

Plain Language Summary

Using a Birthing Pool for Labour and/or Birth

Who is this summary for?

This summary is for pregnant women and their birth partners who are considering using a birthing pool during labour and/or birth, in a hospital or a homebirth setting.

What is this summary about?

The National Women and Infants Health Programme (NWIHP) has developed clinical guidelines to help healthcare professionals provide safe, evidence-informed care for women who choose water immersion during labour and/or birth.

This plain language summary explains what it means to use a birthing pool, who can use one, and what to expect before, during and after labour and birth in water.

What is a birthing pool?

A birthing pool is a deep bath filled with warm water that helps women feel more relaxed and comfortable during labour. Pools can be used in maternity hospitals, midwifery-led units and alongside birth units. Inflatable pools can be used at home during a home birth. Some women choose to use the pool only for pain relief during labour (but give birth outside the pool), while others prefer to give birth in the water.

Who can use a birthing pool?

Women who are healthy with uncomplicated pregnancies (sometimes referred to as normal-risk pregnancies or those on the Supported Care Pathway) are usually eligible.

This means:

- The woman and baby are well with no pregnancy complications
- A single baby in a head-down (cephalic) position
- Between 37 and 42 weeks pregnant
- Labour starts naturally
- A BMI of 35 or less
- The woman has the ability to get in and out of the pool without help

The Midwife carries out an assessment of the woman and baby before the woman enters the pool to make sure it is a safe option for her, and continues regular wellbeing checks during labour and/or birth.

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What are the benefits of using a birthing pool?

Water creates a calming, private environment that can lower anxiety and help with breathing and managing labour pain. Buoyancy makes it easier for women to move and adopt upright positions and helps facilitate labour progression.

Research shows that there are several benefits to using a birthing pool, including less painful contractions, less need for other methods of pain relief (such as epidural), and an increased sense of control, with improved birth experiences.

In relation to severe perineal trauma (injury between the vagina and anus), latest high-quality evidence does not suggest an increase during water birth, in fact studies show a lower rate of severe perineal trauma after water birth for women who have already had a baby.

Is water birth safe?

For healthy women with uncomplicated pregnancies, research indicates that water birth is safe and may offer benefits. The Midwife will continually assess the woman and baby during labour and birth. If the Midwife has any concerns, the woman will be requested to exit the pool.

One risk that can be linked with water birth is umbilical cord 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 the baby is guided gently out of the water. Midwives are trained to manage should cord avulsion occur and a Neonatologist is called to review the baby if this happens.

What prevents the baby from breathing underwater?

At time of birth, it is natural for 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 the woman need to leave the pool?

The woman may need to leave the pool if:

- There are concerns about the woman's or the baby's wellbeing
- Labour contractions slow down
- The woman needs a vaginal examination, artificial rupture of membranes, or other interventions
- The woman requests to have pain relief that is not compatible with water immersion (e.g. epidural)

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What to expect during labour and/or birth in the pool?

First Stage of Labour

- The pool is filled with warm water to cover the woman's abdomen (around breast level).
- The woman can move freely to find positions that feel best.
- The water temperature will be adjusted for comfort (35–37.5°C).
- The woman can drink fluids to stay hydrated, leave the pool to pass urine, and take other comfort measures like massage or music.

Second Stage of Labour (Birth)

- When the baby's head is visible, the Midwife will guide and encourage the woman to keep their bottom/lower half of the body under water.
- The baby will be born under the water and then lifted immediately and gently into the woman's arms.
- Skin-to-skin contact and delayed cord clamping are encouraged in the pool.

Third Stage of Labour (Placenta)

- Active management of the third stage is recommended; for this, the woman will be requested to leave the pool following an injection to help deliver the afterbirth (placenta). All follow-on care will then be provided out of the pool.
- If the woman has chosen physiological (natural) management, she may decide to remain in the pool, or she may exit if she prefers.
- If, while remaining in the pool, there are any signs of excessive blood loss (the woman becomes pale, unwell/feels faint, or there is excessive visible blood in the pool water), she is assisted to safely exit the pool immediately. The Midwife seeks assistance from colleagues, and activates local postpartum haemorrhage protocol.

After the birth

- The water will be topped up to keep the woman and baby warm.
- The Midwife will continue to monitor the woman and baby closely.
- Skin-to-skin contact and breastfeeding can commence.
- The woman will be assisted to safely exit the pool for all follow up care.
- As for all women following birth, an Irish Maternity Early Warning System (IMEWS) chart is commenced to record and support the recognition of warning signs of excessive bleeding or other clinical complications.

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Education and training

Midwives involved in water birth attend mandatory training on water immersion for labour and birth, and take part in regular skills and drills in their local hospitals/units. Birthing pool emergency procedures should be included in the hospital's Practical Obstetric Multi-Professional Training (PROMPT)/equivalent training.

Infection prevention and control

Strict cleaning and infection control measures will be in place at all times. 'Plumbed' hospital birthing pools are cleaned using a protocol agreed with the hospital/unit's local microbiology department and infection control team 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.

Further information:

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.

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