

**YOUR MEDICAL CENTER  
POLICY AND PROCEDURE STATEMENT  
POLICY #  
PAGE 1 OF 4**

Policy Title	Use of Water for Labor and Birth		
Primary Dept	Family Birth Center		
Pertinent Depts			
Originated By	Family Birth Center (FBC)	Origination Date:	Nov 2005
Review Responsibility	MCC/FBC Nurse Manager	Date of Next Review:	
Approval Authority	MCC/FBC Nurse Manager	Revised/Reviewed On:	
Approval Signature		Date:	

**Purpose:**

To provide hydrotherapy during labor and birth as a method of relaxation, comfort, and pain management for women who anticipate an uncomplicated vaginal birth.

**Policy:**

1. Waterbirth will be provided to eligible women with primary caregiver approval, and the absence of contraindications.
2. Waterbirth information sheet and consent form will be reviewed and signed by the patient and the caregiver prior to admission and attached to the patient's prenatal record.
3. Lab test results indicating the absence of any infection transmittable by exposure to blood/body fluids will appear on the prenatal record.
4. Ongoing assessment will occur per the standard of care for normal labor patients and transitional care of the newborn.

**Eligibility:**

1. The patient meets low-risk criteria.
2. The patient has no current untreated vaginal, urinary tract, or skin infection.
3. Maternal vital signs are within normal limits, and fetal well-being is documented prior to warm water immersion (normal baseline FHR, variability, and presence of accelerations).
4. Ideally, warm water immersion is used for relaxation and pain management after 4-5cm dilation, when labor is well-established. Using warm water immersion prior to well-established labor may slow labor and increase the need for Pitocin augmentation.
5. The patient will agree to follow instructions from the provider or nurse, including getting out of the tub if asked to do so.

**Contraindications:**

1. Maternal fever greater than 100.4°, suspected maternal infection, or amnionitis
2. Presence of an infection transmittable by exposure to blood/body fluids
3. Undocumented fetal well-being
4. Excessive vaginal bleeding
5. Intrathecal or epidural analgesia
6. Use of narcotic analgesia <4 hours
7. Meconium

**YOUR MEDICAL CENTER  
POLICY AND PROCEDURE STATEMENT  
POLICY #  
PAGE 2 OF 4**

8. Gestation >37 weeks (physician may approve for <37 weeks)
9. Previous cesarean birth
10. Pitocin augmentation/induction
11. Any other condition at the discretion of the physician, or any condition requiring the presence additional providers for neonatal care

**Procedure:**

**Equipment:**

1. Patient will make arrangement for delivery of a portable tub.
2. Thermometer and debris net will be provided by the rental company.
3. Aqua Doppler
4. PPE including shoulder-length gloves
5. Towels, mattress pads
6. All other equipment standard for all deliveries

**Safety Considerations:**

1. Bath linens will be placed beneath and around the portable tub.
2. Patient will receive assistance getting in and out of the tub.
3. A laboring patient must never be left unattended in the tub. A reliable family member or staff must attend her.
4. Patients will not use the phone, or any other electronic devices, while in the tub.
5. If IV hydration is needed during labor, IV pump may be used only on battery power  
The IV must not be plugged into an electrical outlet.

**Water Temperature:**

1. Temperature may vary within a range of 95-100 degrees Fahrenheit.
2. Mother should control temperature variability, but not to exceed 100° F due to the possibility of dehydration or overheating.
3. Check water temperature with thermometer hourly and document, to maintain temperature between 95-100 degrees F.

**During Labor:**

1. The woman may enter the water at any point in labor; however, if cervical dilation is less than 4-5cm, entering the water may decrease the frequency of uterine contractions. Ambulation is recommended until 4-5cm and the contractions are well-established. Showering is recommended during this time, as well. The woman may adopt the position she prefers in the water.
2. Observe and document the following:
  - a. FHR via Aqua Doppler or fetoscope every 30 minutes during the first stage of active labor, then every 15 minutes during the second stage of labor. Auscultation should include before, during, and after a contraction. (During and following warm water immersion, it is normal to observe a slight increase in maternal temperature and elevation of the fetal baseline heart rate. If fetal

**YOUR MEDICAL CENTER**  
**POLICY AND PROCEDURE STATEMENT**  
**POLICY #**  
**PAGE 3 OF 4**

- tachycardia is present, assess mother for dehydration. If the patient is not dehydrated, the tub water should be cooled or patient assisted out of tub to cool down. If tachycardia persists, remove the patient for a period of EFM.)
- b. Cervical dilation and effacement, and fetal position. This assessment can take place prior to entering the water. Vaginal exams may also be done in the water or the patient may be asked to temporarily leave the water for a cervical exam.
  - c. Membranes status – if SROM occurs, check FHR and check for cord prolapse. If fluid is meconium-stained, patient must leave the tub.
  - d. Maternal vital signs every hour, with temperature every two hours (or as needed if symptomatic). If mother experiences dizziness, check vital signs, cool her down as needed, and coach for effective breathing during contractions.
  - e. Cleanliness/Hygiene of water – if excessive feces or debris accumulate that cannot be easily removed with a medium-sized debris net during labor, the water will be changed or the patient will be removed from the water.
  - f. Maternal hydration. Dehydration is evidenced by maternal and fetal tachycardia and increased maternal temperature. If signs and symptoms of dehydration occur, assist the patient with clear liquids. If unsuccessful, intravenous LR may be initiated.

**During Pushing and Delivery:**

1. Mother may adopt any position that feels safe and is comfortable for her. Freedom of movement allows each woman to instinctively find her own appropriate birthing position.
2. Birth of the head is facilitated by gentle pushing by the mother. Shoulder-length gloves are used by the physician delivering the baby. Perineal support, massage, and gentle pressure may still be used if indicated. The mother may control the emergence of the fetal head with her own hands.
3. Manipulation of the head is usually not necessary to deliver the shoulders because of the buoyancy of the water. However, the patient may need to stand with assistance to reduce or cut and clamp a tight nuchal cord. Minimizes stimulation of the emerging baby underwater and decreases the risk of fetal breathing.
4. Once the infant is birthed, the baby's head is guided in a smooth motion, face down, to emerge from the water within 20 seconds. Infant may then rest on mother's chest while oropharynx and nares are suctioned, if necessary. Care should be taken to assess length of cord prior to lifting infant high onto maternal chest. The infant's body may either remain submerged for warmth or covered with warm blankets or towels. Care should be taken to monitor and maintain infant's body temperature.
5. Ideally, mother and infant are assisted out of the tub for placental delivery. The umbilical cord must have been clamped and cut, and the baby dried and wrapped in warm blankets and given to significant other, family member, or nurse. Mother is then assisted by staff out of the tub. At the physician's discretion, the placenta may be delivered in the water. It should be noted that evaluating bleeding and estimating

**YOUR MEDICAL CENTER  
POLICY AND PROCEDURE STATEMENT  
POLICY #  
PAGE 4 OF 4**

blood loss is more difficult when the placenta is delivered in the pool. The mother is encouraged to breastfeed immediately after birth to assist in contracting of the uterus and expulsion of the placenta.

**Evaluation of the Newborn:**

1. Apgar assessment is made according to standard guidelines.
2. If the infant is tachycardic, the water temperature should be assessed and cooled if >100°F, or mother and infant should be assisted out of the tub at the five-minute Apgar.
3. Bulb suctioning may be used as indicated.
4. Keep baby's body warm by keeping in warm water, cover with warm-water soaked towels or warmed dry towels or blanket.
5. Standard protocol for newborn care is followed.

**Addendum:** A. Waterbirth Consent  
B Patient Information Sheet

**References:**

Mackey, M. (2001). Use of water in labor and birth. *Clinical Obstetrics and Gynecology*, 44(4). 733-749.