



Government of **Western Australia**
Department of **Health**

Water Immersion During Labour and Birth

Statewide Standard

Chief Nursing and Midwifery Office

October 2023

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1. Background

The Water Immersion during labour and birth Statewide Standard (the Standard) uses the terms 'woman' or 'mother' throughout. These terms include people who do not identify as women but are pregnant or have given birth.

This Standard has been developed in response to increasing consumer demand in Western Australia for the option to use immersion in water for labour and/or birth.

The Standard is intended to ensure the safety, as far as possible, for women choosing the option of immersion in water for labour and/or birth for themselves and their unborn / newborn babies.

The Standard has been developed in recognition of the fact that women have the choice to labour and/or birth in water safely.

A Cochrane systematic review¹ provides the most recent evidence on water births stating: “In healthy women at low risk of complications there is moderate to low-quality evidence that water immersion during the first stage of labour probably has little effect on mode of birth or perineal trauma but may reduce the use of regional analgesia. The evidence for immersion during the second stage of labour is limited and does not show clear differences on maternal or neonatal outcomes. There is no evidence of increased adverse effects to the foetus/neonate or woman from labouring or giving birth in water.” (p.2)

This Standard outlines the requirement relevant to each stage of labour. The content relating to the first stage of labour is suitable for those choosing immersion in water for pain relief only.

In this policy, the term health professional is defined as a person who is a health practitioner registered under the *Health Practitioner Regulation National Law (WA) Act 2010* or is in a class of persons prescribed as a health professional under the *Health Services Act 2016*. This term includes midwives, medical practitioners and nurses.

2. Aim

- To enable health professionals to provide safe and supportive care to women who choose water immersion during their labour and/or birth.

3. Key Points

- This Standard describes the additional care that is required, to that routinely provided, when women choose to use water immersion during labour and/or birth.
- Staff must be trained in and have practiced emergency drills in the correct procedure to assist the woman to leave the water in a clinical emergency (see [Appendix 3](#)).
- If a woman is considering the use of immersion in water during labour and/or for birth, the health professional must provide information and discuss the use of water immersion with the woman and her support people during pregnancy to enable the woman to make a fully informed decision.
- The midwife must be confident and competent to facilitate a woman's labour and/or birth in water⁴ (see [Appendix 3A](#)).

- A midwife or support person must remain with the woman to maintain safety whilst she is immersed in water.

4. Inclusion Criteria

The following criteria must be met prior to a woman being offered the option of being immersed in water during labour and/or birth. Should a woman not meet the Antepartum or Intrapartum criteria listed below, they must be referred for obstetric consultation (as appropriate) for assessment of the woman's individual risks to determine whether a non-standard management plan or declining recommended maternity care plan is indicated, or an alternative care pathway can be agreed.

4.1. Antepartum Criteria

- Healthy women with no medical or obstetric risk factors (refer to 4.3 Special circumstances)^{1,2}
- Singleton pregnancy^{1,2}
- Cephalic presentation^{1,2}
- At least 37 completed weeks pregnant^{1,2}
- Not a carrier of, or infected with HIV, Hepatitis B or Hepatitis C virus
- Weight less than 125 kg after 37 completed weeks to ensure safe use of the evacuation pods if required (see [Appendix 2](#)).

4.2. Intrapartum Criteria

In the intrapartum period the following additional criteria must be taken into consideration:

- All maternal and foetal observations remain within normal range.
- Clear amniotic fluid in the presence of a reassuring foetal heart rate.
- Woman has not received opioid analgesia within two (2) hours¹². Clinical judgement may be required if the woman is experiencing side effects beyond two hours from administration of opioid analgesia.

Note: The woman is required to leave the water if an intrapartum risk factor develops or is detected.²

4.3. Special circumstances

- Women with ruptured membranes for more than 18 hours can utilise immersion in water during labour and birth provided that the recommended intravenous antibiotics are administered.²
- Women requiring continuous electronic foetal monitoring (CEFM) during labour, including those planning a vaginal birth after caesarean, can utilise water immersion provided that adequate telemetry equipment is available.²
- Other special circumstances should be referred for obstetric consultation to enable assessment and discussion of the woman's individual risks. Consent and the collaborative plan of care should be documented and communicated using a non-standard management plan/ declining recommended maternity care plan.

5. Acquiring Informed Consent

Health professionals must advise pregnant women of the option to use water immersion as an analgesic during labour and/or birth, if it is appropriate in their circumstance.

Where water immersion is under consideration or chosen, the health professional must provide relevant and comprehensive information of the associated benefits and risk and engage in meaningful discussion with the patient and their support people to enable them to make an informed decision.

Tools including the [brochure](#) should be used to ensure the woman fully understands the procedure including all risks and benefits.

Agreement regarding the use of water immersion must be obtained and documented after discussion with the woman preferably during the antenatal period^{2,3} (see [Appendix 4](#)).

Discussions and the signed agreement form must be documented in the patient file.

6. Audit and Evaluation

Clinical outcomes are to be monitored using the Maternity Dashboard to ensure the policy and Standard are fit for purpose and to evaluate the effectiveness of the policy.

Maternity services offering immersion in water for labour and/or birth must undertake an audit evaluation six (6) months following implementation (see [Appendix 5](#)) to ensure successful transition to business as usual procedures.

7. First Stage of Labour

Women who wish to labour in water and birth out of the water should be assisted to do so by having arrangements to assist them to leave the water to birth².

A proportion of women will birth in water when that was not the prior intent, usually, but not always, as a result of rapid progress in the second stage. The health professional supporting a woman undertaking water immersion in the first stage of labour should be prepared for the event of a woman giving birth in water even if that was not the woman's original intent.

The following additional care is required when healthy women choose to use water immersion during the first stage of labour.

7.1. Water Safety Requirements

Recommended Care	Supporting Evidence or Rationale
Fill the bath/pool with pure tap water (no additives).	There is some evidence that additives, especially bath oils, in the water may be detrimental to the baby. ^{3,6}
Run taps on full for several minutes before filling bath/pool.	Reduces risk of transmission of organisms such as pseudomonas aeruginosa.
The water level should be to the maternal breast level when sitting. ³	To facilitate comfort and complete immersion of the baby if born into the water.
The woman should be comfortable with the water temperature. This should remain between 36 – 38°C ^{3,7}	Promote comfort and prevent maternal pyrexia and foetal tachycardia.

Recommended Care	Supporting Evidence or Rationale
Check and record water temperature hourly.	
Keep the water as clean as possible using a sieve.	Minimise faecal contamination and reduce risk of infection. If the water becomes heavily contaminated ask the woman to leave the water so that it can be cleaned and refilled. ³
Additional equipment must include: Long gloves; kneeler pads, cushions, water thermometer, a bed/mattress, handheld mirror. Evacuation equipment should be readily available.	Promotes comfort and safety for woman and staff. Mirror to visualise presenting part.

7.2. Observations during first stage of labour

Recommended Care	Supporting Evidence or Rationale
If a woman chooses to use water immersion during the first stage of labour, a health professional or support person must be in attendance at all times.	To maintain safety and support.
Times of entering and leaving the water must be clearly documented, including the reason for leaving, if appropriate.	Clear concise documentation reflects quality care delivery.
It is advisable for a woman to be in established labour before entering the water.	If labour is not established, progress may be delayed. ¹
Assess maternal and foetal observations prior to the woman entering the water.	This ensures a baseline for continued assessment.
Maternal temperature must be recorded at hourly intervals and must remain within normal range. If the woman feels too hot or her temperature becomes raised, she must leave the water until she has cooled down. Check the water temperature and add cold water if necessary and re-check the woman's temperature within 30 minutes. If the maternal temperature is greater than 37.6°C on two occasions, the woman must leave the water, complete a full assessment of maternal and foetal wellbeing and consult or refer if indicated.	A rise in maternal temperature may indicate that the water temperature is too hot and may result in foetal tachycardia. Provides opportunity for body temperature to return to normal. Reassess maternal and foetal wellbeing prior to returning to the water. A rise in maternal temperature may also indicate dehydration or infection.

Recommended Care	Supporting Evidence or Rationale
<p>Foetal heart monitoring must be undertaken as per the standard guidelines for a healthy woman and her foetus during a normal labour and birth.</p> <p>Foetal heart rate must be monitored using an aqua doptone or by continuous electronic foetal monitoring, provided adequate telemetry is available.</p>	<p>If, during intermittent foetal heart rate monitoring, the midwife detects a deviation from normal, the woman is required to leave the water and both maternal and foetal conditions must be reassessed.</p> <p>Consultation and/or referral must be undertaken as deemed appropriate to the situation.</p> <p>To prevent accidental electrocution.</p>
<p>Encourage the woman to drink while immersed.</p>	<p>Maintain hydration and minimise effects of a warm environment.</p>
<p>Encourage the woman to leave the water to urinate.</p>	<p>To minimise contamination and reduce risk of infection. Facilitates clinical assessment of hydration.</p>
<p>The woman is usually asked to leave the water when a vaginal examination is required. This is dependent on the midwife's ability to perform this procedure under these circumstances – the woman must leave the water if findings are not certain.</p>	<p>Facilitates the gathering of all appropriate information in a situation where an assessment is deemed appropriate.</p> <p>Ensures appropriate back care for midwife.</p>
<p>Nitrous Oxide and Oxygen can be used by the woman in the water.³</p>	<p>Nitrous Oxide & Oxygen should not affect the woman's capacity to leave the water if requested.</p>

8. Second Stage of Labour

The following additional care is required when healthy women choose to use water immersion during the second stage of labour.

Recommended Care	Supporting Evidence or Rationale
<p>If a woman chooses to birth in the water two health professionals, one of which must be a midwife, must be in attendance.</p>	<p>To maintain safety and assist in the event of an emergency.</p>
<p>Check water temperature regularly and document every 30 minutes during the second stage of labour. The optimum water temperature is 36 – 38°C.</p>	<p>Cooler temperatures may trigger initial respirations while the baby is still submerged.⁸</p>
<p>Foetal heart rate monitoring must be undertaken as per normal guidelines. In a situation where the midwife identifies any abnormality of the foetal heart rate, then the woman is required to leave the water.</p>	<p>Reduce the risk of a potentially compromised infant being born into water.</p>
<p>Encourage physiological pushing when the urge is sustained, i.e., non-directed pushing.</p>	<p>Non-directed pushing is associated with improved neonatal outcomes.⁸</p>
<p>Control of the head is unnecessary. Progress can be observed with a mirror.</p>	<p>Immersion in water appears to facilitate slow crowning of the head. "Hands Poised"</p>

Recommended Care	Supporting Evidence or Rationale
Avoid unnecessary touching of the head and await spontaneous restitution and birth of the body to minimise tactile stimulation of the baby.	birth minimises stimulation of the baby underwater. ⁸
If the body does not birth spontaneously with the next contraction following the birth of the head, the woman must stand out of the water.	To determine and manage the course, i.e., nuchal cord, shoulder dystocia.
<p>If the baby's head is exposed to air at any time, ensure the woman remains out of the water.</p> <p>The cord must not be clamped and cut under water. If necessary loosen/disentangle the cord.³</p>	<p>Exposure to air may stimulate premature breathing.⁸</p> <p>Clamping/cutting of the cord while the baby is still submerged may stimulate respiration.</p>
At birth the baby must be completely submerged and brought to the surface, headfirst and face down gently and immediately following birth. The baby's head must not be re-submerged under water once it has surfaced.	<p>Total submersion prevents initiation of respiration.⁹ Babies born under water do not initiate respiration until they meet cool air.</p> <p>Care should be taken to avoid undue traction on the cord and prevent cord snapping.^{1,10}</p>
The umbilical cord must be checked immediately following birth of the baby to ensure that it has not snapped. The midwife must be prepared for this eventuality and have cord clamps ready.	Snapped umbilical cord is a rare but possible complication associated with birth underwater. Cord snapping at a water birth is not an emergency if it is recognised promptly. ⁹ Paediatric review is needed if the umbilical cord snaps.
Assess the condition of the baby at birth.	The first Apgar score should be assessed one minute from the time the baby is exposed to the air. ³
<p>Maintain warmth of the baby by skin-to-skin contact, drying the head and keeping the rest of the body under water.</p> <p>Encourage and facilitate early breastfeeding.</p>	Prevent hypothermia of the baby. Promote maternal infant connection and establishment of lactation and assist with uterine contraction for separation of the placenta in the third stage. ¹¹
<p>Neonatal resuscitation equipment must be readily available. Should the baby require resuscitation the cord must be clamped and cut immediately and the baby removed to an environment to facilitate resuscitation.</p> <p>The woman can then be assisted from the water by a health professional (i.e midwife) in a calm and safe manner.</p>	A safe environment is necessary to enable effective neonatal resuscitation and assessment to be performed. There must be a suitably qualified person available to resuscitate the baby if needed.

9. Third Stage of Labour

The following additional care is required when healthy women choose to use water immersion during the third stage of labour.

Recommended Care	Supporting Evidence or Rationale
<p>The woman is required to leave the water for active management of the third stage of labour.</p> <p>At least one midwife must be present to assist the woman and the baby when they leave the water.</p> <p>The administration of an oxytocic drug is delayed until the woman has safely left the water.</p>	<p>Active management of the third stage of labour reduces the risk of maternal postpartum haemorrhage and shortens the third stage.¹²</p> <p>To facilitate a safe environment where the principles of active management of the third stage can be safely applied.</p> <p>The administration of an injection underwater is not recommended. The time of oxytocic administration needs to be noted. A delay in administering oxytocic may lengthen the third stage.</p>
<p>For women requesting a physiological third stage. The woman may wish to leave the water; however, there is no evidence to contraindicate birthing the placenta in water in physiological management of the third stage. The cord is left unclamped.</p> <p>Once pulsation of the cord has ceased, the placenta and membranes are expelled spontaneously by the woman into the water.</p>	<p>Clamping of the pulsating cord disturbs the physiology and can predispose postpartum haemorrhage and or retained placenta.¹¹</p> <p>The uterus is not stimulated prior to expulsion of the placenta and membranes as it interferes with the physiological process.</p>
<p>The estimated blood loss must be recorded as accurately as possible recognising that this may be difficult with dispersion/ dilution in the water</p> <p>The woman must be assisted to leave the water immediately if there is any evidence of physical compromise or if postpartum haemorrhage is suspected.</p>	<p>Recording blood loss accurately is difficult. Assessment of the woman's physical wellbeing is therefore vital.</p> <p>It is important to remember that the woman may not show signs of physical compromise until a significant blood loss has occurred.</p>
<p>Suturing must be delayed up to 1 hour after the woman leaves the water.</p>	<p>Perineal tissues need time to revitalise following prolonged immersion in water.</p>

10. Fourth Stage of Labour

The following additional care is required when healthy women choose to use water immersion during the fourth stage of labour.

Recommended Care	Supporting Evidence or Rationale
<p>Both mother and baby should be kept warm following the birth.</p> <p>Hats are recommended for the baby and wet wraps should be regularly changed. The temperature of the water must be maintained as close to 36 – 38°C as possible while mother and baby remain in the bath.</p> <p>The baby's temperature must be checked regularly during this time.</p>	<p>Prevent hypothermia.</p> <p>Keeping the baby's head dry and warm promotes thermoregulation in the newborn.</p>
<p>Observations of the woman and baby must be completed and documented as usual where the woman chooses to remain in the water following the birth of the baby.</p>	<p>Timely identification of maternal and/or infant compromise.</p>
<p>The woman and baby must be fully assisted when leaving the water.</p>	<p>The wet floor, possible physiological maternal hypotension or sudden blood loss on standing may cause the woman to become unstable on her feet.</p>

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Appendix 1: Infection Prevention and Control ¹³⁻¹⁵

- Standard precautions must be followed to prevent cross infection or contamination including removal of faecal contamination from the water and appropriate cleaning after use.
- Where equipment is single patient use or single use only then disposable liners must be used i.e., blow up pools.
- Where equipment is not single patient use or single use only then selection of equipment and cleaning processes require consultation with Infection Prevention and Control (IPC) staff i.e., fixed baths, water thermometers, mirrors, hoses. An example of an IPC approved water thermometer can be found here: <https://birthinternational.com/product/floating-pool-thermometer/>
- Equipment that cannot be thoroughly cleaned must be single use.
- Ensure drain outlet can be cleaned thoroughly.
- Routine Legionella testing of the hospital water supply must occur.¹⁵
- Running water with taps fully opened for several minutes to flush pipes and/or hose reduces the risk of transmission from taps.
- The bath/pool must be regularly maintained. If a portable pool is to be used, use a disposable liner.
- In the hospital environment separate hoses must be used for filling the pool and siphoning the pool to empty.
- If a disposable pool is to be used, manufacturers' recommendations must be adhered to regarding maximum number of uses.

Cleaning of bath/pool

- Remove all gross matter from the pool after draining all water.
- The cleaning agent must be a neutral detergent approved for use by the organisation.
- This must be followed by use of an approved disinfectant of all non-single use surfaces.
- If a spa bath is used, the cleaning regimen must include jets, drain pumps, hoses and filters. They must be well maintained, free draining and flushed through with an approved disinfectant solution after each use.
- The bath/pool must be allowed to air dry before it is used again.

Clothing

- Long arm gloves must be used to avoid contact with maternal blood and body fluids in the bath/pool water.¹⁴
- Any breaks in skin integrity are to be covered with a waterproof dressing.
- The health professional must use personal protective equipment, including eye protection to protect their eyes and mucous membranes.

Equipment

- Cleaning of baths/pools must take place with long handled equipment, adjusted to the correct length to allow cleaning of all bath walls.
- Where possible single pieced equipment is required for use as it can be more effectively cleaned and sterilised.

Contamination

- If the water becomes heavily contaminated, the woman must be asked to leave the bath/pool temporarily until the water can be changed and the bath/pool cleaned.
- After use, the bath/pool must be thoroughly cleaned and allowed to air dry before next use. Sieves should be disposable.

Appendix 2: Manual Tasks and Evacuation

Carry out risk assessment prior to any hazardous manual task ¹⁶

- A minimal handling approach still applies in the event of an assisted evacuation out of water. All hazardous manual tasks are to be evaluated and modified/ controlled wherever practicable to eliminate or reduce the risk of injury.
- Kneeler pads, cushions, low stool and birthing balls must be provided for health and safety of midwives/doctors and birth companions.
- All activities including cleaning the bath must be done without forward bending, twisting or over-reaching.
- Correct back care for the health professional must be maintained. The back must be kept in a position to maintain normal spinal curves with all activities.

Safely assisting the woman in/out of the water – A Risk Management Approach

- Ensure the woman is able to enter (and, when appropriate, exit) the bath/pool without placing herself in physical danger, e.g., utilise secured, appropriate step/stool to assist in and out of bath/pool.
- Ensure the placement of the pool within the room is assessed prior to filling to allow for access from all sides.eg: access for emergency trolley if assisted evacuation is required.
- Provide guidance to the woman's birth partner on how to best help the woman in and out of the bath/pool prior to the woman entering the pool.
- A non-slip surface must be available.
- A supply of dry towels or linen should be in close proximity in order that the woman (and, following birth, her baby) does not become cold.

Assisted evacuation out of the water

- If the woman becomes compromised or unresponsive and is unable to exit the pool independently, immediate emergency procedures must be enacted to remove the woman from the water. Hospitals, health services and non-government organisations must develop their own emergency procedures in conjunction with their chosen method of patient lifting/transfer device.
- A guideline and training schedule in the use of the maternity facilities and choice of evacuation equipment must be developed by each health service.
- Emergency evacuation procedures must include:
 - Assessment of staffing levels required to ensure that the woman can be removed from the bath/pool if she is unable to do so herself, (based on a risk assessment).
 - the sequence of actions to achieve the patient evacuation. Team approach, effective communication, ergonomic assessment of the bath/pool and surrounding area and consideration of the best position of staff and receiving trolley to gain optimum accessibility to the patient.
 - The manual lifting of patients out of the water must be avoided by planning, developing and implementing a safer alternative to manually lifting patients. Sliding the patient onto a receiving surface using an evacuation pod or net is an example of replacing a manual lifting task with equipment and sliding rather than lifting to reduce the manual task risk to patient and staff.

Appendix 3: Health Professional Training and Education

Requirements for Facilitating Immersion in Water during Labour and/or for Birth

Women using immersion in water for labour and/or birth must be attended by a registered health professional who are experienced in facilitating this care. There must be two health professionals, present at the birth, one of which must be a midwife.

Training related to use of immersion in water for labour and birth is currently offered by:

- Women's and Newborns' Health Service – King Edward Memorial Hospital (KEMH)
- Health service facilities must use the waterbirth competency tool at [Appendix 3A](#) to deem health professionals as 'competent' in the procedures for water immersion during labour and/or birth including emergency management procedures.

Appropriate experience with water birth must include:

- Attendance at an education session/s and/or completion of an e-learning or self-directed learning package on the use of water immersion during labour and water birth as directed/arranged by the Health Service Provider
- Water Birth E-Learning (NMHS)
- Observation and facilitation under supervision of the care of a woman who has used water immersion during their labour and/or birth (either as a student or after qualification).
- Trained and practiced in emergency evacuation from 'water immersion' procedure.
- Confirmation of recent neonatal resuscitation competency update.

Water birth Competency Tool for Midwives

	Requirement	Date	Signature of Midwife & Supervisor (where relevant)
1.	Received and read the ' <i>Water Immersion during Labour & Birth Statewide Standard</i> ' & ' Water birth Patient information ' consumer brochure.		
2.	Attend water birth education session or completion of e-learning package.		
3.	Observe water birth facilitated by Registered Midwife deemed competent in the procedure.		
4.	Observe water birth facilitated by registered midwife deemed competent in the procedure.		
5.	Facilitate water birth with supervision by registered midwife deemed competent in the procedure.		
6.	Facilitate water birth with supervision by registered midwife deemed competent in the procedure.		
7.	Participate in water birth evacuation procedure.		
8.	Date of last annual attendance at manual handling training session.		
9.	Date of last annual assessment of competence in neonatal resuscitation.		

Appendix 4: Use of water immersion for labour and/or birth agreement

The provision of water immersion during labour and/or birth is available to women who are assessed as being low risk at the time they wish to enter the water. The continuation of immersion in water will be provided based on ongoing risk assessment by the midwife/doctor.

It is essential that you find out as much as possible in order to reach a fully informed decision. The latest Cochrane review¹ provides a full overview of all the latest research and information.

This Cochrane library review (2018) has identified fifteen trials (3663 women) that were of an adequate quality to include in this review. The overall findings of the review included that labouring in water may reduce the number of women having an epidural and does not increase the risk of women having a serious perineal tear. The review found no evidence that labouring in water increases the risk of an adverse outcome for women or their newborns. There is limited information for other outcomes related to birth in water, use of water birth outside of the hospital setting and no trials that assessed immersion in water during the third stage of labour.

I confirm that:

- I have received and read the “*Labour and birth using water*” brochure and have had the opportunity to discuss this with a midwife and/or doctor.
- I understand I am accountable and responsible for myself and my unborn baby if I choose to use immersion in water for birth.
- I understand both the benefits and risks of utilising water for birth for myself and my baby.

Health service providers may choose to add further information for women that is specific to local decision making. This information must be based on available evidence and not be contradictory to the intent of the Standard.

Signed:

Date:

Current gestation and Expected Date of Birth:

Witness:

Date:

Designation:

36 weeks/3rd trimester consultation (if applicable).

I have had the opportunity for further discussion on the use of immersion in water for birth with my midwife/doctor. I am re-confirming the statements as above and have had the opportunity to access sufficient information and research to make a fully informed decision.

Signed:

Date:

Current gestation and Expected Date of Birth:

Witness:

Date:

Designation:

Appendix 5: Audit tool

For the use of water immersion during labour and/or birth at hospitals and health services in Western Australia to evaluate implementation and/or compliance of the MP 0049/17 *Water Immersion During Labour and Birth policy*.

To be completed by accoucheur for every woman choosing immersion in water for labour and/or birth during an audit period/evaluation period.

Woman fully informed of benefits and risks of waterbirth	Yes	No		
Woman meets inclusion criteria	Yes	No		
Waterbirth competent accoucheur	Yes	No		
Did the woman demonstrate she could leave the water unassisted on request?	Yes	No	Yes	No

During First Stage

Did the woman choose to leave the water?	Yes	No		
If yes, why? _____				

Was the woman asked to leave the water?	Yes	No		
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If yes, why?

- for vaginal examination
- FHR concerns
- Maternal pyrexia
- Other maternal observations abnormal (pulse, BP)
- Vaginal bleeding

Was the midwifery consultant/ doctor informed if the woman was asked to leave the water (other than for cervical assessment)?

Yes No

Did the woman return to the water?

Yes No

Was the water temperature comfortable for the woman?

Yes No

Was the temperature between 36 – 38°C?

Yes No

Was the water temperature recorded as per the Standard?

Yes No

During Second stage (if still immersed)

Did the woman choose to leave the water?	Yes	No		
If yes, why? _____				

Was the woman asked to leave the water?	Yes	No		
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If yes, why?

- for vaginal examination
- FHR concerns
- Maternal pyrexia
- Other maternal observations abnormal (pulse, BP)
- Vaginal bleeding

Was the midwifery consultant/ doctor informed if the woman was asked to leave the water (other than for cervical assessment)?

Yes No

Did the woman return to the water?

Yes No

Was the water temperature comfortable for the woman?

Yes No

Was the temperature between 36 – 38°C?

Yes No

Was the water temperature recorded as per the Standard?

Yes No

Was the foetal heart within a normal range during 2nd stage? Yes No

Were two staff present for the birth?	Yes	No
Was a 'hands poised approach' used	Yes	No
Was there a reason to check for nuchal cord?	Yes	No
Did the baby remain fully immersed for the birth?	Yes	No
Did the cord snap?	Yes	No
If yes, what action was taken? _____		

During Third Stage

Was the third stage actively managed?	Yes	No
Estimated blood loss _____mls		
Perineal status _____		
What were the baby's one (1) minute and five (5) minute APGAR scores?		
One (1) minute _____		
Five (5) minute _____		
Was the baby's temperature maintained in a normal range?	Yes	No
Was the Neonate admitted to NICU?	Yes	No
Comments, including specific issues for women or accoucher not included above		

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