



LSAMO Forum UK Guidelines for the statutory supervision of midwives

Unassisted or free birth

Document control

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Associated documents

Guideline for contacting a supervisor of midwives: 24 hour access

Printed copies of this guideline must not be considered the definitive version. The definitive version is accessible at www.lsamoforumuk.scot.nhs.uk



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Introduction

Unassisted or free birth means a woman giving birth without medical or professional help. It is practiced by only a very small group of women. However supervisors have reported a rise in recent years in the number of women choosing this option for birth. This guidance has been produced to support midwives and supervisors of midwives to provide the best possible care for women and their families in all circumstances

Purpose

This guideline will clarify the role of the supervisor of midwives who are asked for advice in relation to women who are intending to free birth.

- To give advice and guidance to midwives who are aware of women who wish to free birth
- To offer guidance and support to women who contact a midwife/ supervisor in relation to free birth

Understanding the choice of unassisted birth

Most women who choose an unassisted birth will have done so after considerable thought and research. It is not a decision that is taken lightly and should be seen as another form of informed choice. The principle of informed choice is one that underpins both government policy documents, (Expert Maternity Group, 1993; NICE, 2008; Rogers Associates, 2010) and the NMC standards and regulatory advice (NMC, 2008; NMC, 2012a; NMC 2012b).

‘You must uphold people’s rights to be fully involved in decisions about their care’

(NMC 2008:3, paragraph 15)

Supervisors of midwives (SoMs) should understand the many reasons that women make this decision and advocate for the rights of all women in their choices. Factors may include previous poor experiences of care, fear of loss of control of the birth, and a wish to avoid the iatrogenic risks that can be associated with medical care (Campbell and Macfarlane, 1994; NMC, 2006).



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Legal considerations

Supervisors and Midwives can refer to the NMC Document 'Free birthing'.

Whilst it may be difficult for many health professionals to understand why a woman would wish to decline professional care it is important to realise that this is a legal option. No health professional, including a midwife has the right to attend a woman in labour. It is entirely the woman's choice whether or not to engage with services. This includes in the antenatal period when the mother may also decline offers of screening and advice connected with both her and the baby.

Key points

- If midwives have worries about safeguarding or the mothers psychological or mental health they should be encouraged to consider the mothers 'capacity to Act' in line with the 'Mental capacity Act' 2005 (England and Wales) (or the equivalent legislation in Northern Ireland and Scotland) and have a low threshold for advice/referral to appropriate professional and supervisor of midwives.
- Notification of birth: there are legally defined time limitations for notification of birth which must be adhered to if the midwife was not present at the birth (six hours in the Notification of Births Act 1907).
- If there are concerns about a person acting in the role of a health professional, it is appropriate to seek advice from the LSA. It is of note that it is not illegal for partners, friends, doulas etc to be present at the birth but they may not act in the capacity of a health professional or assume responsibility for the birth and give medical care.
- Free birth in itself is not a reason to refer to social services, however should there be concerns other than just the decision to free birth then a referral should be made.

Supervisors and support for midwives

One of the key roles for the SoM is to provide support and advice to:

- midwives who may be feel confused and uncertain about their role and duty of care in these circumstances and
- women who retain the right to request maternity care whatever choices they are making



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SoMs need to recognise the importance of acknowledging and discussing midwives' feelings to help them be in a position to offer good care to women. SoMs should also be involved in the formulation of care plans as required or appropriate.

The approach to care

The key approach to care should be to keep a positive relationship with the woman and family. Doing so should not be seen as implying that the midwife is colluding with the family but rather is a sign of good practice.

'You must respect and support people's rights to accept or decline treatment and care' (NMC, 2008:3 paragraph 14).

'The views beliefs and values of the woman, her partner and her family in relation to her care and that of her baby should be sought and respected at all times' (NICE 2007)

Communication

Communication with the woman should:

- acknowledge the woman's choices as belonging to her,
- seek to establish and explore the reasons for the woman's choices,
- fully explore all the relevant risks in a reasonable non-threatening fashion,
- work towards a plan of care, including emergencies that may arise,
- avoid comments that imply a judgemental approach about choices made – labelling women as deviant or bad may reinforce their decision to disengage with services (Nolan 2011),
- avoid revisiting the information and discussions at every visit, this may be perceived as bullying or coercive and is likely to alienate the woman,
- ensure that the woman has contact numbers for the midwives and maternity service should she change her mind or need assistance in an emergency,
- ensure advice about notifying and registering a birth and
- inform the woman of the role of the health visitor and GP in relation to her child and advise that it is in the best interest of the child's health and wellbeing to engage with these professionals.

SoMs should ensure that there is also appropriate communication within the wider team of supervisors and any others who may be called on for help, so they are



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prepared in advance. This may include consultant midwives, obstetricians, labour ward manager, the woman's general practitioner, health visitor and any other agencies who may be involved in the delivery of care to the family.

It would be helpful to circulate a rota of experienced staff on call to offer support to the midwives who may be called to the birth. Midwives should be encouraged to call for help and support early if asked to attend the woman.

The team of SoMs should also ensure that debriefing is available to midwives and women following the birth.



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Documentation

It is critical that the documentation undertaken is comprehensive and includes the following:

- The woman's expressed choices.
- All risks and benefits identified, including how they were discussed and potential outcomes considered.
- The agreed plan of care in all eventualities.
- Any referrals offered.
- Advice taken from any other health professionals such as telephone calls to supervisors or consultants.
- It may be helpful to ask the woman to countersign the discussions.

References

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