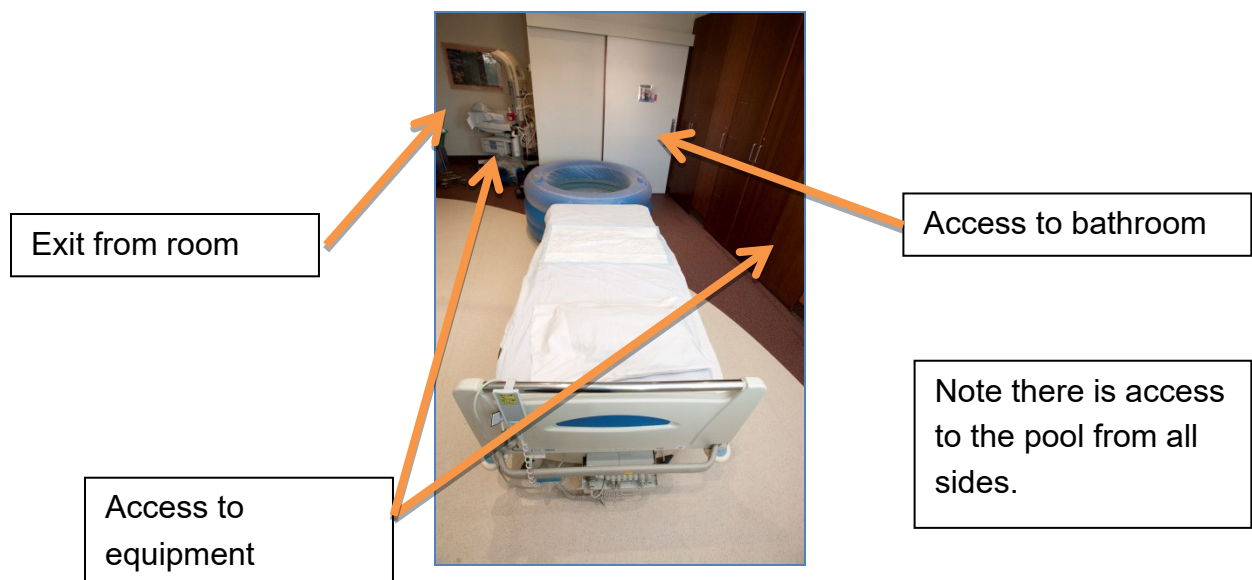
See [WNHS Education](#) for competency requirements and e-learning. Training provides familiarity with related policies, standards and guidelines and care relevant for water immersion during labour and birth, such as preparation, emergencies, water evacuation, monitoring, audit, infection prevention and occupational health and safety requirements.

Preparing the room safely for water immersion during labour and birth

Key points

1. An evacuation pod must be in the room of the woman using water immersion during labour and birth.
2. Ideal accessibility is being able to gain access on all sides (or at least two sides) of the pool/bath.
3. The woman must be able to demonstrate that she is able to enter and exit the bath/pool without placing herself or anyone else at physical risk of injury.
4. Ensure that when the woman leaves the pool/bath there are towels available to dry themselves with and stand on to prevent water spillage and minimise risk of slips/ falls.
5. Non slip mats, towels or other suitable linen should be on the floor surrounding the pool/bath to reduce risk from slips. Attend to any water spillage to minimise slipping.
6. Ensure there are no electrical appliances near the pool/bath.
7. The bed should be accessible in the room and would be moved to the position in picture below in the event of an evacuation. The inflatable pool and bed must be situated to allow access to all equipment and the bathroom, with the bed alongside the bath to allow for an evacuation route from the room (as necessary).

Placement of the pool in the room



Evacuation process

Evacuation of an unconscious woman from the pool/bath

1. Press the assist bell (KEMH) / emergency bell (OPH).
2. Maintain the woman's airway in the pool.
3. Provide clinical handover to responders.
4. Place bed/trolley alongside pool at the height of the pool.



Bed level with bath

Instructions for use of the evacuation pod

Note: The below are to be used following staff attendance at approved training.

- Unroll the evacuation pod, keep the mesh side up and unclip the belts.
- Push the pod down in the water and under the woman, ensuring the woman's head is at the V end and the foot straps are in the appropriate position. This may require the person attending to step into the pool.
- The woman should be lying centrally on the pod.
- Secure the straps at the chest and knees and adjust the belts firmly.
- To remove the woman from the pool there must be two people at either side. During the manoeuvre the person maintaining the airway may have to release the woman's head and then, immediately once transferred, establish the airway again. Ensure pod strap is maintained at the chest and not near the neck/ airway.
- Complete the transfer from the pool to the bed/trolley. Transfer needs to be in three stages:
 - 1st stage – Positioning the woman within the pod, while moving the pod to the edge of the pool/bath
 - 2nd stage – Slide the woman so her buttocks are on pool edge / end of bed
 - 3rd stage – Transfer the woman up the bed

Important notes

- Regularly check the stitching on the pod.
- In the rare event the evacuation pod is used for purposes other than **training**, it is to be disposed of and replaced.

Documentation

- Document events contemporaneously in the medical record (including paper records, digital medical record, Philips Intellispace Perinatal (PIP) or CMP MR08)
- See also section above 'Responsibilities of the health professional' including 'Agreement for use of water' for the woman to sign
- See also documentation within [Partnering with the woman who declines recommended maternity care](#) if required

Occupational safety and health (OSH) considerations

1. Where possible 'minimal handling' techniques should be used to protect both the woman and the staff when using the evacuation pod. These include:
 - The midwife's posture should be held in a position to maintain the normal curves of the spine.
 - The use of kneeler pads, cushions or a low stool will assist with correct back care.
 - It is important to prevent unsupported forward bending, twisting or overreaching when caring for a woman in the pool/bath. Avoid leaning for prolonged periods.
 - Incorporate micro breaks to reduce the effects of sustained tension (e.g. stop, stretches, then resume care)
 - Reduce the need for repetitive or sustained awkward procedures/postures.
 - Reduce the need for sustained movements or application of force.
 - Ensure that when handling a load, it is stable and balanced before performing a task.
 - Do not handle loads which are difficult to grasp or hold. Use an appropriate device.
 - See also appendix 2 in [Standard](#) for 'Manual tasks and Evacuation'
2. Linen may be heavy when wet, only half fill linen bags to minimise OSH lifting risk.
3. Consider if a slide sheet should be placed on the bed (this will aid momentum during the slide and minimise water soakage of bed).

Infection prevention and management considerations

- Standard infection precautions must be followed at all times to prevent transmission of infection.
- Single use products are the preferred option for water immersion during labour and birth at WNHS. These include:
 - Pool liners

- Water filling hoses / Waste water hoses
- Tap fittings
- Debris nets
- Evacuation pods
- Reusable equipment, such as inflatable pools, must have documented cleaning and disinfection instructions for use by the manufacturer.
- Inflatable pools must have a documented process to ensure the manufacturers recommendations for the number of uses are followed.
- Filling taps and hoses should be run fully open for several minutes prior to filling the inflatable pool with tap water, to clear the line and reduce the risk of microbial transmission.
- All equipment must be stored clean and dry to reduce any risk of contamination.
- Routine water testing of the hospital water supply or legionella is maintained by NMHS facilities management.

Workforce considerations

- Consideration to staffing and management of demand-
 - Requires a separate water birth competent midwife to care for each individual person who is requesting water immersion in active labour and birth e.g. if two women seeking immersion in water, this requires two water birth competent midwives
 - Requires adequate time and staffing- women are not provided water immersion for labour and birth unless safe midwifery staffing levels and unit acuity
- Equipment and trained midwife needs to be available. If midwife becomes unavailable, then the woman needs to leave the water (unless another water birth competent midwife is available).

Audit, compliance and evaluation

WNHS will regularly audit and evaluate use of water immersion during labour and birth as per requirements within 'Section 6: Audit and evaluation' of the state-wide standard and section 4 'Compliance Monitoring' of the state-wide policy. In addition, WNHS regularly monitors through Datix Clinical Incident Management System (CIMS) for related clinical incidents or trends. Audit results may also be discussed and/or escalated through appropriate internal committees (e.g. Obstetrics and Gynaecology Directorate).

References and related policies, procedures and guidelines

- WA Health MP 0049/17: [Water Immersion During Labour and Birth Policy](#) including [State-wide Standard](#)
- WNHS Clinical Guidelines, [Obstetrics and Gynaecology](#): Labour and Birth guidelines
- RANZCOG. (2021). [Water immersion during labour and birth](#) (external website)









Other resources or related forms

Forms:

- Progress Notes (MR250) MR55A (OPH) Integrated Progress Notes
- MR 08 (CMP) Birth Record
- MR215.09 (KEMH) / MR20.1 (OPH) 'Agreement for use of water for birth'

WNHS Patient brochures:

- [Water birth: Patient Information \(PDF 954KB\)](#) brochure
- [Pregnancy, Birth and Your Baby \(PDF 11.3MB\)](#) book

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Version history

Version number	Date	Summary
1	Aug 2010	First version. Titled 'Water birth (B5.22)' contained a link to the WA guidelines for immersion in water for pain management and/or birth.
2	Mar 2014	Linked to state policy
3	Feb 2015	Minor amendment- changed template, numbering removed from title.
4	May 2016	Provided information about water birth in the main Labour and Birth Suite
5	Oct 2018	<p>Amalgamated content from three individual guidelines on water birth dating from Oct 2008 into this procedure document.</p> <p>Previous versions</p> <ol style="list-style-type: none"> 1. Water Birth and Labouring in Water (version dated May 2016) 2. Evacuation Procedure: Labour and Birth in Water (version dated Sept 2016) 3. Community Midwifery Program: Labour and Birth in Water: Midwifery Care (version dated Sept 2014) <p>Changes:</p> <ul style="list-style-type: none"> • CMP specific: Clients planning a home birth - the client and her support person must be informed of their responsibility and accountability in relation to obtaining all the equipment required for water birthing, ensuring that it is safe and in working order and have made themselves aware of appropriate disposal
6	June 2019	Women who are eligible for labour and/or birth in water may access/utilise the LBS baths or bring in their own pool.
7	Feb 2023	<ul style="list-style-type: none"> • Reformatted layout • Added OPH details: Birth suite bays 3, 4, 5 and 6 suitable for inflatable pools • Additional OSH safety points added: <ul style="list-style-type: none"> ➢ The woman must be able to demonstrate that she is able to enter and exit the bath/ pool without placing herself or anyone else at physical risk of injury. ➢ Ensure that when the woman leaves the pool/bath there are towels available to dry themselves with and stand on to prevent water spillage and minimise OSH risk of slips/ falls. ➢ Ensure there are no electrical appliances near the pool/bath. ➢ When using evacuation pod, the pod strap is maintained at the chest and not near the neck/ airway. ➢ The use of kneeler pads, cushions or a low stool will assist with correct back care. • The bed should be accessible in the room and moved into position (see picture) in the event of an evacuation.
8	Apr 2023	Minor amendment- removed word 'mirror' from equipment
9	Feb 2024	<ul style="list-style-type: none"> • Title changed from 'Water for Pain Management During Labour and /or Birth' to 'Water Immersion during Labour and Birth' to align with language in the Department of Health WA policy and standard • Reviewed in alignment with update to the Department of Health WA

		<p>state-wide policy and standard. Additional elements from state policy added.</p> <ul style="list-style-type: none"> • Communication to include clear expectations and reasons why they may be asked to leave the water • New section added for water immersion training requirements. Includes ongoing mandatory annual refreshers on use of an evacuation pod. To enable a woman to enter a pool / bath for water immersion in established labour, the midwife caring for her must be water birth competent, or if being supported to attain competency: <ul style="list-style-type: none"> ➤ the competent midwife must be on the floor unit and available to work with that midwife in a supernumerary capacity ➤ and as a minimum, the midwife that is providing care to the woman needs to have completed the WNHS water birth eLearning, to ensure knowledge of how to provide appropriate care and evacuation of a woman from the pool • OSH- incorporate micro breaks to reduce the effects of sustained tension (e.g. stop, stretches, then resume care) • New sections added for infection prevention considerations, workforce considerations, and audit, compliance and evaluation- read sections • Added Appendix 1: Local processes for candidate selection
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Appendix 1: Local processes for candidate selection

When WNHS discusses water birth:

- At WNHS, water immersion is discussed in the antenatal period as per the Standard.
- WNHS provides multiple opportunities in the antenatal period for women to discuss with their support person and midwife, and sign the agreement for water immersion
 - May sign early in pregnancy and re-sign again later in pregnancy (twice)
 - If not signed in the antenatal period, this option may be considered and signed intrapartum, if appropriate

Who routinely facilitates the completion of the agreement form at WNHS:

- Midwives

What if the woman does not fit within the inclusion criteria:

- If falls outside the usual inclusion criteria, the woman requires medical obstetric input, as per the Standard
- If the woman declines recommended care, support her choice and refer to the processes and form within the '[Partnering with the Woman who Declines Recommended Maternity Care](#)' guideline

Are there any additional local requirements for water birth at WNHS:

- Spontaneous labour
- For women who are labouring towards a vaginal birth after caesarean (VBAC)- WNHS stipulates this as spontaneous labour, not induction
- This procedure applies to immersion/ submersion in water (and does not apply to showers)
- The woman is reassessed on her admission, intrapartum and throughout labour- if develops complications, e.g. fetal compromise etc., then may no longer be suitable for immersion in water
- **At OPH:** If using water and on continuous electronic fetal monitoring, needs obstetric involvement (multidisciplinary discussion)

Are there any exclusions or recommendations for women to leave the water:

In addition to the state-wide standard, women will be recommended to leave the water if:

- Urgent maternal or fetal compromise develops
- No water birth competent midwife available
- Unable to obtain adequate fetal monitoring
- Induction of labour or augmentation with oxytocin