

POLICY AND GUIDELINE

TOMAH HEALTH

Tomah, Wisconsin 54660

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DIVISION: Patient Care Services
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INVOLVES

Patient Care Services

PURPOSE

To provide appropriate and efficient care of women during delivery process using the hydrotherapy. Patients may utilize hydrotherapy in the first stage of labor at the direction of the provider if the patient is between 37 0/7 weeks and 41 6/7 weeks and do not require continuous fetal monitoring.

POLICY

The use of hydrotherapy for birth shall be performed in accordance with the following guidelines at Tomah Health (TH). The guidelines allow for only the patient to be in the tub for delivery. The guidelines are not meant to replace clinical judgement.

GUIDELINES

A. Contraindications for use of hydrotherapy for delivery

1. Gestation less than 37 weeks by confirmed dates (US or LMP) or greater than 42 weeks
2. Any condition requiring continuous Electronic Fetal Monitoring (EFM)
3. Maternal conditions:
 - a. Pre-existing including but not limited
 - i. Diabetes
 - ii. Heart disease
 - iii. BMI greater than or equal to 40 during this pregnancy
 - iv. Illegal substance abuse noted beyond 28 weeks to include opioid misuse

- b. Pregnancy related concerns including but not limited to:
 - i. Gestational diabetes (both diet and medication controlled)
 - ii. Hypertensive disorders
 - iii. Fetal estimated weight of greater than 4000 grams
 - iv. History of a shoulder dystocia
 - v. Excessive weight gain during pregnancy
 - vi. Previous Cesarean section
4. Maternal fever greater or equal to 38°C Centigrade
5. Undocumented results or active infections of the following:
 - a. Human Immunodeficiency Virus (HIV)
 - b. Hepatitis C Virus (Hep C)
 - c. Hepatitis B Virus (Hep B)
6. Suspected maternal infection or current skin or enteric infections
7. Musculoskeletal issues or reduced mobility that may decrease ability to leave the tub quickly if necessary.
8. Administration of opioid or other medications with sedative effects within 1 hour of hydrotherapy.
9. Epidural or intrathecal use
10. Oxytocin must be turned off and EFM for 20 minutes prior to entering tub.
11. Experiencing an obstetrical emergency
12. Antenatally diagnosed fetal abnormality

B. Equipment/Set-up

Tub
Aqua Doppler
Floating thermometer (Single use only)
Veterinary gloves (Single use only)
Eye Protection (optional)
Medium sized tropical fish net (Single use only)
Towels and bath blankets
Step stools
Kneeling pad
Gripper socks
Labor stool

C. Slip/Fall prevention:

1. Patient shall receive assistance getting in and out of tub.
2. Patient shall wear gripper socks at all times when in the tub.

D. Electrical safety:

1. If the patient has intravenous (IV) therapy running, the IV pump cannot be plugged in.

E. Water temperature:

1. Temperature may vary within a range of 35.6-37.8 Centigrade (96-100 Fahrenheit).

F. Initiation therapy, PRIOR to entering the tub:

1. Verify there are documented dates and results for Hep B, Hep C, and HIV in the chart.
2. The *Information and Consent for Patients Choosing Water birth* shall be completed with the provider. This may have been completed at a prenatal visit and shall be present in the patient's hospital record.
3. A maternal-fetal assessment shall be conducted to include at least 20 minutes of baseline EFM, maternal vital sign(s), and may also include:
 - a. Status of membranes
 - b. Cervical dilation, effacement, station, and position of fetus
4. Following provider notification, hydrotherapy may be initiated per provider order.

G. Procedure during labor:

1. Assist patient into the tub. Continue filling and monitoring temperature in the tub with floating thermometer or Laser Thermometer.
2. A laboring patient shall not be left unattended in the tub. A reliable support person or staff shall remain in attendance.
3. The patient may enter the water at any point in labor. Consideration: Dilations less than 5 centimeters and a contraction pattern that is not well established may result in a decrease in frequency of contractions.
4. Pitocin must be discontinued and EFM shall be maintained for a minimum of 20 minutes in order for the patient to be able to utilize hydrotherapy.
5. The patient may adopt any desired position in the water.
6. Provide the patient with adequate hydration and nutrition per provider order.
7. Personal protective equipment shall be available and utilized by all personnel as needed to include veterinary gloves and barrier gowns for delivery.
8. In the event that the patient must exit the tub in an emergency, follow the Guidelines for Maternal Emergency
9. Observe and document the following in EHR/EFM system:
 - a. Fetal Heart Tones (FHT) and Uterine Contractions per *500-L&D-014 Intrapartum Fetal Monitoring Guidelines*
 - b. In the event of spontaneous rupture of membranes (SROM), check FHT, and perform an SVE if needed.
 - c. Document cervical dilation, effacement, and fetal position as necessary.
 - d. Document maternal vital signs per policy noted above and temperature hourly. Maternal temperatures not to exceed 38.°Centigrade.
 - e. Cleanliness/Hygiene of water:
The water is changed if excessive feces or debris accumulates that cannot be easily removed with the fish net. In this instance, staff may need to have the patient get out of the tub to drain, clean, and refill the tub.
 - f. Check water temperature with thermometer hourly and document in EHR/EFM system.

H. Delivery in water:

1. The patient may adopt any desired position that is safe and comfortable for her pushing efforts and per her delivering provider's desired position.
2. Perineal support, massage, and gentle pressure may still be used if indicated.
3. In the event of a shoulder dystocia
 - a. Consider use of the labor stool by submerging and place under the patient. This rises patient up in the water and provides counter pressure for maneuvers. It can also be used for hands and knees position changes.
 - b. Consider following the emergency lifts to get patient out of tub. Pull the bed over to the tub area and place patient on bed to complete maneuvers.
4. Once the newborn is birthed, the newborn shall be brought to the surface within 20 seconds. Assess cord length prior to lifting newborn. Newborn may then rest on mother's chest while providing stimulation and warmth by keeping body submerged or with warm blankets, towels and hat.
5. The oropharynx and nares may be suctioned if difficulty clearing airway is noted.
6. Water birth is noted on the delivery summary in EHR system.
7. Water birth data is collected and shared with the WH Committee for review.

I. Delivery of placenta in or out of the water:

1. Delivery of the placenta in the water:
 - a. A lightweight container (from sterile delivery pack) should be used for placenta.
 - b. Parents may be given the opportunity to cut the cord.
 - c. The water level may be decreased prior to delivery of the placenta at the discretion of the provider.
 - d. Estimated blood loss is assessed according to darkening of the water.
 - e. Evaluation of the mother shall occur once patient has returned to the bed.
2. Delivery of the placenta out of water:
 - a. Umbilical cord has been clamped and cut.
 - b. Newborn is dried, wrapped in dry, warmed blankets and handed to support person or staff.
 - c. Mother is assisted out of the tub and to the bed.
 - d. Mother is dried and offered warm blankets.
 - e. Placenta is delivered in usual fashion.
 - f. Evaluation of mother and assessment shall occur in usual fashion.

J. Evaluation of newborn after water birth:

While mother is still in tub, with newborn on chest:

1. Apgar assessment is made according to standard guidelines
2. If newborn vital signs are abnormal, newborn maybe placed in warmer for further evaluation per provider and staff discretion.
3. After cord is cut and newborn is removed from water:
 - a. May be held by support person(s), if stable, or placed in the radiant warmer.
 - b. Physical assessment of the newborn may be completed while newborn is on the mother's chest to facilitate skin to skin and breastfeeding (if applicable).
4. Standard protocol for newborn care is followed per provider order.

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K. Cleaning of the Tub:

FORMS

Information and Consent for Patients Choosing Water birth
Water birth Data Sheet (Not part of the Medical Record)

COMPETENCY/REFERENCE DOCUMENTS (RD)

Hydrotherapy Competency

I have discussed the options for delivery of my infant with my healthcare provider and have indicated that I am interested in having a Water birth. I understand that the potential advantages and disadvantages of a Water birth include but may not be limited to:

Potential Advantages:

- 1. Greater comfort and mobility for the mother as a result of buoyancy
- 2. Deeper relaxation for the mother may lead to more rapid progress in labor
- 3. Water may reduce the need for pain medication and medication to stimulate labor
- 4. Water may lower a woman’s blood pressure by decreasing her anxiety
- 5. Water may decrease the risk of perineal tears and/or an episiotomy
- 6. May offer a gentle experience for the newborn and family

Potential Disadvantages Include:

- 1. The use of epidural or intrathecal pain medication options are not allowed in the tub
- 2. Potential to increase maternal temperature (fever)
- 3. Potential for increased risk of infection for mother and/or baby
- 4. Potential for increased risk of bleeding with and after delivery
- 5. Potential decrease in labor progress if entering the tub too soon in the labor process
- 6. In the event your baby needs to be delivered quickly, there may be a delay potentially leading to medical complications, including death
- 7. As with conventional births, the potential for injury, to include death, is possible for both mom and baby.

I understand that extensive research regarding risks and benefits has not been completed on water birth; however my healthcare provider considers it a reasonable option for me as a low risk patient.

I have read and understand this information regarding water birth, and I have discussed this information with my healthcare provider.

_____	_____	_____
Date	Time	Patient’s Signature
_____	_____	_____
Provider Signature		Print Patient’s Name



Guidelines: Maternal Emergency Removal from Hydrotherapy Tubs

Reference: 500-L&D-009 Hydrotherapy for Labor and Birth

1. In the event the patient loses consciousness or is unable to get out of the tub on her own, have the patient's support person (if present) position their arms under the patient's arms to support her and her head above water.
2. Notify provider STAT.
3. Call for assistance from other departments as needed to include initiating an RRT.
4. Place ceiling lift harness under patient and between her lower extremities while water is in the tub.
5. Have someone move bed to the opening.
6. Lower ceiling lift into position
7. Hook up straps to lift bars.
8. Raise patient in air while supporting her head.
9. Move patient to the bed and lower patient.