

Typical Hospital Protocol:

I. General Information:

Warm water is used in labor for low risk women to reduce the amount of pain that is commonly associated with contractions. When an expectant mother, in active labor, enters the water she immediately experiences a weightlessness environment. The mother can move about freely in the water and can assume any position that she finds comfortable. The hydrostatic pressure supports all of her body surfaces. The heat of the water helps relax the muscles as well as making the perineal tissues more elastic. Catecholamine levels fall as the woman relaxes and endogenous endorphin levels rise to which may promote positive labor.

It is essential for the patient to be in active labor before she enters the tub since latent labor and contractions may actually be suppressed. If contractions decrease or subside, consider lowering the temperature of the water by two degrees. It may be necessary for her to leave the tub to ambulate or to stand in the shower until contractions become stronger and more frequent.

II. Eligibility Requirements:

- a. A physician or midwife's order must be used in the record before the mother may enter the tub.
- b. A patient may not use the tub unless her physician or midwife has discussed this option, a written consent is obtained and the patient meets low risk criteria.
- c. A prenatal chart is available containing a history of the prenatal course as well as pertinent information consisting of prenatal lab results.
- d. The mother agrees to follow the guidance of the medical/nursing staff and to vacate the tub if needed for patient safety.
- e. A reassuring 30-minute record of fetal heart monitoring must be accomplished to document and establish the fact that an active labor pattern is present prior to entering the tub.
- f. Admission assessment has been completed.
- g. Other family members or friends will not be allowed in the tub during hydrotherapy only designated significant other.

III. Contraindications:

- a. Any maternal condition or diagnosis that could compromise airway, breathing or circulation (i.e., asthma, upper respiratory infection, communicable virus, or bacterial disease).
- b. Gestational age <36 weeks and >42 weeks (may use tub if post dates criteria is documented in prenatal).
- c. Intrapartum factors indicating increasing risk to mother/baby.
- d. Augmentation or induction of labor.
- e. Amnionitis.

- f. Placental abruption.
- g. Placenta previa.
- h. Bleeding of unknown cause and/or significant vaginal bleeding.
- i. Diabetes – insulin required.
- j. Multiple gestation.
- k. Malrepresentation (i.e., breech)
- l. Pre-eclampsia/PIH.
- m. Non-reassuring fetal heart rate.
- n. U.T.I.
- o. Active herpes.
- p. H.I.V.
- q. Hepatitis positive.
- r. S.T.D.'s
- s. Open wound on the body.
- t. Meconium-stained amniotic fluid.
- u. Analgesia of an amount to render the mother incapable of getting into/out of the tub with minimal help.
- v. Epidural.
- w. History of substance abuse in last trimester.
- x. Rupture of membranes greater than 24 hours.

IV. Utilization Protocol

- a. The water temperature must be in the range of 95-100 degrees F. The room temperature should be 79-80 degrees F. Document water temperatures every 30 minutes.
- b. Two health care providers must be present at all times when a mother is in the tub (i.e., physician, nurse, midwife, doula support staff).
- c. Obtain BP, pulse, respirations every hour during the first stage of labor and every 15 minutes during the second stage of labor.
- d. Obtain the fetal heart rate as defined by ACOG standards by using the portable Doppler (do not use EFM) every 30 minutes during the first stage of labor and every 5 minutes during the second stage.
- e. The fetal heart rate must also be documented after rupture of membranes and vaginal examinations.
- f. Palpate the fundus to determine frequency, duration and strength of the uterine contractions as well as return to resting tone between contractions every 30 minutes and document. If the contraction pattern slows down assist the mother out of the tub to ambulate or shower until the contraction pattern increases.
- g. Remove fecal matter and/or debris from the water using the skimmer.
- h. Observe for signs and symptoms of transition. The cervix may dilate quickly.
- i. Offer clear liquids frequently as dehydration can occur quickly.
- j. Monitor mother for dizziness. If dizziness occurs, obtain pulse, respirations, fetal heart rate and water temperature and document. If the

dizziness does not resolve quickly, assist the mother out of the tub, using two individuals to ensure safety.

- k. Monitor for signs of maternal or fetal distress that would require the mother to be evacuated from the tub:
 - significant vaginal bleeding
 - persistent/worrisome changes in blood pressure
 - fetal heart rate decelerations
 - maternal c/o persistent dizziness, respiratory distress or unrelieving chest or abdominal pain

Notify the physician/midwife if signs of distress occur.

- l. Assist the mother out of the tub to a bed when she is completely dilated if waterbirth is not planned.
- m. A bed, adequate lighting and appropriate delivery supplies and equipment should be immediately available.
- n. Waterbirth:
 - 1. Encourage the mother to gently push with contractions.
 - 2. Lifting of the infant out of the water will be done by physician/midwife.
 - 3. The baby's head may rest on the mother's chest, with the rest of the body remaining in the water to facilitate warmth. Ensure that the baby's head remains out of the water.
 - 4. Initiate the Apgar assessment.
 - 5. Keep infant warm and dry. Infant may be placed in a crib or held by significant other.
 - 6. An infant warmer and adequate suctioning and resuscitation equipment must be immediately available in the area of hydrotherapy at all times.
 - 7. Assist mother from the tub or drain water from the tub prior to the delivery of the placenta.
 - 8. Assist the mother to bed for evaluation and repair of perineal or vaginal lacerations.
- o. Follow routine orders for recovery of the mother and care of the newborn.