Understanding Birth Choices and Rights Inside or Outside of Guidance

Information Booklet

with Shellie Poulter, The Serenity Doula

Welcome

Hi, I'm Shelle, I live on our narrowboat Serenity, with my husband and son. We float around the waterways of the UK, enjoying the wildlife along the way. I spend my working life supporting birthworkers and families to find the information they need to support birth in the way that feels right for them.

I qualified in Osteopathic and Naturopathic Medicine in 2005 and I have been a pregnancy, birth and postpartum companion/guide/doula/advocate and adult educator for over 20 years.

With my background in complementary medicine, many years in practice and a holistic approach to care, I like to offer people evidence, common sense and wisdom based information, in order to make the decisions that feel individually right, whatever they may be.

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, the Birth Untethered Podcast and offerings on social media and am also available for online consultations and as a full spectrum doula both online and in person.

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This document has collated information from a number of sources and resources and is intended to help parents and birth workers to understand their human rights in birth and the law around supporting birth with regard to protected titles such as "midwife". It should not be used to constitute medical or legal advice. I am not a registered medical or legal professional.

All of the links to external sources were functional at the time of publication but may change over time.

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. Unfortunately many trusts do not respect this right automatically and it may require you standing up for what feels right for you

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, to 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.

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 right 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.

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.

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.

Template letters at the end of this booklet detailing the right to free/unassisted birth with links to relevant documents for healthcare professionals

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 sub section (11) of the National Health Service Act 2006).

If you choose an unassisted birth, you can notify the Child Health Information Service (CHIS) within 36 hours of their birth. This has now been centralised to a single email address:

scwcsu.chis.unassistedbirth@nhs.net

Birth notification is different to birth registration and obtaining a birth certificate.

Birth Notification

The NHS guidance on birth notification process for unassisted births can be found here:
https://www.england.nhs.uk/long-read/guidance-on-birth-notification-process-for-unassisted-births/

The guidance outlines how people can engage with healthcare services if they so wish, following an unassisted birth and receive postnatal care. It also outlines how healthcare professionals can support families in making the required birth notification.

The guidance is designed to assist women, families, healthcare professionals, Child Health Information Services (CHIS), and other relevant bodies in understanding the notification process to NHS England and ensuring compliance with Section 269 of the NHS Act 2006. It is helpful to read if you are intending to freebirth so that you understand your requirements and you can point health care professionals to the guidance if they do not know themselves.

For unassisted birth, a birth notification can be made by:

- Any individual person present during or within 6 hours of the birth
- the child's father, if present at the time of the birth or they are residing on the premises where the birth takes place (regardless if they were attending the birth or not)
- NHS England will accept a birth notification from a mother, however under section 269 of the National Health Service Act 2006, mothers do not have a legal obligation to notify their own birth. If a mother does give notification within 36 hours, other people do not have to.

If no registered medical professionals are seen, notification of the birth must be made within 36 hours of an unassisted live birth by emailing: scwcsu.chis.unassistedbirth@nhs.net

Birth Notification

As part of the notification, the following information is required in order to produce a “digital postcard” confirming the birth notification:

- The baby’s full name or “baby[surname]” if a name has not yet been decided
- Date and time of birth
- Full address and postcode where the birth occured
- Full address and postcode, for the woman’s residence if different from above
- Name of the parents
- Sex of the baby
- Name of any other person present within 6 hours of birth
- A valid email address

Failing to give notice of a birth is liable on summary conviction to a fine, unless the court is satisfied that there were reasonable grounds for believing that notice had been duly given by another person.

CHIS according to the guidance will then notify to NHS SCW.

The notifier will then receive an email with the digital postcard from NHS SCW which serves as confirmation of the birth notification. You should retain a copy of this for your records.

A digital postcard does not automatically generate an NHS number. This will only be assigned once a registered healthcare professional has seen the baby and parental consent has been given. If consent is given, a newborn check with the mother present will be arranged, after which an NHS number will be provided.

The NHS will recommend further support, checks, etc. This is a choice that you can accept or decline.

Birth Notification

NHS Guidance States:

Women, families and birth companions

- Notify the birth within 36 hours
- Can access postnatal care if they choose, including checks for their baby
- Must complete birth registration separately with the Registrar of Birth and Deaths within 42 days.
- Can request an NHS number for the baby through a registered healthcare professional, following consent for both the woman and baby to be reviewed by a healthcare professional
- Must provide accurate and complete information for the birth notification process

Registered healthcare professionals

- Provide information to woman about the birth notification process
- Assist women with the NHS number allocation process when they choose to engage with healthcare services
- Ensure documentation is accurate to facilitate NHS number allocation
- Encourage postnatal engagement and newborn health checks where appropriate
- Follow safeguarding protocols if there are concerns regarding the welfare of the woman or child. A safeguarding referral should not be made just because a woman decides to have an unassisted birth or declines maternity care communicate with CHIS regarding birth notifications and healthcare updates

If you do not wish to have an assessment of your baby by an NHS professional, you do not wish to notify via the CHIS email which automatically creates a social services and/or NHS professional referral, an independent midwife can notify the birth of your baby, generate an NHS number and do any checks of your newborn that you would like.

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, it is important to understand that not all health professionals will agree with your choices and it can lead to punitive treatment and social services referrals. It is important you understand your rights and advocate for what they should be doing according to their own guidance. Template letters are available at the end of this document.

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, midwifery care or any NHS 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.

Template letters at the end of this booklet for requesting continuity, change of staff member, etc

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.

Template letters at the end of this booklet for requesting doula support in theatre

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 or any and every conversation.

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 codes of conduct (Pages49-52).

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.

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 offer to 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, 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.

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.

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.aims.org.uk

maternityaction.org.uk

If you wish to make a complaint about your care, it is advisable to request your notes and any correspondence about you 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.

I highly recommend contacting Birthrights when making a complaint. They offer free and confidential support and information.

NHS Complaints Procedure

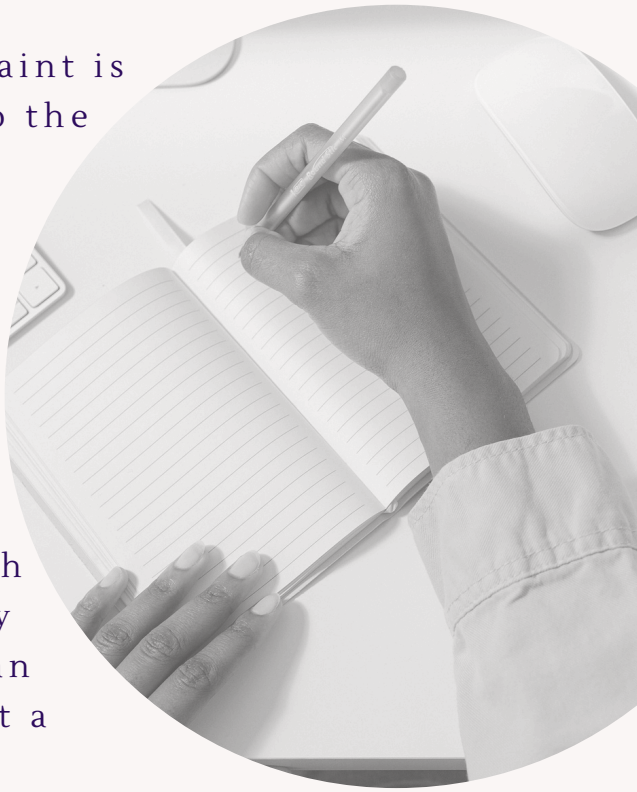
The NHS must follow their statutory complaints procedure. It sets out in law exactly what the organisation must do when you make a complaint. Your right to complain about the NHS is guaranteed by their constitution.

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

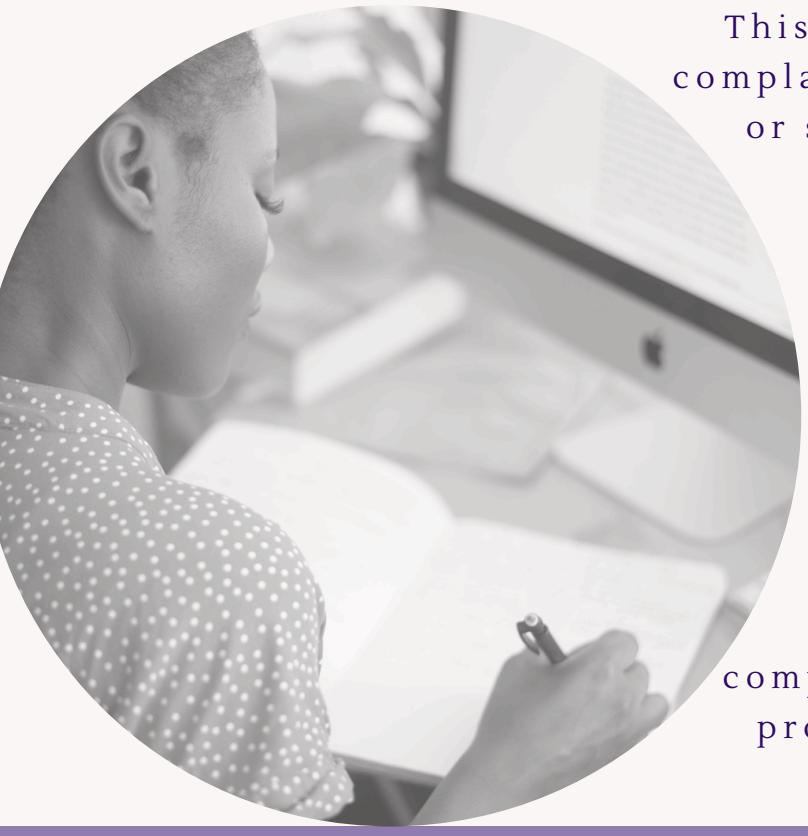
Who To Complain To

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 Integrated Care Board 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 undersand more, I wrote an articel 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.

Template letter to notify of recording of appointments

Understanding Article 44 and 45

If you wish to read the full nursing and midwifery order 2001 you can do so here

Article 44 – Protected Title of "Midwife"

- Under Article 44 of the Nursing and Midwifery Order 2001, it's a criminal offence for anyone to:
  - Falsely represent themselves as a registered midwife by implication or expressly,
  - Use the protected title "midwife" without being on the official register,
  - Or falsely claim to hold midwifery qualifications.

Article 45 – Protected Function of "Attending a Woman in Childbirth"

- Article 45 makes it a criminal offence for anyone other than a registered midwife or a registered medical practitioner to "attend" a woman in childbirth, except in emergency situations or in the context of training.
- The phrase "attend a woman in childbirth" refers specifically to direct involvement in the delivery of a baby, not broader antenatal or postnatal care. Only midwives or doctors may be directly involved in delivering a baby, unless it's an emergency or part of training. (luckily babies are not pizzas, they are born not delivered in the vast majority of circumstances)

What "Attending Birth" Legally Implies

- Doulas or other birth companions attending birth by being present as a companion, has a different meaning and does not involve clinical support or tasks. "Attend a woman in childbirth" means to assume responsibility for the care of a woman during the delivery of her baby, that is, to take on the clinical role of a midwife or doctor in childbirth.
- Provided the doula doesn't perform any medical or midwifery tasks or impersonate a midwife or doctor, they are not in breech

What is and isn't "Allowed"

If you wish to read the full nursing and midwifery order 2001 you can do so here

Perfectly FIne

- Being present at a birth with or without medical professionals
- Offering non-clinical help like words of encouragement, massage, helping with movement, position change and comfort
- Offering food, drink
- Providing information for parents to make their own informed decisions

What is regulated clinical care during childbirth that should only be performed by a registered medical professional or by parents themselves if they so wish.

Monitoring and Assessment

- Performing vaginal examinations to assess labour progress.
- Monitoring fetal heart rate using stethoscope, Doppler, or electronic monitoring.
- Assessing maternal vital signs (blood pressure, pulse, temperature, urine testing).
- Judging labour progression and deciding when interventions may be necessary.

Direct Involvement in the Birth

- Guiding the baby's head and shoulders during birth.
- Supporting the perineum to reduce trauma.
- Using recognised techniques to assist birth (e.g., managing shoulder dystocia).
- Performing an episiotomy (surgical cut to aid delivery).
- Performing operative vaginal birth (forceps, ventouse – doctors only).

What isn't "Allowed"

Immediate Post-Birth Care

- Clamping and cutting the umbilical cord (when done in a clinical capacity).
- Assessing and resuscitating the newborn if required.
- Conducting Apgar scoring or equivalent newborn assessments.
- Administering vitamin K injection or other newborn medications.

Management of the Third Stage (Afterbirth)

- Active management of placenta delivery (controlled cord traction, uterotonics).
- Manual removal of placenta (doctors only).
- Checking for retained placenta or membranes.
- E. Repair and Post-Birth Interventions
- Suturing perineal tears or episiotomies.
- Administering pain relief, anaesthetics, or other drugs.
- Giving uterotonic drugs to control bleeding (e.g., oxytocin, ergometrine).
- Managing postpartum haemorrhage (including IV fluids, drugs).

Emergency Clinical Interventions

- Neonatal or maternal resuscitation.
- Intravenous therapy or blood transfusion (doctor-led).
- Emergency evacuation of the uterus.
- Caesarean section (doctors only).

However if there is an emergency situation and a support person steps in to save a mother or baby's life, they should be protected under the Samaritan clause (see page 17 for more information).

Regulated Clinical Care

Regulated Clinical Task	NMC Midwives Rules & Standards Reference
Assessment of labour (vaginal exams, monitoring progress, fetal wellbeing)	*Rule 5 & Standard 17* – responsibility for the woman and baby during labour, including assessments
Monitoring maternal wellbeing (BP, pulse, temperature, urine)	*Standard 17 & 18* – midwife is responsible for recognising deviations from the norm and referring appropriately
Guiding birth of the baby (head, shoulders, perineal support)	*Standard 17* – responsibility for conduct of normal labour and birth
Episiotomy	*Standard 17* – authorised procedures midwives may undertake when clinically indicated
Operative vaginal birth (forceps, ventouse)	*Not midwifery – doctor only*
Cord clamping and cutting	*Standard 17* – included as part of the normal process of birth management
Immediate newborn care (Apgar, resuscitation, Vitamin K)	*Standard 17 & 18* – midwife accountable for newborn care
Management of the third stage (placenta, controlled cord traction, uterotonics)	*Standard 17* – responsibility for active or physiological management of the third stage
Suturing perineum	*Standard 17* – midwives may undertake and must be competent to repair first/second degree tears and episiotomies
Emergency procedures (PPH management, neonatal resuscitation)	*Standard 17 & 18* – midwife is responsible for recognising and acting in emergencies

Emergency Situations

Article 45 prohibits anyone other than a registered midwife or doctor from "attending a woman in childbirth." However, Article 45(2) creates a statutory defence:

- it is not an offence if a person attends "in case of sudden or urgent necessity."

This is often called the "Samaritan clause."

What This Means for Doulas/Birthkeepers/Birth Companions

- If a doula is present at a planned birth, and the midwife has not yet arrived or the family have chosen not to have a medical attendant, the doula is acting lawfully as long as they are only providing non-clinical support.
- If an emergency arises (e.g. a baby is not breathing or the mother is haemorrhaging), the doula is legally permitted to take immediate life-saving action (resuscitation, stopping bleeding, calling emergency services).
- The key test in law is whether the action was taken in sudden or urgent necessity i.e. to prevent imminent harm or death when no professional was present.

Limits

- A doula cannot plan in advance to take on clinical functions (that would breach Article 45).
- But if she steps in spontaneously in an emergency, the law protects her from prosecution.

Parliamentary Clarification

- In the House of Lords debate on 13 Dec 2001, ministers explicitly said the law was not intended to penalise partners or companions and that the prohibition applies to assuming responsibility for care, not simply being present.

This reinforces that emergency aid by a lay person is not criminalised.

Human Rights Framework - Maternity

Article 2 – Right to Life

- States and healthcare providers must act to protect life.
- BUT this duty is not absolute: it does not override a competent woman's right to decline treatment.
- In maternity care, Article 2 means clinicians should explain the risks and benefits of interventions and take reasonable steps to preserve life, but they cannot compel a woman to accept care.

Article 3 – Right to Freedom from Inhuman or Degrading Treatment

- Forcing or coercing treatment without consent (e.g. performing vaginal examinations, inductions, or caesareans against a woman's will) may breach Article 3.
- The European Court of Human Rights has recognised that non-consensual medical procedures can amount to degrading treatment.
- This underpins the absolute requirement for informed consent in maternity care.

Article 8 – Right to Respect for Private and Family Life

- Protects a woman's bodily autonomy, dignity, and decision-making in pregnancy and birth.
- Any interference (e.g. compelling a medical procedure) must be lawful, necessary, and proportionate.
- Courts have repeatedly held that a competent pregnant woman has the right to refuse any treatment, even if refusal may result in harm to her or her baby.

Midwife's Professional Duty

A midwife's professional duty (under the NMC Code and aligned with human rights law):

- Offer care, screening, or intervention with clear, balanced discussion of risks and benefits if the person consents
- Respect the woman's autonomous decision - whether acceptance or refusal.
- Document the conversation, the information shared, the woman's decision, and any follow-up plan.

This is reinforced by the UK Supreme Court in Montgomery v Lanarkshire Health Board (2015), which established that clinicians must offer to give women the information they would consider material to making their own decision about risk.

A person can make a decision with as much or little information as they deem appropriate for themselves. It can be based upon evidence or not, religious belief or not. They can decide by flipping a coin if they wish. It is their decision unless they have been deemed to lack capacity. This is often misunderstood by medical professionals who are in fear of litigation following the landmark Montgomery vs Lanakrshire case.

Under Articles 2, 3 and 8 of the European Convention on Human Rights, a pregnant woman has the legal right to accept or refuse any aspect of maternity care. A midwife's role is to offer information about risks and benefits of maternity care, ensuring the woman has the opportunity to receive and discuss it. The woman may choose to accept this information, ask for more, or decline it. Whatever her decision, the midwife must respect it and document the discussion or the refusal.

Documentation and Recording - Doulas

Doulas do not need to document anything if they do not want to. Doulas are not providing clinical care or advice. Doulas are not registered professionals, so they do not need to provide documentation of emotional and physical support. Much like your partner, parent or friend doesn't.

Would it help to record interactions with health care professionals?

If people want their interactions with healthcare professionals to be recorded, they have a right to do this even without the knowledge of everyone present.

- It is not illegal to record a conversation you are part of, even without telling the other people.

Private use

- You can make a recording for your own personal use without informing the other party.

Sharing or publishing

- Sharing the recording without consent may breach the Data Protection Act 2018, GDPR, or privacy/tort law (misuse of private information).
- Publishing recordings of private conversations (e.g. online) without consent could result in legal claims.

Admissibility in court (criminal and civil)

- Criminal cases: Covert recordings are not automatically excluded. The judge decides if they are relevant and reliable.
  - For example, in R v Khan (Sultan) [1997], covert recordings made without consent were admissible because they were relevant and probative.
- Civil cases: The same applies — recordings can be admitted even if made secretly, though the court may criticise the method and weigh it when considering credibility.

Paramedic/Ambulance Involvement - Before Birth

Under the Mental Capacity Act 2005 (MCA), every adult is presumed to have capacity to make their own medical decisions, including in labour.
Capacity means: understanding the information, retaining it, weighing it up, and communicating a choice.
If a woman in labour has capacity, she has the absolute legal right to refuse treatment or transport by ambulance, even if others (including ambulance staff) believe it is unwise or risks her life or her baby's.

Right to refuse care

Case law (e.g. Re MB [1997], St George's Healthcare NHS Trust v S [1998]) confirms that a competent pregnant woman may refuse treatment, even if refusal may result in harm to her or her unborn child.
The courts have ruled that the mother's autonomy is paramount; the foetus does not have separate legal rights until born alive.

Ambulance staff duties

Paramedics are bound by law, the Health and Care Professions Council (HCPC) standards, and the MCA.

If a woman refuses care and is judged to have capacity, they must respect her decision. They can explain risks, encourage her to accept help, and document the conversation, but cannot lawfully force care or transport.

If they believe she lacks capacity (e.g. unconscious, severely disoriented, unable to weigh information), they may treat/transport her in her best interests under the MCA.

Paramedic/Ambulance Involvement - Before Birth

Human rights law

Article 2 (right to life), Article 3 (freedom from inhuman or degrading treatment), and Article 8 (right to private and family life) of the European Convention on Human Rights (ECHR), incorporated via the Human Rights Act 1998, reinforce a woman's right to bodily autonomy and to refuse unwanted interventions.

If competent and informed:

- A woman in labour may refuse ambulance transport or treatment.
- Paramedics must respect this, even if they strongly disagree.
- They should document fully: assessment of capacity, information given, the woman's decision, and her reasons.

If capacity is questionable (e.g. severe pain, hypoxia, shock):

- Paramedics must assess carefully.
- If she lacks capacity, they may intervene in her best interests, but still should take into account her past and present wishes, values, and beliefs.

For the baby:

- Until birth, the foetus has no separate legal rights. The mother's decision cannot be overridden on the basis of fetal risk (St George's case), even if paramedics believe the woman's choice constitutes a threat to her or her unborn baby's life

Paramedic / Ambulance Involvement - After Birth

The baby is now a separate legal person

- From the moment of live birth, the baby acquires independent legal rights.
- Parents do not have an absolute right to refuse all treatment: they hold parental responsibility (Children Act 1989), which includes the duty to act in the child's best interests.

Refusing ambulance transfer

If parents refuse transfer for a newborn, ambulance staff must assess:

- Is the refusal informed?
- Is the baby clinically stable or at risk?
- If the refusal places the baby at significant risk of serious harm, professionals have safeguarding obligations.

Where:

- There is no immediate clinical risk
- The baby is stable
- The requested transport is routine or precautionary

Then:

Parents with parental responsibility can lawfully refuse ambulance transfer. There is no requirement for clinicians to override this. A refusal in such a case must be respected and documented.

This is consistent with the basic consent principle. Consent must be sought and respected for all treatment, whether examination, intervention, or transport perceived as medical care - and valid refusal must be respected unless emergency law applies.

"If an adult has the capacity to make a voluntary and informed decision to consent to or refuse treatment, their decision must be respected."

NHS Consent To Treatment Document

Paramedic / Ambulance Involvement - After Birth

Routine transport is part of clinical care that requires consent, which can be withheld and should not automatically trigger a social services referral.

Safeguarding and legal powers

Under the Children Act 1989, if a health professional believes a child is at risk of significant harm, they must act.

Options include:

- Urgent application for a court order (e.g. emergency protection order, specific issue order).
- In extreme emergencies, doctors/paramedics may treat without consent if necessary to save the child's life or prevent serious deterioration, relying on common law "necessity."
- In practice, if ambulance staff believe transfer is essential for the baby's safety, they may escalate to police or hospital safeguarding teams.

UK ambulance trusts' consent policies make it clear that:

- Consent (including for transport) is required from the patient or someone legally able to consent (e.g., a parent for a child).

- Patients (or parents for a child) can refuse or withdraw consent at any time and that must be documented.

South Central Ambulance Service Consent Policy 2021

Scenario	Parental Authority	Legal Override
Routine transport refusal, no risk	Parents retain authority	No override
Urgent/life-threatening risk	Parental refusal may be overridden	Clinicians may act without consent under emergency doctrine
Serious but not immediate risk	Parental refusal stands	Court order required
Non-clinical/no risk	Parents decide	No override

Supporting Case Law

Re T (Wardship: Medical Treatment) [1997]: courts can override parental refusal of treatment if not in the child's best interests.

Re J (Child's Medical Treatment) [1991]: the child's welfare is paramount; parental choice is not absolute.

Practical implications

If the baby is well:

- Parents may refuse transfer, and ambulance staff generally must respect that, but will document concerns and advise on risks.
- Professionals may make a safeguarding referral if they believe refusal could cause harm (e.g., hidden risk of sepsis, prematurity).

If the baby is unwell or at risk:

- Parents cannot legally insist on refusal if it puts the child at serious risk.
- In urgent cases, paramedics can act without parental consent in the child's best interests.
- If there's time, safeguarding teams or the courts can be involved to authorise transfer.

From the NMC Principles for supporting women's choices in maternity care document:
"The ambulance service should not discharge a newborn baby at home if the birth has not yet been notified. If a baby has been born and the ambulance service has been called to attend, the ambulance service will need to make an initial assessment of the newborn baby, which cannot be prevented by anyone at the location. Ambulance clinicians will follow Joint Royal Colleges Ambulance Liaison Committee (JRCALC) guidelines."

This however is not in accordance with the law.

Helpful Information About The Police

The Nursing and Midwifery Council have made clear that they are actively searching for a case to prosecute a doula or birthkeeper for supporting women who choose to birth outside of guidance. It is therefore important for doulas and families to understand their scope of practice.

For doulas or families who feel concerned about this the following information about the police may be helpful:

Would suspicions be enough?

- For intelligence:
  - Yes. The police routinely log suspicions, tips, or reports from the public or other sources.
  - This is intelligence, not evidence. Intelligence can guide investigations but cannot, by itself, be relied on in court.
  - For example, "Midwife suspects X did a vaginal examination" may lead to surveillance or a warrant application, but it is not admissible proof of guilt.

- For admissible evidence in court:
  - A suspicion alone (e.g. "I think she did something") is not admissible as proof, unless the person can give specific facts they directly observed ("I saw her put her fingers in the person's vagina and do a vaginal examination").
  - Courts distinguish between opinion/suspicion (generally inadmissible unless expert) and factual testimony (admissible).

Police can document suspicions as intelligence to inform investigations.

To be admissible in court, evidence must be relevant, fairly obtained, and more than suspicion - it needs to be factual, reliable, or expert. Suspicion alone does not meet that threshold.

Helpful Information About The Police

What counts as admissible evidence in a UK criminal court?

Admissibility is governed mainly by the Police and Criminal Evidence Act 1984 (PACE), the Criminal Procedure Rules, and case law. Evidence must generally be:

- Relevant → it must make a fact in issue more or less likely.
- Fairly obtained → not gathered in a way that breaches PACE or fundamental rights (e.g. oppression, unlawful search).
- Reliable → not hearsay unless a statutory exception applies, not opinion unless it comes from an expert witness.
- Not unduly prejudicial → the judge can exclude evidence if its prejudicial effect outweighs its probative value (Criminal Justice Act 2003, PACE s.78).

Examples of admissible evidence:

- Witness testimony given under oath.
- Physical/forensic exhibits (DNA, fingerprints, CCTV, equipment).
- Expert evidence (medical, digital forensics, etc.).
- Records and documents (phone logs, financial records, business notes).

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 mistakes 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

Helpful Official Documents - Free Birth

Maternity Information for those considering giving birth unassisted by a midwife NHS Glos

"The NHS is here for you. Giving birth without the assistance of a midwife is a legal choice in England. Our commitment is to listen and respect your informed choices."

"f you choose an unassisted birth. Please be reassured that you will continue to be offered and recommended NHS antenatal and postnatal care throughout your pregnancy journey and can opt into any or all appointments. You can change your plans at any point."

"You should call an ambulance if there are problems when you are giving birth so that immediate aid can be mobilised."

"If you choose an unassisted birth, your baby's birth must be notified to the Child Health Information Service within 36 hours. This is a legal requirement"

Principles for supporting women's choices in maternity care - NMC

"Midwives work in partnership with women enabling their views, preferences and decisions to be listened to and heard."

"Women can make their own choices about their maternity care, including the place of birth, those present with them at the birth and whether they wish to access all, some or no maternity care."

"Legislation supports the autonomy and agency of women to choose where they wish to give birth, who they wish to have with them and whether they choose some or no midwifery or medical input during the childbirth continuum. This may include having a non-registered person (without midwifery or medical registration) with them for non-clinical support and reassurance."

Helpful Official Documents - Midwifery

Principles for supporting women's choices in maternity care - NMC

Women using maternity services

Should expect to:

- Be central in all decision-making about their care
- Be provided with the range of options and/or alternatives available to them in a respectful, non-coercive manner, including explanations of the risks and benefits of their care choices and alternatives
- Be presented information in a way that is easy to understand, using a range of formats to ensure accessibility and being mindful of potential issues such as language and neurodiversity
- Have a personalised care and support plan that reflects and respects their views, preferences and decisions, including where care is declined and does not require them to justify their decision
- Be able to decide to decline or stop conversations around their care, regardless of their reason to do so
- Be provided with the appropriate advice about the roles and benefits of a midwife, obstetrician and neonatologist during the maternity pathway
- Be provided with evidence-based information to make an informed choice
- Receive personalised care, ideally with continuity of care and carer, as an important element of an ongoing, supportive relationship
- Know how to contact their midwife and maternity unit and have confidence that they will receive the advice and support they need
- Feel safe with care that meets their physical, psychological, social, cultural, and spiritual needs and expectations
- Be able to use these principles to support them in receiving kind, compassionate, high quality, safe and personalised care throughout the childbirth continuum.

The role of the midwife

- Be professionally curious, taking steps to understand the reasons why women are making their individual choices and promote positive relationships with them during all contacts and conversations
- Be able to describe the role of the midwife in supporting women, enhancing safety and reducing risk during their maternity journey
- Keep the woman at the centre of their decision-making
- Respect the woman's decision whether (or not) to engage with any or all parts of the midwifery care offered
- Support person-centred holistic care in line with the NMC Code and the Standards of proficiency for midwives
- Be informed by and work within the relevant laws of the country in which they are practising
- Use evidence-based and up-to-date policies and procedures
- Provide care that is respectful, fair, free from discrimination and without bias, including any bias against protected characteristics
- Recognise that some women may be fearful about giving birth, particularly in an NHS setting
- Use a culturally competent approach to understand the reasons why women choose to freebirth or birth 'outside of guidance'
- Promote evidence-based discussions with the woman, including information in respect to pathways and support that can be offered to mitigate risks should they be present, or develop throughout the pregnancy and childbirth experience
- Respect and work in partnership with the woman in a non-coercive manner to explore options and the full range of available choices of environments for her midwifery care. Explain the risks and benefits in care choices
- Provide care that is based on the informed consent[6] of the woman
- Emphasise to women opting out of midwifery care that they can resume the care whenever they choose, without judgement or prejudice; in such cases, ensure that the woman knows how and who to contact about this

- Discuss and give a clear rationale for alternative care pathways
- Develop a person-centred care and support plan in partnership with the woman that reflects their individual views, preferences and decisions and the level of care she wants to receive in any care setting
- Use trauma-informed communication skills, respect a woman's informed choice and promote a positive relationship
- Be aware that a woman opting for a freebirth does not constitute a safeguarding concern unless there is a formally diagnosed lack of capacity to make decisions or there are other issues such as domestic abuse
- Be knowledgeable of local guidance and able to present contemporary evidence in an unbiased way to enable women to make evidence-informed decisions
- Keep professionally up-to-date and participate in mandatory training to make sure they have the knowledge and skills to support women and babies with additional needs or any complications that may arise
- Agree lines of communication between the midwife and woman, to support an ongoing professional relationship
- Keep contemporaneous records as stipulated by the NMC Code which documents care given, including a narrative of care that is offered and declined
- Document discussion about care in the maternity records and what information has been given to the woman
- Provide information in an accessible way that the woman can understand and thus make an informed choice. This may require utilising a range of formats such as translated information, large font and easy read
- Provide information that is clear for the woman to understand so an informed choice can be made, recognising that some women may decline this offer of information, and they have a right to do so

8

- Have clear channels to access the appropriate further information, professional advice and support they need from senior interdisciplinary colleagues to better inform quality, woman-centred care that works in partnership with the woman. This includes having the opportunity for a supportive debrief with a consultant midwife or another senior colleague
- Liaise, work and train with the multidisciplinary team to promote best outcomes for the woman and newborn infant
- Work with the wider maternity team, using all their knowledge and skills to ensure the physical, psychological, social, cultural, and spiritual safety of women and adapt the care to meet their needs
- Work with the wider maternity team, including the ambulance service, and receive training on emergencies to rehearse scenarios and situations that they might face.

Helpful Official Documents - Ambulances

Principles for supporting women's choices in maternity care - NMC

Ambulance services and birth[11]

The role of the ambulance service is to provide urgent and emergency care for the whole population, across all age groups. The ambulance service can provide care to a pregnant, birthing or recently pregnant woman who has an emergency, but they are not a default birth or midwifery service. Ambulance services should not be used to provide routine maternity care including home birth.

Ambulance crews have training to deliver babies that are born in an unplanned way and they are trained to deal with obstetric emergencies that can occur in the out-of-hospital setting. They will not offer fetal monitoring or midwifery interventions such as internal vaginal examination or episiotomy. Furthermore, ambulance crews are not able to provide truly informed choice about the risks and benefits of choices or make recommendations regarding interventions that may be on offer from maternity services. If the woman declines transportation to hospital during labour, even if they were planning a freebirth, a midwife should attend as soon as possible to help facilitate informed choice, offer midwifery care and fetal assessment.

If a woman declines transportation to hospital following birth, a midwife should attend as soon as possible so that a face-to-face handover of care can occur. This is required if it is a planned freebirth, unplanned out-of-hospital birth or planned home birth. This is because the woman will require the offer of midwifery support, and the ambulance service should not discharge a newborn baby at home if the birth has not yet been notified. If a baby has been born and the ambulance service has been called to attend, the ambulance service will need to make an initial assessment of the newborn baby, which cannot be prevented by anyone at the location. Ambulance clinicians will follow Joint Royal Colleges Ambulance Liaison Committee (JRCALC) guidelines.

Appropriate indemnity arrangement

Midwives must have appropriate indemnity arrangements for the care that they provide. All regulated healthcare professionals are required to be covered by an indemnity arrangement as in the Health Care and Associated Professions (Indemnity Arrangements) Order 2014

Article 44 – Protected title

Article 44 in The Nursing and Midwifery Order 2001 (also see Appendix 1)

Article 45 – Protected function

Article 45 in The Nursing and Midwifery Order 2001 (also see Appendix 2)

You can self notify your birth

If you and your baby are well, you can demonstrate the self notification process and this should mean paramedics have fulfilled their guideline obligation (I actually could not find reference in their guideline, so it may not even be there), as the birth has then been notified. You may need to show these supporting documents as most professionals may not be aware of the legal right to freebirth and to self notify.

An ambulance should not be called without your consent, you may need to be clear if speaking with midwives that you do not consent to one being called if you do not want one.

Requesting Continuity of Care Letter

Dear [Name / Head of Midwifery / Consultant],

I am writing to formally request continuity of care throughout my pregnancy, birth, and postnatal period, in line with national guidance and NHS policy.
NICE guidance clearly states that continuity of carer improves outcomes for women and babies, particularly for those with additional needs or who require individualised care. NICE recommends that women should be cared for by a small team of named midwives who are known to them (NICE NG204):
https://www.nice.org.uk/guidance/ng204

The NHS Long Term Plan also commits to offering continuity of carer models, recognising improved safety, better experiences, and reduced intervention rates:

https://www.longtermplan.nhs.uk/publication/nhs-long-term-plan/

I am requesting:

- A named midwife (or small team) wherever possible
- Clear documentation of my preferences and decisions
- Consultant input that is consistent and informed by my individual circumstances and values

I understand that staffing pressures exist; however, continuity of care is a nationally endorsed standard, not an optional extra. I am keen to work collaboratively to achieve this in a way that is realistic and respectful.
I would be grateful for written confirmation of how continuity of care can be provided in my case.

Kind regards,

[Name]
[NHS number]
[EDD]

Requesting Individualised/Out of Guidance Care

Dear [Consultant / Head of Midwifery],

I am writing to request individualised care that falls outside local Trust guidelines.
I understand that guidelines support clinical decision-making; however, NICE is explicit that guidance does not override a woman's right to make informed choices about her care. NICE states:

"Healthcare professionals should support pregnant women in their decision-making and respect their choices, even when those choices are outside guidance."
(NICE NG201)

https://www.nice.org.uk/guidance/ng201

The General Medical Council also requires clinicians to respect patient autonomy and support informed decision-making, even when a patient declines recommended care:

https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/decision-making-and-consent

I am requesting:

- A documented discussion of risks and benefits
- Respect for my informed decision
- An agreed care plan that reflects my choices

Local policies do not override national guidance, professional standards, or my legal rights. I am not declining care, but requesting care that is tailored to me.

I would appreciate confirmation that my care plan will reflect this approach.
Yours sincerely,

[Name]
[NHS number]

Requesting Tailored Birth Plan

Dear [Midwife / Consultant],

I am writing to confirm my wish to create a personalised birth plan that reflects my individual values, preferences, and informed decisions.

NICE guidance states that women should be supported to make informed choices and that care should be personalised rather than protocol-driven:

https://www.nice.org.uk/guidance/ng201

The NHS Personalised Care Model also emphasises informed decision-making and respect for individual preferences:

https://www.england.nhs.uk/personalisedcare/

I request that:

- My birth plan is discussed meaningfully, not treated as aspirational only
- My preferences are clearly documented and accessible
- Any disagreement is discussed respectfully and recorded

I am happy to engage in open dialogue and informed decision-making and look forward to working collaboratively.
Kind regards,

[Name]
[NHS Number]

Requesting Doula Support in Theatre

Dear [Consultant / Theatre Manager / Head of Midwifery],

I am writing to request that my doula be permitted to accompany me in theatre in addition to my birth partner.

A doula is a non-clinical emotional and advocacy support role and does not interfere with clinical care. Evidence shows continuous support during birth improves outcomes and reduces trauma (Cochrane Review):

https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD003766.pub6/full

The NHS recognises the importance of birth partners for emotional safety and wellbeing:

https://www.nhs.uk/pregnancy/labour-and-birth/what-happens/support/

Excluding a chosen support person without clinical justification may raise concerns under Article 8 of the Human Rights Act (right to private and family life):

https://www.legislation.gov.uk/ukpga/1998/42/section/8

I am requesting reasonable adjustments to support my emotional wellbeing and informed consent during surgery.

I would appreciate written confirmation that this request can be accommodated.
Yours sincerely,

[Name]
[NHS Number]

Requesting a Different Care Provider

Dear [Head of Midwifery / PALS],

I am writing to request a change of care provider.

Due to a breakdown in trust and/or communication, I no longer feel able to engage safely or openly with my current clinician. Trust is fundamental to maternity care and informed consent.

NHS guidance confirms a patient's right to be involved in decisions and to receive respectful care:

https://www.nhs.uk/using-the-nhs/about-the-nhs/your-choices-in-the-nhs/

This request is not made lightly, and I ask that it be handled sensitively and without prejudice. Please confirm how this change can be facilitated.

Kind regards,
[Name]
[NHS Number]

Right to Remain at Home/Decline Ambulance Transfer

To whom it may concern,

This letter is to confirm that I do not consent to transport to hospital by ambulance unless I explicitly request it.

Under UK law, a capacitous adult has the right to refuse treatment and transfer, even if this decision is considered unwise. This is supported by the Mental Capacity Act 2005:

https://www.legislation.gov.uk/ukpga/2005/9/contents

NICE and professional guidance confirm that informed refusal must be respected:

https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/decision-making-and-consent

My decision does not negate my right to respectful care, nor does it constitute safeguarding concern in itself.

Please ensure this decision is clearly documented.
Signed,

[Name]
[Date]

Informative Letter on Frebirth/Unassisted Birth

To whom it may concern,

I am writing to clarify that freebirth (also referred to as unassisted birth) is a lawful choice in the UK.

There is no legal requirement for a woman to give birth with medical professionals present. NHS guidance confirms that women may decline maternity care at any point:

https://www.nhs.uk/pregnancy/your-pregnancy-care/your-choices/

Choosing to freebirth does not, in itself, constitute a safeguarding concern or justify automatic referral to social services. The NMC confirms that a woman's informed refusal must be respected:

https://www.nmc.org.uk/standards/code/

It is also detailed in the NMC document:
Principles for supporting women's choices in maternity care - NMC

Which states:

"Respect the woman's decision whether (or not) to engage with any or all parts of the midwifery care offered" Page 7

"Be aware that a woman opting for a freebirth does not constitute a safeguarding concern unless there is a formally diagnosed lack of capacity to make decisions or there are other issues such as domestic abuse Any safeguarding referral must be based on evidence of risk, not on a lawful choice." Page 8

This letter is provided for clarity and record-keeping.
Sincerely,

[Name]

Informative Letter on Wild Pregnancy

To whom it may concern,

I wish to clarify that choosing a wild pregnancy (declining routine antenatal care) is a lawful and valid choice.

NICE guidance confirms that women may decline any or all elements of care:

https://www.nice.org.uk/guidance/ng201

The GMC and NMC both require professionals to respect informed refusal and autonomy:

https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/decision-making-and-consent

https://www.nmc.org.uk/standards/code/

Declining routine care alone does not constitute neglect or safeguarding risk.

It is also detailed in the NMC document:
Principles for supporting women's choices in maternity care - NMC

Which states:

"Respect the woman's decision whether (or not) to engage with any or all parts of the midwifery care offered" Page 7

"Be aware that a woman opting for a freebirth does not constitute a safeguarding concern unless there is a formally diagnosed lack of capacity to make decisions or there are other issues such as domestic abuse Any safeguarding referral must be based on evidence of risk, not on a lawful choice." Page 8

This letter is shared to support respectful and lawful engagement.

Kind regards,
[Name]

Right to Record Appointments

Dear [Clinician / Practice Manager],

I am writing to confirm my intention to record my appointments for my own personal use.

It is lawful for a patient to record their own medical appointments without seeking consent, provided the recording is for personal use. This is supported by GMC guidance on openness and transparency:

https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/confidentiality

Recordings can support accuracy, understanding, and informed consent.

Please note that this recording is not being shared publicly without appropriate consent.

Kind regards,

[Name]

Notifying of Pregnancy to Ensure Not Accused of Concealing Pregnancy

Dear [Head of Midwifery / Maternity Services / Trust],

I am writing to formally notify you that I am currently pregnant, with an estimated due date of [EDD].

I am making this notification to ensure transparency and to confirm that my pregnancy is not concealed. I am aware that I am under no legal obligation to engage with maternity services; however, I am choosing to notify the Trust so that my pregnancy is known and appropriately recorded.

At present, I do not require routine antenatal care or support. I understand that I can access NHS maternity services at any point should I choose to do so, and I will contact services directly if I feel support or clinical input becomes necessary.

Please confirm that this notification has been noted on your records.

Kind regards,

[Name]
[Date of birth]
[NHS number, if known]

*Optional to add as much or as little detail as you wish. You can also send from a separate email address if you do not wish to share your normal one.

Notifying of Intention to Freebirth

Dear [Head of Midwifery / Maternity Services / Trust Safeguarding Lead],

I am writing to formally notify the Trust of my intention to give birth outside of NHS maternity services (commonly referred to as a freebirth).
I wish to be clear that this letter is for information only. I am not currently requesting care, attendance, or monitoring. I am making the Trust aware of my decision so that, should I need to access NHS services at any point before, during, or after the birth, this can be done without delay or confusion.
I understand and assert my legal right to decline maternity care and to choose the circumstances of my birth. There is no legal requirement in England for a woman to give birth with medical professionals present, and choosing to freebirth is a lawful decision.
I also wish to be explicit that choosing to freebirth does not, in itself, constitute a safeguarding concern and does not justify an automatic referral to children's social care.
The Nursing and Midwifery Council (NMC) Code requires professionals to respect a person's right to make informed choices, including the refusal of care:

https://www.nmc.org.uk/standards/code/

In addition, the NMC's guidance "Supporting people to make decisions about their care" makes clear that:

- People may decline recommended care
- Professionals must respect informed refusal
- Decisions that differ from professional advice are not, by themselves, safeguarding concerns

https://www.nmc.org.uk/standards/guidance/supporting-people-to-make-decisions-about-their-care/

I therefore expect that my lawful decision to freebirth will be respected, documented accurately, and will not result in inappropriate safeguarding action unless there is evidence of actual risk or harm.
I understand that I can contact NHS services at any time should I require care, advice, or support, and I will do so if and when that becomes necessary.
Please confirm that this information has been noted on my records.
Yours sincerely,
[Name]
[Date of birth]
[NHS number, if known]
[EDD]

*You can add as much or as little information about yourself as you desire, including sending from a separate email address if you so wish

Further Resources

Support

If you require support with your Birthrights please do get in touch with me. I am happy to help with writing letters and supporting as an advocate for meetings, conversations in person and online.
Email: shellie@theserenitydoula.co.uk

Join the Birth Untethered Community for Information and Community Support including a monthly zoom gathering with me and Kemi.
www.theserenitydoula.co.uk/birthuntethered

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

Helpful Accounts

Birthrights - birthrightsorg - Birth rights Charity

AIMS - aims_uk - non-profit maternity service support