

Freebirth (Unassisted Birth) Guideline

Initiated By	Cwm Taf Morgannwg University Health Board Children & Families Care Group
Approval Group	Labour ward forum, guideline group
Distribution	Midwifery, Medical and Neonatal staff within Cwm Taf Morgannwg University Health Board (via email)
Archiving	Directorate secretary will be responsible for archiving all versions
Document Location	Health Board intranet Wisdom
Freedom of Information	Open

CHANGE HISTORY

Version	Date	Author Job Title	Reasoning
2	Oct 23	Bryany Tweedale	Review update

AUTHORSHIP, RESPONSIBILITY AND REVIEW

Authors	Bryany Tweedale	Ratification Date	Oct 23
Job Title	Consultant Midwife	Review Date	Oct 26

Disclaimer

When using this document please ensure that the version is the most up to date by checking the Obstetrics & Gynaecology Guidelines on WISDOM

PRINTED DOCUMENTS MUST NOT BE RELIED ON

Scope

This guideline is applicable to all women and pregnant people who access maternity services at Cwm Taf Morgannwg University Health Board and aims to support midwives, obstetricians and other members of the multi-disciplinary team to provide consistent support to women and pregnant people who choose to birth without medical assistance.

This guideline covers what actions midwives should take if:

- They consider a woman may be planning a freebirth
- The woman tells the midwife that they are going to freebirth
- How to support a woman with advice regarding registering her baby's birth
- How to best complete the maternity information system if this is appropriate

Introduction

What is freebirth?

Across the United Kingdom, there is no specific definition of freebirth, but broadly, the term freebirth is used to describe a woman's decision to give birth (at home or elsewhere) in the absence of and without the assistance of a registered midwife, obstetrician or other registered healthcare professional. Some women may choose the term unassisted childbirth, and the same definition can be applied.

As many freebirths are never identified to maternity services, the exact numbers occurring each year across Wales is unknown.

It is important to distinguish that there is a distinct difference between freebirth or unassisted childbirth, and those women giving birth at home unintentionally before the arrival of a healthcare professional, known as "Born Before Arrival" (BBA).

All health care professionals should understand that there are many reasons why women choose to freebirth. There is a significant volume of evidence about why women choose to give birth 'outside the maternity system' either by choosing a freebirth (without a healthcare professional in attendance), or by choosing to have a homebirth attended by midwives but which is 'outside of guidance' (against professional recommendations).

Many women choosing to have an unassisted birth have had previous negative or traumatic personal experience/s, or poor experiences of maternity services. Women perceive the risks of attending a hospital to give birth as being greater than giving birth unassisted at home and they may see 'interference' in the birth process as a risk/iatrogenic.

Women may feel that freebirth is the only way that they can retain choice, control and autonomy over their bodies during the birth process (Feeley and Thomson, 2016; Holten and de Miranda, 2016; Plested, 2014; Jackson, Dahlen and Schmied, 2012).

The Law around Freebirth

Midwives should ensure that they support women to have information and understanding about their rights in relation to pregnancy and childbirth, and about the law in relation to unassisted birth and place of birth:

1. Freebirth is **not** illegal; it is completely legal for a woman to give birth unattended by a midwife or healthcare professional.
2. Women cannot be compelled to accept care unless they lack the mental capacity with which to make a decision for themselves (Mental Capacity Act, 2005).
3. Women do not face any legal sanction for giving birth without assistance.
4. Women, who have mental capacity, are **not** obliged to accept or receive any medical or midwifery care or treatment during childbirth. Any care or treatment provided can only be given with a woman's consent.
5. The maternity service has no right to attend to provide care to a woman without her consent.
6. The fetus has no legal status until birth.
7. According to the *Nursing & Midwifery Order (2001) Article 45*, it is a criminal offence for anyone other than a midwife or registered doctor to 'attend' a woman during childbirth, except in an emergency.
8. Birth partners; including family members and doulas, may be present during childbirth, but must not assume responsibility, assist or assume the role of a midwife or registered medical practitioner or give midwifery or medical care in childbirth.
9. It is **not** appropriate for healthcare professionals to make safeguarding/social services referrals with concerns about an unborn baby solely on the basis that the woman has declined maternity/medical support (which she is legally entitled to do).
10. Safeguarding referrals should only be made following consideration and discussions with senior midwifery managers, consultant midwife, CSfM and the safeguarding team; where there is considered to be a risk of significant harm to the child after it is born.

The role of the midwife when women are planning freebirth.

General Principles

- Continuity of midwifery carer, particularly from a named community midwife during the antenatal period should be prioritised. This will enable

the woman to build a positive relationship, based upon respect and trust with which to support ongoing dialogue and engagement with the maternity service.

- Support and advice is most likely to be effective as direct support from a named community midwife who can offer care on a 1:1 basis. Large teams of MDT professionals have the potential to feel intimidating, coercive and possibly threatening to some women.
 - A flexible approach is required, and appointments may need to be facilitated at the woman's home.
 - Whilst certain aspects of a recommended package of care (for example, scans or screening tests) may have been declined, other aspects of care, discussion and advice may be accepted and/or welcomed by the woman.
 - As with all women, an individualised and personalised approach is needed.
1. When a woman indicates to her midwife that she plans to give birth without assistance, the maternity service should reach out to the woman to support an ongoing supportive and respectful dialogue and should include arranging for the named community midwife to spend time talking with the woman (and her partner, if appropriate) to understand more fully their concerns and reasons for their decisions.
 2. During the conversation/s, the woman should be given time to share what is important to her in relation to her physical and psychological safety.
 3. During the conversation/s, the midwife should sensitively explore why the woman wants to have an unassisted birth. Ask the woman what plan for her birth would feel safe and acceptable to her, and consider options of how to provide an individualised plan of care for her.
 4. During the conversation/s, the midwife should sensitively explain the evidence about any particular individualised risk factors for the woman and her baby around her intended birth plan.
 5. The midwife should identify any misconceptions or misunderstanding about current practice or service provision in the area and provide the woman with accurate information.

6. During the conversation/s, an opportunity should be sought to have a one-to-one conversation with the woman about her wishes and plans, without the presence of her partner or other family members. Consideration should be given to the possibility of coercion or pressure being placed on the woman to have an unassisted birth.
7. Reassure the woman that she will continue to be offered and fully supported to have antenatal and postnatal care (if she wishes for this), even if she has decided to have an unassisted birth.
8. Following discussions, give the woman time to reflect upon her decision and whether she continues to wish to proceed with planning an unassisted birth, and explore her individual needs around any further information or support that she would like from the maternity service.
9. Advise the woman how to notify and register her baby's birth if she has an unassisted birth (see Appendix 1).
10. The named community midwife is encouraged to gain support, advice and reassurance from: their line manager, Consultant midwife, Head of Midwifery, CSfM, perinatal mental health team (where appropriate), safeguarding team (where appropriate), neonatal and obstetric colleagues.
11. If it is not possible for the named community midwife to undertake this discussion and planning, consideration should be given to referring the woman to the consultant midwife.
12. Senior midwifery managers/consultant midwife should be informed of all women who intend to freebirth.
13. All discussions should be documented fully in the woman's notes and an Individualised Birth Plan SBAR should also be completed and shared with community midwives to reflect the discussions that have taken place.

Important note: all advice and guidance must be clearly and fully documented. Records should be kept in the maternity unit.

Birth Notification

The [Notification of Births Act 1907](#) creates a duty upon the woman and her family to notify their birth within 36 hours. The National Health Service Act 2006, Section 269 provides further information around those relevant bodies to notify is either (a) NHS

England, (b) Integrated Care Boards or (c) Local Authorities

<https://www.legislation.gov.uk/ukpga/2006/41/section/269>

Advise women in advance of the birth, the provisions in Cwm Taf Morgannwg University Health Board of notifying birth before the situation becomes time critical as mothers are obliged to manage this legal requirement alongside caring for a newborn baby.

If the woman or a member of her family informs you of a freebirth, and is requesting post-birth care from the maternity service, it is appropriate to complete the Maternity Information System (MIS) which can be completed if this is within 6 hours of birth.

If there is no midwife or other health professional present within 6 hours of the birth, but the woman/family engage with the maternity service and would like to accept post-birth care from the maternity service, then it may be appropriate to complete the MIS. Please seek advice from the senior midwifery manager on call (available via hospital switch board).

It is highly likely that many fields within the MIS will need to be estimated, as would be undertaken when a "BBA" has occurred. Where free text can be inserted it is important to note that the woman has had an unassisted birth and therefore all entries are made in good faith with advice and support from the family. Please ensure senior advice is sought where there is doubt, to ensure the MIS is as accurate as possible in the circumstances.

If there is no midwife or other health professional present within 6 hours of the birth, and the woman/family decide not to engage with the maternity service and decline post-birth care from the maternity service, it would be inappropriate to complete the MIS.

The woman or any other person who was present at the birth, or who arrived within 6 hours of the birth, should be advised of the legal duty which exists to notify the birth. Notification of birth is different to registering a birth. The woman must firstly notify the birth in writing within 36 hours of her baby being born.

The woman can be advised to attend to notify her GP. The woman can register her baby via the GP and obtain an NHS number. This will enable her to proceed to fulfil her legal duty to register her baby.

Once the birth has been notified, the mother will be given an NHS number for their baby, and they can proceed with registering the birth as normal through the local registry office (within 42 days) as per legal requirements.

References

- Birthrights (2021) Freebirth Factsheet. [Unassisted birth - Birthrights](#)
- NMC The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates (2020). Available at: <https://www.nmc.org.uk/globalassets/sitedocuments/nmcpublications/nmc-code.pdf>
- RCM Clinical Briefing Sheet: 'freebirth' or 'unassisted childbirth' during the COVID-19 pandemic (2020) [freebirth_draft_30-april-v2.pdf \(rcm.org.uk\)](#)
- Notification of Births Act (1907) [Notification of Births Act 1907 \(legislation.gov.uk\)](#)

Midwife asked to attend within 6 hours of birth?

YES

NO

Midwife to perform an assessment of the mother and baby and satisfied that the woman has given birth within the last 6 hours.

In order for the midwife to notify the birth, they must have been present within 6 hours of the birth occurring. If this is not the case, and the woman declines any post-birth care, advise the mother that either she or someone who was present at the birth is responsible for notifying the birth in writing within 36 hours.

Midwife to record the birth on MITS/WPAS in the usual manner and Notification of Birth completed.

This can be achieved by the mother (or other persons present) writing directly to the child health department or contacting their GP who may notify the birth on their behalf.

Appendix 1:

Information Leaflet

Information leaflet for women who are planning freebirth (giving birth without medical assistance).

Midwives are here to ensure a sensitive, personal and safe pregnancy and birth experience. They are always here to look after the physical and psychological health and wellbeing of you and your baby. The NHS will always be here for you

Giving birth without the assistance of a midwife is a legal choice in Wales. Our commitment is to listen and respect your informed choices. Giving birth without the assistance of a midwife is sometimes known as “unassisted birth” or “freebirth”.

If you are considering giving birth without the assistance of a midwife because you are worried about the care you might receive from NHS maternity services, please contact your named community midwife or midwifery team to discuss your concerns as soon as possible – they can put you in touch with a Consultant midwife or another senior midwife to discuss your concerns and to advise you about the support available to you via the maternity services.

We will be able to help you to make a personalised care and support plan that’s right for you. If you are not satisfied that your needs can be met, you can contact the Consultant Midwife: bryany.tweedale@wales.nhs.uk or Head of Midwifery sarah.fox@wales.nhs.uk

You can expect support and discussion of unbiased and evidence based information such as the role of the midwife and wider multi-disciplinary team during labour, birth and the early postnatal period as well as the benefits, risks and alternatives of unassisted birth to help you to make a personalised care and support plan that’s right for you. You will have as much time and support as you need to make your decision. It is important that you have all the information you need to make an informed choice about choosing unassisted birth.

This list outlines examples of the care a midwife would normally provide during labour and birth:

- Providing information, support, advice and guidance
- Providing psychological and emotional support which is sensitive to your needs
- Providing care which is respectful and individual to your needs and preferences

- Regularly monitoring your health and wellbeing, including taking your temperature, blood pressure and pulse
- Regularly monitoring your baby's health and wellbeing, by listening to your baby's heartbeat
- Supporting and making suggestions about movement and positions to optimise the physiology of birth
- Supporting you with coping strategies such as breathing techniques
- Provision of pain relief (such as gas and air)
- Supporting the birth of your baby
- Supporting the birth of your placenta
- Supporting your baby's first feed
- Ensuring that if you or your baby require urgent medical assistance, that this is recognised and provided/accessed immediately

Maternity information for those considering giving birth unassisted by a midwife:

- If you choose an unassisted birth, please be reassured that you will continue to be offered and recommended NHS antenatal and postnatal care throughout your pregnancy and early parenthood journey. You can opt in to some or all of these appointments. **You can change your plans at any point.**
- We recommend that you should call an ambulance if there are problems when you are giving birth so that immediate medical assistance can be mobilised.
- If you choose an unassisted birth, your baby's birth must be notified to the Child Health Information Service within 36 hours. This is a legal requirement and provides your baby with an NHS number in case they require NHS healthcare. It will also ensure you are offered newborn screening.
- In order for a midwife to notify your baby's birth, they must attend to you within 6 hours of your birth.
- If you are under the care of an Independent or Private Midwife, they can assist you with fulfilling this legal requirement.
- If a midwife does not attend to you within 6 hours of your birth, your GP can assist you with fulfilling this legal requirement.
- It is also a legal requirement to register your baby's birth within 42 days. This ensures your baby has an official identity and that a birth certificate can be issued. You can find your local registry office here: www.gov.uk/register-office

Appendix 1 - Antenatal Discussion Proforma

Antenatal Discussion usually completed by the Community Midwife in conjunction with a CSfM or Consultant Midwife.

Clients Name: Registration No:

Discuss risks highlighting that a delay in seeking Midwifery or Medical attention may result in morbidity or mortality for the fetus, woman and/or baby.
Potential complications include:

Issues:	Discussed:	Issue:	Discussed:	Individual discussion:	Discussed:
Haemorrhage: <ul style="list-style-type: none"> • Before- ante • During- intra • After- post Infection Retained Placenta Perineal trauma Uterine Rupture / Inverted uterus Delay in resuscitation Maternal collapse- hysterectomy /death Maternal morbidity Maternal mortality Slow progress of labour/labour dystocia		Presentation <ul style="list-style-type: none"> • Breech • Transverse • Occipito-posterior Fetal distress Delay in birth /resuscitation Shoulder Dystocia Brachial Plexus injury Cerebral Palsy / Neonatal Death Difficulty in initiating feeding: <ul style="list-style-type: none"> • Hypoglycaemia • Hypernatraemia • Dehydration • Jaundice 		Choices of venue for antenatal care Choices for place of birth Choices for postnatal care Offer tour of unit Give contact numbers for emergency services Give contact numbers for community midwifery services Management of 3rd stage Disposal of placenta Infant feeding Postnatal service Birth notification and birth registration	

Name of Midwife..... Signature Date.....

Appendix 2 – Intrapartum Discussion Proforma

Intrapartum discussion – to be used if a midwife is called and then care is declined and the midwife is asked to leave - usually undertaken by clinical midwife called. This is a challenging discussion as the woman is likely to be in labour and may be distressed.

If a midwife is called and the birth has not occurred, any benefits, risks or concerns should be discussed with the woman and documented. (NMC 2008). Should you have any concerns in relation to the mothers physical or psychological wellbeing, mental capacity or safety you should escalate and refer to the appropriate professional.

Please inform your line manager and the senior maternity manager on-call. Discuss Risks highlighting that a delay in seeking Midwife or Medical attention may result in morbidity or mortality for mother and baby, potential complications include:

Issues:	Discussed:	Issue:	Discussed:	Post-birth advice, to be given when appropriate:	Discussed:
Haemorrhage: <ul style="list-style-type: none"> • During- intra • After- post Infection Retained Placenta Perineal trauma Uterine Rupture / Inverted uterus Delay in resuscitation Maternal collapse- hysterectomy /death Maternal morbidity/mortality		Management of 3 rd stage of labour Presentation <ul style="list-style-type: none"> • Breech • Transverse • Occipito-posterior Fetal distress Delay in labour/ birth / resuscitation Shoulder Dystocia Brachial Plexus injury Cerebral Palsy / Neonatal Death		Difficulty in initiating feeding: <ul style="list-style-type: none"> • Hypoglycaemia • Hypernatraemia • Dehydration Jaundice Disposal of placenta Infant feeding Postnatal service Birth notification and birth registration	

Name of Midwife..... Signature Date.....