



Understanding your Rights in Pregnancy and Birth

Information Booklet



with Shellie Poulter, The Serenity Doula

Shellie Poulter



The Serenity Doula

www.theserenitydoula.co.uk

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Welcome

Hi, I'm Shelle, I live on a narrowboat Serenity with my husband and son. We float around the waterways of the UK, enjoying the wildlife along the way and hopefully helping people to find the birth that feels right for them and supporting them in that choice.

I qualified in Osteopathic and Naturopathic Medicine in 2005 and I have been a pregnancy, birth and postpartum companion/guide/doula and adult educator for over 17 years.

With my background in complementary medicine, many years in practice and a holistic approach to care, I like to offer people evidence based information, in order to make decisions about your pregnancy and parenting journey that feel right for you.

I am offering information and resources, so that you can learn and make decisions that feel right for you, on your journey.

As well as this resource, I have online lectures, offerings on social media and am also available for online consultations and as a full spectrum doula both online and in person.

If you have any questions, or feedback, please do get in touch:



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Why Is Understanding My Rights Important?

It is really important to understand your rights in pregnancy and childbirth. Every human has the same human rights under the law. It means that institutions like hospitals must treat you with dignity and respect, or they are breaking that law. They must consult with you about your decisions and they must respect the choices you make. Choices about your care are yours to make, no one else's.

Every health professional who cares for you must respect your human rights in all of the care they offer. From antenatal appointments you can choose to attend or not, to birth and postnatal support that you can choose to accept or decline.

You have the right to make your own choice about all aspects of your perinatal care, including what you want to accept or decline. This is known as autonomy. Health care professionals must respect your dignity and your freedom to make decisions about yourself.



[The Human Rights Act 1998](#) incorporates into domestic law, the rights protected by the European Convention on Human Rights.

The UK is also signed up to the [Convention on the Elimination of all forms of discrimination against women](#)

This prohibits pregnancy-related discrimination and requires the provision of appropriate healthcare.

Human rights are also protected by clinical negligence law. The right to autonomy and the requirement for health care professionals to seek informed consent are fundamental.

What Rights do I Have?

- Article 2 of human rights law protects the right to life;
 - You have the right to basic life-saving health services including maternity care.
- Article 3 prohibits inhuman or degrading treatment;
 - You should be provided care to avoid preventable suffering, such as pain relief. It should not be withheld.
- Article 8 protects the right to respect for private and family life:
 - Including your right to choose your place of birth and birth companion and the right to physical autonomy and integrity. This means that no medical procedure can be carried out without your consent. The right to make your own choice about childbirth includes the right to decline any medical care if you so wish.
- Article 14 prohibits discrimination:
 - This makes it unlawful for NHS organisations or individuals within to discriminate against you on grounds such as race, religion, immigration status or national origin.
- The Equality Act 2010 protects people against discrimination and harassment and means it is unlawful to discriminate against people on the basis of protected characteristics: Age, disability, gender, relationship status, race, religion, sexual orientation, maternity status. It also requires the NHS to provide reasonable adjustments for those with impairments.



In UK law, a foetus doesn't have any rights. This means you are free to make choices against medical advice and cannot be forced to accept treatment whether or not it is said to be in your unborn child's interest.

Helpful Case Law

Human Rights Cases:

Ternovsky v Hungary (2010) - The European Court of Human Rights held that women are entitled to choose to give birth at home and the state is obliged to ensure that health professionals attend them at home, without fear of criminal, civil or disciplinary sanction for doing so.

Konovalova v Russia (2014) - The court ruled that a woman's consent is necessary for the presence of medical students during labour. Any person providing care should be clear about their status and say if they are a student, so that you can decide if you wish to receive care from them or not, or to have them present, or not.

Common Law Cases:

Montgomery v Lanarkshire Health Board (2005) - The UK Supreme Court affirmed a woman's right to autonomy in childbirth. You are entitled to decide which, if any of the available forms of treatment to undergo, or not and that your consent must be obtained. Your doctor is therefore under duty to make you aware of any risks involved in any recommended treatment and of any reasonable alternatives or variants of treatments. You are entitled to a personalised conversation about risks and benefits of all the options. Hospitals must not rely only on printed leaflets or online materials to provide you with information. If you ask specific questions, your healthcare professional must give full, honest and objective answers. It is important to remember that health care professionals are human and have bias, so it is helpful to do your own research.

RE MB (1997), St George's Healthcare NHS Trust v S (1997) and Law Hospital NHS Trust v Lord Advocate (1996) - You have the right to make medical decisions for yourself, for any reason, or none at all, even if the consequence may be the death or serious handicap of you or your unborn child.



Place of Birth Choices

You have the right to choose where you give birth. Even if a healthcare professional says that you “need” or “have” to birth in hospital, this is not true. You have the right to choose, even if they do not agree with that choice.

You do not have to be signed off, speak to a consultant or attend scans or tests in order to “qualify” for a home birth.

You can choose to birth at a hospital that is not in your catchment area. There may be restrictions on your right to birth in hospital or a birth centre due to hospital policy. However, this is not the law and you have a right to have a plan put in place.

The only time someone else can decide where you give birth is if you lack mental capacity.

All NHS trusts are expected to run a homebirth service. However, this is not guaranteed in law. The law does say that your right to choose where you give birth should only be restricted when there is a good reason to do this and where the decision is “proportionate”. It is reasonable to request special measures be put in place to support birthing at home if the service is not currently running. For example, some trusts will hire private midwives or send community midwives.

If you are told you cannot birth at home because of staff shortages, it is important to remind the hospital that it must make sure there are enough staff to provide the services it has promised. There should be plans in place for staff shortages, including hiring a private midwife.

If you feel your choice to birth at home is not being respected, please contact [Birthrights](https://www.birthrights.org.uk).



Place of Birth Choices - Home

The Nursing and Midwifery Council's Code says that midwives must put your interests first and make your safety their main concern. It is their professional duty.

Your decision of where to birth should be respected and you should be attended even if your decision to do so is against what health care professionals believe.

If you are in labour and you are told by the hospital there are no midwives available to attend your birth, you do not have to attend hospital if you do not wish. You can say that you are intending to stay at home, ask to speak to the head of midwifery and ask for a midwife to be provided. If a midwife cannot be provided, an ambulance should be offered. You do not have to accept an ambulance or paramedics into your home if you do not wish to.

What if I'm "High Risk"

You can birth wherever you want. Only you can decide where you want to birth. No one can deny the choice that you have made unless you lack mental capacity.

Even if you are advised not to have a home birth or are birthing outside of guidance, you do not have to attend hospital.

Your care team should work with you to create a care plan for birthing at home if you so wish.

When you are given advice and information about where to give birth, it should be evidence based and not opinion. Obstetricians are not familiar with homebirth, they likely have never seen one.

You should not be pressured, threatened or coerced in your decision of where to give birth. You should not be threatened with social services. Home birth is statistically as safe for your baby and much safer for you.



Place of Birth Choices - Birth Centre

The UK government states you should be able to choose between giving birth in hospital, a birth centre or home. You should be offered a full discussion of risks and benefits of your options.

What if I'm "High Risk"

Birth centres may have admission criteria, however, these are not legal rules and they lawfully cannot be applied overarchingly. Admission to a birth centre should only be refused if they cannot provide you with safe care. They must provide you with good evidence based reasons to show that you or your baby would be at high risk of harm when giving birth without the support of a hospital obstetric ward. They must show that they cannot safely manage that risk. Risk should be assessed on a case-by-case basis and your personal situation.

If the birth centre feels they cannot offer safe care for you, they should discuss and suggest alternatives for you, for example offering a birth pool on the labour ward.

Reasonable adjustments should be made if you have a long-term health condition or disability, in order to allow for equal access to services. This is law under [the Equality Act 2010](#). Your team should discuss your needs with you throughout your pregnancy in order to provide support for you. Having a long-term health condition, disability or sensory impairment does not preclude your right to choose where you give birth.

If you are not being listened to, contact the Director or Head of Midwifery at your hospital. Your midwife should provide these details for you, if they do not, contact your Patient Advice and Liaison Service (PALS). The details should be on your local trust website.

Your midwife should be your advocate and support your decision, even if it doesn't fit the hospital or birth centre's guidelines.



Place of Birth Choices - Overview

The 2016 [Better Births report](#) set out that people should be able to choose where they want to give birth in England. The other nations of the UK also have the same expectations. You can read their guidance here:

[Scotland](#)

[Wales](#)

[Northern Ireland](#)

Article 8 of the Human Rights Act to a private and family life, includes the right to choose where you give birth and who is present.

It is however a qualified right, which means the rights can be restricted where there is a legitimate reason, such as protecting the health of others and also that the restriction is “proportionate”.

A trust should only suspend their home birth service if they have explored all options for keeping it open, including using Independent Midwives. In 2016 the NHS Ombudsman accepted that an NHS Trust that suspended its home birth services and refused to make contingency plans was acting unreasonably.

Guidance is set out here:

[NHS Choice Framework](#)

[Scottish guidance](#)

[Welsh Guidance](#)

[Northern Ireland Guidance](#)



Your midwife should be your advocate and support your decision, even if it doesn't fit the hospital or birth centre's guideline or their own personal opinion. The [NMC code](#) is clear.

Type Of Birth Choices

You have a right to choose how you birth your baby, including if you would like an elective caesarean birth.

A caesarean birth is major abdominal surgery, that is known to have long term implications for you and your baby and any future pregnancies that you may choose to have. It is important that you have opportunity to discuss and understand your birth options so that you can make an informed choice that feels right for you.

The surgery is usually performed with a spinal anaesthetic, so that you can remain awake. This is usually considered safer for you and your baby, but may be performed under general anaesthetic if necessary.

If a caesarean is needed for medical reasons, it must be carried out at the right time for you and your baby. If the hospital does not do this when needed, they could be taken to court for medical negligence.

When you are discussing your birth options, it should be made clear to you that you are being offered a choice and that the choice is yours to make, not anyone else's.



For example, if a doctor or midwife is recommending an induction to you, it should also be made clear that you can wait for spontaneous labour or you can ask for a caesarean birth.

The risks and benefits of each option should be clearly discussed with you and clear information given so that you can make the choice that feels right for you.

If you request a caesarean during labour then you should be listened to. You may have to wait if there is someone with a more urgent need but you should be offered support such as pain relief if you feel it would help you.

Choice Of Care Provider Rights

Having the same midwife or team of midwives caring for you through your pregnancy, birth and postnatally is called “continuity of carer” or “continuity of care”. This has been shown to significantly improve outcomes for you and your baby. Including leading to fewer preterm births and fewer babies dying in pregnancy or in the first month after birth.

Unfortunately however, this does not appear to be a priority for the NHS in England, despite it being one of the key factors in improving outcomes. You do not have a legal right to continuity of care however you can ask if this service is available. It is best to ask the head of midwifery or the local [Integrated Care Board](#). If you cannot find contact details for the head of midwifery, in England you can contact the [The Patient Advice and Liaison Service](#). In Scotland [The Patient Advice and Support Service](#), in Wales the local Community Health Council and in Northern Ireland [The Patient and Client Council](#). The details for these should be on your local trust’s website.

You do not have to agree to having obstetric led care if you do not want.

You do not have to agree to or attend appointments, scans, tests, etc. All maternity care is optional and your decision to accept or decline should be respected without punitive treatment such as threat of referral to social services.

You should not be told that you “have” or “need” to do something in order to access care. e.g. you do not “have” to see a consultant to be signed off for a home birth. You just state you are having one and would like provision to be put in place.

If you wish to see or not see a particular member of staff, this should be respected. You do not have to give a reason. Staffing may prevent this from happening but this should be made clear to you with an option to reschedule appointments if appropriate.



Guidance Regarding Right To Caesarean

The National Institute for Health and Care Excellence (NICE) recommends that if you request a caesarean birth that the hospital should support your decision, if they are satisfied that you are making an informed choice.

The guidance states that the hospital should discuss with you why you want a caesarean birth and the risks and benefits of caesarean and vaginal birth, in order to help in your decision making.

If your request is due to anxiety regarding childbirth, you should be offered a referral to a perinatal mental health care practitioner. You can accept or decline this offer.

The guidance states that if after the discussion and offer of referral to the perinatal mental health team, you still want a caesarean birth the, hospital should offer you one.

An individual health care practitioner can refuse to perform a caesarean but must refer you to another obstetrician who is willing to carry out the operation.

This right is supported by the Ockenden Report which stated under “Essential Action 7” that: “All Trusts must ensure women have ready access to accurate information to enable their informed choice of intended place of birth and mode of birth, including maternal choice for caesarean delivery.”



If your hospital refuses to perform a caesarean, you can contact the head of midwifery, clinical director or lead of obstetrics. The Patient Liaison Service (PALS) should give this contact information to you.

If you feel you are not being heard, please contact [Birthrights](#).

Birth Partner Rights

A birth partner is anyone you choose to have with you during your labour. You can have more than one, or none if you so wish.

Those caring for you must respect your choice of birth partner or partners during your birth. This is protected under Article 8 of the European Convention on Human Rights.

Your right to have birth partners should not be restricted or refused unless there is a sincere justification. Any restriction must be a proportionate response.

Saying that you have to have a vaginal examination or go through triage before your partner can be present is not acceptable and is a violation of Human Rights Law.

If your hospital policy says only one partner is allowed, for example in a theatre or labour room, healthcare professionals must make an exception if you need the support of more than one birth partner. For example if you have anxiety, PTSD, require a translator or interpreter.

The Equality Act 2010 says that healthcare professionals must take special care to ensure that people who are disabled or use languages other than English have the support they need and if you require an interpreter or carer for examples, they should not be counted as a birth partner.

If you are having a home birth, you can have as many or few people as you like .

Hospitals may have visiting policies however if you need more support, you should be listened to and consideration made even if it is against the usual hospital policy. Reasonable adjustments should be made. Having a plan in place before birth is helpful if you need this.



Consent

You must be asked if you agree or not to every medical procedure. You do not have to agree and you should not be pressured or coerced.

When you are pregnant, your bodily autonomy should be respected. This means you have the right to accept or decline any interactions with health professionals, any offer of tests, monitoring or treatment.

It is against the law to treat you unless you agree to it. It is also against the law for treatment to be given to your baby without your consent or the consent of another person who has parental responsibility.

If you agree to treatment, this is known legally as giving consent. In law, your consent must be genuine. This means that you understand the treatment well enough to make a decision. It also means that no one, including healthcare professionals, family or friends have put pressure on you or are coercing or bullying you into agreeing to have treatment.

No one should treat or touch you against your will. Even if healthcare professionals do not agree with your decisions. Even if not giving your consent puts your or your unborn baby's life at risk, your decision must be respected.

For example, before taking your blood pressure or examining you or giving you medication, you must be asked for your permission and then you can provide your consent or not. This is the law. If you do not consent to the treatment but a health professional does it anyway, they likely have broken the law.

The only time your consent is not needed, is when you are unable to make a decision e.g. you are unconscious or legally lack mental capacity to make the decision.



Consent

Maternity care is an opt in service. This means you can accept or decline as much or as little of it as you want. You do not have to see anyone if you do not want to, you do not have to attend any appointments or have any conversations you do not want to. You do not have to have any tests or procedures that you do not want to.

You should not be forced, frightened or threatened to do anything.

It is not your responsibility or role to please healthcare professionals. Their role is to care for you the way that you wish. This is clear in their professional code of conduct.

Health care professionals have a duty to clearly explain what they are offering to you, allow time for you to ask any questions you may have, answer those questions fully and honestly and then accept your answer without attempting to persuade you further if your answer does not agree with what they wanted.

Health care professionals must ask permission for any and all procedures and explain them so that you understand what they entail. For example, if a vaginal examination is offered to you, you can ask about the risks and benefits and you should be told truthfully. The procedure should be clearly explained. If you consent, you can withdraw your consent at any time and the person should remove their hands from your body immediately. They should also not do anything else like, for example, a membrane sweep or rupturing your amniotic sac (waters) without taking their hands out and again asking for your consent with time for you to ask any questions that you have, so that you can make an informed choice. If a health care professional does not ask your permission, does not stop or performs something they have not asked permission for, this may be considered assault.

If you feel that you are not being listened to by your healthcare professional, please contact [Birthrights](https://www.birthrights.org.uk).



Consent - What It May Look Like

Example 1. Using language to coerce

"We need to know where you are in your labour in order to admit you. It is hospital policy that you need to be four centimetres dilated. So if you're ok to just hop up on the bed and we can do a little vaginal exam (VE)? Don't worry I can close the curtain."

Example 2. Gaining informed consent

"Is it okay for me to speak with you about vaginal examination? You can decline for any reason, at any time and I will support you in your decision. I would like to offer some information for you to make the decision that feels right for you. You are welcome to ask questions or ask me to stop at any time.

It is an expectation of my role to offer you a VE every 4 hours under the hospital guidelines, however, it is not evidence-based to assess labour progress in this way. Current evidence shows that the understanding of labour progress patterns on which the policies are based is not correct, but this form of monitoring is still widely used in the NHS. There is no evidence that vaginal exams can accurately assess labour progress or outcomes for you and your baby. There is evidence that they may negatively influence your labour progress and that the risk of infection to your baby is increased with each subsequent examination. Some people like to know an estimate of the dilation of their cervix, some do not, Some find it difficult or painful. The measurements are subjective and inconsistent between practitioners: The accuracy between practitioners is less than 50%. A VE can result in accidental rupturing of the membranes, this is not uncommon and alters the birth process and increases risk for the baby.

If you decide to go ahead, I would like you to understand that you can remove your consent at any time and for any reason, you can tell me to stop or signal to me to stop and I will immediately remove my hand and that is absolutely fine. There are other signs of labour progress that we can look out for that do not involve a VE. Do you have any questions or want me to explain anything further? I can give you some time to see what feels right for you."



Information

Before giving your consent to any care or procedure (this includes appointments, tests, etc), healthcare professionals must give you information about what will happen. The information should tell you about risks that may be important to you as an individual if you accept or if you choose an alternative or if you decline.

This should be a conversation and not just a leaflet or link to information and should be tailored to you as an individual. For example, if you are planning more children and discussing a caesarean birth, risks for future pregnancies should be included in the discussion so that you can make a fully informed choice.

You should not be given misleading information or presented information in a way that appears more significant than it actually is. e.g. telling you that a risk of something doubles to make it sound scary. When you ask for data, this should be given to you. The double that sounded very scary may be a doubling of a 0.1% to a 0.2% chance of a bad outcome, for example. So a 99.9% or 99.8% chance this risk won't happen.

You can ask as many questions as you like and your questions should be answered clearly and you should be provided with information where you request it. If you have a question they cannot answer, they should explain why. The BRAIN acronym can be a helpful tool to use when making decisions.

B - What are the Benefits?

R - What are the Risks?

A - What are the Alternatives?

I - What does my Intuition say is right for me?

N - What if we do Nothing for now, or say No?



Undue Influence

If your healthcare provider puts pressure on you to make a choice, this is called undue influence.

This may look like continuing to discuss risks when you have already made a decision. Or bringing in a more senior member of staff or another doctor to repeat the risks again, or using coercive language, threatening to stop caring for you or to call social services if you do not comply with what is being offered.

This includes, for example, someone saying that the home birth team won't be able to come out to support you once you reach 42 weeks of gestation and that you will have to come to the hospital to give birth. This is against ethical codes of conduct.

It may be undue influence if your healthcare provider tells you that you have to make a decision by a certain time, even when there is no clear medical need or they have not made any need clear.

Health care professionals should not put pressure on your birth partners or people in your family to persuade you to change your mind. e.g. If they say something to your partner like: "If it were me, I would not be making that decision, you don't want your baby at risk do you, you want to do what is best for the baby".

You must not be physically restrained.

You should not be threatened to be referred to social services on the basis of your birthing choices. You have the right to choose whatever you wish, even if it may result in harm or death to you or your baby.

This kind of behaviour is against the code of ethical conduct for [Nurses](#), [midwives](#) and [doctors](#).



Unassisted Birth - Free birth

Unassisted or free birth means deciding to give birth without the attendance of a maternity healthcare professional. It is different to planning to birth at home and then giving birth before the midwife arrives. This is known as BBA “born before arrival”.

You can have other people with you at your birth including a birth keeper or doula but they must not provide you with medical or clinical care, or they can be fined up to £5000, as it is an offence under Article 45 of the [Nursing and Midwifery Order 2001](#).

It is legal to birth without assistance. You do not have to accept any medical or midwifery care, tests or treatment during pregnancy or birth.

Some healthcare professionals are under the mistaken impression that free birth is illegal. It may be helpful to give them this [NHS leaflet about free birth](#).

Some healthcare providers may believe that you are placing your unborn child at risk by deciding to have an unassisted birth and may think that this raises a ‘child protection’ or a ‘safeguarding’ issue. They may threaten to refer you and your baby to social services.

Healthcare professionals should not refer you to social services solely because you have decided not to have medical support during your labour. You are legally allowed to decline any offers of medical support.

Healthcare professionals should only refer you to social services if they have carried out an assessment that shows your child is at risk of significant harm after they are born.



Unassisted Birth - Free birth

If a healthcare provider does refer you to social services because you decided not to have medical assistance during labour, social services will then decide whether to accept the referral. If it is accepted, they must carry out an initial assessment to see if further action is required within one working day. If the social worker thinks they need to take action, they must then complete an assessment (called a pre-birth assessment if your child has not been born) within 45 days.

If your baby requires medical attention because they are unwell when they are born, and you do not seek medical assistance, then this is likely to be considered a safeguarding issue.

Birth Notification

You must “notify” the birth of your baby to the relevant public body within 36 hours. This is a legal requirement set out in [the National Health Service Act 2006 Section 269 \(4\)-\(6\)](#).

The Health and Care Act 2022 updated subsection (11) of the 2006 law on what is now considered to be a “relevant body” to notify a birth to, A “relevant body” is now: (a) NHS England, (b) Integrated Care Boards and (c) Local Authorities. ([See section 269 subsection \(11\) of the National Health Service Act 2006](#)).

Some families who choose an unassisted birth find that they can notify the local Child Health Information Service (CHIS) within 36 hours of their birth. If the local CHIS officers are not familiar with the lawfulness of unassisted birth or not accepting birth notifications, they may decline to accept a notification from you. It could be a good idea to check in advance if the local CHIS accept notifications. If CHIS is not available, you can contact your local Integrated Care Board, Local Authority, or NHS England to notify them of the birth of your baby.



Birth Registration

According to the law you must also register your baby within 42 days of their birth with the Registrar of Births and Deaths in the area in which your baby was born.

A baby can be registered by their mother or by either parent if the parents are married. A trans man who has given birth is legally the baby's mother under current birth registration law.

Information about registering a birth is available on the [Government website](#).

Birth Notification Under A Health Care Provider

When a baby is born under the care of a health care provider, they will complete a notification form for the registrar. They must do this within 36 hours. If you have an unassisted birth you may need to provide evidence yourself that your baby was born in the Registrar's district. This could include a statement from someone who was present at the birth or soon after, or a letter from the GP confirming when the baby was registered with them.

If you are choosing a home birth or a free birth, I highly recommend joining the following facebook groups for excellent support and information as well as stories, peer support and support from birth workers; including doulas, birthkeepers and midwives.

[The homebirth support group UK is free](#)

[The Free Birth and Emergency Support Group UK has a cost, is private and contains a course within the group](#)



Treatment Without Consent

The only situation where health professionals do not need your consent to treat you is when you are not able to make a decision. This may be that you are for example unconscious in an emergency situation and you are unable to make your wishes known. Having a birth plan in this situation can be helpful as you can document your wishes for different scenarios about what is important for you e.g. not allowing the use of blood products.

If you would like help preparing, writing or understanding your birth plan/preferences, you can book some time with me shellie@theserenitydoula.co.uk to discuss this. Please ensure that anyone caring for you has read your birth plan, to make sure that your wishes are followed. This includes your birthing partner/s, so that they can ensure that your wishes are honoured. Making a birth plan is about understanding your options and rights and exploring which options feel best for you as a family and what feels important for you during your pregnancy, birth and beyond.

A consent form on its own is not sufficient evidence of consent.

The only other situation where consent is not required is when you have been assessed as lacking mental capacity to make a decision about treatment. The law governing this is the [Mental Capacity Act 2005](#) in England and Wales and in Scotland is the [Adults with Incapacity Scotland Act 2000](#).

If you are declining treatment or choosing an option against medical advice, your care providers should not threaten you with social services. This is unethical conduct and should be reported to their relevant governing body.



Your Maternity Notes

Everyone who receives NHS maternity care in the UK has a set of records documenting their appointments and care. These may be paper or they may be digital records. Your records will start when you make your first booking appointment when you are pregnant. If your trust uses electronic records, you will be told how you can access them and add information yourself. If you have paper notes you will be asked to keep them and bring them with you.

After your baby is born, these records will be taken to your local hospital. If you use private maternity care, your care provider will keep your notes and offer a copy to you.

You have a right to see your own health records under the [Data Protection Act 2018](#) and under [Article 8 of the European Convention on Human Rights](#). You do not need to give a reason. You can ask a midwife, doctor or health visitor to see your records, or you can make a formal request to see your records via a subject access request that you make in writing. This request would usually be sent to the NHS Trust's medical records manager for maternity records. The address should be on the website of your local NHS Trust or Board.

You also have a right to see your child's medical records. If someone else has parental responsibility for your child, they also have this right.

If you would like advice, more information or template letters, you can access them via the information commissioner's Office [here](#). If you have difficulties getting your records you can complain to [the Information Commissioner's Office](#).

Your subject access request must be processed within 40 days. The NHS has committed to providing healthcare records within 21 days.



Your Maternity Notes

If you wish to make a complaint, please request your records before informing anyone that you are planning to do so.

You should not have to pay a fee to see copies of your records. If there is a lot of information, a fee may be charged. If you want extra copies of your records, a fee may apply. If you are unsure and want further information, it is best to visit the [Information Commissioner's Office](#) for information, advice and template letters.

Your maternity records and your child's records must be kept for 25 years after the birth of your child.

Maternity records that are shared with you during your antenatal care should be written in a format that you can understand however there may be medical notation, technical words that do not make sense to you. You can ask a health professional to go through them with you.

Your local hospital may run a "birth reflections" or "birth afterthoughts" service. In England you can contact the [The Patient Advice and Liaison Service](#). In Scotland, [The Patient Advice and Support Service](#), in Wales, the [local Community Health Council](#) and in Northern Ireland, [The Patient and Client Council](#).

If you want to reflect on your birth experience, I recommend not going back to the hospital that you gave birth at as their primary aim is to prevent themselves from being sued.

You may find it more helpful to speak to someone who is independent of the NHS institution to understand better what happened. I offer this service, as do other birth workers. Please get in touch if you would like to book time with me or ask for recommendations of other people to speak to. shellie@theserenitydoula.co.uk



Providing Feedback To Your Trust

If you would like to provide feedback to help improve services, you can speak to your [local Maternity Voices Partnership \(MVP\)](#) or [Maternity Liaison Committee \(MSLC\)](#). You can also get involved in the work they do to improve services if you wish. You should be able to find contact details on your local trust's website if you cannot via the links provided here.

You can also contact your local [patient advice and liaison service \(PALS\)](#).

If you are thinking of also making a complaint, or you would like to have the information from your medical records, ensure that you have a copy of your notes BEFORE contacting the MVP or PALS.

In England, [The Patient Advice and Liaison Service](#) should offer support with making a complaint. In Scotland [The Patient Advice and Support Service](#), in Wales the [local Community Health Council](#) and in Northern Ireland [The Patient and Client Council](#).



It can feel cathartic to write a letter of feedback, even if you decide not to send it.

Giving feedback may help to improve services for the people using them in the future.

I encourage people to give feedback to help their own healing process. However I also caution that the NHS can often be very slow to initiate change, especially when it is change that involves listening to women and birthing people. Every inquiry has highlighted 'not listening' as a major factor in bad outcomes and yet it still isn't, in my experience, happening everywhere.

What If My Rights Have Been Violated?

There are a few organisations in the UK who can help you if you feel that your rights have been violated.

[Birthrights.org.uk](https://www.birthrights.org.uk)

<https://www.aims.org.uk>

[maternityaction.org.uk](https://www.maternityaction.org.uk)

If you wish to make a complaint about your care, it is advisable to request your notes before doing anything else. Wait until you have a copy of your notes before raising a complaint. Make an account of what has happened as soon as you can. You have 12 months to make a complaint from the time of the treatment that you are raising the complaint about.

If you wish to seek financial compensation for ill-treatment, you should contact a solicitor specialising in medical negligence law.

You can make a complaint to the NHS trust that was responsible, or you can complain about an individual member of healthcare staff to their professional body.

If you are not happy with the way your complaint is handled, you can take your case to the independent Ombudsman. In England, this is the [Parliamentary and Health Service Ombudsman](https://www.parliament.uk/about/offices/ombudsman/).

I highly recommend contacting [Birthrights](https://www.birthrights.org.uk) when making a complaint. They offer free and confidential support and information.



NHS Complaints Procedure

The NHS must follow their [statutory complaints procedure](#). It sets out in law exactly what the organisation must do when you make a complaint. Your right to complain about the NHS is guaranteed by their [constitution](#).

Their complaint procedure sets out a timescale that they must follow. Your complaint should be acknowledged within three working days and an offer made to discuss with you how the complaint will be handled and how long it will take for them to answer it. You should receive a written response to your complaint. Your complaint must be dealt with efficiently and properly and you have a right to know what the investigation found.

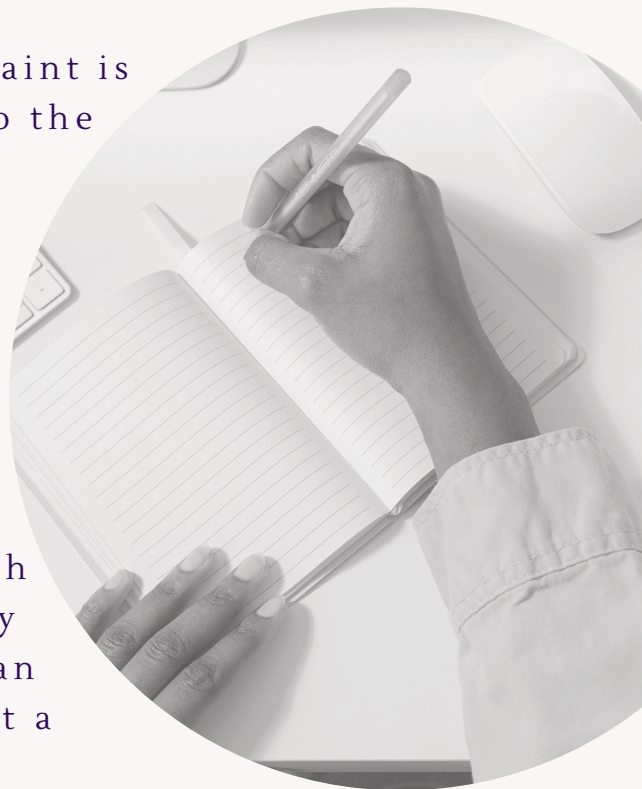
The timescales are different in [Scotland](#), [Wales](#) and [Northern Ireland](#).

If you are unhappy with how your complaint is dealt with, in England, you can take it to the [independent Parliamentary and Health Service Ombudsman](#).

There are separate Ombudsmen in [Scotland](#), [Wales](#) and [Northern Ireland](#).

In some trusts the NHS offers a “Birth Reflections” or “Afterthoughts” service. You have the opportunity to go through your maternity notes and experience with a midwife and they will try to answer any questions you have. This gives the NHS an opportunity to resolve questions without a formal complaint being raised.

I would recommend speaking to someone who is independent of the NHS if you wish to reflect on your birth, as those within the NHS are bound to the organisation; you are not their first priority. I and other birthworkers offer this service. Please get in touch if you would like further information; shellie@theserenitydoula.co.uk



Who To Complain To

Complaints can be made to the NHS body responsible for your care, which is usually a [hospital trust](#) but may be your GP or an [Ambulance Trust](#).

The complaint can be addressed to the Patient Advice and Liaison Service, complaints team, or the [Chief Executive of the NHS trust](#). A copy can also be sent to the Head of Midwifery, the Director of Women's Services, the Director of Nursing and/or the consultant responsible for your care. You can also copy in any support organisations.

A complaint can also be made to a professional body such as the [General Medical Council](#) or the [Nursing and Midwifery Council](#). These organisations set standards for doctors, nurses and midwives.

You can also make a complaint to the [Clinical Commissioning Group](#) who are responsible for funding maternity care.



This is particularly important if your complaint pertains to policy, treatment or service provided, rather than the way an individual healthcare provider has acted.

Include as much detail as you can in your complaint. Give the names of people involved in your care if you can.

Be clear as to what you want to happen as a result of your complaint. You may want a change in procedure/policy, staff training, an apology, etc.

Your Rights Quick Tips

Hospital is NOT a prison. You can leave any time you want. You do not have to sign anything, you do not have to wait for approval to leave, you do not have to wait to speak with a doctor, you do not have to wait to be discharged or sign discharge papers. You can just go. If someone is trying to keep you there against your will, this is against the law.

You have the right to accept or decline any and all offerings from maternity care even in an emergency. This includes appointments, testing, scans, induction, medication, birthing in a hospital, testing for diabetes, etc. It includes things like being weighed or having your blood pressure taken or listening in to your baby. You may want all of these things and that is fine but the decision is yours and your bodily autonomy is protected by law. No one can or should force you to do anything you do not want. Even if they tell you it is how the system works. They can estimate or document that you have declined, etc.

You have the right to birth how and where you want to, including birthing in water. The only way to guarantee a water birth is to have one at home, as there may not be one available in the hospital or birthing centre. I have seen every excuse in the book not to facilitate a water birth including that they don't have a plug. [Emma Ashworth](#) has a great workshop about advocating for a water birth if you would like more information, she offers this on a donation basis.

You do not have to have a vaginal examination, ever, if you do not want one. Routine vaginal examinations are not evidence based and carry risks.

You should not be denied pain relief or support for refusing access to your vagina.

Medical staff have as much right to put their fingers in your vagina without permission as you do theirs. i.e. NONE.



Understanding Why Coercion Happens

We are innately designed to be compassionate and work as a team for our survival. There are reward mechanisms in our physiology, whereby it feels good to help people. We are also programmed to protect ourselves from danger. When we experience trauma or sense danger, even unconsciously, our higher brain function shuts down and our fight, flight, freeze, fawn response kicks in. This is an innate protection response that has developed as part of our nervous system over millions of years.

Playing dead or dissociating is our most primitive form of defence. The sympathetic nervous system that enables fight, flight, fawn gives protection through action. The ventral vagal system is part of the higher brain, responsible for connecting, interacting and communicating but is more difficult to access when we feel threatened.

The fawn response is heightened in pregnancy and labour as we are in a high oxytocin state and so become more susceptible to coercion and more likely to be compliant, even if we do not want what is being offered.

Many medical professionals are suffering secondary trauma and so their language is aimed, not to form connection and open communication, but to control a situation so that people take the path that feels safest for them (the doctor or midwife). Lack of connection with you is a further self-protective behaviour associated with compassion fatigue and burnout.

Although there is widespread agreement that it is unethical to perform medical procedures without informed consent (or by using undue pressure or coercion to gain consent), there is widespread evidence that it occurs across the world.

[If you would like to understand more, I wrote an article for the AIMS journal which you can read here.](#)

[Bitesize Birth - Trauma Informed Care and Non-Violent Communication](#)



Dealing With Coercion

It can be really difficult to say no, or go against what you are being told, even if you do not agree. Please do not blame yourself for this. We have been trained our entire lives to ignore our own feelings and listen to people outside of our body, in positions of authority, who tell us what to do. In school you had to sit still, be quiet, learn what you were told, even if it didn't feel relevant or interesting to you. Perhaps you were told you couldn't speak or use the toilet until you were given permission.

So now when you are pregnant, you are vulnerable and growing another life, it can be very hard to go against what you are being told, even if your instinct, your research, your own knowledge, is telling you otherwise.

I advise my clients to set firm boundaries with their care providers from the beginning. Understand that you do not have to justify any of your decisions. You do not have to provide evidence, a reason or prove anything to anyone.

No is a full sentence

Care providers may have a duty to inform you but if you do not want their input or information, you can decline.

e.g. I have made my decision, I will not be discussing this further. Please document my decision. Thank you.

Having an advocate with you can be really helpful. If you intend to engage with NHS services, I highly recommend you hire a doula. If you cannot afford a doula, there are charities, including the doula UK access fund who may be able to provide support. You could also try contacting doulas who may be able to offer support that you can afford. I offer 1 hour chats, remote doula services, etc. Please get in touch for details. shellie@theserenitydoula.co.uk



Recording Appointments

I recommend recording all of your interactions/appointments and ask for things in writing. You have a right to record your appointments even if people tell you that you don't.

You may want to do so to refer back to later, to prevent coercion and bullying and/or as a record of evidence for how you were treated.

You do not have to ask permission to record your appointments but you may wish to let people know that you are recording, as this makes it less likely they will use coercive language/tactics.

The British Medical Journal stated: “The information in the consultation is the patient's and—providing no other patient is involved—it's perfectly legal for them to record it for their own use.”

This may be a helpful article to share with your healthcare provider if they become defensive towards you.



Practitioners are much more likely to say things that they are not supposed to than to document them in writing. So if someone says something to you that does not feel right or you know is not correct, you can ask them for it to be documented in your notes. You can ask for evidence of their statement.

You can remind them that their duty of care means they should provide evidence when requested or a reason as to why they cannot do so. Many health care professionals are not aware of the law or how they may be breaking it. It can be helpful to refer them to [Birthrights](#) or give them information leaflets that are freely available from their website.

Helpful Parts Code Of Conduct - Midwives

[You can access the full Nursing and Midwifery \(NMC\) code of conduct here](#)

1. Treat people as individuals and uphold their dignity
To achieve this, you must:
 - 1.1 treat people with kindness, respect and compassion
 - 1.2 make sure you deliver the fundamentals of care effectively
 - 1.3 avoid making assumptions and recognise diversity and individual choice
 - 1.4 make sure that any treatment, assistance or care for which you are responsible is delivered without undue delay
 - 1.5 respect and uphold people's human rights
- 2 Listen to people and respond to their preferences and concerns
To achieve this, you must:
 - 2.1 work in partnership with people to make sure you deliver care effectively
 - 2.2 recognise and respect the contribution that people can make to their own health and wellbeing
 - 2.3 encourage and empower people to share in decisions about their treatment and care
 - 2.4 respect the level to which people receiving care want to be involved in decisions about their own health, wellbeing and care
 - 2.5 respect, support and document a person's right to accept or refuse care and treatment
 - 2.6 recognise when people are anxious or in distress and respond compassionately and politely
3. Make sure that people's physical, social and psychological needs are assessed and responded to
4. Act in the best interests of people at all times
- 5 Respect people's right to privacy and confidentiality
6. Always practice in line with the best available evidence
7. Communicate clearly
- 14 Be open and candid with all service users about all aspects of care and treatment, including when any mistake or harm have taken place



Helpful Parts Code Of Conduct - Midwives

19. Be aware of, and reduce as far as possible, any potential for harm associated with your practice.

To achieve this you must:

19.2 take account of current evidence, knowledge and developments in reducing mistake and the effect of them and the impact of human factors and system failures

20. Uphold the reputation of your profession at all times.

To achieve this you must:

20.1 keep to and uphold the standards and values set out in the code

20.2 act with honesty and integrity at all times, treating people fairly and without discrimination, bullying or harassment

20.3 be aware at all times of how your behaviour can affect and influence the behaviour of other people

20.4 keep to the laws of the country in which you are practicing

20.5 treat people in a way that does not take advantage of their vulnerability or cause them upset or distress

20.6 stay objective and have clear professional boundaries at all times with people in your care (including those who have been in your care in the past), their families and carers

20.7 make sure you do not express your personal beliefs (including political, religious or moral beliefs) to people in an inappropriate way

20.8 act as a role model of professional behaviour for students and newly qualified nurses, midwives and nursing associates to aspire to

24. Respond to any complaints made against you professionally

To achieve this you must:

24.1 never allow someone's complaint to affect the care that is provided to them

24.2 use all complaints as a form of feedback and an opportunity for reflection and learning to improve practice



Helpful Parts Code Of Conduct - Doctors

[You can access the full General Medical Council \(GMC\) code here](#)

7 principles must be upheld when doctors are performing their duties:

1. Selflessness: holders of public office should act solely in terms of the public interest
2. Integrity: holders of public office must not place themselves under any obligation to people or organisations that might try inappropriately influence them in their work. They should not act or take decisions in order to gain financial or other material benefits for themselves, their family or their friends. They must declare and resolve any interests and relationships
3. Objectivity: holders of public office must act and take decisions impartially, fairly and on merit, using the best evidence and without discrimination or bias
4. Accountability: holders of public office are accountable for their decisions and actions and must submit themselves to the scrutiny necessary to ensure this
5. Openness: holders of public office should act and take decisions in an open and transparent manner. Information should not be withheld from the public unless there are clear and lawful reasons for so doing
6. Honesty: holders of public office should be truthful
7. Leadership: holders of public office should exhibit these principles in their own behaviour. They should actively promote and robustly support the principles and be willing to challenge poor behaviour wherever it occur



Further Resources

Support

Birthrights have excellent free information and support and leaflets available that you can print for yourself and your hospital:

<https://birthrights.org.uk>

AIMS - Association for Improvements in the Maternity Services have support to achieve the birth you want as well as helpful information:

<https://www.aims.org.uk>

Maternity Action - Maternity-related employment or benefit support, including breast/chest-feeding rights

maternityaction.org.uk

Homebirth and Freebirth Support and Information - FB Group

Helpful Accounts

Emma Ashworth - emma_ashworth_birth_rights - Birth rights consultant

Birthrights - birthrightsorg - Birth rights Charity

AIMS - [aims_uk](https://aims-uk) - non-profit maternity service support

Maternity Action - maternityaction - Maternity rights charity

