AIMS For a better birth...

Freebirth, Unassisted Birth and Unassisted Pregnancy

What are freebirth and unassisted childbirth?

There is no specific definition of freebirth, but broadly speaking, a person freebirths when they intentionally give birth to their baby without a midwife or doctor present. Some people prefer to use the term 'unassisted childbirth' or UC to describe this. This is different from the situation where someone births without medical support unintentionally, either because a midwife refuses to attend a homebirth or because the birth takes place quickly before the midwife arrives. The latter is classed as Born Before Arrival (BBA).

Freebirthing is an entirely legal thing to do, but freebirthers often report stigma and condemnation for giving birth this way. The legal position is explained in this factsheet from the charity Birthrights.

Freebirth is an umbrella term for a variety of pregnancy and birthing journeys.

What is unassisted pregnancy?

Freebirthers may choose to have some, all, or no antenatal care. 'Unassisted pregnancy' or 'wild pregnancy' are the terms most frequently used to describe the situation when someone decides to have no antenatal care from a midwife or doctor at all.

Pregnant women and people are not obliged to inform any health services about their pregnancies, as antenatal care is offered and not compulsory. Most freebirthers do register their pregnancies with a midwife or GP. However, a small number will decide not to.

An unassisted pregnancy is an active, legitimate and legal decision to not pursue antenatal care, and it should be respected as such.

This is different from a concealed pregnancy where a woman, frequently vulnerable and experiencing a crisis pregnancy, is concealing her pregnancy from *everyone* – including friends, family, colleagues etc. In some cases, a woman may be in denial that she is indeed pregnant, or she may be totally unaware of the pregnancy. More information is available here.

Is it legal to freebirth or to decline some or all antenatal care?

In the UK it is legal for a pregnant woman or person to freebirth their baby and to decline some or all antenatal care. A pregnant woman or person cannot be forced to have anyone present at the birth, nor can they be forced to undergo medical interventions. Furthermore, they are not under any obligation to

inform their midwife if they intend to freebirth. A person does not have to justify their decision, nor base it on a particular reason. In the relevant case law for this, Butler-Schloss stated that a woman may refuse medical intervention – which would include antenatal and perinatal care - 'for religious reasons, other reasons, for rational or irrational reasons or for no reason at all.' (See: MB [1997] 8 Med. L.R. 217MB [1997] 8 Med. L.R. 217 at paragraph 30).

The only exception to this is when someone lacks capacity as described by the Mental Capacity Act 2005. However, the Act is very clear in that:

- every person over 16 is presumed to have capacity unless proven otherwise, and
- that a lack of capacity is not proven just because a healthcare provider disagrees with a person's decision or deems it 'unwise.'

Can I be referred to children's services if I decline care?

Sometimes women declining antenatal care or care in labour can find that midwives and doctors threaten to refer them to children's services (previously known as Social Services) as a means of coercion. The RCM has published guidance that it is not appropriate for midwives to do this solely on the basis that a woman is declining care or intends to freebirth.

Referral to children's services should only be considered if there is a concern about the wellbeing of the baby after it is born, and not just because the mother or birthing parent are exercising their right to decline care. Pregnant women and people have the right to autonomy and bodily integrity. This is protected by Article 8 of the Human Rights Act and cannot be overruled even if there is a concern about an unborn baby, as a baby does not have legal rights until it is born.

If you are threatened with a referral or social workers become involved you can seek support from the Family Rights Group www.frg.org.uk. You may also wish to make a formal complaint and guidance on how to do this can be found in **The AIMS Guide to Resolution after Birth** (principal author Shane Ridley**.)**

Who can be present at a freebirth?

At the birth, some freebirthers will birth entirely alone, others will have a doula, partner, friends or family present. When birthing at home, a pregnant woman or person is legally entitled to have whomever they wish at their birth.

In the past there has been some confusion around who can be present when a woman gives birth without a doctor or midwife. When a person freebirths, they are not trying to recreate a medical birth at home. Consequently, those present at a freebirth will not - **and should not** - be acting in a medical capacity.

The relevant law on this point appears in The Nursing and Midwifery Order 2001. Section 45 states that "*A person other than a registered midwife or registered medical practitioner shall not attend a woman in childbirth.*

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This section is designed to stop unqualified people claiming to be midwives or doctors and then supporting a woman in childbirth. Its purpose is not to stop a husband, partner, friend, relative or doula from supporting a woman who decides to give birth without a midwife present. It does however prohibit non-qualified people from carrying out medical interventions - such as vaginal examinations, episiotomies, membrane rupture (breaking of the waters) and suturing - on birthing women. It is not intended to stop a husband, partner, taxi driver, shopkeeper etc, from supporting a woman giving birth suddenly or unexpectedly.

If I decide to have an unassisted birth, what are my legal obligations?

(Note this section was updated on 27/01/26 by Nadia Higson)

There are two legal requirements after any birth. These are birth notification and birth registration. Birth notification informs the NHS and local authority health services that a child has been born. It must be done within 36 hours of the birth. This is different from birth registration with a local Registrar, who gives you your baby's birth certificate. In **England, Wales** and **Northern Ireland** registration can be done any time in the first six weeks after birth, but in **Scotland** it needs to be done within 21 days.

Once the birth has been notified, you should be given an NHS number for your baby, and then you can proceed with registering the birth as normal through the local registry office.

The law (National Health Service Act 2006) says that notice must be given by

a) the child's father, if at the time of the birth he is residing on the premises where the birth takes place, and

(b) any person in attendance upon the mother at the time of, or within six hours after, the birth

The baby's mother can make the notification herself but is not required by law to do it.

It's not clear what "any person in attendance upon the mother" means, but NHS-England says "Someone who was with you during the birth or within 6 hours afterward can make the notification. This could be your birth partner, your baby's father (if they live where the birth happened), or you can do it yourself if you prefer."

However, "A person does not have to give notification if they have reasonable grounds to believe notification has been given by some other person." The important thing is to make sure that someone does it.

If a registered midwife or doctor was present at the birth or sees the baby within six hours of birth, then they will normally do the birth notification. In the case of a freebirth where no midwife or doctor sees the baby within 6 hours the process for notification has often been unclear.

In **England** there is now a simplified process for notification after a freebirth. This is to email the required information to scwcsu.chis.unassistedbirths@nhs.net. This factsheet Your guide to birth notification after an unassisted birth published by NHS-England explains the information that must be sent.

Whoever notifies the birth will receive by email a 'digital postcard' to confirm that the birth has been notified. They will also receive information on additional health services that you and your baby are entitled to. If someone else does the notification you will need to ask them to pass the digital postcard and information on to you.

In other parts of the UK things are less clear. The following is our understanding of the process for Scotland, Northern Ireland and Wales. However, you might find it helpful to check with a midwife, GP, doula or other mother who has freebirthed in your area. Note that GPs and midwives will not necessarily know either.

In **Scotland** and **Northern Ireland** the Notification of Births Act 1907 (last updated in 2009) says that notification can be made by posting a prepaid letter or postcard, or by delivering a written notice of the birth to the office of the "the chief administrative medical officer of the Health Board for the area in which the child is born". Prepaid envelopes and forms are meant to be provided to midwives and doctors by the local authority. If you are in contact with a midwife or GP, you could try asking them for one. Otherwise, you could send an email or letter. If you use post, we suggest you use a signed for service, ask for proof of posting and keep a copy of your letter.

It is not entirely clear what is meant by the "chief administrative medical officer" so it might be worth checking with the following people in advance.

The Chief Medical Officer for **Northern Ireland** is Professor Sir Michael McBride. His contact details are Castle Buildings, Stormont, Belfast, BT4 3SQ 028 9052 0563cmooffice@health-ni.gov.uk.

The Chief Medical Officer for **Scotland** is Professor Sir Gregor Smith. His contact details are Scottish Government, St Andrew's House, Regent Road, Edinburgh, EH1 3DGcmo@gov.scot

You could also send the notification to the Chief Medical Officer of the NHS Trust/Board for the area in which the baby is born and/or to the Clinical Director for Maternity Services at the Trust/Board. Their contact details may be on your local Trust/Board's website, or you could call your hospital's switchboard and ask.

In **Wales** the National Health Service Act 2006 states that notification must be given "to the Local Health Board for the area in which the birth takes place". This can be done either "by posting within 36 hours after the birth a prepaid letter or postcard addressed to the Local Health Board at its offices and

containing the required information, or by delivering within that period at the offices of the Local Health Board a written notice containing the required information."

The prepaid envelopes and forms are meant to be provided to midwives and doctors by the local Health Board. If you are in contact with a midwife or GP, you could try asking them for one. Otherwise, you could send an email or letter. If you use post, we suggest you use a signed for service, ask for proof of posting and keep a copy of your letter.

Freebirth Information and Support

The following list of resources is provided for information, and inclusion on it does not imply approval or endorsement of the content by AIMS. Please check for yourself the accuracy of any information that they provide.

AIMS articles

In 2013, AIMS produced a whole Journal edition dedicated to freebirth. It can be accessedhere.

Facebook Groups

It is important to get a range of support if you intend to have a freebirth. If you do not personally know anybody who has freebirthed, you may find it helpful to seek online support from others who have given birth this way:

Freebirth and Emergency Childbirth Support Group
www.facebook.com/groups/freebirthuk

Freebirth/Unassisted Childbirth
www.facebook.com/groups/19041103996

United Kingdom Freebirth/Unassisted Childbirth Group
www.facebook.com/groups/UKFreebirth.UC

The above groups are all open to respectful discussion on freebirth and women often provide information and support based on their own experiences. In order to join, you will likely have to explain your reasoning as the administrators actively try to protect the group from trolls.

Sometimes homebirth groups are open to freebirth discussions - but not all. It would be worth scrolling through older posts to see whether you are likely to be supported or not, before posting about any intentions to freebirth. Sometimes responses from people can be very negative and unhelpful.

YouTube

Many women contemplating freebirth find it useful to watch YouTube videos of unassisted births. This can help you prepare mentally for what you may experience if you decide to give birth without doctors or

midwives present.

Books

Most books on freebirth have been written by American authors, therefore they do not provide information on the UK context. However, they can be useful to understand the experiences of other women who have taken a similar path. The following is not an exhaustive list, but just a few texts that may prove helpful:

Unassisted Childbirth by Laura Shanley (2016)
Find the book on Amazon

Birth Becomes Hers by Bree Moore (2019)
Find the book on Amazon

The Birthkeepers by Veronika Sophia Robinson (2008)
Find the book on Amazon

Spiritual Midwifery by Ina May Gaskin (2002)
Find the book on Amazon

Freebirth Stories edited by Mavis Kirkham and Nadine Edwards (2023)
Find the book on Amazon

Home Birth: The Politics of Difficult Choices by Mary Nolan
Find the book on Amazon

Other authors known to support and/or write about freebirth include Michel Odent, Sarah J. Buckley, Sara Wickham and Jeanine Parvati Baker.

Research

There is limited research on freebirth. The number of freebirths in the UK and the outcome of these births are unknown. This is because women often disguise their freebirths as Born Before Arrivals (or BBAs), and tell healthcare providers that the baby was born so quickly that they did not have time to call for help. Consequently, we do not have reliable and accurate quantitative research (research that relies on numbers and statistics) that focuses on freebirth.

When people do undertake research on freebirth, they usually carry out a qualitative study (one that is based on interviews/surveys). The following are the main UK ones:

Gemma McKenzie, The Freebirth Study
www.gemmamckenzie.co.uk/the-freebirth-study

Marie Greenfield, Sophie Payne-Gifford and Gemma McKenzie (2021) Between a Rock and a Hard Place:

Considering “Freebirth” During Covid-19
www.frontiersin.org/articles/10.3389/fgwh.2021.603744/full

Claire Feeley (2019) Freebirthing: a case for using interpretative hermeneutic phenomenology in midwifery research for knowledge generation, dissemination and impact
journals.sagepub.com/doi/abs/10.1177/1744987118809450?journalCode=jrnb

Claire Feeley and Gill Thomson (2016) Why do some women choose to freebirth?
bmcpregnancychildbirth.biomedcentral.com/articles/10.1186/s12884-016-0847-6

Claire Feeley and Gill Thomson (2016) Tensions and conflicts in ‘choice’: women’s experiences of freebirthing in the UK
https://pubmed.ncbi.nlm.nih.gov/27498184

Plested and Kirkham (2016) Risk and fear in the lived experience of birth without a midwife
www.ncbi.nlm.nih.gov/pubmed/26948871

There are also two PhD theses online from the US and Australia:

Rixa Ann Spencer Freeze. "Born free: unassisted childbirth In North America." PhD (Doctor of Philosophy) thesis, University of Iowa, 2008.
ir.uiowa.edu/etd/202

Melanie Kathleen Jackson.
“Birthing Outside the System: Wanting the best and safest.” PhD (Doctor of Philosophy) thesis, University of Western Sydney, 2014
pdfs.semanticscholar.org/4909/a4d7771e0877a9b98b6f1db90a8e10d5f1c9.pdf