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AIMS' response to the Royal College of Midwives (RCM) Clinical Briefing Sheet: 'freebirth' or 'unassisted childbirth' during the COVID-19 pandemic

AIMS welcomes the recent publication of the RCM Clinical Briefing Sheet: 'freebirth' or 'unassisted childbirth' during the COVID-19 pandemic (www.rcm.org.uk/media/3904/freebirth_draft_23-april-v5-002-mrd-1.pdf). The RCM has noted that an "increased number of women are choosing to have an unassisted birth in the UK during the COVID-19 pandemic due to the reduction in birthplace options." This reflects what AIMS has experienced, recognised and previously reported (www.aims.org.uk/information/item/coronavirus).

We also welcome the RCM acknowledgement that previous negative maternity experiences or other emotional and psychological factors can result in some women preferring to give birth without midwives or doctors present.

We agree that the recommendation for maternity staff with relevant experience or an existing positive relationship with the woman to reach out to her in order to "build dialogue" is an appropriate way forward. We also welcome the recommendation that this dialogue should include:

- a chance "for the woman to share what is important to her in relation to her psychological and physical safety;"
- time to explore why she has decided to give birth in this way;
- recognition of and an offer of support for previous birth trauma;
- exploring "what plan for the birth would feel safe and acceptable to her;" and
- consideration of "options of how to provide an individualised plan of care for her."

We would highlight however, that this type of dialogue is a fundamental tenet to woman-centred care as advocated by the National Maternity Review (www.england.nhs.uk/wp-content/uploads/2016/02/national-maternity-review-report.pdf) and as such should form part of *all* women's antenatal care and/or birth plan discussions.

Similarly, the recommendation for continuity of carer during the antenatal period is also welcomed, but we would add that wherever possible this should extend to include the birth and post-natal period. AIMS would also hope that the recommended individualised care plans would include the option of home birth where this is the only way in which a woman can feel safe and/or able to protect her mental well-being. If a woman wishes to continue with her plans for an unassisted birth, AIMS would also expect this decision to be respected and supported.

AIMS welcomes RCM explicitly stating that women have a legal right to freebirth and to choose "care that goes against the advice of their midwife." We are also pleased to see RCM highlight that a mother should not be referred to social services "solely on the basis that she has declined medical support." However, AIMS would welcome a statement from RCM that this is *always* the case and that these rights exist regardless of the current pandemic.

Concerns

AIMS was concerned that the RCM recommendation of how to "build dialogue" stated that a midwife should arrange to "spend time talking with the woman (and her partner, if appropriate) to understand more fully their concerns and reasons." Midwives must recognise that not all women will welcome such dialogue and that a woman has a right to decline this meeting. Some women may perceive such a conversation as intrusive or even coercive, therefore health carers must respect a mother's wishes if she does not wish to engage in or continue this dialogue.
If a woman does wish to engage in dialogue, we hope that midwives will listen to her with compassion and empathy and not dismiss deeply held concerns. Further, we would expect that any concerns she shares are treated with respect and not used to undermine her.

Whilst we acknowledge the importance of having a senior midwife such as a PMA work with a woman who wishes to have an unassisted birth, the woman must be reassured that this is not being done as a way of intimidating or coercing her into making an alternative decision. Staff should also be reminded that this is not a form of 'escalation' of the issue.

We also had some concern with the suggestion that a woman should be given "time to reassess her decision and review [the] conversation again." Midwives should be reminded that this must not result in a woman being subjected to unwanted requests to review her decision. This is particularly important in light of the statement that midwives explain "the evidence about any particular individualised risk factors for [the mother] and her baby." While we recognise the importance of such a conversation, midwives should ensure that this information is factual (supported by evidence), and given in an objective way, without the use of emotive language. AIMS would also like RCM to remind midwives that repetitive unwanted discussion of risks could be considered 'undue influence' (www.birthrights.org.uk/wp-content/uploads/2019/03/Consenting-to-treatment-2019.pdf) and be seen by mothers as coercive.

A further concern is that AIMS is aware of many women who are only finding out at a very late stage of pregnancy that their homebirths will not be supported. This could mean that there is not enough time for in-depth conversations or birth trauma support if needed. We would like RCM to emphasise the importance of transparency by the maternity services to ensure that women are kept aware of the current service offering, the plans for escalation and de-escalation of service restrictions, and the potential impact on their birth plans.

Finally, in reference to the recommendation that women are advised on how to "register the baby's birth". Registering a freebirth is no different to registering any other birth, however, AIMS is aware that freebirthing women do frequently require information on how to **notify** an unassisted birth.

To conclude, while the RCM briefing is a welcome clarification of women's legal and human rights as they relate to unassisted birth, these rights need to be reiterated once the current pandemic is over. Many of the recommendations regarding personalised care, continuity of carer and discussion of women's psychological and physical safety should already be a fundamental aspect of NHS antenatal care. Consequently, these are not limited to, nor are they only of specific relevance to those women who decide to have an unassisted birth.