National Women & Infants Health Programme

Patient Information Leaflet (PIL)

Using a Birthing Pool for Labour and/or Birth

What is a birthing pool?

Birthing pools are available in some maternity hospitals/units. During home birth, specially designed inflatable pools are used.

A birthing pool is a large, deep bath filled with warm water. It can be used to help you feel more relaxed and comfortable during labour. Some women use it only for pain relief during labour, while others choose to give birth in the water.

Who can use a birthing pool?

You may be able to use a birthing pool if your pregnancy is healthy and uncomplicated.

This usually means:

- You and your baby are well, with no complications during the pregnancy
- You are having one baby in a head-first (cephalic) position
- You are between 37 and 42 weeks pregnant
- Your labour starts naturally
- You can move around and get in and out of the pool on your own

Your Midwife assesses you and your baby before you enter the pool to make sure it is a safe option for you, and continues to monitor you both throughout labour and birth.

What are the benefits of using water in labour?

Recent research studies show that:

- Warm water helps you relax and feel more comfortable.
- Buoyancy makes it easier for you to move around and adopt upright positions and helps facilitate labour progression.
- Water can make contractions feel less painful, hence reducing the need for pain-relieving medications (such as epidural).
- It can help you stay calm, in control and have improved birth experience.

Is water birth safe?

For healthy women with uncomplicated pregnancies, research indicates that water birth is safe. The Midwife continually assesses you and your baby during labour and birth and if there are any concerns, you are requested to exit the pool.

One risk that can be linked with water birth is umbilical cord 'snap', also called avulsion. This is where the umbilical cord stretches too much and tears away or breaks. This may be caused by lifting the baby too quickly to the water surface. There have been no reports of any deaths, or harmful long-term effects due to this, and for the majority of babies, prompt clamping of the umbilical cord prevents any further cause for concern.

In order to help prevent this happening, following birth your baby is guided gently out of the water and into your arms. Midwives are trained to manage a cord 'snap' should it occur, and a Neonatologist (baby doctor) is called to review your baby.

What prevents the baby from breathing underwater?

At time of birth, it is natural for a baby not to breathe underwater; this is called the 'diving reflex'. When a baby's face touches warm water, a reflex is triggered that prevents breathing and keeps the airway closed. The Midwife protects this mechanism by maintaining the temperature of the pool water (37 degrees Celsius), ensuring the baby's head is not touched during birth and that it remains totally submerged under water, until the body is born. Then the baby is brought to the surface where they take their first breath.

When might you need to leave the pool?

You may need to get out of the pool if:

- You or your baby need extra monitoring or care
- Your contractions slow down
- You need a vaginal examination or other procedures
- You want pain relief that cannot be used with water (such as an epidural)

What happens in the pool?

First stage of labour

- The pool will be filled with warm water to cover your tummy.
- You can move around freely and choose comfortable positions.
- The water will stay between 35–37.5°C for your comfort.
- You can drink fluids and have light snacks to stay hydrated and energised.
- You will be encouraged to leave the pool at regular intervals to pass urine.

Second stage (birth)

- Once you and your baby remain well, you can give birth in the water if you wish
- Your baby will be born into the warm water.
- Immediately following birth, the Midwife will lift your baby carefully to the surface and gently place them in your arms.
- Your baby's head will always be kept above water once born.

Third stage (placenta)

- Active management is recommended to reduce bleeding after birth. For this you will be given an injection to help deliver the placenta, and then requested to exit the pool for all follow-on care.
- If you choose physiological (natural) management, you can stay in the pool if you wish, or you may decide to leave the pool if you prefer.

If, while remaining in the pool, there are any signs of excessive blood loss (*you become pale, feel unwell/ faint, or there is excessive visible blood in the pool water*), you will be assisted to exit the pool immediately. Your Midwife will seek assistance from colleagues, and provide necessary care and management as per local protocol.

Education and training

Midwives involved in water birth attend mandatory training, and take part in regular skills and drills in their local hospitals/units. Birthing pool emergency procedures are included in obstetric emergency training which is attended by midwives and doctors.

Infection prevention and control

Strict cleaning and infection control measures are in place. Hospital 'built in' birthing pools are cleaned as per local protocol and in accordance with manufacturer's guidelines. For home births, specially designed inflatable birthing pools are used. For this, single use/once-only equipment must be used and manufacturers' instructions followed.

Frequently Asked Questions

When can I get into the pool?

It is individual for each woman. Your Midwife will advise you as to the best time.

It depends on how often your contractions are coming, how you are coping with labour and whether you wish to use the pool for labour only or to have a water birth.

Can I have gas and air in the pool?

Yes. You can use gas and air (Entonox) while in the pool.

Can I have pethidine or an epidural if I'm using the pool?

You cannot have an epidural in the pool.

If you have pethidine, as it can cause drowsiness, you should wait at least 2 hours before entering the pool. You need to be aware that there are limited studies on the safety of pethidine and water birth. Risks to the unborn baby whose mother has received pethidine during labour and water birth are unknown, in particular about the 'diving reflex' and triggering of the first breath.

What if there's an emergency?

Midwives are trained in emergency procedures. If needed your Midwife will call on colleagues for help and you will be helped out of the pool quickly and safely. Birthing pool emergency procedures are included in obstetric emergency training which is attended by midwives and doctors.

Can my birth partner join me in the water?

No, the pool is for you only, but your birth partner can stay close to support you.

What should I bring if I plan a water birth?

- A loose-fitting top or sports bra (if you want to wear one in the pool)
- Towels and a dressing gown for after you leave the pool
- Flip-flops or waterproof shoes for walking around
- Some isotonic 'sports' drinks and light snacks (crackers, plain biscuits)
- Your usual hospital bag essentials

Where can I find more information?

If you think using a birthing pool sounds right for you, but are unsure if you're suitable, speak to your Midwife or Doctor during an antenatal visit.

If you plan to have a planned home birth and use an inflatable pool, talk to your Midwife and always follow the manufacturer's instructions.

You can also find more information at:

Barry P., Higgins J., Keegan C., Cronolly C., Hamill A. National Clinical Practice Guideline: Care of Women Using a Birthing Pool for Labour and/or Birth. National Women and Infants Health Programme and the Institute of Obstetricians and Gynaecologists. May 2026.

Vallejo, N., Mc Cormack, E., Rowland, M., Dado, M.P., Healy, M., Brosnan, M., Imcha, M., Plans, C. National Clinical Practice Guideline: Intrapartum Care of Women on the Supported Care Pathway. National Women and Infants Health Programme. June 2025.

https://www2.healthservice.hse.ie/organisation/national-pppgs/

https://www.rcpi.ie/Faculties-Institutes/Institute-of-Obstetricians-and-Gynaecologists/National-Clinical-Guidelines-in-Obstetrics-and-Gynaecology