



Position Paper

Freebirth

AIMS position

AIMS supports the current legislative framework, in which the right to freebirth is clear.

AIMS campaigns for a maternity service which is welcoming and supportive to all who wish to use any part of it, even if they choose to decline some services.

AIMS notes that freebirth is sometimes viewed with concern by maternity service staff and that this sometimes leads to coercive behaviour on the part of midwives and doctors.

AIMS believes that women and birthing people should be able to make their own decision to freebirth without being subjected to coercive behaviour from their midwives or doctors, such as the threat of referral to children's services for this reason alone.

What is the issue?

There is no specific definition of freebirth, but broadly speaking, a woman or birthing person freebirths if they intentionally give birth without midwives or doctors present. This is different to a situation where a woman or birthing person unintentionally gives birth before a midwife or other healthcare professional arrives.

Despite the fact that freebirth is legal, many women are led to believe that is not the case.

Coercive tactics such as making repeated and unwanted reference to risks may be used in an attempt to frighten or bully someone out of going ahead with a freebirth. This can lead to a breakdown in trust in the maternity service, which could make someone frightened or unwilling to turn to them if later they want medical assistance.

Some healthcare professionals may go so far as to consider that it raises a 'child protection' or 'safeguarding' issue and may threaten to make, or actually make, a referral to children's services on these grounds.

Such action can cause great distress to the family involved, cause mental health issues and potentially lead to children being removed from their families unnecessarily.

It can also result in a woman or pregnant person being coerced into accepting medical interventions or birthing in hospital against their wishes, which is a violation of their human rights.

People are also sometimes incorrectly told that their birth supporter(s) would be breaking the law by being present at a freebirth.

What is needed?

- Midwives and doctors need guidance and training to
 - understand that everyone has the right to decline any or all care, and to change their minds at any time.
 - give accurate, unbiased and up-to-date information about risks and benefits of freebirth, without undue pressure to choose any particular options.
 - understand that referrals to children's services should only be made if there is 'a significant risk' of harm to a child after they are born. The fact that someone has or wishes to exercise their legal right to decline medical care by freebirthing should not in itself be a reason for a referral, as is stated in the RCM's Clinical Briefing¹
- Social workers need guidance and training to understand that a decision to freebirth, in the absence of any evidence of a significant risk to the baby after birth, is not grounds for action by children's services.
- Rather than acting in a punitive way, midwives and doctors should recognise that it is preferable to attempt to build a supportive dialogue. This may include offering to explore other birth options or a birth debrief, if such a discussion is acceptable to the person. However, if the pregnant woman or person wishes to continue with their plans for an unassisted birth, the midwives and doctors should recognise their legal and professional obligation to respect and support this decision.

Why does AIMS believe this?

- In the UK it is legal to freebirth and to decline some or all antenatal care. Article 8 of the Human Rights Act² guarantees the 'Right to respect for private and family life' and the courts have interpreted this to include the 'principle of autonomy'. This means that every person, pregnant or otherwise, has the right to make decisions about their body for themselves. This right is also protected under the common law of England and Wales.
- Midwives' and doctors' professional codes of conduct mean that they should respect a person's right to decide not to access maternity services or to only access some parts of the service^{3,4}.
- The relevant case law (Butler-Schloss in Re: MB)⁵ stated that a woman may refuse medical intervention – which would include care during birth - 'for religious reasons, other reasons, for rational or irrational reasons or for no reason at all.'
- Midwives and doctors are obliged by both the law and their professional bodies to ensure that they seek informed consent before carrying out any tests, treatments or other interventions. This means that they must respect an individual's decision, even if they personally disagree with it.
- The NMC previously issued clear guidance⁶ supporting a woman's right to birth her baby without a midwife in attendance.
- It is legal for someone who is freebirthing to have the support of their chosen birth partners, doulas or others, so long as these people do not "assume responsibility, assist or assume the role of a midwife or registered medical practitioner or give midwifery or medical care in childbirth"¹.

What is AIMS doing?

- AIMS supports all pregnant and birthing women and people to make their own decisions regarding their maternity care regardless of which care pathway they choose to take.
- AIMS does not either try to encourage, nor to dissuade anyone from planning to freebirth, but helps them to access information to enable them to make an informed decision about what is right for them, and to understand their rights and obligations.
- We do this through individual support on our Helpline and through our Birth Information page [Freebirth, Unassisted Childbirth and Unassisted Pregnancy](#).
- AIMS is not able to support individuals who have been referred to children's services as a result of a decision to freebirth, but our Helpline Volunteers will provide information on their rights and signpost them to sources of support.

Call to action: what can you do?

- Share this Position Paper and the AIMS Birth Information page [Freebirth, Unassisted Childbirth and Unassisted Pregnancy](#) with maternity service users who need this information and anybody within the maternity or child protection services who is ill-informed on the subject.
- Report to your Trust/Board if you think there may be professionals who need a training refresher on this issue.

References

1. RCM Clinical Briefing Sheet: '[freebirth' or 'unassisted childbirth' during the COVID-19 pandemic](#), 23rd April 2020
2. [Article 8 of the Human Rights Act 1998](#) - 'Right to respect for private and family life'
3. Nursing and Midwifery Council: [The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates](#), March 2015, updated October 2018
4. General Medical Council - [Decision-making and consent guidance September 2020](#)
5. [Lady Justice Butler-Schloss Judgement re MB](#), 26 March 1997
6. [NMC statement on Freebirth](#), Updated May 2012 & [NMC legislation](#)

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