

Reference Number: <i>UHBOBS162</i> Version Number: 002	Date of Next Review: September 2025 Previous Trust/LHB Reference Number: n/a
<p align="center">Freebirth (Unassisted Homebirth) Guideline</p>	
<p>Policy Statement</p> <p>To ensure the Health Board delivers its aims, objectives, responsibilities and legal requirements transparently and consistently, we will provide health professionals with the information required to best support women who choose to birth their babies without assistance from registered health professionals.</p>	
<p>Policy Commitment</p> <p>To provide clear guidance to women who choose to freebirth, and to the maternity services staff who care for them.</p>	
<p>Supporting Procedures and Written Control Documents</p> <p>This Policy and the Homebirth Policy describe the following with regard to Freebirthing, otherwise known as Unassisted Birth.</p> <p>Other supporting documents are:</p> <ul style="list-style-type: none"> • NICE Intrapartum Care Guidelines 	
<p>Scope</p> <p>This policy applies to all of our staff in all locations including those with honorary contracts</p>	
Equality Impact Assessment	An Equality Impact Assessment (EqIA) has not been completed as it refers to specifically women planning an unassisted homebirth.

Health Impact Assessment	A Health Impact Assessment (HIA) has / has not been completed [delete as necessary] and this found there to be a positive/negative/ no impact [delete as necessary]. Key actions have been identified and these can be found in...../or incorporated within this policy/supporting procedure. <i>Note: if a HIA has not been completed indicate why</i>
Policy Approved by	Children and Women's Clinical Board

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Group with authority to approve procedures written to explain how this policy will be implemented	Maternity Professional Forum, Obstetrics & Gynaecology Directorate Quality & Safety Forum
Accountable Executive or Clinical Board Director	Ruth Walker, Clinical Nurse Director
<p style="text-align: center;"><u>Disclaimer</u></p> <p>If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the <u>Governance Directorate.</u></p>	

Summary of reviews/amendments			
Version Number	Date Review Approved	Date Published	Summary of Amendments
2	Date approved by MPF 14/9/22	19/10/22	<i>Inclusion of COVID 19 changes and suspension of homebirth services</i>

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1.What is Freebirth?

A purposeful decision on the part of the woman to give birth without registered midwifery or medical assistance

As a result of staff shortages and service pressures in maternity and related services, including the ambulance service, during the COVID-19 pandemic, Cardiff and Vale have periods when the difficult decision was made to pause the availability of home and/or midwife led birth services. This means that some women may not be able to access the type or place of birth that they had planned. (RCM 2020)

1.1 Freebirthing Myths:

- “Freebirthing is illegal”
 - Freebirthing is completely legal
 - No service has the right to attend a woman
 - The fetus has no legal status until birth
 - Routine referral to social services is not appropriate
- The partner will be acting illegally and could be prosecuted for 'catching' the baby

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- Midwifery Order article 45 – ‘a person other than a registered midwife or a registered medical practitioner shall not attend a woman in childbirth
- BUT – exclusions apply
- Worse case scenario is a fine
- Standard of proof is that an individual set out to deliberately act in the capacity of healthcare professional

2. Women who choose to ‘Freebirth’ (Unassisted Birth)

All health professionals should understand that there are many reasons why women choose to freebirth. If the woman gives us the opportunity to explore the reasons for this choice it may be because she has had a previous poor experience of care, fears loss of control of her birth or wishes to avoid perceived iatrogenic risks associated with medical care (Campbell and Macfarlane 1994). In such cases discussion may result in the woman choosing to have a birth that is professionally supported. Women who are considering Freebirth should be referred to the Birth Choices Clinic.

When there is no homebirth service women and birthing people should be advised that there will be no midwife in attendance . if further assistance is required this would via 999 (ambulance). Women are advised of potential delays in ambulances attending.

Some women choosing to have an unassisted birth have had a previous negative personal or traumatic experience of maternity services; they perceive the risks of attending a hospital to give birth as being greater than giving birth unassisted at home and they see ‘interference’ in the birth process as a risk. 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).

Midwives are understandably concerned about women birthing at home without assistance, as it brings with it increased risks to both the mother and baby. Skilled midwifery care during childbirth reduces the risk of neonatal and maternal morbidity and mortality (WHO, 2019; Renfrew et al, 2014).

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When a woman and her partner choose a freebirth:

- Ensure advice is given about the process for notification and registration of the birth:
 - Notification of Birth - there are legally defined time limitations for notification of birth which must be adhered to if the midwife was not present at the birth (six hours in the Births and Deaths Registration Act 1953).
 - Mother informed that someone who was present at the birth will need to notify the local health board of the birth within 6 hours of the birth (NHS Wales 2006).
 - Birth entered on E3 with as much detail as possible (Where a field is mandatory but unknown complete the detail with nominal data but document in the notes section : free birth therefore information unknown and estimated)
 - Check appropriate disposal of waste products after birth including placenta and bloodied items
- Ensure that they understand it is not illegal for partners, friends, doulas etc. to be present at the birth but they may not act in the capacity of health professional or assume responsibility for the birth and give medical care.
- Freebirth is itself not a reason for a safeguarding referral, however should there be concerns other than just the decision to Freebirth then a referral should be made.

Communication with the woman and her partner should:

- Acknowledge the woman's choices as belonging to her.
- Seek to establish and explore the reasons for those choices.
- Fully explore all the relevant risks in a non-threatening manner.
- Work towards a plan of care, including any emergency situation that may arise.
- Offer a birth choices referral [Microsoft Forms \(office.com\)](https://office.com)

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- Avoid comments that imply a judgemental approach about choices made - labelling women as deviant or bad may reinforce their decision to disengage with services (Nolan 2011).
- Avoid revisiting the information and discussions at every contact, this may be perceived as bullying or coercive and is likely to alienate the woman.
- Ensure that the woman has contact numbers for the midwives, maternity and emergency services should she change her mind or need assistance in an emergency.
- Ensure advice is given about notifying and registering the birth. Birth registration can be arranged directly with the Registrars Office on Tel: 02920 897680.
- The Euroking system should be completed once the birth has taken place. If there is missing information, e.g. time of birth, weight etc. that prevents the birth documentation being generated contact Paddy Keogh via email for advice.
- Inform the woman of the role of the health visitor and GP in relation to her child and advise that it is in the best interest of the child's health and wellbeing to engage with these health professionals (LSAMO forum 2013).

The Senior Manager for Community Services should also ensure that a debriefing is available to midwives and women following the birth.

If midwives have worries about safeguarding or the mother's psychological or mental health they should be encouraged to consider the mother's 'Capacity to Act' in line with the Mental Capacity Act 2005 (England and Wales) and have a low threshold for advice/referral to appropriate professionals.

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References

Campbell R, Macfarlane A (1994) Where to be Born? The debate and evidence. 2nd Edition. National Perinatal Epidemiology Unit. Oxford

Coxon K (2013) Birth Place Decisions. Kings College London Local Supervising Authority Midwifery Officer Forum (2013) Unassisted or Freebirth. www.lsamoforumuk.scot.nhs.uk

Feeley C & Thomson G (2016) Why do some women choose to freebirth in the UK? An interpretative phenomenological study. BMC Pregnancy and Childbirth. Available at <http://bmcpregnancychildbirth.biomedcentral.com/track/pdf/10.1186/s12884-016-0847-6?site=bmcpregnancychildbirth.biomedcentral.com>

Mental Capacity Act (2005) www.legislation.gov.uk

Nolan M L (2011) Home birth: The politics of difficult choices. Routledge Oxford

RCM (2020) RCM Clinical Briefing Sheet: 'freebirth' or 'unassisted childbirth' during the COVID-19 pandemic [freebirth_draft_30-april-v2.pdf \(rcm.org.uk\)](http://www.rcm.org.uk/freebirth_draft_30-april-v2.pdf)

Births and Deaths Registration Act (1953) Accessed at: <http://www.legislation.gov.uk/ukpga/Eliz2/1-2/20>

Plested M and Kirkham M (2016) Risk and fear in the lived experience of birth without a midwife, Midwifery, vol 38, pp 29- 34 <https://www.ncbi.nlm.nih.gov/pubmed/26948871>

RCM (2020) Guidance for provision of midwife-led settings and home birth in the evolving coronavirus pandemic, version 1.1, 17 April 2020: <https://www.rcm.org.uk/media/3893/2020-04-17-guidance-for-provision-of-midwife-led-settings.pdf>

Renfrew et al (2014) Midwifery and quality care: findings from a new evidence-informed framework for maternal and newborn care. The Lancet, vol 384, no 9948, pp 1129-1145 <https://www.ncbi.nlm.nih.gov/pubmed/24965816>

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

WHO, 2019, <https://www.who.int/en/news-room/fact-sheets/detail/maternal-mortality> accessed 22-04-202