Section: Division of Nursing

PROCEDURE

Approval:

HACKETTSTOWN COMMUNITY HOSPITAL

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MATERNAL SERVICES

(Scope) TITLE: WATER BIRTH LABOR AND DELIVERY Procedure

PURPOSE: To outline procedure to provide a noninterventionist method of promoting relaxation and pain management, minimizing the need for medical intervention.

SUPPORTIVE DATA:

See Water Birth Labor and Delivery Protocol, see Whirlpool Hydrotherapy (6160.070a)

- EQUIPMENT: 1. EFM
 - 2. Underwater dopplar
 - 3. Underwater thermometer
 - 4. Fish net (to remove any floating debris)
 - 5. Towels
 - 6. Bath blanket

CONTENT: PROCEDURE STEPS:

- 1. Admit/assess patient per unit procedure.
- 2. Explain water birth procedure to patient, answer questions.
- 3. Obtain a 20 minute baseline fetal heart rate and uterine contraction pattern prior to whirlpool usage, per fetal heart rate monitor protocol.
- 4. Obtain baseline laboratory work.
- 5. If FHR is reactive and WNL and mother is stable, remove from EFM. Continue to monitor FHR per unit standards.
- 6. Fill tub to axilla.
- 7. Water Temp 95° 100°F
- 8. Assess and record maternal vital signs and uterine contractions per protocol. Hourly temperature of mother.
- 9. Mothers may use the whirl pool tub after insertion of cervidil. Following fetal/uterine monitoring as per cervidil protocol.
- 10. Check and document hourly water temperature.
- 11. PO Hydration

Use water thermometer To assess maternal and fetal well being throughout hydrotherapy.

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To assess maternal and fetal well

KEY POINTS:

being.

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CONTRAINDICATIONS:

LABOR:

- A. Maternal fever greater than 100.4° or suspected maternal infection.
- B. Amnionitis
- C. Non reassuring FHR pattern
- D. Excessive vaginal bleeding
- E. Epidural anesthesia
- F. Any other condition at the discretion of provider.

LABOR

- 1. Mother may adopt a comfortable position
- 2. Fetal heart tones are checked at least hourly.
- 3. Whirlpool jets should be **turned off** during pushing stage to allow for better visualization of the perineum by the provider
- 4. Fetal heart tones should be assessed after every pushing effort.
- 5. Once the complete body of the infant is birthed, the baby is lifted out of the water within the first 10-20 seconds. This may be done by mother, birth partner or provider. Infants are not left under water for

CONTRAINDICATIONS:

DELIVERY:

- A. Mal presentation
- B. Heavy particulate meconium (which would necessitate suctioning on the perineum).
- C. Gestation < 37 weeks by confirmed dates.
- D. History of previous shoulder dystocia or suspected macrosomia
- E. Any other condition at the discretion of CNM or physician.

REFERENCES:

Global Maternal/Child Health Associates 1/98 Harper, B (1994). Gentle Birch Choices, Vermont: Healing ARDS Press, Inc. Freedom of movement allows each woman to instinctively find her own appropriate birthing position.

Care should be taken in lifting body out of the water, assessing length of umbilical cord.