

Appendix 4 – Risk Assessment for Use of Water in Labour and Birth at Home

RISK ASSESSMENT FOR USE OF WATER IN LABOUR AND BIRTH AT HOME

ADDRESSOGRAPH

DATE OF ASSESSMENT:

1. Carry out a manual handling risk assessment prior to and during labour

Can the woman safely enter and exit the pool unaided or with minimal support

Date of assessment prior to labour: _____

Date & time of assessment in labour _____

2. Criteria for use of water

All women suitable for homebirth as per All Wales Midwifery-Led Care Guideline and the All Wales Clinical Pathway for Normal Labour are suitable to labour and birth in water at home or women with an individualised care plan.

3. Pool Check

Is the pool situated on the ground floor?	Yes	No
Is there a new disposable liner?	Yes	No
Is there a new disposable hosepipe?	Yes	No
Adequate clearance around the pool?	Yes	No
Are the walls of the pool firm enough for the woman or midwife to lean on.	Yes	No

If No to any of the above escalate to team leader and band 8

4. Advise to the woman

- Birth partner to be responsible for filling, maintain and emptying the pool and ensuring temperature is maintained as per guideline.
- Do not pre-fill the pool and maintain with a heater prior to labour due to a risk of Legionnaire Disease. Fill at time of labour.
- Ensure new liner and hosepipe used and disposed of afterwards.
- Pool bottom should be non-slip.
- To supply a new sieve, thermometer and mirror.
- The woman should be advised to leave the pool if a deviation from the Normal Care Pathway occurs and/or in the event of an emergency.

In the Event of maternal collapse in the pool she should be slid over the top of the pool onto a dry area with the assistance of the birth partner.

Paramedics will be called if transfer to an obstetric unit is indicated and in the event of an emergency.

5. Equipment needed

- Birthing pool
- Single use disposable liner
- Single use disposable hosepipe
- Plentiful supply of hot water
- Stool/step for pool access if needed
- An area close to the pool suitable for vaginal examinations, perineal examination or any other examinations or possible events i.e. sofa or bed appropriately prepared
- Sieve
- Thermometer
- Mirror
- Towels

Signature of Woman

Print Name

Date

Signature of Midwife

Print Name

Date