CATEGORY: BEST PRACTICE STATEMENT

Water immersion

1. Plain language summary

The use of warm water during labour is favoured by many women as a form of relaxation and

For women choosing to give birth in water there was no evidence of increased adverse effects to the fetus/neonate or woman from labouring or giving birth in water.[1]
Although there is no evidence of increased adverse outcomes related to water immersion/birth it

needs to be noted that the numbers in these studies are small, and thus have limited power to identify increased risks of uncommon perinatal outcomes. The authors concluded that due to clinical variability and heterogeneity within the studies, further research is required.[1]

4.3 Facilities and clinicians offering water immersion for labour/birth.

Facilities that plan to offer warm water immersion during labour and who facilitate birth in water need to establish protocols for candidate selection; infection control and work health and safety procedures; and exclusion criteria including moving women from the water if urgent maternal or fetal concerns or complications develop. The guidelines for candidate selection should take into consideration the full clinical picture and all associated risk factors.

Clinicians attending women who are labouring and birthing in water must have appropriate training and demonstrated competence in water immersion and birth and be familiar with the related clinical practice guidelines.

Waterbirth may remain outside a clinician's scope of practice due to lack of training. In the event that a clinician competent in waterbirth is not available to facilitate a woman's request to birth in water, it is recommended that the woman leave the water.

procedures such as vaginal examination. There is no quality evidence attesting to the safety of vaginal examination whilst immersed in water.

4.6.3 Oxytocin infusion

Oxytocin augmentation of labour may not be possible (as CEFM is obligatory and telemetry may not be universally available).

4.6.4 Third stage of labour

There is also currently no reliable evidence that can be used to inform women regarding the benefits and risks of water immersion during the third stage of labour. Third stage is managed according to the clinical situation. Following physiological birth there is no evidence to suggest physiological third stage must be conducted out of the water. Clinicians should be alert to the increased difficulty in estimating blood loss within water and should assist the woman to exit the water if any concerns are present. For active management of third stage best practice suggests that the woman should be assisted to exit the birth pool/bath after birth in water to an environment where the management of third stage can be safely performed, where she can have skin to skin contact and breastfeed her baby, and where an accurate estimation of blood loss can be performed.

4.6.5 Obstetric emergencies

- In the rare case of obstetric emergencies (e.g. shoulder dystocia and maternal collapse) it is essential that the woman is removed from the water as quickly as possible. These emergencies cannot be safely managed when the woman is immersed in water.

- Staff must be trained in and have practised obstetric emergency management under simulation in the correct pra08281071(i)4.81647(c)2.38gem98 0 Td ( )Tj -0.0083869(n(w)-15.2101.98

within units offering water immersion in labour/birth include careful collection of data relating to maternal and neonatal sepsis.

Positive Group B Streptococcus (GBS) vaginal swabs during pregnancy are not a primary

8. Appendices

Appendix A Women's Health Committee Membership

Name	Position on Committee
Professor Yee Leung	Chair and Board Member
Dr Gillian Gibson	Deputy Chair, Gynaecology
Dr Scott White	Deputy Chair, Obstetrics
Associate Professor Ian Pettigrew	Member and EAC Representative
Dr Kristy Milward	Member and Councillor
Dr Will Milford	Member and Councillor
Dr Frank O'Keeffe	Member and Councillor
Professor Sue Walker	Member
Dr Roy Watson	Member and Councillor
Dr Susan Fleming	Member and Councillor
Dr Sue Belgrave	Member and Councillor
Dr Marilyn Clarke	ATSI Representative
Associate Professor Kirsten Black	Member
Dr Thangeswaran Rudra	Member
Dr Nisha Khot	Member and SIMG Representative
Dr Judith Gardiner	Diplomate Representative
Dr Angela Brown	Midwifery Representative, Australia
Ms Adrienne Priday	Midwifery Representative, New Zealand

Ms

ii. Declaration of interest process and management

Declaring interests is essential in order to prevent any potential conflict between the private interests of members, and their duties as part of the Women's Health Committee.

A declaration of interest form specific to guidelines and statements was developed by RANZCOG and approved by the RANZCOG Board in September 2012. The Women's Health Committee members were required to declare their relevant interests in writing on this form prior to participating in the review of this statement.

Members were required to update their information as soon as they become aware of any