NHS Greater Glasgow and Clyde	Women's and Children's Directorate **STANDARD OPERATING PROCEDURE** Care of Women choosing Water Immersion for Labour and Birth	VERSION	2
		EFFECTIVE FROM	JANUARY 2024
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		PAGE	1
		AUTHORS	K TAYLOR

Aim	To support Water Immersion for Labour and Birth for all low risk women, promoting uninterrupted physiological labour and decreasing pharmacological analgesia.
Statement	Water Immersion as 1st line analgesia for physiological Labour and Birth should be promoted in line with Midwife Led Care as per NICE Guidelines.
Links to other Policies and Guidelines	GG&C Maternity Guideline for The Use of Water for Labour and Birth (CG) Intrapartum Fetal Monitoring (CG)
Procedure	1. All women should be formally risk assessed on arrival to MAU/TRIAGE/AN WARD/AMU/LW to determine appropriate intrapartum pathway. 2. Evidence based information on labour and birth in water should be given to allow women to make a fully informed decision. This should include a robust risk assessment on BadgerNet discussing entry and exit criteria including in the event of an emergency, with the woman. 3. When selecting **'Water – birthing pool**' as analgesia please complete BadgerNet form in full – including 'accepted and given'. 4. Maternal and Fetal observations should be undertaken according to appropriate intrapartum pathway prior to entering the pool. Maternal temp and pulse should be recorded hourly thereafter. 5. When approaching birth temperature of the pool should be between 36 - 37.5c and recorded hourly and after each top up. Ambient room temperature must be maintained. 6. The water should be in line with the nipple when submerged. 7. Time of entry to the pool is the woman's choice. Uterine activity should be established and increasing in strength and frequency. Women should not enter the pool within 2 hours of opioid administration or if they remain drowsy. 8. Continual risk assessment should take place, the woman should be asked to exit the pool at the earliest point of suspected risk or if feeling unwell/observations out with normal parameters. 9. A passive 2nd stage should occur.

	10. The baby should be birthed fully submerged in the water and brought to the surface headfirst. The baby's head should never be re-immersed. Two registered midwives must be in attendance for ALL waterbirths. 11. Following birth assess baby as per resuscitation guidelines and initiate as required. 12. Women should be given adequate information to make an informed decision regarding 3rd stage of labour. 13. Physiological 3rd stage may take place in or out of the pool. 14. If an active 3rd stage is required, no oxytocic drug should be given in the pool – women should be asked to exit. 15. Women should be assessed throughout the 3rd stage of labour as per appropriate pathway and asked/assisted to exit the pool if any concerns arise. 16. Examination of the perineum should be performed on exiting the pool and allow 1 hour before commencing repair if required unless there is excessive bleeding. 17. Clear and contemporaneous Badgernet documentation must be maintained at all times.

ADDITIONAL RESOURCES

https://www.resus.org.uk/resuscitation-guidelines/resuscitation-and-support-of-transition-of-babies-at-birth/

https://www.rcm.org.uk/sites/default/files/immersioninwaterforlabourandbirth