The purpose of this Caring Science study is to increase understanding of women’s experiences of health and suffering during an emergent caesarean delivery. When reviewing literature for this study, previous specific studies of women’s experiences during an emergent caesarean delivery were not found. The term “emergent caesarean delivery” was used instead of the commonly accepted term “emergent caesarean”. As a concept, “caesarean delivery” can be considered to represent a more Caring Science perspective in that the procedure is foremost a delivery despite the fact that delivery occurs via an operation. This study is ethically justifiable in that it gains knowledge of women’s health and suffering during an emergent caesarean delivery for the purpose of developing holistic care for women. This study addresses the following question: “What experiences of health and suffering does a woman have during an emergent caesarean delivery?”

This study emanates from Caring Science perspective, the caring-care tradition, and the fundamental assumptions developed at the Department of caring Science, Åbo Akademi University.

Informants were sought via a newspaper advertisement. The informants described their experiences of an emergent caesarean delivery in essays. Their experiences were analyzed in accordance with phenomenological methodology. The study data was analyzed using Colaizzi’s evolved method of analysis. The study results correspond to the study’s ethical and ontological standpoints. On a contextual level, the study may contribute to the development of holistic care for women during emergent caesarean deliveries in that women’s health-suffering during such has been made known. During the study’s phenomenological analysis, four different themes emerged: waiting for a natural delivery; The unexpected decision; the unreal birth of one’s child; and the erasing of the Ideal images contours. Through reflection against the study’s theoretical perspective, the following four synopses were developed. First, a woman needs affirmation and the time and space to suffer in order to reconcile with her expectation of a natural delivery. This provides her with the possibility to become in health and suffering’s continuum, where she can experience a bearable suffering. Second, a woman wishes to be affirmed in her loneliness and invited, as a unique individual consisting of the entity body, soul, and spirit, including partner and baby, to join a caring care communion in faith, hope, and love, in order to avoid “threatening” loneliness. Third, a woman’s own internal health potential needs to be met with affirmation by nurses where suffering can be experienced as being bearable. Silent nurses need to find the courage to engage in a true nurse-patient meeting and address the suffering woman’s entity, including partner and baby, and to see what they do not wish to see and take ethical responsibility, that is to say responsibility over the woman’s responsibility. Fourth, a woman needs support in the form of affirmation from nurses where the woman can understand the context and simultaneously receive time and space to give full expression to what has been experienced, in order to develop and see her own possibilities and becoming in health. Continued research on this topic could include a productive conversation during the review of the experienced emergent cesarean delivery. One should ask: what would make this conversation productive and what is needed so that the context can be the allowance of the woman to become in health where she can experience bearable suffering?