Non-pharmacological pain relief in labour- use of the pool in Raigmore Hospital, Inverness, Scotland

Wendy Jessiman
Lecturer in Midwifery Studies/SoM

NHS Highland

UNIVERSITY OF STIRLING

UNITED KINGDOM
Thurso
Wick
Inverness
Benbecula
Aberdeen
NORTH SEA
NORTH ATLANTIC OCEAN
Dundee
Glasgow
Edinburgh
Newcastle
Belfast
Carisle
Isle of Man
York
Blackpool
Leeds
Liverpool
Manchester
Galway
Dublin
IRISH SEA
Sheffield
Nottingham
Norwich
Birmingham
Coventry
Cambridge
Waterford
Stratford upon Avon
Oxford
London
Bristol
Cardiff
Canterbury
Bath
Frome
Dover
Salisbury
Southampton
Brighton
Exeter
Bournemouth
Newquay
Torbay
Poole
Isle of Wight
Truro
St. Ives
Plymouth
ENGLISH CHANNEL
Penzance
Falmouth
©World Guides
FRANCE

RCM/RCOG

Royal College of Obstetricians and Gynaecologists/Royal College of Midwives
Joint statement No.1

IMMERSION IN WATER DURING LABOUR AND BIRTH

Summary

1 Both the Royal College of Obstetricians and Gynaecologists and the Royal College of Midwives support labouring in water for healthy women with uncomplicated pregnancies. The evidence to support underwater birth is less clear but complications are seemingly rare. If good practice guidelines are followed in relation to infection control, management of cord rupture and strict adherence to eligibility criteria, these complications should be further reduced.

Background

2 Lying in warm water gives a sense of relaxation, but whether it actually reduces pain is less certain. A perception of relaxation, pain relief, ease of movements and more holistic experience made labour in water a popular choice during the 1980s. This concept has been extended to include actual birth under water following widely quoted experience from France.[1] In response to public demand, the Winterton Report recommended that all maternity services provide women with the option to labour and/or give birth in water.[2]

3 Recent surveys[3] show that, of 295 UK maternity units for which data on birthing pools were available, 64% had at least one birthing pool, with 20 units having two or more. There are no current data on the number of women who actually use these facilities during labour or for water birth, apart from a postal survey carried out between April 1994 and March 1996, which reported that, at that time, fewer than 1% of births in England and Wales occurred in water.[4]

4 Partly in response to the Winterton Report, the Royal College of Obstetricians and Gynaecologists produced a Statement on birth in water in 1994, which was updated in 2001[5] and the Royal College of Midwives published a Position Paper on the use of water in labour and birth in 1994 (updated in 2000).[6] Both documents endorsed the use of water in labour as a choice, provided that attendants had appropriate skills and confidence to assist women who choose to labour or give birth in water.

Labouring in water

5 It is important to separate the evidence on benefits and risks of immersion in water during the active phase of labour from those of actual birth in water.

6 There are considerable perceived benefits of using immersion in water during labour, including less painful contractions and less need for pharmacological analgesia, shorter

The use of birthing pools for labour and birth should be audited carefully.

Collect data

NHS Highland

UNIVERSITY OF STIRLING

Report·into·the·use·of·the·pool·for·labour·and·birth¶

¶

2009¶

Pool·Report·¶

·(includes·September·1997·to·December·2009)¶

¶

Raigmore·Hospital¶

·Inverness¶

¶

With·grateful·thanks·to·all·the·midwives·who·have·completed·the·data·forms·and·to·the·women·who·have·used·the·pool¶

¶

Compiled·by·Wendy·C.·Jessiman¶
Lecturer·in·Midwifery·Studies¶
• University·of·Stirling¶
• Highland·Campus¶
• Inverness¶
April·2009¶

Compiled·by·Wendy·C.·Jessi
Lecturer·in·Midwifery·Studies
• University·of·Stirling¶
• Highland·Campus¶
• Inverness¶
May·2008¶

Compiled·by·Wendy
Lecturer·in·Midwife
• University·of·Stirlin
• Highland·Campus
• Inverness¶
April·2007¶

Compiled·by·We
Lecturer·in·Midw
• University·of·Stir
• Highland·Campu
• Inverness¶
September·2005

Compiled·by·Wen
Lecturer·in·Midwif
• University·of·Stirli
• Highland·Campus
• Inverness¶
December·2004¶

Compiled·by·W
Lecturer·in·Mid
• University·of·Sti
• Highland·Campu
• Inverness¶
October·2003¶

Report·into·the·use·of·the·pool·for·labour·and·birth¶

¶

September·1997·to·September·2005¶

Report·into·the

Report·in

September

Septem

·(inc

10·

With·grat
who·ha
and·to·th

Septer

Report·into·the·use·of·the·pool·for·labour·

Septe

Data routinely recorded

Suggested pool use (revised 2007)

USE OF POOL

CHECK HOIST (✓)

Addressograph

DATE

NAME OF MIDWIFE

PARITY

GESTATION

LABOUR (please circle) – SPONTANEOUS / INDUCED (REASON) _____

Entered the pool at: _____

Dilatation of the cervix when entering the pool _____ cm

Reason(s) for entering the pool

Who suggested using the pool? _____

WOMAN AND PARTNER'S OPINION OF POOL

using scale 1 - 5 (1 = poor, 5 = excellent)

MIDWIFE'S OPINION OF POOL

How long did the woman spend in the water? _____

Reason(s) for leaving the pool

Please ensure all details are completed (below may be completed if time allows)

Time of birth: _____

Apgars: _____

Please tick

svd =	=	=
ventouse =	=	=
forceps =	=	=
caesarean section =	=	=

When complete please retain this sheet in labour suite folder *(not to be retained in notes)*

Data routinely recorded

NHS Highland

UNIVERSITY OF STIRLING

Data routinely recorded

Raigmore :pool use (revised 2007)

USE OF POOL

CHECK HOIST (✓) ☐

Addressograph

DATE _____

NAME OF MIDWIFE _____

PARITY _____

GESTATION _____

LABOUR (please circle): SPONTANEOUS / INDUCED(REASON)_____

Entered the pool at _____

Dilatation of the cervix when entering the pool _____cm

Reason(s)for entering the pool

Who suggested using the pool?_____

WOMAN AND PARTNER'S OPINION OF POOL ☐
using scale 1-5 (1=poor, 5=excellent)

MIDWIFE'S OPINION OF POOL ☐

How long did the woman spend in the water ?_____

Reason(s) for leaving the pool

Please ensure all details are completed (below may be completed if time allows)

Time of birth: _____

Apgars:_____

Please tick

svd	
ventouse	
forceps	
caesarean section	

When complete please retain this sheet in labour suite folder *(not to be retained in notes)*

Data routinely recorded

RCOG/RCM (2006)

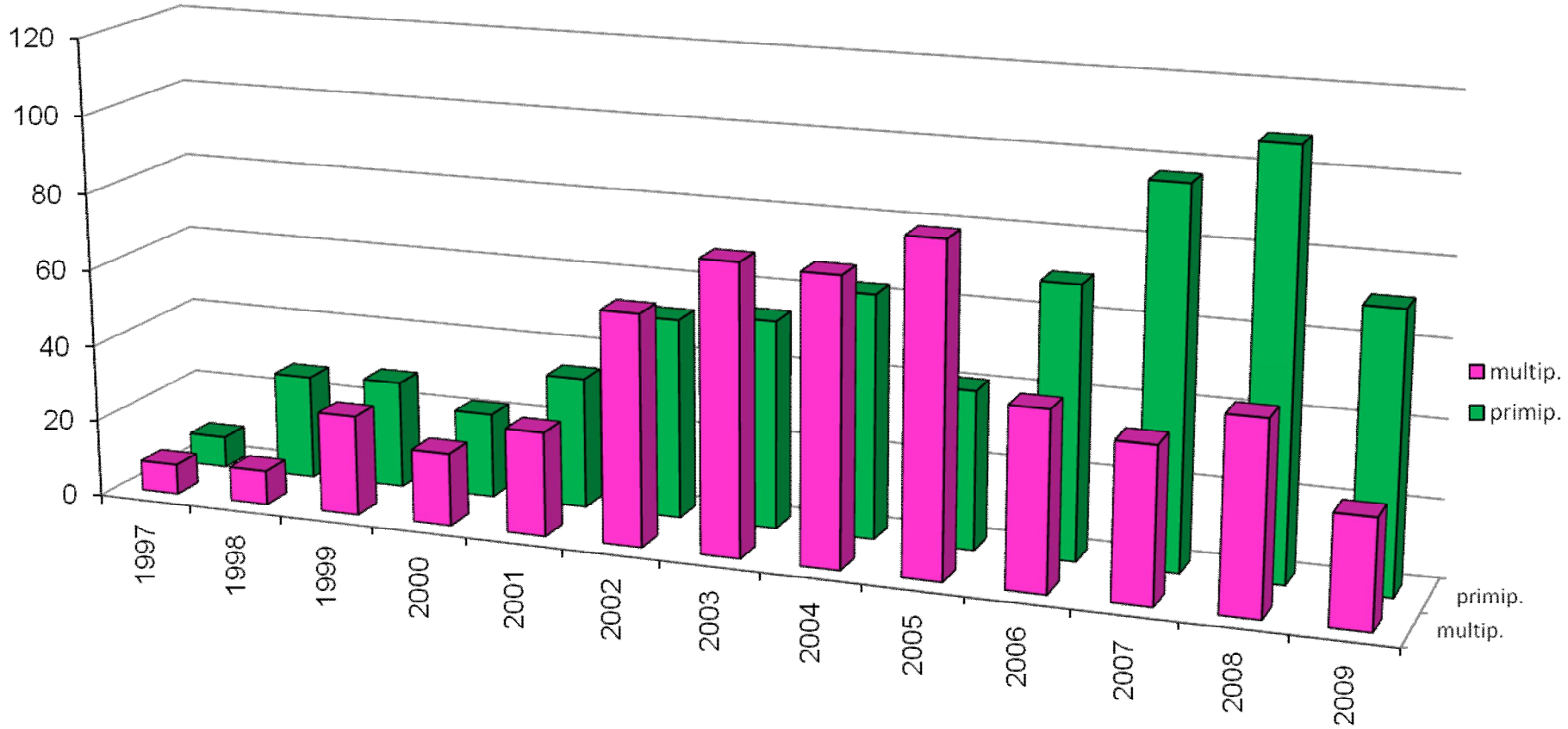
- All healthy women with uncomplicated pregnancies at term should have the option of water birth available to them and should be able to proceed to a water birth if they wish.
- Data should be kept both on immersion in first stage of labour for analgesia use and separately for underwater birth.
- Data should also be collected on women who wished to use the birthing pool but for whatever reason were unable to do so.*
- Units should also audit ethnicity in relation to the offer of the option of water birth, to ensure that there is parity of access.*

NHS Highland

UNIVERSITY OF STIRLING

Ready Steady Baby (2008:70-71)

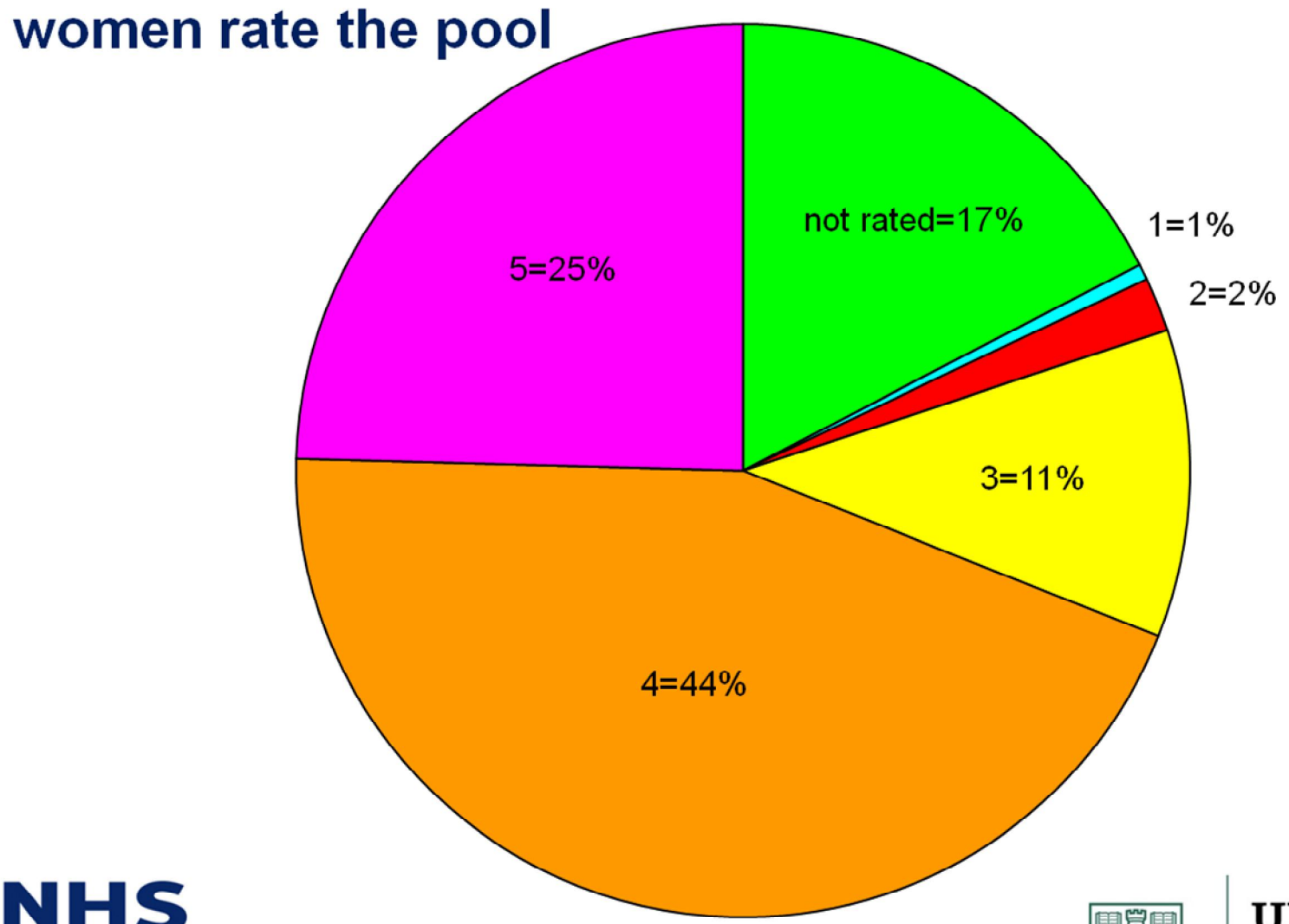
what's different



NHS Highland

UNIVERSITY OF STIRLING

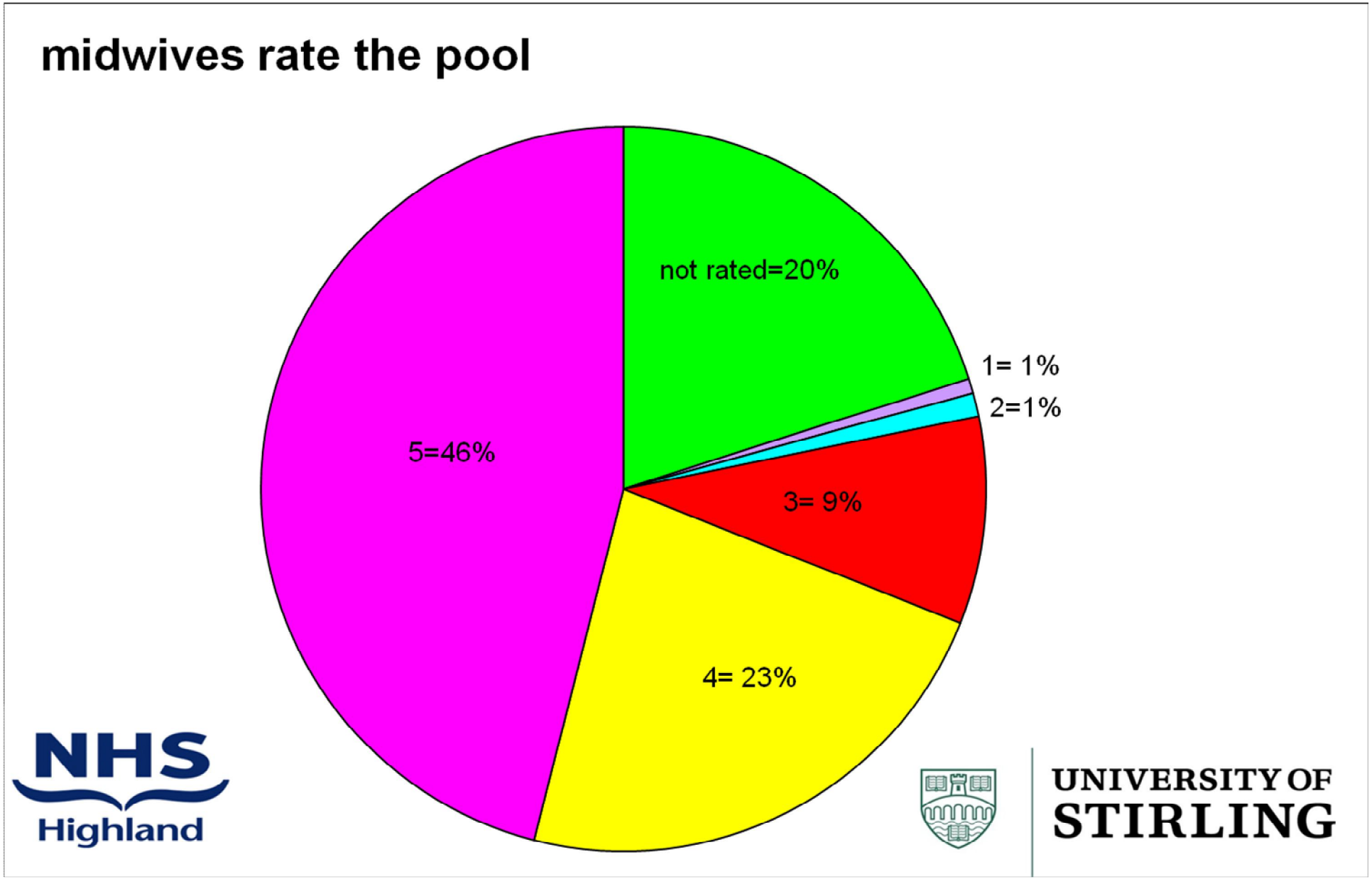
what stays the same



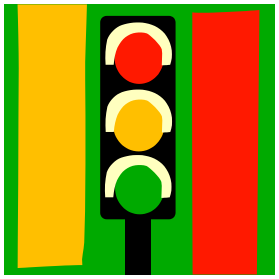
NHS Highland

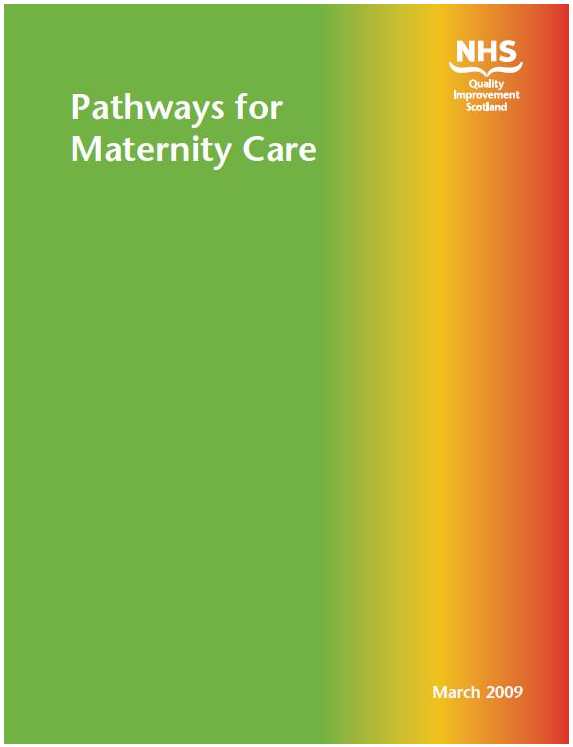
UNIVERSITY OF STIRLING

what stays the same



KCND Principles of care in 1st stage





- "Range of non-pharmacological pain-relief"
- "If slow/no progress in labour consider immersion in water"
- "Refer to local guidance on waterbirth if labouring in water"

Recorded reasons: getting in

- **Pain relief and relaxation**
- Water birth
- Latent labour
- Cervical dystocia

NHS Highland

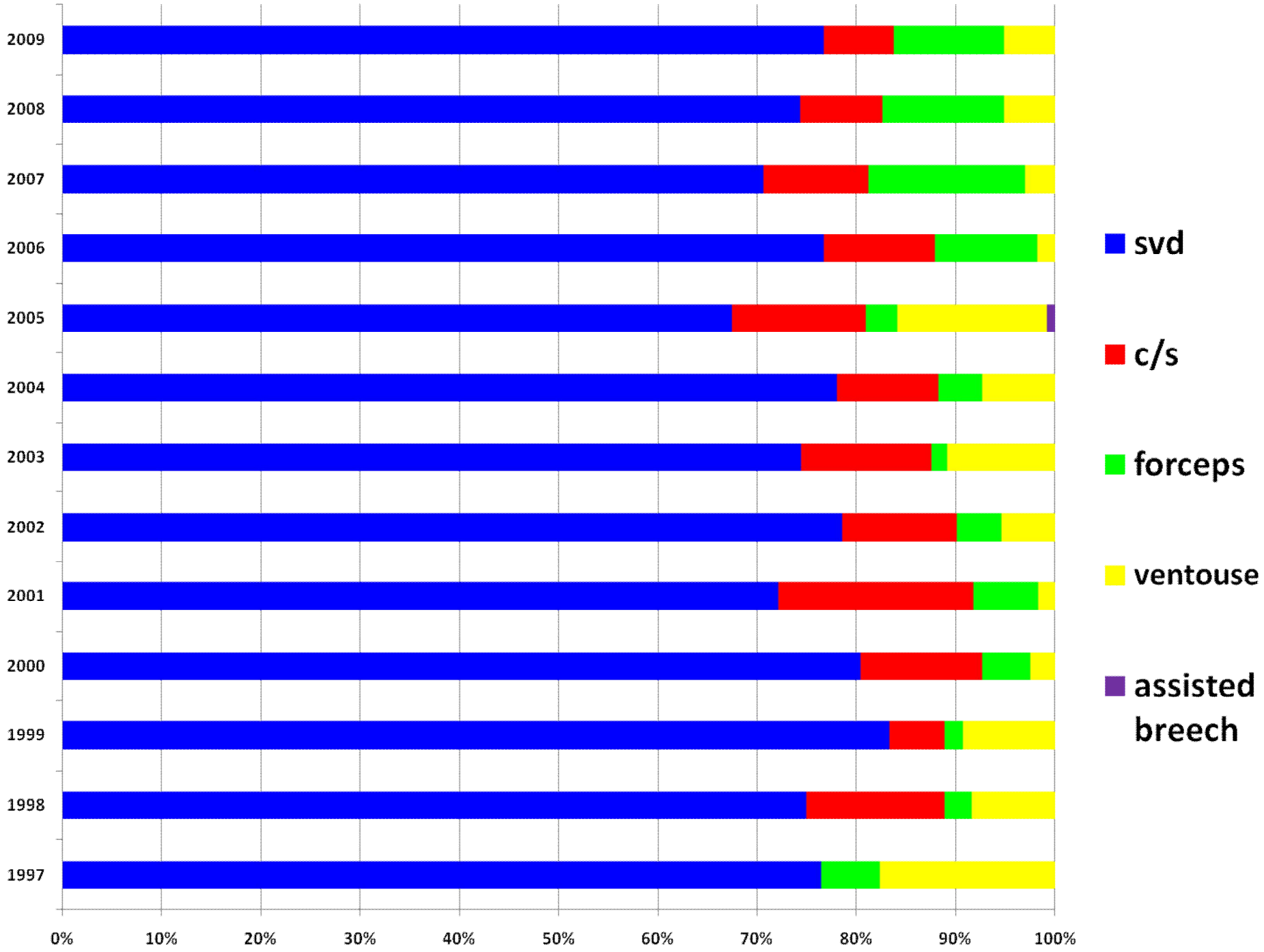
UNIVERSITY OF STIRLING

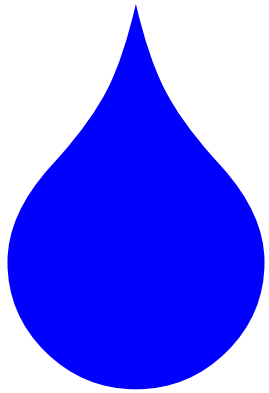
Recorded reasons: getting out

1. Wishing further analgesia
2. Rectal pressure, urge to push, expulsive contractions, 2nd stage
3. Reassessment, vaginal examination, ARM, CTG
4. Following a water birth
5. Maternal request

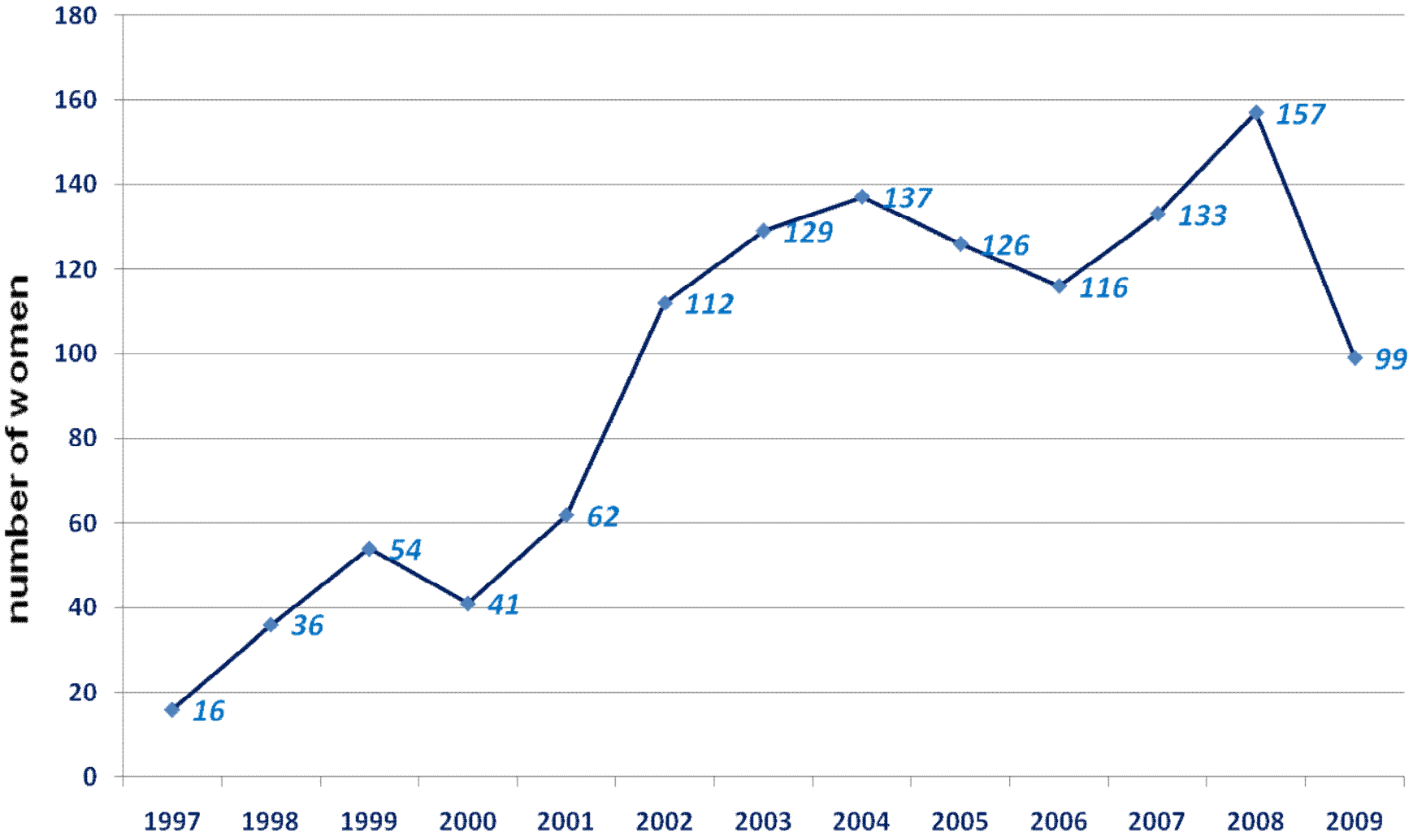
NHS Highland

UNIVERSITY OF STIRLING


2009
2008
2007
2006
2005
2004
2003
2002
2001
2000
1999
1998
1997
0%
10%
20%
30%
40%
50%
60%
70%
80%
90%
100%
svd
c/s
forceps
ventouse
assisted breech



Pool use September 1997- December 2009



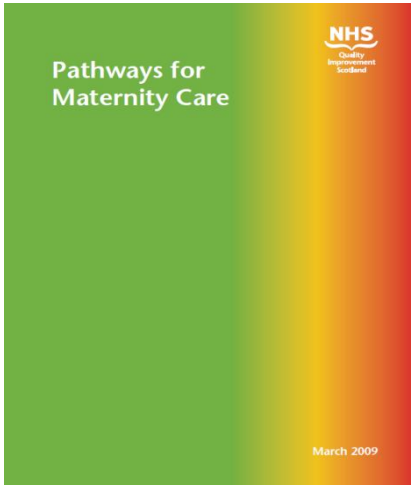
NHS Highland

UNIVERSITY OF STIRLING

why less use?

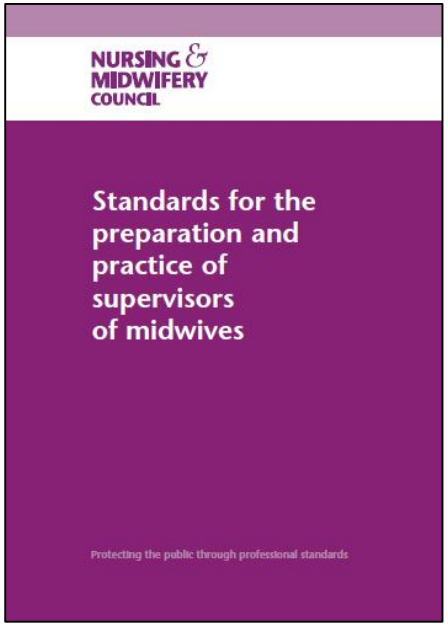
Forms

- Colour of the forms
- “Where are the forms are kept?”
- “Too busy”
- “Too many forms as it is”
- Not being used
- Form left in the notes



Pool itself

- Not available
- Concerns about usage
- Not offering its use
- Lack of staff
- Too busy
- Need a prompt



Supervisors of midwives have a duty to promote childbirth as a normal physiological event (NMC 2006:3).

Normal birth

Towards *normality* – a vision for *supervision*

With a new birthing centre set to open at the Luton and Dunstable Foundation Trust, supervisors of midwives **Heidi Beddall** (lead midwife for normality) and **Mel Carr** (practice development midwife) realised a cultural shift from high-risk to low-risk practice would be needed.

The rate of caesarean births in England has risen significantly in the last ten years. Between 1990 and 2008, the number of babies born by caesarean section (CS) doubled from 12% to 24% of all births in England (NHS Institute, 2009a). The increase in caesarean births has not led to a measurable improvement in health outcomes for babies, but has been linked to an increased risk of complications for mothers when compared to outcomes following normal birth (NHS Institute, 2009b).

Increasing the normal birth rate and eliminating unnecessary CS is high priority on the national health agenda; with promoting normal birth identified as one of the high impact actions by the NHS Institute (2009b). The RCM Normal Birth campaign fully supports the view that intervention and caesarean shouldn't be the first choice in labour and birth management – they should be the last.

Statutory supervision of midwives provides a mechanism for support and guidance to every UK midwife (NMC, 2008) and supervisors of midwives (SoMs) have a duty to promote childbirth as a normal physiological event (NMC, 2006). SoMs have a fundamental responsibility for providing professional leadership that empowers midwives to embrace their role as lead professional in low-risk midwifery care.

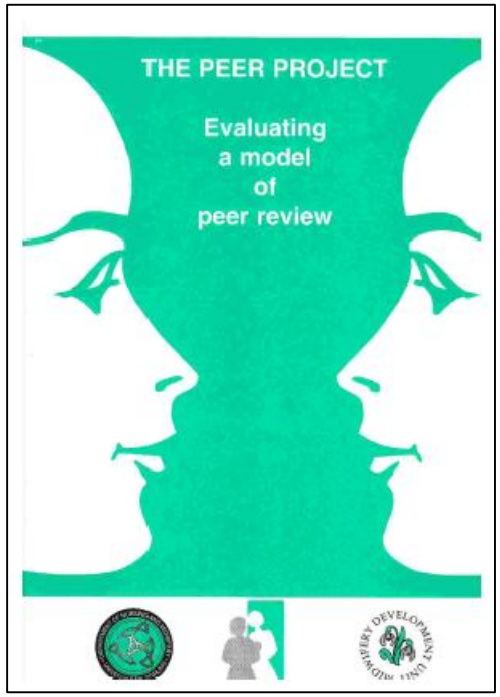
Background

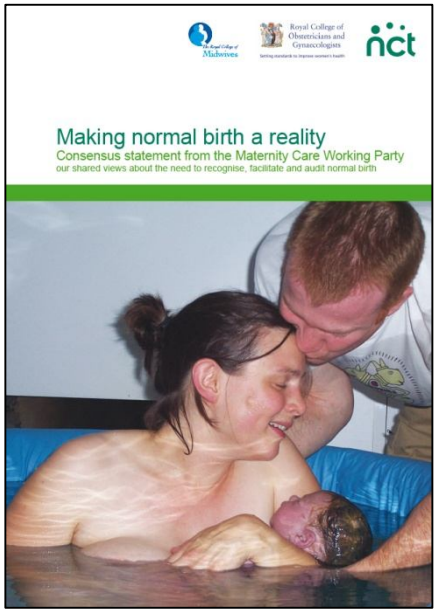
As SoMs, practising within a consultant-led unit with a tertiary neonatal unit, the challenge of supporting women's expectations and choices surrounding maternity care (as championed by *Maternity matters*, (Department of Health, 2007)), while encouraging midwives to promote normal birth and empower women to achieve positive birth experiences was evident. Autonomous midwifery practice was inhibited as the culture within a high-risk consultant-led unit focuses on patient safety and the delivery suite was in danger of becoming a production line rather than a holistic birth environment. Midwives within the unit also faced operational obstacles to normal birth practices as a result of capacity and staffing issues that directly impacted on their ability to offer one-to-one midwifery care in labour.

The dichotomy between the national/professional agendas and the culture of the local maternity service led the authors (both SoMs) to identify the need to empower midwives to promote

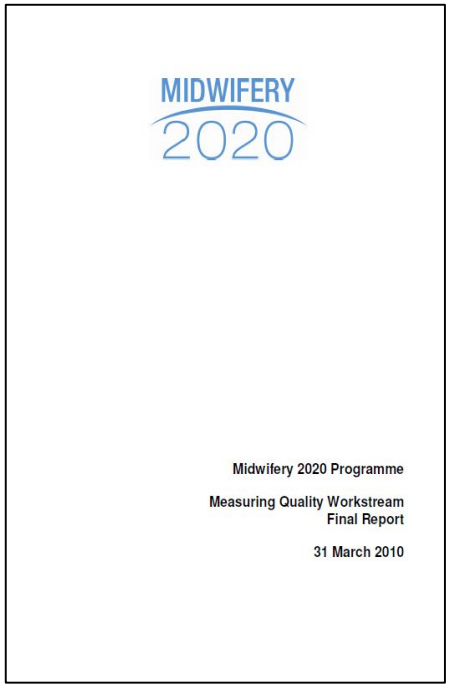
34 MIDWIVES THE OFFICIAL MAGAZINE OF THE RCM SEPTEMBER 2010

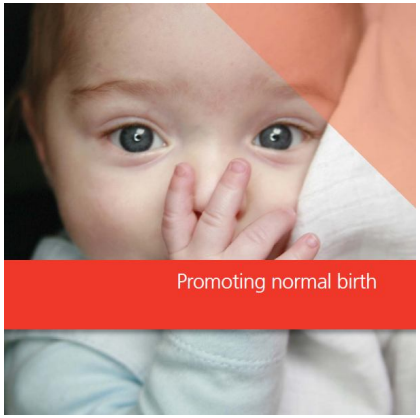
History lesson





Looking to the future





Examine what we are doing now

- How can this option be promoted?
- Women
- Midwives

NHS Highland

UNIVERSITY OF STIRLING

Choice of non-pharmacological pain relief in labour

Points you wish to raise?

Any questions?