



# **Birthrights' submission to the Parliamentary Inquiry into Birth Trauma**

**February 2024**

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# Executive Summary

At the heart of birth trauma is a consistent failure to listen to voices of women and birthing people and a complete disregard for their fundamental human rights. The breaches of human rights, such as bodily autonomy and informed consent, not only contribute to individual trauma but also to poor outcomes in maternity care.

These combine to contribute to community and societal trauma and distrust in the healthcare system. A maternity service that understands and protects the rights of women and birthing people during pregnancy and birth is essential to reducing trauma and providing safe care.

# About Birthrights

Birthrights is the leading authority on the human rights of women and birthing people during pregnancy and birth in the UK. We believe that all women and birthing people should be able to exercise their right to make informed decisions about their bodies and care, and to do so free from discrimination, coercion and violence. We champion rights by supporting women and birthing people, training healthcare professionals, holding systems and institutions to account, and making visible diverse experiences of maternity care.

In this submission we draw on information from:

- Our information and advice service (in 2023 we had nearly 800 individual enquiries to our advice and information service and each month 15-25% of enquiries relate explicitly to birth trauma)
- Our training (in 2023 we trained more than 1,000 healthcare professionals across 25 hospitals and trusts on how the law applies to practice)
- Our report *Systemic Racism, not Broken Bodies*<sup>[1]</sup>, based upon a year-long inquiry, led by an expert panel, which included a survey of more than 1,000 women and birthing
- Our website, social media and networks (in 2023, our website had 246,000 unique visitors.)

<sup>[1]</sup> [Inquiry into racial injustice in maternity care - Birthrights](#)

## The rights of women and birthing people

Birth trauma is avoidable. Inquiries<sup>[2]</sup> into maternity failings at NHS trusts and quantitative data<sup>[3]</sup> demonstrate that too often the voices of women and birthing people are ignored or dismissed by healthcare professionals (HCPs), contributing to avoidable tragedies. Our own Inquiry found that poor outcomes for Black and Brown women and birthing people are a result of systemic racism, not broken bodies. There is a systemic failure to listen to voices of women and birthing people and to uphold fundamental rights enshrined in law.

## The Covid-19 Pandemic

We saw a 300% increase in demand for our advice service during the pandemic, meaning we provided advice and information to 2,255 women and birthing people and their families and HCPs and supporters (April 2020-March 2022).

### Examples of breaches of rights included (content warning):

- Restricted access to pain relief, being left to give birth alone due to restrictions on partners (even when they were already experiencing a miscarriage or an intrauterine foetal death), plus women and birthing people who had given birth being left on the postnatal ward without any support to clean themselves, without catheters being changed, and without ongoing access to water or help to lift or feed their baby for many hours.
- Suspension of maternity services, including home birth and midwifery-led birth centres
- Mothers separated for days from their newborn babies in NICU, one locked in her room, due to suspected "close contact" of someone with COVID

These caused trauma for individuals, families and communities and set a precedent for continued breaches.

[2] [Ockenden review: summary of findings, conclusions and essential actions - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/90421/Ockenden_review_summary_of_findings_conclusions_and_essential_actions.pdf)

[3] [State of the Nation Report | MBRRACE-UK \(le.ac.uk\)](https://www.le.ac.uk/mbrrace-uk/state-of-the-nation-report);

[Maternal mortality rates in eight European countries with enhanced surveillance systems](https://www.le.ac.uk/mbrrace-uk/maternal-mortality-rates);

[MBRRACE - UK Saving Lives, Improving Mothers' Care](https://www.le.ac.uk/mbrrace-uk/saving-lives)

# Current and Ongoing Breaches of Fundamental Human Rights

Some examples from our advice service include (content warning):

- Coercive or non-consensual vaginal examinations and medical interventions – a hospital guideline that a vaginal examination is required before admission to labour ward meant one woman contacting us was told if she did not consent to a vaginal examination she would be giving birth in the car park and a respondent in our [Race Inquiry](#)<sup>[4]</sup> told despite their request to not have an injection for the delivery of placenta, it was administered anyway. They became aware of it through the feeling of the needle.
- Conversations during care that fail to facilitate informed consent due to lack of time and good quality interpreters or because HCPs have not been given a confident understanding of the precedent set in *Montgomery v Lanarkshire*
- Midwife-led units and home birth service closures, or restricted access with blanket policies that do not consider individual needs, mean someone deemed “high risk” could include a marginalised and traumatised person with a BMI just one point over a locally set threshold, and who will never consent to coming on to the labour ward, giving birth alone, denied any community-based midwifery attendance in labour.
- Restrictions on partners, for example in January 2024, we received a case where a Trust requested a father to leave just one hour after his partner gave birth, due to “covid restrictions”.
- Poor care in postnatal wards. One mother left lying in her own blood and urine without a dressing or catheter change for many hours, her calls for aid being dismissed with disparaging remarks.
- Multiple attempts at forceps when a woman was screaming at the doctor to stop due to the anaesthetic not working;
- Episiotomy without consent nor warning, nor anaesthetic;

<sup>[4]</sup> [Inquiry into racial injustice in maternity care - Birthrights](#)

## Inequities in experiences and outcomes

The most marginalised women and birthing people facing multiple forms of discrimination often face the worst breaches of rights.

Systemic racism leads to failure to identify serious medical conditions due to lack of awareness of how to identify them in Black and Brown bodies, alongside racial microaggressions, stereotyping and discrimination, meaning concerns are dismissed, pain ignored, relief denied, and consent breached. One respondent in our [Race Inquiry](#) shared how sepsis symptoms she was experiencing and informing the healthcare professionals about, in this case paleness and loss of colour in the skin, were not recognised due to her being a Black woman.

## The wider community and societal trauma and distrust of services

From the evidence shared in our [Race Inquiry](#), to the increasing interest in our factsheet on right to unassisted birth (to give birth without a health professional present), it is clear that many women and birthing people do not fully trust the UK's maternity system. Two thirds of Black, Brown and mixed ethnicity people who shared their experiences in our Race Inquiry described not feeling safe in maternity care. A number of people are contacting us because HCPs have referred them to social services or reported them to the police for lawful decisions they have made about their bodies and maternity care, and we hear from HCPs that this is due to local hospital policies.

People who choose unassisted birth have shared with us that suspension of local home birth services, concerns about consent not being upheld and/or feeling coerced into medical interventions and previous traumatic birth experiences have been a factor in their decisions. Some people are choosing unassisted birth because they are terrified of entering the maternity system. This should be a wake-up call to the systemic issues with maternity provision.

## Lack of understanding of birth trauma

Despite its prevalence, lack of understanding about birth trauma among HCPs is concerning. While root causes of birth trauma go beyond the intricacies of medical procedures and stems from the absence of control, choice, and consent[5], our training shows healthcare professionals are still not empowered in their education and professional training to understand how clinically "correct" actions could cause trauma.

## Vicarious birth trauma affects maternity service provision

These issues not only affect those giving birth, but also staff. In our training to HCPs we often hear how local guidelines (particularly those developed during COVID-19) and staffing pressures require staff to work in ways they feel is counter to safe care. Birth trauma prevails in maternity care as moral injury among staff. Research shows many midwives leaving the profession.[6]

### Recommendations

We know that birth trauma is avoidable and there are steps that can be taken to prevent and minimise it. In summary:

- **The rights of women and birthing people must be centred in how maternity services are funded, delivered, designed, managed and regulated so that bodily autonomy, self-agency and informed decisions are respected.**
- **All decisions made by Trusts must take account of the disproportionate impact on some women and birthing people including Black and Brown women and birthing people, LGBTQIA+ people and those with additional and specific needs such as those living with trauma, disabilities, and/or neurodiversity.**
- **Interpreting services must be high quality and appropriately regulated so healthcare professionals have the necessary tools to ensure that pregnant people can have the information they need to make informed decisions**
- **Rights-respecting care cannot be delivered without sufficient and meaningful investment in maternity services and transparency in decision-making.**

[5] Cook K. & Loomis C. 2012. *The Impact of Choice and Control on Women's Childbirth Experiences*. *The Journal of Perinatal Education*, 21, 158-168

[6] *The Nursing and Midwifery Council* ([nmc.org.uk](http://nmc.org.uk)).