



# “After having a waterbirth, I feel like it’s the only way people should deliver babies”: The decision making process of women who plan a waterbirth

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## ABSTRACT

**Objective:** To explore the decision making process of women who seek to give birth in water

**Design:** A qualitative design using semi-structured interviews with women who planned a waterbirth was used. Interviews were recorded, transcribed, and coded for emergent themes using a grounded theory approach for analyses

**Setting:** Twenty-three women (mean age = 33.5 years mean number of children = 2.5) who had planned a waterbirth were recruited from a prenatal care clinic in a mid-sized southeastern city in the United States. Questions explored how they decided to pursue a waterbirth, sources of information, support systems, resistance, and their birth experience

**Findings:** Although all participants used the tub during labor, five did not give birth in the water. Analyses revealed that a belief in their body’s ability to give birth along with the desire for limited medical interventions were the primary reasons for choosing waterbirth. Previous positive and negative experiences with birth also shaped their decision. Women actively sought information about waterbirths from the internet and friends. One-third of participants decided to pursue a waterbirth later in pregnancy and changed OB practices in order to have access to a waterbirth. Midwives and doulas were viewed as critical supporters of their waterbirth decision. However, most participants experienced some form of resistance toward their decision from others including family, friends, coworkers, and strangers. The overwhelming majority were positive about their experience and indicated they felt empowered, even if they were unable to give birth in the water, and encouraged other women to consider waterbirth. Most indicated they wanted to have a waterbirth in the future.

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## Introduction

Childbirth is a significant experience in a woman’s life and expectant mothers are often encouraged to attend childbirth classes and develop a birth plan that communicates the parent’s preferences for labor and delivery (Bailey et al., 2008). However, not all labor and delivery options are available to U.S. women. Harper (2014) reports that fewer than 10% of all maternity care facilities in the U.S. offer water immersion in contrast to countries such as the U.K. and New Zealand where waterbirths are

more common (Cluett and Burns, 2009; Kavosi et al., 2015). Although there is no formal tracking system for the number of waterbirths per year in the U.S., there are indications that the practice is gaining in popularity (Bartlett, 2017). Further Sullivan and McGuinness (2015) found women in the U.S. are increasingly interested in non-pharmacologic strategies to manage labor pain, including water immersion.

Research has identified a number of physical and emotional benefits for laboring women associated with immersion of the body in warm water. Benefits include an increased pain threshold, shortened labor, less medical intervention, improved relaxation, and a higher satisfaction with the overall birthing experience (Cluett and Burns, 2009; Barbosa da Silva 2009; Chaillet et al.,

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2014, Kavosi et al., 2015; Nutter et al., 2014; Elvander et al., 2013; Goodman et al., 2004). Some of these benefits may be associated with the increased mobility that immersion in warm water allows which can increase comfort and feelings of confidence or control related to the birthing process (Cluett and Burns, 2009; Goodman et al., 2004; Kavosi et al., 2015; Michels et al., 2013; VandeVusse, 1999; Fair and Morrison, 2011). Research has also documented fewer medical interventions and adverse consequences associated with waterbirths including reduced perineal tears, and rates of episiotomy, cesarean delivery, and stress urinary incontinence at 42 days following delivery (Nutter et al., 2014; Lui et al., 2014).

Despite the documented physical and emotional benefits associated with having a waterbirth, the American College of Obstetricians and Gynecologists (ACOG) released a committee opinion stating there was not sufficient evidence to draw conclusions on safety and benefits of delivering in water (2016). ACOG acknowledges that immersion in the first stage of labor is associated with shorter labor and decreased use of analgesia. However, it strongly encourages that “birth occur on land” (p. 1). The committee stated there was no evidence for maternal or neonatal benefits that result from experiencing the second stage of labor immersed in warm water, contradicting earlier research (Nutter et al., 2014).

The benefits of waterbirth have been established through previous research and, notwithstanding the opinion of the ACOG, women are choosing to have waterbirths in their homes, birthing centers, and hospitals. However, limited research explores why women choose to pursue waterbirths and the decision-making process behind that choice. The current project explores factors that influence a woman’s decisions to choose a waterbirth, including sources of information and reactions from others related to their decision.

## Methods

### Participants

This study included 23 women recruited through an obstetrics and gynecology practice located in a mid-sized city in the Southeast. Women were eligible for the study if they had been approved to have a waterbirth by their nurse midwife, attended the mandatory water birth education class, and delivered in the past two years.

The practice was chosen because they were the first group to offer hospital-based waterbirths in the local area in 2008. To date, 285 women intended waterbirth, 85% utilized a waterbirth tub for some component of labor and/or birth, and 54% delivered in the waterbirth (personal communication, V. Latham, 11/24/2019). All certified nurse midwives (CNM) within the practice were credentialed through Waterbirth International. In 2015, CNMs delivered 12.3% of all babies born in North Carolina (personal communication, V. Latham, 11/24/2019).

### Procedure

Open-ended questions were adapted from Munro et al. (2009) in order to assess the decision making processes of participants. Questions explored factors that influenced their decision to pursue a water birth and started with the question, “Talk about your decision to pursue a waterbirth.” Subsequent questions included sources of information and support or resistance received from others to their decision. A list of potential participants was obtained from an obstetric and gynecological practice which offered hospital-based waterbirths since 2008. A provider from the practice sent an email inviting eligible participants to complete a

45-minute interview. Interested women shared their contact information and were then contacted by a member of the research team. Of the 35 women contacted, 23 agreed to participate for a 66% response rate. Phone interviews were audio recorded and subsequently transcribed by a professional transcription service. Participants received a \$20 gift card as a token of appreciation. This project was approved by X’s Institutional Review Board.

### Analyses

We used a qualitative analytic approach, employing an inductive strategy for generating theory after examining data for emergent themes (Strauss and Corbin, 1990). Grounded theory was used to guide the overarching approach to analyses, which employs an inductive strategy that comes about due to direct involvement with the empirical world (Glaser and Strauss, 1967; Patton, 1990). The authors did not approach the data with a priori determined hypotheses regarding how women make decisions about whether to seek a waterbirth. Following the traditions of qualitative methods, the authors were open to the possibility of unexpected information. We could find limited literature that examined this process. Therefore, we were especially cognizant of remaining open to the data.

Transcripts were entered into Dedoose, a qualitative data analysis program. Two reviewers independently read the interview transcripts in their entirety. Next a line-by-line open-coding strategy was used to identify emergent themes. To ensure that the analyses was carried out systematically, an iterative process was adopted, which is based on a constant comparison method (Miles and Huberman, 1984). Successive interviews were then coded in comparison with the previous interviews. The researchers met frequently to discuss and compare themes and reach consensus. The team developed a framework within which to interpret connections between the themes and their significance.

## Results

Twenty-three women (mean age = 33.5, range 25–44 years, multiparous = 18) participated in the study. The majority of the women interviewed identified as Caucasian ( $n = 17$ , 86.7%) and married ( $n = 21$ , 91.3%). See Table 1 for additional demographic information. Sixteen participants (70%) used a doula for emotional and instrumental support during labor and delivery. Eighteen women (78.3%) achieved a waterbirth. Among multiparous women, two had a vaginal delivery after a previous cesarean-section. All other previous deliveries were vaginal. Analyses revealed multiple factors influenced the women’s decision to pursue waterbirths including beliefs and desires that subsequently influenced actions and resulted in a personal sense of accomplishment and empowerment.

### Beliefs and desires

Many women began to explore the option of waterbirth with a deep belief in their body’s ability to give birth and a desire to experience a less medicalized birth. Several women described having a strong connection with their bodies and the decision of having a waterbirth simply feeling intuitive and “more natural”. One woman described how her “body allowed whatever needed to happen” during her childbirth experience. When explaining her decision to have a waterbirth to others, one woman painted the image by saying “Imagine getting into a warm tub at the end of any stressful day”. She was drawn to having a waterbirth because “it just seemed like it made sense; it seemed pretty logical”. Women described waterbirths as simply “sounding comfortable” and “like something I would want to do”.

**Table 1**  
Demographic information.

Variable	n = 23	%
<i>Age</i>		
Mean	33.5	
Range	25–44	
<i>Race/Ethnicity</i>		
Caucasian	17	86.7
Multiracial	2	8.7
Hispanic	2	8.7
African American	2	8.7
<i>Marital Status</i>		
Married	21	91.3
Divorced	1	4.4
Single	1	4.4
<i>Education</i>		
High School	1	4.4
Some College	2	8.7
Bachelor's Degree	10	43.5
Graduate Degree	10	43.5
<i>Employment</i>		
Unemployed	8	34.8
Employed	15	65.2
<i>Insurance Type</i>		
Private	17	73.9
Medicaid	4	17.3
Uninsured	2	8.6
<i>Number of Children</i>		
Mean	2.5	
Range	1–8	
<i>Number of Pregnancies</i>		
Mean	2.78	
Range	1–10	
Waterbirth Achieved	18	78.3

Analyses showed that some women were drawn to waterbirths because they desired a less medicalized birth. For several women, that desire was influenced by both negative and positive experiences with previous births. After receiving pain medication during her first childbirth experience, one woman described how she “felt very out of it and didn’t really feel as connected to the baby” after delivering. Following that experience, she knew she “didn’t want to go that route” with her next pregnancy. Another woman described:

I decided to have a waterbirth because it was important to me to have as few medical interventions as possible because I felt like the more interventions that are added on to labor and delivery, the more complicated things can become and it was really important to me to have a natural childbirth to prevent those complications and just because I believe that the body is built for that.

In contrast, other women expressed wanting a waterbirth because they had such a positive previous experience using this method. One woman said “I’m not changing anything on my birth plan. I’m signed up to do it again”.

Women commonly reported the use of water as a tool to “reduce pain during labor” and to promote increased control over their birth experiences. One woman stated:

I felt like having a waterbirth was a really powerful tool for pain management and ease of transition for the baby and to add a natural element into the hospital environment. It was really nice to have the element of water in the room rather than just a sterile bed and a little sacred space for having the baby born and just for having a comfortable place to labor. I think for all the reasons, [including] transition for the baby and for pain reduction and for the oxytocin for the hormonal benefits that can work with everything to help the laboring process

In describing their waterbirth experiences, other women reported “I did not feel that anyone else was more in control than I was” and “I felt like I was in control of the process...I had a lot more control over what would happen or what would not happen”.

Additional benefits such as increased mobility and providing an intimate, safe, and peaceful environment for the baby were also frequently noted by women as reasons for desiring a waterbirth. One woman described the following: “The pool was very helpful because I could get into all sorts of positions. My body was telling me which positions to be in to help the baby move out and the pool was very helpful in that”. Women noted the importance of delivering their babies into a “peaceful environment” and having a birth that was “most calming and least invasive for the baby”.

Feelings of safety, calm, and being in control of the process may have implications for women who have experienced sexual trauma. One woman explained:

I liked the idea of a water birth because I thought I’d be in control...I do think that this is important for people like myself that experienced childhood sexual trauma. You have this as an option and that was the main driving force for me to go with the water birth decision so that I can feel like I am not restrained...so the water birth idea just made it seem like it was more natural to me. I’d be in control but still within a safe environment and that wouldn’t be re-traumatizing... I thought it would really optimize whether or not I would really bond with my child...I think it’s a very trauma-informed approach to supporting women that are expecting.

#### Actions and agency

Analyses revealed that women took an active role to prepare for their waterbirth by gathering information, attending classes, and hiring a doula. They also reported significant feelings of agency and empowerment as they sought to prepare for the birth. Many women conducted extensive research by reading books, viewing online videos, and communicating directly with friends who experienced waterbirths. One woman said, “I read about natural childbirth a lot, like the Ina May Gaskin books”. Another stated,

We watched videos, we watched other testimonials... I liked actually watching the state of how the babies were when they came out. You know, so calm and peaceful. So it just kind of, really reaffirmed for me that it was the right decision.

One mother sought information from friends as well as other sources as noted below:

I have a lot of friends who had waterbirths but none in this state. We’re from all over the place so our friends are scattered all across the country...we definitely gathered some anecdotal research that way, but most of the information came from our OB, our midwife, and women’s hospital and, embarrassingly, the internet.

However, one participant noted her frustration due to the lack of information available from other women, “I wish women in general had more information instead of having to go seek it out. I wish that more women knew about it and were informed about the benefits of it so I feel like I had enough information.”

Several women ( $n = 8$ ) were so committed to having a waterbirth that they changed medical practices mid-pregnancy to one that offered waterbirths. See related quotes below:

I actually had to switch providers halfway through my pregnancy. I think I was about 17 to 20 weeks, and I asked my current provider, “Do you offer a water birth? I really...I want to do this.” They said, “No, we don’t do that.” I asked, “Is there any way you could try and I could be a test subject or something? Please I really want this.” They said, “No.” There’s no good reason why they were telling me no. That raised a number of red flags for me. I don’t understand why they’re not letting me do this. I was very happy with my decision.

I changed providers because I wanted a natural birth and my previous provider was not natural birth friendly.

Women sought and received support for their decision to pursue a waterbirth from a variety of sources. Midwives and doulas played a particularly key role. One woman said, "With each midwife I met, as I rotated through my appointments, they were all wonderful, and that further confirmed that that's what I wanted, because I loved these women." Another commented, "we were just really lucky our OB office were advocates for waterbirth so we had so much information available to us from a trusted source." Support and respect from midwives was especially acknowledged during the waterbirth itself.

She (midwife) was just really supportive. The whole time she just let me do my thing. She was leaned over the birthing tub but she just let me control it and just guided versus saying... because I delivered her on all fours in the tub whereas some other doctors are like, 'oh lay back on your back so I can see.'

Women who hired doulas viewed them as critical partners in the waterbirth process. Doulas offered emotional as well as instrumental support and were often in charge of managing tasks related to the birthing tub. One woman noted, "So, if I had not hired a doula I probably would not have had a waterbirth."

Participants also received support from friends. One woman reported, "I actually started getting messages where people were wanting to like, sit in on my birth." However, women also experienced resistance to their birth plans and were told by friends and family that waterbirths "were reckless and irresponsible." The primary expressed fear from family and friends was that waterbirths were unsafe and that the mother was placing herself and her baby at risk for an adverse outcome. Some participants avoided telling others about their decision to pursue a waterbirth due to concerns of judgment and negative feedback. For example,

I probably would have felt more negativity had I told the people who might have been negative. I didn't talk to them at all about that.

We didn't tell everyone that we were having a waterbirth because we knew that there would be some resistance... even after we had the baby, it was a long time before we told everyone that we'd had a waterbirth because we knew that people would think that was a dangerous thing to do.

Others received negative comments:

I was shocked by the reaction and the stigma surrounding waterbirth in this day and age. I was really surprised that if I mentioned waterbirth, people immediately thought that meant I was going to be in a field with a dog as my doula and you know that I was some fringe hippie... people just sort of wrote it off as this super crazy thing...I just tuned it out. I handled it very calmly and...in reality I was not very calm.

Very few people said, 'Great, we respect your decision congratulations.' People felt like they needed to speak up. They thought [natural childbirth] was insane...that I should be drugged up and definitely not in the water.

#### *Empowerment and accomplishment*

Women described not only the actual birthing process, but also the steps taken to prepare for a water birth as empowering. Participants felt better prepared to make care-related decisions before, during, and after birth. One woman commented,

You need to empower yourself to be your own advocate. I'm not saying being mean and ugly to people but I just mean your body should be allowed to get into a position that works in or out of the pool.

Another woman stated, "I share with people all the time, it's going to hurt no matter what. (laughs) It's going to hurt no matter what, but I just feel like it's so empowering". Women expressed pride at their body's ability to "do what it's supposed to do" as indicated by the following quotes:

I'm telling you, it's like a liberating experience to truly say like, I birthed my baby.

I had a beautiful waterbirth and it was exactly what I wanted and pushed for and fought for and it was just such a reward. It was very special and her eyes... I will never forget the way she came out just so alert like, "hey mom, good job!"

The lack of outside intervention also contributed to participants' sense of accomplishment.

The very best part, in my opinion, of having a waterbirth was that I was in a pool alone and I was able to grab her. I was the first hands that touched her. So, it was just me and her in the pool and it was very quiet and very calm and there was not any intervention. It was a very positive experience.

Participants, in turn, were eager to share their experiences, as well as advice with other expectant mothers. They stressed the importance of gathering information, encouraged hiring a doula, and emphasized the importance of self-advocacy. One woman stated,

After having a waterbirth, I feel like it's the only way people should deliver babies, so I feel like the general public has no idea how crucial it is to know that waterbirth is an option. I definitely feel like when I first started my journey, not a lot of information was available and a lot of it was confusing. Telling the general public about waterbirth is important.

Another mother suggested,

To do a lot of research and to go for it. That it's not... It's not weird or super crunchy or scary or unsafe or anything like that. I know that I avoided a lot of other interventions that could have happened, which was my goal.

Several participants encouraged women to use their voices and articulate their needs as noted by the following comment, "I would just tell her to stick to her guns. That way if it's something she truly wants to do and experience then go through the entire experience." Those who delivered on land held similar views regarding the benefits of using water during the labor and delivery process. Women in the study expressed high levels of satisfaction with their birth experience. None of the women regretted pursuing a waterbirth and all but two said they would seek a waterbirth with future pregnancies.

Yes, definitely, even though everybody's like, "Are you sure you want to do that again?" I'm like, "Yeah, I'm sure." It's so amazing.

#### **Discussion**

This project explored factors that influenced women's decisions to pursue a waterbirth. Findings indicated that women often started the process with a belief in their body's ability to give birth. [Neerland's \(2018\)](#) concept analysis of maternal confidence for physiologic birth supports the notion that beliefs such as regarding the body's innate ability to birth can influence the actual experience of birth. Findings also confirmed existing research that previous births shape the desires and level of confidence when women are faced with a subsequent birth ([Attanasio et al., 2014](#)). Multiparous women in the current study drew upon both positive and negative birth experiences to make decisions about a waterbirth resulting in an increased sense of empowerment ([Luyben and Fleming, 2005](#)).

Consistent with previous literature, women in this study described a multitude of physical and emotional benefits associated with immersion of the body in warm water during labor. Many women noted waterbirth provided a tool for pain management, increased mobility during labor, improved relaxation, and an overall more satisfying birthing experience ([Cluett and Burns, 2009](#); [Barbosa da Silva 2009](#); [Chaillet et al., 2014](#); [Kavosi et al., 2015](#); [Nutter et al., 2014](#); [Elvander et al., 2013](#); [Goodman et al., 2004](#)). These benefits may play a role in the feelings of comfort and au-

tonomy experienced during the birthing process. Women noted they felt more in control over their birthing experience as a result of water immersion, supporting previous literature that control is a strong predictor of birth satisfaction (Rudman et al., 2007; Fair and Morrison, 2012). The autonomy to shift into different positions was noted as particularly meaningful.

Women cited desires for a less medicalized birth experience, which is also congruous with research showing the association between waterbirths and fewer medical interventions and adverse outcomes (Nutter et al., 2014; Liu et al., 2014). Further, immersion in water was viewed as a safe place to labor with increased privacy. Ulfsdottir et al.'s (2018) research on laboring women in Sweden found similar views on the environment created by the presence of warm water. Safety was especially important to the participant who disclosed childhood sexual trauma. Research on survivors of sexual assault indicates that the birthing process can be a triggering experience for women due to experiences of powerlessness, vulnerability, and pain (Lev-Wiesel et al., 2009). The increased autonomy and sense of safety associated with waterbirth may improve the birth satisfaction of survivors and warrants further investigation.

The women in this study expressed pride and empowerment throughout the entire process, from their steps taken to prepare for waterbirth to the actual birth itself. Many became advocates for waterbirth and encouraged friends and family to consider immersion in water when evaluating birth options. Similarly, Cooper and Warland's (2018) study of almost 900 Australian women reported over 90% of their sample indicated they recommended water immersion to other women. The sense of accomplishment and personal agency experienced by women in the current study is echoed in other qualitative research on women who have pursued waterbirth (Ulfsdottir et al., 2018), particularly those who sought a Vaginal Birth After Caesarean (VBAC). McKenna and Symon (2014) found that women who had undergone Water VBAC reported fulfillment and positive attitudes towards their bodies. Like participants in the current study, women in McKenna and Symon's research encouraged women to advocate on their own behalf and noted "you'd definitely need to be someone who isn't afraid to speak their mind" (p. e23).

In addition to gathering information, women also managed the kind of information they shared with others about their plans to use water during labor and delivery. Some experienced negative reactions from friends and family members, similar to women in Sjobloom, Idvall, Radestad, and Lindgren's (2012) study of women who planned home births. Their findings indicated that women who plan for a home birth were seen as irresponsible by family and friends, placing their own needs above the health of their baby. Negative attitudes towards birth choices can lead to isolation for pregnant women. Given the highly medicalized nature of birth in the U.S., it is possible that women who seek births that violate the common practices of medical interventions will experience more significant pushback from others and could benefit from connections to communities of parents who share their same desires (Happel-Parkins and Azim, 2016).

Aligned with previous research findings, interviews from this study highlight a need for greater availability of information on and access to waterbirth as a birthing option (Harper, 2014). Women wanted to know their options for childbirth and took steps on their own to find information on waterbirths. Despite societal stigma and lack of provider support and clinical practice guidelines in support of waterbirths, women sought to take an active role in planning their births by conducting their own research, attending classes, hiring doulas, and even switching medical practices entirely to find a provider who could offer a waterbirth. Findings from this study are consistent with previous research identifying professional advice from health care providers, media, and

the stories of other women who have given birth as factors that often play a role in a woman's birthing plan (Munro et al., 2009; Elvander et al., 2013).

## Implications

Despite a lack of access to waterbirth and information on this practice, women still seek this birthing method. Findings point to a need for more readily available accurate information on waterbirths. Such information would be helpful to pregnant women and their partners as well as reduce the stigma of pursuing a non-medicalized birth. Institutionalized policies and guidelines on waterbirth as a birthing method are also necessary for increased access to this practice. As it stands, relatively few women in the US have access to immersion in water during labor and delivery. Further, the requirement to purchase or rent a tub disproportionately affects lower income women. Obstetrical practices should partner with hospitals to identify ways to make tubs available to all women who are medically approved to labor or deliver in water. Improved no or low cost access to doulas would also increase the likelihood that women would pursue waterbirth. Doulas are an important source of emotional and instrumental support for laboring women. Finally, waterbirth may offer a trauma-informed approach to care for women who have experienced trauma due to an association with feelings of safety, calm, and being in control of the birthing process.

## Limitations

Findings need to be considered in light of several limitations. First, all participants were recruited from one practice, therefore limiting generalizability. Second, it is possible that women who did not have positive experiences pursuing a waterbirth elected to not participate in the study. Further, primiparous women may have a different perspective on their birth. While we did not find meaningful differences between primiparous and multiparous women that could be due to the relatively small number ( $n = 5$ ) of primiparous women in our sample. Future research should consider focusing on the experiences of first time mothers who seek a waterbirth. Finally, voices of others who played a role in the participants' births (doulas, partners, family, nurses, midwives) are not included. In spite of limitations, this study offers valuable insight into how and why women pursue waterbirths.

Results indicate that the decision to seek a waterbirth typically begins with a belief in the body and results in actions taken to gain knowledge and support for a waterbirth. Women described feeling empowered by their birth. However, access to waterbirth is limited in the U.S. by the number of midwives trained in waterbirth. Additional barriers include the cost of the tub and doula. Doulas played a key role in facilitating the waterbirth. There are hospitals that offer doulas free of charge for laboring women. However, participants in this study hired a doula before birth who frequently provided additional information about the waterbirth process. Reducing financial barriers and disseminating more accurate evidence-based information on waterbirth will increase the number of women who have access to this less medicalized birthing option and may improve birth experiences and maternal health.

## Ethical approval

This study was approved the Institutional Review Board at Elon University (# 16-183).

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## Declaration of Competing Interest

None declared

## CRedit authorship contribution statement

**Cynthia D. Fair:** Conceptualization, Methodology, Formal analysis, Writing - review & editing. **Alyssa Crawford:** Conceptualization, Data curation, Formal analysis, Writing - original draft. **Bethany Houpt:** Data curation, Formal analysis, Writing - review & editing. **Vicki Latham:** Visualization, Investigation, Writing - review & editing.

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