

Freebirth Guideline

Document Author: Labour ward forum

Approved by: Labour ward forum

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Introduction

Free or unassisted birth, also known as, **DIY (do-it-yourself) birth, unhindered birth, unassisted home birth, and couples birth** means a woman giving birth without medical or professional help. The woman assumes responsibility for her birth but she may and can have her partner, relative, friend or doula present in a supportive role. A midwife has no right to be at a baby's birth and if a woman chooses not to contact or engage a midwife it is her right to do so. It is legal as long as the birth is not attended or the responsibility for care is assumed or undertaken by an unqualified individual, (an unqualified individual is a person who is not a registered Doctor or Midwife but acts in that capacity during birth). (NMC 2018).

This guideline covers what actions Midwives should take if:

1. They suspect a woman is planning a free birth.
2. They suspect 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.

NB

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

Always consider safeguarding if a women chooses not to have care, maternity staff must be aware of national and local procedures and it is their responsibility to share information following the Sharing of Information Process (SIP)

APPENDIX 1

Ante Natal Discussion usually completed by the community midwife in conjunction with a consultant midwife or senior midwifery team member.

Clients Name:.....

Hospital 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 <ul style="list-style-type: none"> • Before- ante • During- intra • After- post Infection Retained Placenta Perineal trauma Obstructed labour Uterine Rupture / Inverted uterus Delay in resuscitation Maternal collapse- hysterectomy /death Maternal morbidity short and long term Maternal mortality		Presentation <ul style="list-style-type: none"> • Breech • Transverse • Occipito posterior Fetal distress leading to avoidable intrapartum still birth Prolonged labour Uterine rupture Delay in delivery /resuscitation <ul style="list-style-type: none"> • Shoulder Dystocia – Brachial Plexus injury • Cerebral Palsy / Neonatal Death Failure to initiate feeding- hypoglycaemia/ hypernatraemia, dehydration = possible neurological damage Jaundice	
Give Information as appropriate:			
<ul style="list-style-type: none"> • Choices of venue for antenatal care • Discuss place of birth • Offer tour of unit • Give contact numbers for emergency services • Contact for Senior management team 		<ul style="list-style-type: none"> • Management of 3rd stage • Disposal of placenta. • Infant feeding • Postnatal service • Registering birth 	

Name of Midwife.....

Signature

Date.....

APPENDIX TWO

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.

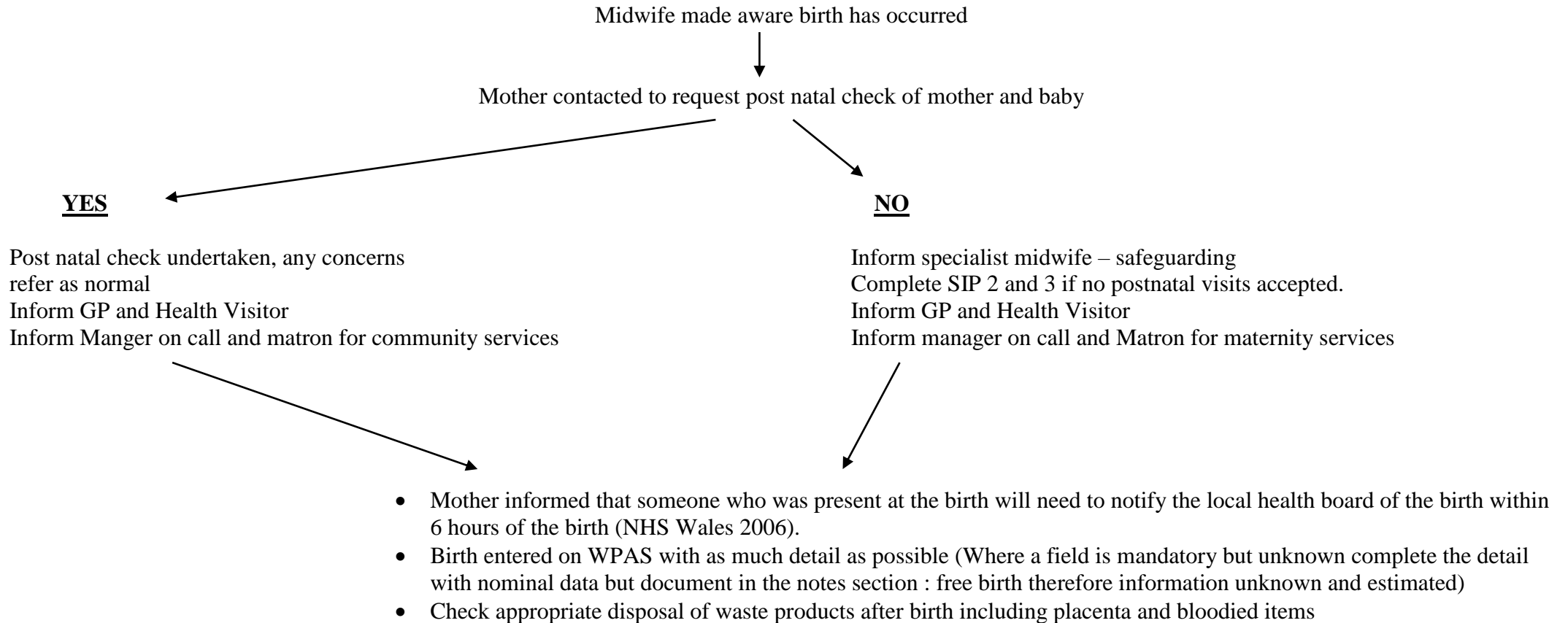
If a midwife is called and the birth has not occurred, any benefits, risks or concerns should be discussed with the woman and documented. (NMC 2018). Should you have any concerns in relation to the mothers physical or psychological wellbeing, mental capacity or safety you should refer to the appropriate professional – GP , consultant obstetrician ,PRAMS, independent advocate. Always inform the manager on call and a clinical supervisor for midwives (where possible) (NMC 2018).

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, the list is not exhaustive:

	Discussed		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 Maternal mortality Management of 3 rd stage		Presentation <ul style="list-style-type: none"> • Breech • Transverse • Occipito posterior Fetal distress leading to avoidable intrapartum Stillbirth Prolonged labour Uterine rupture Delay in delivery /resuscitation <ul style="list-style-type: none"> • Shoulder Dystocia – Brachial Plexus injury • Cerebral Palsy / Neonatal Death Failure to initiate feeding- hypoglycaemia/ hypernatraemia, dehydration = possible neurological damage Jaundice- kernicterus	
Document information giving as appropriate:			
		Post birth advice, to be given when appropriate <ul style="list-style-type: none"> • Disposal of placenta. • Infant feeding • Postnatal service • Registering birth 	

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

APPENDIX 3 – POST BIRTH RESPONSIBILITIES



References:

<http://www.nmc-uk.org/Nurses-and-midwives/Midwifery-New/Free-birthing/>

<http://www.rcog.org.uk/what-we-do/campaigning-and-opinions/statement/rcog-statement-unassisted-childbirth-or-freebirth>

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

Maternity Services

Checklist for Clinical Guidelines being Submitted for Approval

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Chair of Group or Committee approving submission:	Dawn Apsee
Brief outline giving reasons for document being submitted for ratification	Document update.
Details of persons included in consultation process:	Labour ward forum members.
Name of Pharmacist (mandatory if drugs involved):	N/A
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Please list any policies/guidelines this document will supercede:	Freebirth (ABMU, 2017) version 1
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File Name: Used to locate where file is stores on hard drive	WISDOM