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Guidelines for Free birthing

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APPROVED BY:	Antenatal Forum
DATE APPROVED:	June 2020
VERSION:	One
OPERATIONAL DATE:	June 2020
DATE FOR REVIEW:	3 years from date of approval or if any legislative or operational changes require
DISTRIBUTION:	

FREEDOM OF INFORMATION STATUS: Open

Guidelines Definition
Clinical guidelines are systemically developed statements that assist clinicians and patients in making decisions about appropriate treatments for specific conditions.

They allow deviation from a prescribed pathway according to the individual circumstances and where reasons can be clearly demonstrated and documented.

Minor Amendments
If a minor change is required to the document, which does not require a full review please identify the change below and update the version number.

Type of change	Why change made	Page number	Date of change	Version 1 to 1.1	Name of responsible person

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1. Introduction

Unassisted birth, often called *freebirth*, is the term used to describe a woman's decision to give birth at home or elsewhere without the assistance of a healthcare professional.

It does not refer to giving birth at home before the planned arrived of a healthcare professional, known as "born before arrival". There may be other people, such as family members or a doula, present at an unassisted birth. (**https://www.birthrights.org.uk/factsheets/unassisted-birth/**)

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

This guideline has been written with the support of My Maternity My Way, maternity services liaison group of previous maternity service users.

Do women have to receive professional care?

Woman are not obliged to accept any medical or midwifery care or treatment during childbirth and cannot be compelled to accept care unless they lack mental capacity.

Do women have to be referred to social services?

Women do not face any legal sanction for giving birth without assistance, however, health professionals must consider whether this decision constitutes a safeguarding issue. Women should not be referred to social services solely on the basis of her decision to *freebirth.* However, through discussion with senior midwifery managers, clinical supervisor for midwives, consultant midwife and the safeguarding team a decision will be made as to whether there is considered to be significant risk of harm to the child after it is born.

What is covered in this guideline?

This guideline covers what actions Midwives should take if:

1. They consider a woman may be planning a free birth.
2. They consider a woman has intentionally free birthed i.e: not an accidental `Born Before Arrival` (BBA).
3. The client tells the Midwife that they are going to free birth.
4. How to support a woman with advice regarding registering the birth
5. How to best complete the maternity information system

NB
Record keeping – all advice and guidance must be clearly and fully documented. Records should be kept in the maternity unit

2. Supporting Women to want to engage with maternity services and to work together to maximise safety and wellbeing

1. The priority it to maintain continuity of carer, especially community midwife. In the rare situation where the relationship has broken down then this needs to be reviewed, however, generally women are more likely to engage when a meaningful, trusting relationship has been established.

2. The community midwife will be encouraged to gain support, advice and reassurance from:

    a. Line manager
    b. Consultant midwife
    c. Clinical supervisor for midwives
    d. Safeguarding team
    e. Perinatal mental health team
    f. Neonatal and Obstetric colleagues

    This advice is likely to be most effective as a direct support to the community midwife, who can then offer the care to the woman on a 1:1 basis. Large teams of multi professionals can appear intimidating and possibly threatening to some women.

3. A flexible approach is required, appointments may need to be at home. Certain aspects of the recommended package of care such as scans or screening may be declined but discussions and advice may be accepted. As with all women, an individualised approach is needed.

4. If a woman continues to view *freebirthing* as the ideal for herself, then the potential complications listed in Appendix 1 and 2 will need to be discussed and that discussion documented. However, this discussion needs to be balanced, a long list of risks is very likely to disengage any woman and may be perceived a scaremongering. To provide maximum support suggest further information from some of the following:

https://www.birthrights.org.uk/factsheets/unassisted-birth/
https://www.aims.org.uk/journal/item/freebirth-and-the-law

3. Maternity Information System and Registering the Birth

If a woman or her family informs you of a *freebirth* and is requesting post birth care from maternity services:

- it is appropriate to complete her Maternity Information System, this can be completed if it is within 6 hours of birth (if past 6 hours please seek advice from maternity manager on call). It is highly likely many fields 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 the maternity services are aware of a *freebirth* but the family decline any post birth care from maternity services then it is inappropriate to complete the MIS. The woman should be advised to attend her GP to register the baby and get an NHS number, which will then enable her to register her baby with the Registrar of Births and Deaths in the area within 42 days, this is a legal requirement.

4. References

NHS (Wales) 2006 Special notices of birth and death section 200

Appendix 1 – Antenatal Discussion Proforma

Antenatal Discussion usually completed by the Community Midwife in conjunction with a Clinical Supervisor for Midwives or Consultant Midwife

Clients Name: …….. Registration No: ……..

At present, the practice of freebirth is new to the UK and little research exists regarding its safety and success (RCOG 2007)

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:

	Discussed		**Discussed**
Haemorrhage • 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		Presentation • Breech • Transverse • Occipito posterior Fetal distress Failure to progress Delay in delivery /resuscitation • Shoulder Dystocia – Brachial Plexus injury • Cerebral Palsy / Neonatal Death Failure to initiate feeding- hypoglycaemia/ hypernatraemia, dehydration = possible neurological damage Jaundice	
Give information as appropriate:			
Choices of venue for antenatal care • Discuss place of birth • Offer tour of unit • Give contact numbers for emergency services • Contact for Clinical Supervisor for Midwives		• Management of 3rd stage • Disposal of placenta. • Infant feeding • Postnatal service • Registering birth	

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 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 refer to the appropriate professional. Always inform your line manager and a clinical supervisor for midwives. (NMC 2008).

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:

	Discussed		**Discussed**
Haemorrhage • During- intra • After- post Infection Retained Placenta Perineal trauma Uterine Rupture / Inverted uterus Delay in resuscitation Maternal collapse- hysterectomy /death Maternal morbidity Maternal mortality Management of 3rd stage		Presentation • Breech • Transverse • Occipito posterior Fetal distress Failure to progress Delay in delivery /resuscitation • Shoulder Dystocia – Brachial Plexus injury • Cerebral Palsy / Neonatal Death Failure to initiate feeding- hypoglycaemia/ hypernatraemia, dehydration = possible neurological damage Jaundice	
Document information giving as appropriate:			
		Post birth advice, to be given when appropriate • Disposal of placenta. • Infant feeding • Postnatal service • Registering birth	

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

Appendix 3 – Post Birth Responsibilities