

# Using a Birthing Pool for Labour and/or Birth

**This Quick Summary Document (QSD) is a resource for all clinicians working in healthcare in Ireland who are involved in the care of women using a birthing pool for labour and/or birth.**

Following a comprehensive literature review a number of evidence-based recommendations for the care and management of women requesting to use a birthing pool for labour and/or birth were agreed upon, promoting a standardised approach nationally across all maternity settings, including the home birth setting.

## Key Recommendations

No.	Recommendations	Grade
<b>General Recommendation</b>		
1	In line with the National Maternity Strategy (2016) and providing choice and an equitable service to women, we recommend robust governance structures be in place to facilitate water immersion and birth at local level in all maternity settings.	<i>Best Practice</i>
<b>First Stage of Labour</b>		
2	We recommend that pregnant women be informed about using a birthing pool for labour and/or birth during the antenatal period and that evidence-based information be provided in hard copy, electronically, or via QR Code.	<i>Best Practice</i>
3	We recommend that women with uncomplicated pregnancies (i.e. 'normal risk'/on the Supported Care Pathway) should be offered the use of a birthing pool for labour and/or birth and that all care/management should be as per the <i>National Clinical Practice Guideline; Intrapartum Care for Women on the Supported Care Pathway, NWHIP/IOG (2025)</i>	<i>Best Practice</i>
4	We strongly recommend that midwives have access to mandatory training on water immersion for labour and birth nationally, through Centres of Midwifery Education/National E-Learning Programme, and locally for skills and drills, and guidelines should be in place to support practice.	<i>1B</i>
5	We recommend that doctors involved in maternity care have access to training on water immersion for labour and birth via the National E-Learning Programme and attend local skills/drills updates as necessary.	<i>Best Practice</i>
6	We recommend ongoing assessment of a woman's suitability for water immersion. This assessment continues throughout pregnancy, including on presentation to the labour ward and throughout labour/birth, regarding a woman's suitability to use and/or remain in a birthing pool.	<i>Best Practice</i>
7	We recommend that midwives, as the primary caregivers for women using a birthing pool, be familiar with pool eligibility criteria and ongoing risk assessment so that they can confidently guide and support obstetric colleagues and all the multidisciplinary team (MDT) with decisions regarding a woman's suitability to use water immersion for labour and/or birth.	<i>Best Practice</i>
8	We recommend that women are informed of the paucity of evidence in relation to opioids (e.g. pethidine) and water birth, in particular regarding potential neonatal side effects, i.e. risk of respiratory and reflex depression. Alternatives to opioids, such as mobility, use of shower/birthing aids, massage, deep breathing and relaxation techniques, should be encouraged.	<i>Best Practice</i>



No.	Recommendations	Grade
9	If a woman requests IM opioid administration and subsequently requests to use a birthing pool, we recommend that a minimum of two hours, or longer (if a woman remains drowsy), should have lapsed prior to entering the birthing pool.	<i>Best Practice</i>
10	For women who have been administered more than one dose of pethidine in the previous 12 hours, we recommend consideration of alternative modalities of analgesia other than water immersion (in particular, if a woman is requesting to give birth in water).	<i>Best Practice</i>
11	We recommend that entry to a birthing pool be on an individual basis, i.e. based on an assessment of the frequency, strength, and duration of contractions, the woman's behaviour/ coping abilities, and birth preferences; no arbitrary cervical dilatation is necessary before a woman can enter a birthing pool.	<i>Best Practice</i>
12	Once diagnosed as being in active labour, we recommend a partogram be commenced to document maternal/fetal wellbeing and labour progress.	<i>Best Practice</i>
13	If contractions reduce (in frequency, strength, and duration), we recommend that women exit the pool and be supported to mobilise, use the bathroom/shower, use birthing aids, and hydrate. They may re-enter the pool if contractions increase or show signs of labour progression.	<i>Best Practice</i>
14	We recommend that the pool water is at the level of the woman's breasts (xiphisternum) when the woman is in a sitting position in the pool, not above, to avoid overheating.	<i>Best Practice</i>
15	For labour, we recommend that the pool water temperature be dictated by the woman's comfort level (generally between 35 and 37 degrees Celsius) and that it does not exceed 37.5 degrees Celsius.	<i>Best Practice</i>
16	For the second stage/birth, we recommend adding water to adequately cover the woman's lower half of her body (if she adopts a kneeling/all-fours position) and to bring the water temperature to approximately 37 degrees Celsius (adult body temperature) but not exceed 37.5 degrees Celsius.	<i>Best Practice</i>
17	As per all 'normal risk' women in labour, we recommend maternal temperature, blood pressure and respiratory rate are recorded at least 4 hourly and maternal pulse at least hourly.	<i>Best Practice</i>
18	We recommend women drink to thirst to keep hydrated, alternate plain water with isotonic drinks to prevent hyponatremia and are encouraged to pass urine two hourly.	<i>Best Practice</i>
19	If a woman becomes too warm (i.e. maternal temperature $\geq$ 37.5 degrees Celsius on two occasions, 30 minutes apart, and/or increase in maternal/fetal heart rate), we recommend exiting the pool and using cooling strategies, e.g. applying a cold compress to the forehead/back of the neck and sipping iced water. Returning to the pool depends on the clinical situation, i.e. ruling out potential infection and the water being at a more comfortable temperature for the woman.	<i>Best Practice</i>
<b>Second Stage of Labour</b>		
20	As per all births, we recommend the presence of a second midwife for second stage during water birth.	<i>Best Practice</i>
21	We recommend that midwives are fully aware of fetal physiology, detailing the protection mechanisms which prevent the triggering of a premature breath while still under water.	<i>Best Practice</i>
22	We recommend that the woman be reminded to keep the lower half of her body underwater during a water birth. If a woman inadvertently lifts herself above the water and the vertex is visible, then the woman must remain out of the water for birth.	<i>Best Practice</i>



No.	Recommendations	Grade
23	We recommend that a non-touch, hands-off/poised technique be adopted for birth.	<i>Best Practice</i>
24	Once the baby is born, it is gently and immediately lifted out of the water (headfirst and face down) into the woman's arms. To avoid too much tension being placed on the umbilical cord, it is sufficient to only have the baby's head and face above water, and we recommend caution that the baby's head/face never re-submerges underwater.	<i>Best Practice</i>
25	We strongly recommend that women adopt a birthing position that is most comfortable and effective for them.	1A
26	We recommend that women be encouraged to give birth instinctively. Prolonged breath holding and coached pushing are not recommended. However, once the head is born, with the next contraction, the woman should be encouraged to push in anticipation of the birth of the baby's shoulders and body. If there are any concerns or deviations from the normal labour/birth mechanism, the woman is requested to stand and be assisted to exit the pool.	1B
27	We do not recommend checking for a nuchal cord and strongly recommend avoiding undue traction on the umbilical cord as the baby is being born. Nuchal cords, or any cord around the body, can be resolved by carefully and gently unravelling in the water as the baby is guided to the surface.	1B
28	If umbilical cord avulsion occurs, we recommend clamping the cord immediately at the umbilicus, assessing the baby's condition, and taking appropriate actions, including a neonatologist review.	<i>Best Practice</i>
29	We recommend that the prevention and management of umbilical cord avulsion be included in midwives' training and education programmes on water immersion and birth.	<i>Best Practice</i>
<b>Third Stage of Labour</b>		
30	We recommend that women be informed of both active and physiological management of the third stage of labour following a water birth. Active management is recommended for the third stage of labour.	2B
31	For active management of the third stage, we recommend that women be administered the intramuscular uterotonic medication while still in the pool and then be requested to exit the pool for follow on care/management.	<i>Best Practice</i>
32	If physiological management of the third stage is being conducted, this can be done either in or out of the pool. If the woman chooses to remain in the pool, we recommend adding warm water to maintain maternal and fetal thermoregulation.	2B
33	We strongly recommend that, while monitoring the physical wellbeing of both the woman and baby and awaiting signs of the third stage, the woman be supported to safely perform skin-to-skin contact and/or breastfeed, irrespective of the planned method of third-stage management.	<i>Best Practice</i>
34	We recommend that estimating blood loss (EBL) and managing a postpartum haemorrhage (PPH) following water birth be included in training and education programmes for midwives on water immersion for labour and birth.	<i>Best Practice</i>
35	We recommend continuous risk assessment in relation to EBL/signs of PPH following a water birth and to monitor maternal pallor, vital signs, interaction with her baby and not solely to rely on the colour of the pool water.	<i>Best Practice</i>



No.	Recommendations	Grade
36	If a woman begins to show signs of clinical compromise, we recommend immediately removing the baby from the pool and simultaneously summoning help to assist with pool evacuation, including safe maternal airway maintenance.	<i>Best Practice</i>
37	As per all women following birth, we recommend commencing an Irish Maternity Early Warning System (IMEWS) chart to support the recognition of a deteriorating woman.	<i>Best Practice</i>
38	Regular 'local' educational drills, such as maternal collapse and emergency evacuation from a birthing pool, are important, and we recommend MDT involvement. Birthing pool emergency procedures should be included in Practical Obstetric Multi-Professional Training (PROMPT)/ equivalent training.	<i>Best Practice</i>
<b>Infection Prevention and Control Recommendations</b>		
39	We strongly recommend: <ol style="list-style-type: none"> <li>The involvement of Hospital Infection Prevention and Control Team and Maintenance/ Engineering Department(s) when planning a water birth service.</li> <li>Procuring high-quality pools and correct installation, including safe operation and maintenance of water supply systems.</li> <li>Developing robust Infection Prevention and Control Protocols, including decontamination and maintenance of pools, equipment and environment.</li> </ol>	<i>1B</i>
40	We recommend monitoring water quality as per national guidance and local Environmental Monitoring Committee/Infection Prevention & Control/Microbiology team(s) and ongoing audit/ review of potential adverse outcomes in relation to infection prevention and control issues.	<i>Best Practice</i>
41	We recommend maintaining tap/water flushing, cleaning and water testing records.	<i>Best Practice</i>
42	Specifically, in relation to inflatable pools, we recommend: <ol style="list-style-type: none"> <li>Following manufacturer instructions.</li> <li>If inflatable pools are shared among women, use a new, once-only 'liner' (checking for integrity), clear-fit cover, hose pipe, adaptor nozzle, and submersible pump.</li> </ol>	<i>Best Practice</i>

## Algorithms

### Figure 1: Overview – Care during Labour and Birth Using a Birthing Pool

- Confirm the woman's birth preferences and informed consent (HSE, 2022)<sup>1</sup>
- Initial midwifery assessment to determine meeting pool eligibility criteria, confirm maternal/fetal wellbeing and provide ongoing care/management as per the *National Clinical Practice Guideline; Intrapartum Care for Women on the Supported Care Pathway, NWIHP/IOG (2025)*<sup>2</sup>
- If concerns regarding maternal/fetal wellbeing at any stage; the woman is requested and assisted to exit the pool
- Confirm whether Latent Phase or Active Phase of First Stage of Labour

### First Stage of Labour

- Prepare the room, check pool and cleaning record(s) to ensure the pool and surrounding environment has been cleaned
- Run tap(s)/coldest and hottest setting as per local protocol
- Fill pool two-thirds with plain water to cover the woman's abdomen, i.e. at breast level when woman is sitting in the pool
- Water temperature should be dictated by the woman's comfort (*between 35-37<sup>o</sup> Celsius*) (but should **not** exceed 37.5<sup>o</sup> C)
- Encourage the woman to adopt positions most comfortable and effective for her
- Commence partogram and record maternal/fetal observations, uterine contractions and observe for SROM as per NWIHP/IOG (2025)<sup>2</sup>
- Encourage hydration (drink to thirst, alternate plain water with isotonic drinks), light diet, and 2 hourly passing of urine
- Other pain-relieving measures may also be used, e.g. Entonox, massage, music therapy, deep breathing
- If contractions reduce (*in frequency, strength & duration*), the woman is advised to leave the pool, mobilise/use birthing aids, hydrate, pass urine and rest. Returning to the pool depends on contractions increasing/signs of labour progression
- Vaginal examinations and artificial rupture of membranes\* (*if clinically necessary*) should be performed out of the pool
- Observe for signs of *delay 1<sup>st</sup> stage of labour*; if so, *exit the pool and provide care/management as per NWIHP/IOG (2025)*<sup>2</sup>
- Record time(s) of entry to and exit from the pool
- Observe maternal behaviour for cues for labour transition/second stage

\* *May return to the pool if liquor is clear*



### Second Stage of Labour

- Record maternal and fetal observations as per *NWIHP/IOG (2025)*<sup>2</sup>
- Record water temperature; should be adult body temperature, i.e. 37<sup>o</sup> Celsius for birth (but should **not** exceed 37.5<sup>o</sup> C)
- Encourage hydration (alternate plain water/isotonic drinks)
- Position as per maternal preference
- Hands-off/poised birth technique and maternal/involuntary pushing
- Observe for signs of *delay 2<sup>nd</sup> stage of labour; if so, exit the pool and provide care/management as per NWIHP/IOG (2025)*<sup>2</sup>
- Observe for the birth of the head, visualise for nape of neck, restitution of shoulders, and the birth of the body
- Woman's lower half of body remains under water. If a woman inadvertently stands up when is vertex visible, birth must continue out of water
- Once born, the baby is immediately and gently guided to the surface (headfirst) and placed into the woman's arms. NB: *take care with the umbilical cord*. Following birth, the baby's head always remains above water.
- Observe the wellbeing of mother and baby and record Apgar Scores
- Keep mother and baby warm by adding warm water to the pool and drying the baby's head
- Facilitate safe skin-to-skin\* contact, deferred cord clamping and breastfeeding (if chosen method of infant feeding)

\* [Link to HSE video – skin-to-skin contact with new-borns – HSE.ie](#)

### Third Stage of Labour

- Consider maternal/fetal wellbeing, woman's choice and birth preferences
- Recommend active management – administer uterontonic medication while in the pool, then exit pool for all follow-on care
- Physiological management – in or out of the pool
- Observe for signs of *delay 3<sup>rd</sup> stage of labour; if so, exit the pool and provide care/management as per NWIHP/IOG (2025)*<sup>2</sup>

1 National Consent Policy, Health Service Executive (2022)

2 Vallejo N, Mc Cormack E, Rowland M, Dado MP, Healy M, Brosnan M. *et al*. National Clinical Practice Guideline: Intrapartum Care of Women on the Supported Care Pathway. National Women and Infants Health Programme and The Institute of Obstetricians and Gynaecologists. (2025)

**Figure 2: Eligibility Criteria for Birthing Pool Use-Supported Care Pathway (Normal Risk) \***

\*A 'normal-risk' pregnancy is defined as a pregnancy where there are no identified risk factors, known or pre-existing conditions or complications requiring additional tests or adapted management<sup>1</sup>

**Before a woman enters a birthing pool, her history is reviewed, and a full maternal and fetal wellbeing assessment is carried out<sup>1</sup>**

**The following is an example of eligibility criteria (not exhaustive) for 'normal risk'/women on the Supported Care Pathway;**

- Singleton pregnancy
- Cephalic presentation
- Between 37<sup>+0</sup> and 42<sup>+0</sup> weeks' gestation
- Spontaneous onset of labour
- Normal fetal heart rate (as per National Fetal Heart Monitoring Guideline, NWIHP/IOG, 2025)<sup>2</sup>
- Normal maternal observations (as per National Intrapartum Care for Women on the Supported Care Pathway)<sup>1</sup>
- BMI less than/equal to 35kg/m<sup>2</sup>
- Independently mobile and able to demonstrate the ability to get in and out of the pool unaided
- Spontaneous rupture of membranes for up to 24 hours, with clear liquor draining. (Refer to the National Clinical Practice Guideline Prevention of Early-Onset GBS in Term Infants)<sup>3</sup>

1. Vallejo N, Mc Cormack E, Rowland M, Dado MP, Healy M, Brosnan M. *et al.* National Clinical Practice Guideline: Intrapartum Care of Women on the Supported Care Pathway. National Women and Infants Health Programme and The Institute of Obstetricians and Gynaecologists. (2025)
2. Rowland *et al.* National Clinical Practice Guideline: Fetal Heart Monitoring. National Women and Infants Health Programme and The Institute of Obstetricians and Gynaecologists. (2025)
3. Dakin A, Loughlin L, Ferguson W, Babu S, Dempsey G, Meehan M, *et al.* National Clinical Practice Guideline: Prevention of Early Onset Group B Streptococcal Disease in Term Infants. [Internet]. National Women and Infants Health Programme and The Institute of Obstetricians and Gynaecologists. (2023)

### Auditable standards

Audit using the key recommendations as indicators should be undertaken to identify where improvements are required and to enable changes as necessary, and to provide evidence of quality improvement initiatives.

Auditable standards for this Guideline include:

1. Evidence that women meet the pool eligibility criteria.
2. Evidence (including a review of cleaning records) that the pool and surrounding environment were clean before a woman entered the pool.
3. Evidence that the tap(s) have been run per agreed local protocol before filling the pool.
4. A full maternal and fetal wellbeing assessment is recorded before a woman enters a birthing pool.
5. Pool water temperature is checked before a woman enters a pool. The water temperature should be between 35 and 37 degrees Celsius and not exceed 37.5 degrees Celsius throughout labour/birth.
6. Evidence of maternal and fetal observations being carried out during labour/birth.
7. Record of times women entered and exited from the pool (may be multiple).
8. Evidence of regular oral fluids (drink to thirst) and two-hourly passing of urine.
9. For birth, record the woman's lower half of her body remaining underwater until the baby is fully born.

10. Evidence of close observation of mother and baby following birth while awaiting delivery of the placenta.
11. Evidence that the woman exited and care/management was 'on land' if the third stage of labour is actively managed.

### Recommended reading:

1. HSE National Framework for developing Policies, Procedures, Protocols and Guidelines [How\\_to\\_Develop\\_HSE\\_National\\_Policies\\_Procedures\\_Protocols\\_and\\_Guidelines\\_gQBQ4os.pdf](#)
2. Vallejo N, Mc Cormack E, Rowland M, Dado MP, Healy M, Brosnan M. et al. National Clinical Practice Guideline: Intrapartum Care of Women on the Supported Care Pathway. National Women and Infants Health Programme and The Institute of Obstetricians and Gynaecologists.; 2025. <https://www2.healthservice.hse.ie/organisation/national-pppgs/>
3. Rowland et al. National Clinical Practice Guideline: Fetal Heart Monitoring. National Women and Infants Health Programme and The Institute of Obstetricians and Gynaecologists.; 2025. <https://www2.healthservice.hse.ie/organisation/national-pppgs/>
4. Burns E, Feeley C, Hall PJ, Vanderlaan J. Systematic review and meta-analysis to examine intrapartum interventions, and maternal and neonatal outcomes following immersion in water during labour and waterbirth. *BMJ Open*. 2022;12(7):e056517. doi:<https://doi.org/10.1136/bmjopen-2021-056517> [Systematic review and meta-analysis to examine intrapartum interventions, and maternal and neonatal outcomes following immersion in water during labour and waterbirth | BMJ Open](#)
5. Burns E, Mc Donald M, Rodd Z, Sheperd E, Smith L, Blamey C. estiMATE- An e-learning tool for estimating blood loss during water birth. [Internet]. 2023. Available from: <https://www.all4birth.com/courses/estimate-an-e-learning-tool-for-estimating-blood-loss-during-waterbirth/>
6. Garland D. Robust Clinical Care. In: *Revisiting Waterbirth: An Attitude to Care*. Second Edition. London, UK: Palgrave, Mac Millian Publishers Limited.; 2017. p. 95–132.
7. Barry PL, Mc Mahon LE, Banks RAM, Fergus AM, Murphy DJ. Prospective cohort study of water immersion during labour and birth compared with standard care in an Irish maternity setting. *BMJ Open*. 2020 Dec 4;10(12):e056517. doi:<https://doi.org/10.1136/bmjopen-2020-038080> [Prospective cohort study of water immersion for labour and birth compared with standard care in an Irish maternity setting | BMJ Open](#)
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9. Sanders J, Barlow C, Brocklehurst P, Cannings-John R, Channon S, Cutter J, et al. Maternal and neonatal outcomes among spontaneous vaginal births occurring in or out of water following intrapartum water immersion: The POOL cohort study. *BJOG*. 2024;131(12):1650–9. [Maternal and neonatal outcomes among spontaneous vaginal births occurring in or out of water following intrapartum water immersion: The POOL cohort study - Sanders - 2024 - BJOG: An International Journal of Obstetrics & Gynaecology - Wiley Online Library](#)
10. Mc Kinney JA, Vilchez G, Jowers A, Atchoo A, Lin L, Kaunitz A et al. Water birth: A systematic review and metanalysis of maternal and neonatal outcomes. *Am J Obs Gynecol*. 2024;.e33March 230(3S):S961–79. [Water birth: a systematic review and meta-analysis of maternal and neonatal outcomes - ScienceDirect](#)
11. National Institute for Health and Care Excellence (NICE) Intrapartum Care NICE Guideline NG 235. Published online 2023. Last updated Nov 2025. [Recommendations | Intrapartum care | Guidance | NICE](#)

### Authors

**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.**

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

<https://www.rcpi.ie/faculties/obstetricians-and-gynaecologists/national-clinical-guidelines-in-obstetrics-and-gynaecology/>