Born Before Arrival / Freebirth Guidance

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Powys Teaching Health Board is the operational name of Powys Teaching Local Health Board
Bwrdd Iechyd Addysgu Powys yw enw gweithredol Bwrdd Iechyd Lleol Addysgu Powys

To ensure that you are always using the latest version of this written control document, please refer to the version on the Corporate Governance SharePoint site

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Associated Policies and Written Control Documents
You may wish to list here other policies or written control documents that should be read in conjunction with this document or may be affected by material changes to this document.

Version Control

Version	Summary of Changes/Amendments	Publication Date
1	Initial issue of Guideline	26/10/2026

1.0 Scope

This guideline has been written to provide a framework for midwives to use when they attend a BBA / Freebirth. It provides clear guidance on the observations and documentation that need to be provided.

2.0 Purpose

This guideline provides a framework for the management of women and babies following a Born Before Arrival (BBA) event or a Freebirth within Powys Teaching Health Board.

Powys operates a continuity of care model supported through community midwives and Freestanding Midwifery Units (FMUs). This guidance will support midwives who attend a BBA which could be a precipitate birth, or where the length of time it takes for midwives to attend means the woman birthed without an attendant. All BBA events should be incident reported via Datix. It will also support women who have reported a Freebirth and have asked for support.

This guideline aims to:

- Promote safe and effective care following a BBA / Freebirth.
- Support decision making regarding ongoing care at home or transfer to hospital, recognising that not all BBA cases will need to transfer.
- Recognise the importance of continuity relationships.
- Ensure appropriate documentation and governance.
- Provide guidance for situations involving planned freebirth or unassisted birth.

3.0 Definitions

Born Before Arrival (BBA)

A birth occurring before attendance by a midwife or other healthcare professional despite the intention to access maternity services.

Freebirth / Unassisted Birth

A planned birth occurring without the attendance of a healthcare professional. This is a legal choice and should be considered separately from a BBA.

4.0 Principles of Care

Midwives should recognise that:

- Most BBAs occur unexpectedly.
- Women and families may experience anxiety or distress following a BBA.
- Continuity of care is central to the Powys maternity philosophy.
- Women who experience a BBA should receive the same personalised care and support as any other woman using maternity services.
- Decisions regarding transfer should be individualised and based on clinical assessment rather than location alone

5.0 Initial Telephone Assessment

When labour is reported and a BBA appears possible, the midwife should establish:

- Exact location and postcode.
- Obstetric history / Pregnancy information and relevant intrapartum information including any urges to push, presence of a presenting part.
- Rupture of membranes and presence of any per vaginal bleeding.
- Known clinical risk factors.
- Availability of staff who can support when necessary.

5.1 Provide advice

If birth appears imminent:

- If you are taking the call and need to attend, please advise the family to call 999 to allow you to hang up and get to address safely.
- If you are not attending, advise the family to call 999 while you arrange for a midwife to attend as soon as possible.
- Advise the woman to get into a safe comfortable position, such as on the bed/floor with support. Give advice to avoid standing or walking if the baby is clearly coming.
- Advise putting clean towels underneath the woman and have dry towels ready. Advise preparation of warmth for the baby by closing windows or doors, ensuring fans are turned off.
- Do not try to stop birth if the head is crowning or visible.
- Encourage the woman to breathe and follow her body's urge to push, avoiding where possible prolonged, forceful directed pushing.
- Do not pull on the baby's head or body.

- Encourage skin-to-skin contact after birth and keep baby warm with towels over baby and mum. Ask if baby appears to be breathing and encourage mum to keep baby close, using touch to stimulate the baby to cry if not already done so.
- Advise not to cut the cord.
- Provide reassurance and clear instructions.

5.2 Midwifery Response

Where possible:

- Deploy two midwives.
- Consider escalation where known risk factors exist.

6.0 Midwife Attendance Following BBA

On arrival the attending midwife should undertake immediate assessment of:

- Woman including airway, breathing and circulation, vital signs observations, uterine tone, blood loss and progress of 3rd stage and bladder care.
- Inspect perineum and advise regarding analgesia.
- Overall wellbeing.
- NEWTT2 observations for newborn
- Feeding behavior.

MEWS and NEWTT2
observations should be completed and documented and uploaded to BadgerNet with other birth details.

7.0 Management of the Third Stage

Where the placenta remains in situ:

- Follow Powys Intrapartum guideline MAT 092 and where appropriate guidance regarding retained placenta.
- Support physiological management where appropriate.
- Escalate concerns regarding haemorrhage or retained placenta.
- Arrange transfer if clinically indicated.

Where the placenta has delivered:

- Assess completeness.

- Estimate blood loss.
- Monitor ongoing bleeding.
- Assess maternal observations.

OBS Cymru paperwork to be completed and uploaded to BadgerNet with other birth details.

8.0 Decision Making: Home or Transfer?

A key strength of the Powys model is skilled community-based assessment. Following BBA, the midwife should undertake an individualised risk assessment considering:

- Maternal Factors including excessive blood loss and perineal trauma, retained placenta, maternal deterioration and medical co-morbidities and any safeguarding concerns.
- Neonatal Factors including prematurity, respiratory concerns or abnormal observations, feeding concerns or hypothermia and sepsis risk factors.
- Family Factors including ability to access support, psychological wellbeing, safeguarding concerns, travel distances.
- BBA as a factor on its own is not a reason to initiate transfer, and the transfer guideline should be followed with an assessment of the full clinical picture.
- Depending on the timing of birth, the woman should be offered a postnatal visit the same day or first thing the following day if this is not practicable.

9.0 Continuity of Care Following a BBA

Women experiencing a BBA should receive enhanced continuity wherever possible.

The named midwife should:

Contact the family within 24 hours where possible, review the birth experience, offer an opportunity for debriefing, identify any psychological impact and ensure continuity of postnatal care planning.

Many women describe BBAs as unexpected and emotionally significant events. An opportunity to fully discuss the birth experience should therefore be offered routinely.

10.0 When the BBA Was a Planned Freebirth

Where the woman intended an unassisted birth:

Midwives should:

- Maintain a respectful and non-judgmental approach.
- Continue to offer postnatal care.
- Document discussions clearly.
- Assess mother and baby as above.
- Offer newborn screening and postnatal follow-up.
- Safeguarding concerns must be escalated where there is evidence that the circumstances surrounding the birth, place the baby at risk of significant harm, where there are concerns regarding parental capacity, coercion, or exploitation, or if there are existing safeguarding concerns.
- Safeguarding assessments should be based on the individual circumstances of the mother, baby, and family, informed by professional judgement and relevant multi-agency information. For advice and support, contact the PTHB Safeguarding Hub on 01686 252806 (office hours) or Powys Children's Services on 0345 054 4847 (out of hours).

Midwives Should Not:

- Refer to safeguarding solely because a woman planned a freebirth.
- Withdraw care because professional attendance was declined.
- Safeguarding concerns should only be considered where there is evidence of significant risk to the baby, coercion, impaired capacity or existing safeguarding concerns.

11.0 Freebirth Birth Notification & Registration

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

There is a legal requirement to notify a birth within 36 hours, and advice will need to be sought with the Child Health Department for individual cases. There should be advanced planning undertaken during the antenatal period when a woman is known to be opting to freebirth.

Advise the woman in advance of the birth, the provisions in the individual 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 digital maternity system 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 digital maternity system.

Midwives should seek advice from the bronze on call. It is highly likely that many fields within the digital maternity system will need to be estimated, as would be undertaken when a "BBA" has occurred. Detail may need to be added within the notes section to state that it was a freebirth and therefore some information may not be known. 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.

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 digital maternity system. 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 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 Register a birth: Overview - GOV.UK.

Following freebirth/unassisted birth; if there is no midwife or other health professional present within six hours of the birth, the mother or

any other person who was present at the birth, or who arrived within 6 hours of the birth, must notify the birth in writing within 36 hours of the baby being born. If a midwife is present within 6 hours of the birth, then the birth should be entered into the digital maternity system with as much detail as possible.

Postnatal care should be offered to the woman and her family and the registered GP and named Health Visitor should be informed and safeguarding advice considered. Midwives should email the birth event to Child Health to let them know of the Freebirth.

Midwives may find it helpful to access the RCM Guidance on Freebirth (2020) for further detail and support.

12.0 Documentation Requirements

The attending midwife must document:

- Time of notification, and advice provided, time of birth, arrival time, maternal assessment, neonatal assessment, third stage management, decision regarding transfer, safety-netting advice and a follow-up plan.

  A DATIX should be completed for all BBA events to enable review of trends and learning opportunities.

13.0 Governance and Learning

All BBA events should be reviewed through local maternity governance processes following an incident report provided by the staff member involved. Staff need to ensure they record all staff members involved so that Clinical Supervisor of Midwives support can be offered as soon as possible to all involved. A BBA specific review template and spreadsheet should be completed by the investigating staff member. An investigating officer will be allocated to the incident and a review will take place.

Review should include:

- Timing of calls.
- Midwifery response times.
- Transfer issues.
- Communication factors.

- Lessons learned for rural continuity services.

The intention of review is organisational learning rather than attributing blame. Consistent with the Powys continuity model, BBAs should be viewed within the context of rural geography, travel distances and individual labour patterns rather than solely as adverse events.

Key Practice Statement

Within Powys, a Born Before Arrival is not automatically a failure of the maternity service. The primary response should be one of skilled clinical assessment, compassionate continuity-based care, and personalised decision-making that reflects the needs of women, babies and families living in a rural setting.

14.0 Implementation Monitoring Compliance, Audit & Review

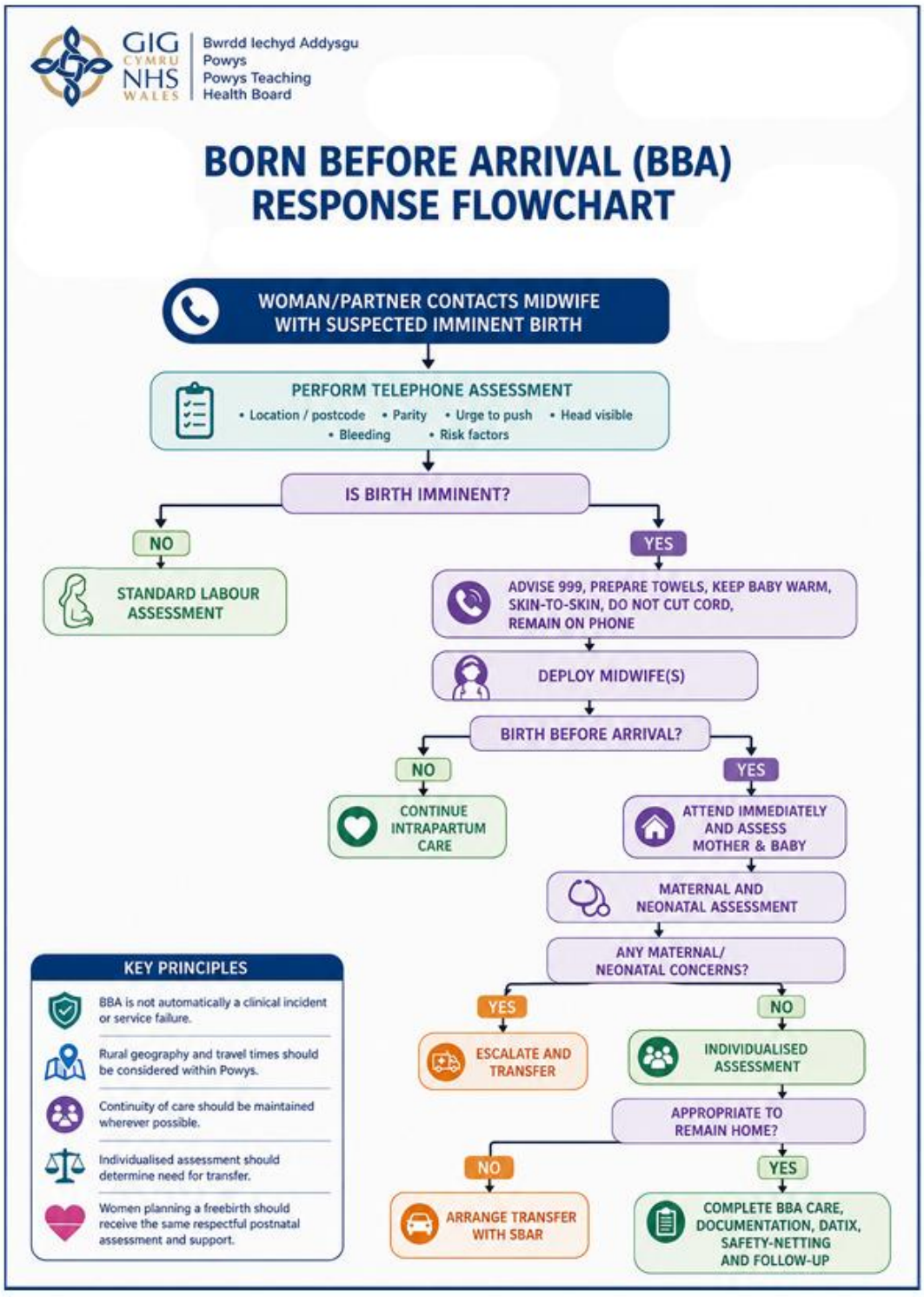
This guideline will support the expected standards for documentation when a BBA occurs and this will be audited as part of the review process. The spreadsheet will be used to provide annual assurance on the frequency and management of BBA's in Powys.

15.0 References and Bibliography

- MAT 092 Intrapartum Care Guidelines NICE NG235
- MAT 059 Postnatal Care Guideline NICE NG194
- NMC The Code (2018)
- NMC Standards for Midwifery Practice
- Welsh Government Quality Statement for Women and Girls Health found at Quality statement for women and girls' health [HTML] | GOV.WALES

APPENDIX A – BBA Flowchart

BBA Flowchart.pdf



Equality Impact Assessment

It is not mandatory to complete an Equality Impact Assessment (EIA) for a written control document. If you feel it would be of benefit, please complete the box below and attach an EIA as an appendix to this document.

Has an Equality Impact Assessment (EIA) been completed		**NO**
Name of the person giving this response	Kate Evans, Clinical Governance and Risk Lead	
If NO:	N/A	
If YES:		