WATERBIRTH

Safety, Science & Sacred Beginnings

A practical resource for families, partners, doulas and birth workers.

“Waterbirth is not about the pool alone. It is about the conditions around the mother.”

Presented by **Caridad Saenz, Birth Guardian**
with guest **Barbara Harper**
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Waterbirth Basics

Water can be used as a comfort tool during labor, and in some settings it may also be used for birth itself. This resource is not a replacement for medical advice; always discuss your personal situation with your midwife or doctor and follow your birth setting's policy.

Laboring in water

Using the pool or bath for comfort, movement, privacy and coping during labor. A mother may enter, leave, return, or decide to birth outside the water.

Birthing in water

The baby is born fully into the water with trained support, clear guidelines, appropriate monitoring and an agreed plan for mother and baby.

What warm water may support

Relaxation

Warmth may help the body soften and reduce bracing.

Buoyancy

The belly, back and pelvis can feel lighter, making movement easier.

Privacy

The pool can create a boundary that helps the mother turn inward.

Movement

Leaning, rocking, kneeling and asymmetry can feel more accessible.

Coping

Many women describe water as calming and supportive during waves.

Partner connection

Partners can anchor the space with quiet words, hydration and steady presence.

Remember: **Water is a tool, not a contract.** A woman can use water for comfort and still change plans at any time.

Safety First: What to Prepare & Discuss

Waterbirth safety depends on the whole picture: mother, baby, gestational age, setting, equipment, provider policy, and the skill of the team. Suitability varies by hospital or care provider.

Before entering the pool

- Mother and baby are well
- Provider/midwife agrees water is appropriate now
- Pool/equipment are clean and ready
- Water temperature is monitored
- Mother can enter and exit safely
- Hydration, towels and support person are nearby
- There is a clear plan if the mother needs to leave the pool

When leaving the pool may be wise

- The mother wants to get out
- She feels too hot, faint, dizzy or unwell
- There are concerns about baby's heart rate
- There is fever, bleeding, or another clinical concern
- The team needs a clearer assessment
- Labor needs a reset or change of position
- The plan changes and another kind of support is needed

Common eligibility conversations

Many guidelines discuss water use in the context of healthy, uncomplicated pregnancies at term, usually with one baby in a head-down position. Local policies differ, especially around VBAC, induction, continuous monitoring, BMI, meconium, fever, epidural use, or other medical/obstetric factors. Ask your provider what applies to you.

Coming out of the pool is not failure. It is part of respectful, responsive care when the mother, baby or moment asks for something different.

Positions in the Pool

Positions are invitations, not instructions. Try what creates comfort, space, steadiness, rest or instinctive movement. The mother's body is still the guide.

Leaning Forward

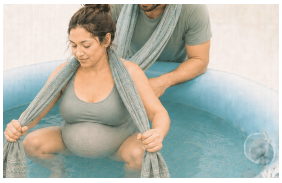
Rest, privacy, back access, grounding.

Hands & Knees

Rocking, belly support, back-pressure relief.

Side Sitting / Asymmetry

Creates different pelvic space and variation.



Supported Squat

Power, downward connection, partner/rebozo support.

One Knee Up / Lunge

Asymmetry, rotation, space on one side.

Ask: **Does this position feel better? Does it create more space? Does she want to stay here, move, rest, or change again?**

Bubble Breath & Partner Support

The Bubble Breath

If you blow too hard, the bubble breaks. If you hold your breath, nothing moves. But when the breath is soft, steady and patient, something beautiful is released.

Try this with your audience or partner:

1. Notice the jaw, shoulders and mouth.
2. Blow once with force and observe what happens.
3. Soften the jaw and lips. Drop the shoulders.
4. Take a gentle inhale. Exhale slowly through the wand.
5. Let the bubble form, float and leave you.
6. Reflect: notice any body softness.

Partner role in waterbirth

Protect the space

Dim lights, reduce unnecessary talking, protect privacy.

Support the body

Hydration, towels, cool cloth, counterpressure, safe entry/exit.

Support the nervous system

Breathe slowly, speak gently, become an anchor.

Communicate with care

Ask respectful questions and help the mother stay included.

Partner phrases: “Slow breath.” “Soft mouth.” “I am here.” “One wave at a time.” “You are safe.” “We are with you.”

Questions to Ask Your Provider

- Is waterbirth available here, or only laboring in water?
- What are the eligibility criteria in this hospital or practice?
- When would you recommend entering the pool?
- What situations would mean leaving the pool?
- How is baby monitored in water?

- Who on the team is trained and comfortable supporting waterbirth?
- Can my partner stay close to me?
- What positions are possible in the pool?
- What happens if my plan changes?
- How do you protect physiology while still keeping mother and baby safe?

My word to carry forward:

Notes / reminders:

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Global Birth Guardians: globalbirthguardians.com | Waterbirth International: waterbirth.org

References used to prepare this educational resource: ACOG Committee Opinion 679, NICE Intrapartum Care surveillance guidance, RANZCOG Water Immersion During Labour and Birth (C-Obs 24), Waterbirth International / Barbara Harper biography. This handout is educational only and does not replace individualized clinical advice.