Position Paper

Choice of Birthplace

AIMS position

AIMS does not promote any particular birthplace as being better than another, recognising that different birthplaces will be appropriate for different people, depending on their circumstances, preferences and clinical needs.

AIMS supports the right of all pregnant women and people to decide where to birth their baby in line with the 'principle of autonomy', which is protected under Article 8 of the European Convention on Human Rights.

AIMS believes that pregnant women and people should be supported to decide where they wish to give birth and should be offered evidence-based and individualised information to help them make their decisions.

AIMS believes that the following birthplace options should be available and accessible to all within every NHS Trust/Board across the UK:

- Support for homebirth
- Freestanding birth centres
- Alongside birth centres
- Obstetric Units

What is the issue?

There are four linked issues that affect the availability of genuine choice:

- a postcode lottery in terms of which birthplace options are available in each area
- obstacles to service users gaining information about, and access to, services outside their own Trust/Board area
- the limitations that Trusts/Boards or individual staff may seek to impose on who is able to access certain options
- limitations on access to different places of birth due to staff shortages, as the All Party Parliamentary Group has commented.[1] There is often a lack of transparency and communication about these restrictions.

Although the majority of Trusts/Boards in Great Britain that offer maternity services now have both an obstetric unit and at least one birth centre, as of 2019, 19% had no birth centre, and only 25% offered both freestanding and alongside options. There were also a small number (2.6%) that had a freestanding birth centre but no obstetric unit.[2]

It is not uncommon for birth centres, particularly freestanding ones, to be closed temporarily often at short notice. Some freestanding birth centres have been permanently closed, often on cost grounds and/or a perceived 'lack of demand.'

Birth centres often restrict who is permitted to give birth there - usually only those defined as 'low risk' - but this information is not always easily accessible to service-users. Practice varies from place to place and is sometimes unreasonably restrictive and not evidence-based.

Some Trusts/Boards or individual doctors and midwives attempt to impose restrictions on who is "eligible" for support for a homebirth.

Some maternity services limit the number of homebirths for which support can be booked at any one time.

Even when support for a homebirth has been agreed, people may be told that they must transfer to hospital because of staff shortages.

What is needed?

- All Trusts/Boards should ensure that the option of both a freestanding and an alongside birth centre, and support for homebirth is available at all times. In practice, this may include ensuring that midwives are 'ring-fenced' to cover birth at birth centres or at home and are not diverted to cover shortages in the obstetric unit, as well as having robust contingency plans in place.
- Continuity of Carer provision, which ensures that everyone is supported by a known and trusted midwife regardless of their chosen birthplace and how this might change with changing needs.
- Guidelines on use of birth centres should be transparent, evidence-based and applied flexibly, taking account of individual circumstances, rather than being blanket restrictions. The focus should be on facilitating personalised care.
- All Trusts/Boards should recognise the legal right of pregnant women and people to decide to birth at home,
- All Trusts/Board should ensure that adequate midwifery support is available for all planned homebirths and birth centre births, including having contingency plans to cover staff shortages.
- Midwives and doctors should have guidance and training to understand the right to autonomy, and that their role is to provide objective information about the risks and benefits of all birthplace options, not to act as gatekeepers for who should have a homebirth or access a birth centre.

Why does AIMS believe this?

- Under Article 8 of the European Convention on Human Rights any pregnant woman or person has a legal right to birth at home and cannot be forced to birth in hospital[3].
- The NHS Choices Framework (2024)[4] states "You can choose where you want to give birth. You have 4 options to choose from…" at home, in a birth centre or in hospital. Similar recommendations have been made by the Governments of Scotland[5], Wales[6] and Northern Ireland[7].
- Better Births[8] (2016) recommended that "Clinical Commissioning Groups must make available maternity services that offer women the choice of home birth, birth in a midwifery unit and birth in an obstetric unit" (paragraph 4.11)
- As recognised in the NICE Guideline on Intrapartum care[9], there is evidence that planning to birth in a birth centre or at home rather than in an obstetric unit is associated with little or no increased risk to babies and a reduction in the risks of medical interventions and the harm that these may cause. This conclusion is supported by the recent Cochrane review.[10]

What is AIMS doing?

- AIMS calls for the full range of birthplace options to be available in all regions of the UK
- AIMS provides up-to-date information on the potential benefits and repercussions of planning birth in different settings, and tools and support to enable self-advocacy for individuals in asserting their choice. We do this through individual support on our Helpline and through our Birth Information pages Choosing your Place of Birth and Booking a Homebirth

Call to action: what can you do?

- Share this Position Paper and the AIMS Birth Information pages Choosing your Place of Birth and Booking a Homebirth with maternity service users who need this information.
- Check your Trust/Boards' policy on access to birth centres and support for homebirths and lobby for improvement, for example through your local MVP/MSLC or directly with the local Clinical Commissioning Group (CCG) or service provider.

References

1. Report of the Baby Loss and Maternity All Party Parliamentary Groups Safe Staffing: The impact of staffing shortages in maternity and neonatal care, October 2022
2. National Maternity and Perinatal Audit: Organisational Report 2019 NMPA organisational report 2019.pdf
3. Birthrights Factsheet Human Rights in Maternity Care
4. NHS Choices Framework Section 5 Choosing Maternity Services NHS Choice Framework - what choices are available to you in your NHS care - GOV.UK January 2024
5. The best start: maternity and neonatal care plan executive summary - gov.scot (www.gov.scot), January 2017
6. Maternity Care in Wales - A 5 Year Vision for the Future maternity-care-in-wales-a-five-year-vision-for-the-future-2019-2024.pdf, July 2019
7. A Strategy for Maternity Care in Northern Ireland 2012 - 2018 (health-ni.gov.uk), July 2012
8. Better Births national-maternity-review-report.pdf (england.nhs.uk), 2016
9. NICE Guideline NG235 Intrapartum care, September 2023
10. Cochrane Review Planned hospital birth compared with planned home birth for pregnant women at low risk of complications, March 2023

Definitions

Birth centres (also known as midwife-led units or MLUS) can either be freestanding or alongside units.
Freestanding birth centres (also known as freestanding midwife-led or midwifery units - FMUs) are where care is managed by midwives in a unit that is on a separate site, not attached to a hospital with an obstetric unit.
Alongside birth centres (also known as alongside midwife-led or midwifery units - AMUs) are where care is managed by midwives in a unit that is in the same building or on the same site as a hospital obstetric unit
An obstetric unit (OU) is sited within a hospital where a team of midwives and doctors are available to provide care, and includes the facilities to provide epidural anaesthesia, and caesarean births or other surgical procedures in an operating theatre.