

Section: Division of Nursing  
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\* **PROTOCOL** \*  
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HACKETTSTOWN COMMUNITY HOSPITAL

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**MATERNAL SERVICES**  
(Scope)

**TITLE: WATER BIRTH LABOR AND DELIVERY PROTOCOL**

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PURPOSE: To define the scope of nursing practice related to care of patients choosing a water birth method of delivery.

LEVEL:  X  Interdependent   Dependent

- SUPPORTIVE DATA:
1. To provide a noninterventionist method of promoting relaxation and pain management via hydrotherapy minimizing the need for medical intervention, recognizing four major concepts:
    - A. The patients relative weightlessness in water provides support creating equal pressure on all body surfaces beneath the water, decreasing energy expended.
    - B. With relaxation the woman experiences less pain, which produces less anxiety and apparently reduced adrenaline levels encouraging endogenous oxytocin and oxygen to flow uninhibited.
    - C. As there is no external compression of the interior vena cava, blood supply to the uterus is improved, allowing for more oxygenation of muscle tissue to produce more efficient contractions. Blood supply is also increased to the placenta, allowing for improved fetal oxygenation.
    - D. Mild vasodilatation occurs in the water, decreasing maternal blood pressure slightly and increasing maternal pulse slightly, causing increased oxygen to the uterus and fetus.
  2. To facilitate maternal positioning that may assist fetal descent.
  3. To rule out false labor, warm water immersions will cause the contractions of prolonged latent phase to stop.

**FOR DELIVERY**

1. To provide the laboring woman with an alternative birth.
2. To enhance the normal physiologic process of birth, viewing it as wellness, rather than illness centered.
3. To assist in the restoration of control of the birthing process to the mother.
4. To provide a gentler transition to the world for the newborn.

**INDICATIONS FOR WATER BIRTH**

Women are eligible to use the pool for hydrotherapy during labor and birth if:

1. They have no current untreated vaginal, urinary tract or skin infections.
2. Maternal and fetal vital signs are WNL, reactive NST documented prior to warm water immersion.
3. Maternal and fetal vital signs are monitored intermittently
4. The tub and all the equipment has been cleaned between patients according to the standard cleaning protocol.

**CONTRAINDICATIONS FOR USE OF TUB DURING LABOR**

1. Maternal fever greater than 100.4° or suspected maternal infection.
2. Amnionitis
3. Documented non-reassuring FHR pattern or hyperstimulation of uterus.
4. Excessive vaginal bleeding.
5. Epidural anesthesia
6. Presence of untreated vaginal, urinary or skin infection
7. Any other indication at discretion of provider

**CONTRAINDICATIONS FOR USE OF TUB DURING DELIVERY**

1. Mal presentation
2. Heavy particulate meconium, requiring suctioning on perineum
3. Gestation <37 weeks by confirmation.
4. History of previous shoulder dystocia or suspected macrosomia
5. Any other condition at the discretion of the provider.

**RN WILL:**

1. Document exam/assessment findings on the patient chart.
2. Remain with patient throughout second and third stages of labor.

**NURSING COMPETENCIES**

**LABOR:**

1. Enter patient into computer system.
2. All patients will be assessed per unit procedures prior to warm water immersion.
3. Fetal monitoring protocol and procedure will be initiated at least 20 minutes prior to warm water immersion.

**DELIVERY (NO DIFFERENT THAN ANY OTHER DELIVERY)**

1. Assist patient with positioning.
2. Obtain equipment/medications as ordered by provider.
3. Initial Newborn assessment to be done on mother's chest or under radiant warmer at provider's discretion.
4. Assist and encourage mother to breast-feed.

**DELIVERY OF PLACENTA (NO DIFFERENT THAN ANY OTHER DELIVERY)**

1. May occur out of warm water immersion at provider discretion. Assist with positioning, equipment and medications as ordered.
2. Assist patient to bed within 45 minutes of delivery for examination and possible repair of perineum/vagina.

Reference:

Chodoff, Susan and Hearn-Cutts, Gwedolyn (2002) Hospital Perinatal compliance Manual, Asperl law and Business.