

Received: 29 October 2019 | Revised: 15 January 2020 | Accepted: 19 February 2020

DOI: 10.1111/jan.14336

ORIGINAL RESEARCH:
EMPIRICAL RESEARCH - QUALITATIVE

JAN WILEY

Waterbirth in low-risk pregnancy: An exploration of women's experiences

Tommy Carlsson CCRN, RM, PhD^{1,2,3} | Hanna Ulfsdottir RNM, PhD^{1,4}

¹Sophiahemmet University College, Stockholm, Sweden

²The Swedish Red Cross University College, Huddinge, Sweden

³Department of Women's and Children's Health, Uppsala University, Uppsala, Sweden

⁴Karolinska University Hospital PO pregnancy and birth, Stockholm, Sweden

Correspondence

Tommy Carlsson, MTC-huset, Dag Hammarskjölds väg 14B, 1 tr, SE-75237, Uppsala, Sweden.

Email: tommy.carlsson@kbh.uu.se

Funding information

This study was supported by the Sophiahemmet Foundation. The funders had no role in the study design, in the collection, analysis and interpretation of data, the writing of articles, or the decision to submit for publication.

Abstract

Aims: To explore retrospective descriptions about benefits, negative experiences and preparatory information related to waterbirths.

Design: A qualitative study.

Methods: Women who gave birth in water with healthy pregnancies and low-risk births were consecutively recruited between December 2015–October 2018 from two birthing units in Sweden. All who gave birth in water during the recruitment period were included ($N = 155$) and 111 responded to the survey. Women were emailed a web-based survey six weeks postpartum. Open-ended questions were analysed with qualitative content analysis.

Results: Two themes were identified related to benefits: (a) physical benefits: the water eases labour progression while offering buoyancy and pain relief; and (b) psychological benefits: improved relaxation and control in a demedicalized and safe setting. Two themes were identified related to negative experiences: (a) equipment-related issues due to the construction of the tub and issues related to being immersed in water; and (b) fears and worries related to waterbirth. In regard to preparatory information, respondents reported a lack of general and specific information related to waterbirths, even after they contacted birthing units to ask questions. Supplemental web-based information was sought, but the trustworthiness of these sources was questioned and a need for trustworthy web-based information was articulated.

Conclusion: Women who give birth in water experience physical and psychological benefits, but need better equipment and sufficient information. There is room for improvement with regard to prenatal and intrapartum care of women who give birth in water.