

## RESEARCH ARTICLE

# UNDERSTANDING THE LIVED EXPERIENCE OF FILIPINO MOTHERS ON WATER BIRTH

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## Abstract

**Purpose:** The study purported to explore the lived experience of a select group of Filipino mothers who had undergone water birth delivery.

**Design:** A qualitative, descriptive phenomenology research design was used to investigate the phenomenon. The sample (N=10) was comprised of women who had undergone water birth, 25-45 years old, primiparous and multiparous. A self-report method using face-to-face, in depth, semi structured interviews guided by an aide memoire abetted the data collection procedure. The principles of beneficence, respect for human dignity, and justice were observed throughout the research process.

**Mode of Analysis:** Significant statements were culled from the field text and analyzed using Colaizzi method. The validation techniques of members checking and critical friends were utilized.

**Findings:** The findings revealed that mothers found the experience extraordinary and the warmth and buoyancy of the water used in such mode foster comfort and ease of delivery while enabling them to manage their pains positively. Four themes emerged namely: (1) In her own private world; (2). At her fullest power; (3) To her ease and comfort; and (4) At her own course

**Conclusions:** Research in recent times has provided limited evidence in making water birth a prevalent alternative for women to welcome their babies into this world. It is vital to focus on the experience of water birth from the mother's lens. Water birth has potential benefits to both mother and neonate and promotes maternal satisfaction; however, it remains the responsibility of health practitioners to provide credible evidence of its safety to prove that water birth is a valuable option to conventional delivery.

**Keywords:** water birth, descriptive phenomenology, Colaizzi method

## Introduction

Delivering a baby is a unique experience as women go through a different process each time. There are numerous birthing options for mothers to choose from. Under the new provisions of Administrative Order No. 2012-0012, nurses in the Philippines are now included among the healthcare providers who may manage birthing facilities (Department of Health [DOH], 2012). A new trend has emerged that may provide an option for women to deliver their babies. More and more women are becoming interested in water birth (Hornbeck, 2013; Napierala, 1994). Water birth is the process of neonate being intentionally born underwater (Bovbjerg, Cheyney, & Everson, 2016). It is an ancient method of giving birth (Swain, 2013; Todd, 2014). The concept of *water birth* does not comprise women who labor in water but give birth to their newborn into air (Bovbjerg et al., 2016).

There is a lot of controversy and questions surrounding the safety of water birth. Some endorse water birth as an innocuous and evidence-based option, while others, rebukes the practice. Murry (2010) contends that water birth does not have universal support among health care providers. On one hand, practitioners and health-related organizations may have established the safety of water birth citing respite from pain, facilitating movement, and a more holistic experience (Cluett, McCandlish, Burns, & Nikodem, 2005; Torkamani, Kangani, & Janani, 2010). On the other hand, there are contentions that water birth is without any benefits and may pose risks for the neonate (American Congress of Obstetricians and Gynecologists [ACOG] & American Academy of Pediatrics [AAP], 2014).

There is a growing body of evidence that reports of actually giving birth in warm water (Neilson & Hensch-Fleming, 2007; Harper,

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2014). However, there remains a dearth of quality evidence in the Philippines on making water birth a prevalent alternative for women to welcome their babies into this world. Moreover, randomized studies of water birth are difficult to design and implement because women want to choose their own method of childbirth and should be able to change their mind at any point of labor (Harper, 2014). It is therefore, vital to focus on the experience of water birth from the mother's lens. The study purported to explore the lived experience of a select group of Filipino mothers who had undergone water birth delivery. It was guided by this central question: How does a select group of women who chose the option for water birth describe their experience?

The outcomes of the study will provide insights and information about water birth practice especially in the Philippines. The findings can as well become bases for policy making in disciplines and organizations concerned and for other researchers to further investigate this phenomenon.

## Methods

### Design

Since the study intended to gain rich descriptions of the collective experiences of a select group of Filipino mothers who had undergone water birth delivery, a qualitative, Husserlian, descriptive phenomenological design of inquiry was used. Qualitative researchers are challenged to represent the voices of those with whom they speak, study, and represent (Guba & Lincoln, 2005). Though data from qualitative research is not generalized because of the small sample size, it gives a deeper insight into what these selections experienced.

### Selections and Study Site

A non-probability, snowball sampling design was employed. Giorgi (2008) elucidates that sampling for descriptive type of phenomenology demands for at least three participants as, "a sufficient number of variations are needed in order to come up with a typical essence" (p. 37). Ten mothers, as a result of theoretical saturation who had given birth in water successfully in the birthing facilities in the past years were chosen. Eligibility criteria specified that women participants must belong to the age group of 25-45 years old, primiparous or multiparous, and not in high-risk pregnancy. The study was conducted in Metro Manila and Rizal province.

### Instrumentation and Data Collection

The *corpus* of data was obtained through face-to-face, semi-structured, in-depth interviews. These were guided by an *aide memoire* that contained open-ended guide questions such as, "How do you describe your experience after water birth delivery?" and "What is it like going through the experience?" De Guzman (2012) offers the three-step prerequisites for developing the *aide memoire* namely: stating the working description of the identified layer of experience, pinpointing the *a priori* codes, and developing

the story-oriented set of questions. The interview questions were piloted for clarity and to check for ambiguity on 3 mothers who had undergone similar phenomenon. All pre-arranged interviews were guided by the prepared *aide memoire*, but with flexibility. The whole data collection procedure took 60-90 minutes and was audio-recorded with permission for transcription.

### Ethical Considerations

The study proposal was reviewed and approved by the panel of examiners. Each study selection duly signed the informed consent form after they were afforded full disclosure of the nature, risks, and benefits of the study. They were assured of anonymity and confidentiality despite the inclusion of the data in the final report.

### Mode of Analysis

The seven-step Colaizzi's (1978 in Polit & Beck, 2014) strategy was used to analyze the data gathered. Thorough appraisal of the collected data was made to facilitate eidetic reduction where the researchers bracketed or set aside their beliefs, assumptions, preconceptions and *apriori* knowledge. Judgments were deferred concerning the phenomenon under study (Giorgio, 2008) to maintain objectivity. This was followed by structural analysis where significant statements were culled from the field text. A repertory grid was developed that facilitated the organization of the data. Insights were synthesized into categories where themes were independently developed and validated (de Guzman, 2012). The trustworthiness of the study was safeguarded through members checking and critical friends validation techniques wherein the researchers applied investigator triangulation that involved the use of two data analysts and the collaborative member researchers, for confirmation purposes (Hussein, 2009). Resonance was applied in which openness and receptiveness toward potential meanings embedded in the texts (Piantanida, 2008 in Given, 2008) were considered. Data gathered were deliberated with identical value through the process of horizontalization (Merriam, 2009).

## Findings and Discussions

Through cool and warm analyses, the essence of the experience of a select group of Filipino mothers who chose water birth was generated. The verbalizations and sharing of the selections created the interplay of their lived experiences. The data tell the full meaning of the phenomenon under study because there is enough information to create a discernible pattern. Four main themes concluded from the experience context of the studied women were: (1) *In her own private world*; (2) *At her fullest power*; (3) *To her ease and comfort*; and (4) *At her own course*

### *In her own private world*

The selections in the study developed the feeling of being more in tune with their childbirth experience while immersed in warm water. They were able to go through the process without being

disturbed. As reported by some selections: *"It became a very personal experience because it's just you and the baby doing your thing"*. (Selection [S]1); *"I had my own space because of the sense of privacy I felt while waiting for my child to be delivered."* (S4)

Being in water provided, the selections with seclusion as they coped with contractions. They underwent childbirth experience undisturbed in the privacy of the pool of warm water. The water provided them a sense of solitude that facilitated the feeling of safety. They were able to assume several birthing positions such as kneeling and squatting without inhibitions.

A precondition in any birth, which is hardly afforded most recently, is privacy. Mothers deserve to give birth where privacy is given (Farrish & Robertson, 2014). Birthing in water provides the mother a sense of privacy. All mammals need privacy to secrete the hormones that enable the birth process and women are no exception (Balaskas, 1990). The all-encompassing warmth linked with being enveloped in warm water offers a sense of privacy (Bruce, 2001; Moude & Foureur, 2007). Immersion in a pool of water could provide the mother in labor with an opportunity for isolation and eliminate useless stimulation (Odent, 2014). Donna (2010) elucidates that water birth means privacy in a quiet environment away from medical intervention. Moreover, some doctors start to appreciate the value of allowing women to birth in peace and privacy through water birth (Harper, 2005).

#### *At her fullest power*

The selections in the study had the distinct sensitivity of how their bodies work, thus developing the confidence of being in control to give birth to their babies in water. They relied on their abilities not only on the power of their bodies, but having a voice in controlling their environment as well, thereby enabling them to make the birth process much facilitating. As verbalized, *"You can do any position that you like, unlike in other delivery methods wherein you are restricted, it's very flexible"*. (S1); *"I believe in the power of my own body. In the water, I can move freely. I am able to float"*. (S5); *"Giving birth in the water makes me more in touch with my body. I have as well the power to choose who is present at the event of giving birth to my child."* (S10)

The selections felt that the experience of water birth delivery gave them more control over the process. They valued their own involvement in determining the outcomes of their care. With water birth, they were able to maintain their authority and autonomy by having assurance in their own ability to give birth along with the power to choose their support. Apparently, the support of the physician, nurse, or midwife in making decisions is seen as necessary to remain in control.

Giving birth in water can be a powerful way for women to reclaim their bodies. In recent times women are finding new ways both to empower themselves during pregnancy and to give birth autonomously (Balaskas, 1990). Women who deliver their babies

in water may feel more in control and in power as they assume varied positions of being on their hands and knees or in squat than women who give birth on their backs (Hoffmeister, 2014). Moreover, women who use a birthing pool report an increased sense of control and satisfaction with the experience of birth (Cluett & Burns, 2012). Seemingly, mothers who had experienced water birth felt more in control of their environment in water (Richmond, 2003). However, the feeling of freedom to make decisions is balanced with a wish for the support of the midwife (Hall & Holloway, 1998). Farrish and Robertson (2014) affirm that it is proven that having a sound system of support is vital in the birthing process.

#### *To her ease and comfort*

Water buoyed up the selections in the study and provides an influential tool to assist in the process of a smooth delivery. They discovered more comfortable positions. They were able to relax their muscles while immersed in the water, which created the cushion they needed to deliver their babies comfortably. As mused by the selections, *"In the water, I can move freely. I am able to float which gives me great comfort."* (S2); *"Definitely it is easier to push. I didn't have any tearing, because it naturally expanded due to the squat position."* (S6); *"The pain eases as soon as I immersed myself in the water, the feeling was really relaxing"*. (S9)

Warm water is comforting, calming, and relaxing to the selections. The water is deep enough to support the mother so that she can derive comfort from its buoyancy (Du Plessis, 2007). According to Harper (2014), the practice of warm water immersion abets the mother in feeling calm, relaxed, nurtured, protected, and in control, with the ability to easily move as her body and her baby dictate. This is affirmed by the American College of Nurse Midwives (2014) that warm water immersion during labor provides comfort, supports relaxation and promotes physiologic childbirth. Moreover, women who experienced water birth claim that they particularly liked the relaxing, calming quality of the water (Richmond, 2003).

#### *At her own course*

Water birth allowed the selections in the study to undergo the process naturally. They followed their inclinations and delivered their babies in their unique ways in no hurries. They were able to deliver their babies without interference. No external factors, such as pain medications, were involved. These are reflected in these articulations: *"Water birth allowed me to bring the baby into the world not hurriedly, but in the most gentle way."* (S5); *"With water birth, I delivered my baby naturally and on my own with the support of the doula."* (S8) *"My baby is delivered in a natural course and not forcibly."* (S3)

Birth is left to follow its natural process of gentleness and unpredictability. Females have the capacity to have a natural gentle birth experience with power and dignity (Harper, 2005).

For Otte (2007), water birth is a tool to assist in the natural process of birth with less intervention but following the natural acceleration of labor. Water birth works with the laws of nature and makes birth a natural process as opposed to a medical procedure (Paramor, 2015). Mothers who are requesting water birth and undisturbed birth have typically considered the concerns of interference with the birth process (Harper, 2014). She added that water birth process restores the basic human nature wherein the descent and birth of the baby are easier when the mother can move into any upright position where she can control her own perineum, ease the baby out, and allow the baby to express its primitive reflexes without anyone actually touching the baby's head.

### Conclusions and Recommendations

As shared by the selections, using water enhances the natural process without any evidence of increased risk. Water birth could be an option to low-risk pregnant women. Birth choice is becoming a prevalent topic in health care today. However, there is a need for robust multidisciplinary research on water-birth technique, its safety, and efficacy. Therefore, healthcare providers, such as nurses, are challenged to be responsible guardians of this experience. They have the opportunity to encourage women to embrace their potentials during labor and birth while lowering the use of risky interventions. When evaluating the outcomes for the mother and baby, it becomes clear that safety is paramount. It is important that no matter what the choice is, nurses remain supportive at all times.

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