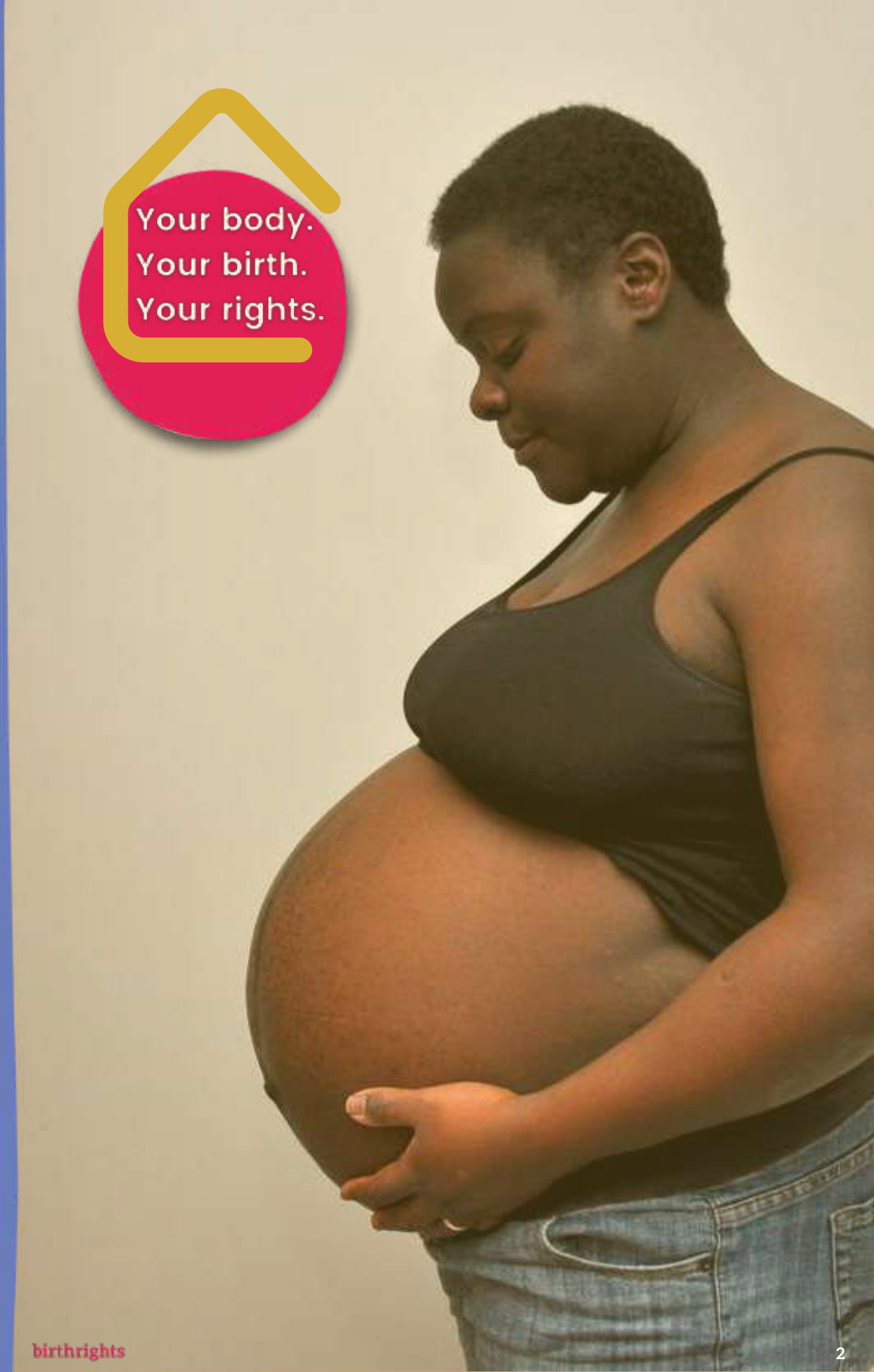
Protecting human rights in childbirth

Access Denied: Restrictions to Home Birth in the UK

birthrights


Your body.
Your birth.
Your rights.

Foreword

Birth justice exists when women and birthing people have the right to give birth with whom, where, and however they choose and when laws, policies and practice enable all women and birthing people to access these rights.

We know that far too many people in the UK are denied these rights, with those from minoritised and marginalised communities experiencing even greater barriers to accessing basic maternity care.

This report presents a stark illustration of how women and birthing people are often blocked from exercising their right to make informed decisions about their care based on where they live, strict criteria which disproportionately impacts racially minoritised communities and blanket decisions that don't take individual needs into account. Many healthcare professionals seeking to provide person-centred and rights-respecting care are prevented from doing so due to poor planning, pressures on staffing, and culture, policies and routine practices that fail to understand how human rights apply in maternity care.

Watch Desree perform her poem about our work at: https://bit.ly/desree_BR

Home birth is and should be seen as a core part of maternity care. Yet the information we hear on the ground demonstrates that home birth services can still be seen as an "add on" which can be easily withheld at the first sign of challenge. This fails to recognise how important home birth is to many women and birthing people in ensuring physical and psychological safety, particularly for those who have experienced past trauma and those from communities less likely to be heard and more likely to come to harm.

While the picture presented through the data and accounts we have gathered for this report points to a broader crisis in maternity care, it also provides an opportunity for all those who design, manage, regulate and deliver maternity care to recognise the scale of the problem and take steps to address it.

By putting together this report we are calling on all those involved in maternity care to make birth justice a reality because this is fundamentally about **our body, our birth, our rights.**

Shanthi Gunesekera and Janaki Mahadevan

Co-CEOs of Birthrights

Acknowledgements and Gratitude

Birthrights would like to extend its sincere gratitude to:

- All the women and birthing people who have shared their experiences with us as part of this research with the hope that this leads to long term change. We know this may have been distressing and re-traumatising, and we hope we have done justice to your experiences. Your contribution to movements for change is deeply valued and we will continue to honour this beyond the publication of this report.

- The healthcare professionals, doulas and birth activists who have spoken out against cultures, policies and practices that too often deny those in their communities access to their rights with particular thanks to Naomi Pemberton and Lorna Phillip. We stand with you in your fight for justice for women and birthing people.

- Victoria Butler-Cole KC and Arianna Kelly who have provided us with the legal foundations from which we are able to highlight and challenge practice that undermines access to human rights for all. Thanks too to the team at Irwin Mitchell for facilitating this.

- The Birthrights staff team - in particular Elif Ege, Laura Mullarkey, Miranda Atty, Celine Raynaud, Janaki Mahadevan, Shanthi Gunesekera - who made this report possible.

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Esmée Fairbairn FOUNDATION

The Baring Foundation

The Legal Education Foundation

John Ellerman Foundation

IM irwinmitchell

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About Birthrights

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1 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.

Birthrights was co-founded by human rights barrister, Elizabeth Prochaska and doula and author Rebecca Schiller 10 years ago because no other organisation in the UK was looking at the breadth of issues in maternity care through a human rights lens. We continue to offer rights-based information on everything from maternal request caesarean to unassisted birth. Alongside the information we provide to women and birthing people and their supporters, we also engage directly with Trusts and hospitals, wherever possible as a critical friend, but we are never afraid to take legal action, and campaign for change.

"When we set out, human rights weren't part of the conversation in maternity care, but our work has changed that and made a real difference to the lives of women and birthing people."

- Elizabeth Prochaska, Birthrights Co-founder

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Introduction

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2 Introduction

- **We have the right to life.**
- **We have the right to be treated with dignity and respect.**
- **We have the right to make informed decisions about our body and our care.**
- **We have the right to choose where we give birth, how we give birth, and who is with us when we give birth.**
- **We have the right to equality and to access these rights free from discrimination.**

Ensuring everyone can access their human rights in maternity care in the UK is a crucial part of the movement for reproductive justice. Yet, in hospitals across the UK, these fundamental human rights are restricted, ignored and violated daily.

Inquiries into maternity failings at NHS Trusts, parliamentary inquiries and Birthrights' own inquiry into racial disparities in maternal outcomes evidence the alarming and – too often – avoidable experiences and outcomes for too many women and birthing people.

At the heart of these is a consistent failure to listen to voices of women and birthing people and a lack of understanding of and disregard for their fundamental human rights, which runs throughout the system from Government to the frontline. We see this in suspensions of and restrictions to services without regard to individual need, coercive practice, breaches of consent and lack of respect for bodily autonomy.

The most marginalised women and birthing people facing multiple forms of discrimination and oppression often also face the worst breaches of their rights. These breaches contribute to individual trauma and too often poor outcomes, which then combine to contribute to community and societal trauma and distrust in the healthcare system.

A maternity system that protects the rights of women and birthing people during pregnancy and birth is essential to reducing trauma, providing safe care and improving outcomes for all.

2 Introduction

The current crisis in maternity care has its foundation in a long history of patriarchal medical practice and a failure to recognise that the basic human rights to dignity, autonomy and equality are fundamental to achieving safe, respectful and inclusive maternity care. More recently, the Covid-19 pandemic brought the already precarious position of human rights in childbirth into sharp focus, with many Trusts acting too quickly to withdraw services and apply policies in a blanket way without considering exceptions based on individual circumstances, as required by human rights and equality law. This has set dangerous precedents for what we are seeing to the present day. For example, we continue to see certain Trusts place restrictions on when chosen birth partners can be present and, as the focus of this report demonstrates, increasing evidence of widespread suspension of and restrictions to home birth services.

We are seeing overall maternal mortality rates worsen in the UK, undoing some of the progress made over recent decades. This suggests a maternity system that is failing too many women and birthing people, but we are acutely aware that experiences and outcomes for some communities are significantly worse. Data has been published on racial disparities in maternity outcomes for more than two decades and in this time, there has been little change in figures that show Black and Brown women are significantly more likely to die as a result of pregnancy and childbirth than white women, with mortality rates of 35 per 100,000 maternities for Black women and 20 per 100,000 maternities for Asian women, compared with 12 per 100,000 for white women[1].

According to this data, while Black women are three times as likely and Asian women twice as likely to die as a result of pregnancy and childbirth than white women; maternal death rates reached levels that have not been seen in the last twenty years, even when disregarding Covid-related deaths[2].

Notably, data related to persistent disparities in outcomes which have been recorded for decades point to systemic racism. This includes a failure to identify serious medical conditions due to lack of awareness of how to identify them in Black and Brown bodies, racial microaggressions, stereotyping and discrimination, meaning concerns are dismissed, pain ignored, relief denied, and consent breached.

It is against this backdrop that we have sought to investigate home birth services in the UK - looking at the state of these services; the impact of suspensions of and restriction to services on women and birthing people and healthcare professionals – with a view to shining a spotlight on an area of maternity care that points to wider issues of access to rights through pregnancy and birth.

[1] MBRRACE-UK 2024 Saving Lives, Improving Mothers Care (MBRRACE-UK Maternal MAIN Report 2024 V2.0 ONLINE.pdf)

[2] Oxford University 2024 Maternal Death Rates (Maternal death rates in the UK have increased to levels not seen for almost 20 years | University of Oxford)

2 Introduction

The focus on home birth services

Birthrights has been deeply concerned at the increasing number of reports of restrictions to and suspensions of home birth services across the country. Since September 2024, the largest proportion of enquiries to our information and support service has related to difficulty accessing home birth services. Accounts from women and birthing people and healthcare professionals reaching out to us demonstrate the physical and psychological harm that can result from failing to uphold people's right to choose their place and method of birth.

We have heard varying reports of blanket suspensions in some Trusts without provision to meet individual needs which last months or even years. We have also heard of frequent last-minute cancellations and closures that create significant distress at the late stage of pregnancy and render the service inaccessible to many. We have heard of cases where women and birthing people are denied access to home birth services because of their postcode or living circumstances, or because they have moved to an area or booked in for a home birth at a later stage in their pregnancy. In some cases, we have received reports of increasingly restrictive thresholds and criteria meaning any Black or other racially minoritised women are unlikely to be able to access home birth services because their ethnicity increases their perceived clinical risk profile. While others who have previously had a caesarean birth, have a twin pregnancy, or who fall above the local Body Mass Index (BMI) threshold are often denied access to home birth altogether.

Alongside this, we have heard reports of increasing numbers of women and birthing people feeling like unassisted birth is their only option. The decision to have an unassisted birth, also known as freebirth, is completely lawful and for many can be an empowering decision. However, when people are backed into this position because their needs are not being met within available maternity provision and no recognition is given to the factors driving people to free birth - which can include concerns about violations of rights, failures of healthcare professionals to seek or obtain consent, coercive practices, spurious social service referrals and previous traumatic experiences - then this should be a wake-up call to the failures of the system.

In all of these cases, the right of individuals to make informed decisions about their body and their care is dismissed, resulting too often in physical or psychological trauma for women and birthing people, their families and wider communities.

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Summary of key findings

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3 Summary of key findings

The state of home birth services in the UK

Widespread unreliability and patchy provision of home birth services means that home birth is not a meaningful option for many women and birthing people in the UK. Two thirds (66%) of the 119 Trusts for which we have information (either through an FOI response or intelligence from elsewhere) have either had service suspensions, strict restrictions, or frequent interruptions in the 12 months between October 2023 and November 2024, including 18 Trusts where extended blanket suspensions of home birth services have been in place across the 12-month period analysed, with suspensions ranging from two months to more than four years.

Our research also shows:

- Home birth services are frequently disrupted by unplanned, temporary restrictions or suspensions as a result of 'unforeseen circumstances' principally relating to staff shortages or sickness, clinical safety concerns or dynamic risk assessment processes.
- Whilst few Trusts reported planned restrictions to women and birthing people accessing home birth services 24 hours a day, seven days a week to everyone in their geographic catchment, this does not mirror the reality experienced by communities on the ground who are often told that midwives may not be able to attend home births during the night, on weekends or in particular geographic areas.
- Whilst some hospitals and Trusts do provide home birth services with only limited interruptions, a blanket approach to clinical guidelines and policy often restrict access to home births for whole demographic or geographic communities.
- In some areas dedicated home birth teams have been dismantled, without sufficient provision to replace them, leaving community midwives overstretched and sometimes resulting in a tightening of local criteria to access home births.
- Restrictions and suspensions to home birth services – whether planned or unplanned – are often made on a blanket basis and do not make exceptions for individual needs
- Restrictions and suspensions to home birth services are often not effectively communicated to women and birthing people, resulting in increased stress often in the late stages of pregnancy.
- Home birth is often not proactively offered as a choice, which limits awareness of this option and can present as a decline in interest in home birth in some areas, affecting planning and resourcing.

3 Summary of key findings

The reasons behind home birth restrictions and suspensions

There are a number of common themes that are impacting the ability of Trusts to provide home birth as a meaningful choice for women and birthing people:

- Inadequate service planning and staffing pressures
- Lack of emergency plans to ensure business continuity
- Changes in staffing structures and removal of protections for home birth services
- Perceived reduced demand for home birth services
- Challenges in providing across a full geographic area covered by a Trust

The impact on women and birthing people

Restrictions, suspensions and frequent interruptions of home birth provision in the UK is causing trauma for individuals and a wider distrust in the system across communities.

- Women and birthing people who want a home birth often feel ignored and unsupported, adding to a growing mistrust in the maternity system
- Many women and birthing people describe feeling unassisted birth is the only viable option after being denied access to midwife supported home birth
- Women and birthing people feel they cannot rely on home birth services being available, creating anxiety and stress throughout their pregnancies
- Women and birthing people told us how traumatic it is when a planned home birth is no longer possible because of 'unforeseen circumstances'
- Women and birthing people describe feeling empowered when they have secured their right to a home birth, but exhausted at having to fight so hard to access their rights.

Disproportionate impact on marginalised communities

Women and birthing people from marginalised communities are disproportionately impacted by suspensions, restrictions and restrictive policies to home birth services.

- Clinical pathways and guidance on who is able to access home birth too often automatically lock Black and Brown women and birthing people out of home birth options.
- Hospital environments are often not set up to accommodate the needs of women and birthing people who are neurodivergent and/or Deaf or disabled or have additional needs
- Deep mistrust in the maternity system from communities least likely to be heard and most likely to come to harm
- Women and birthing people from the most marginalised communities often do not have the resources to fight for consideration of their individual needs, and if they do, their voices are often unheard

Healthcare professionals

There are a number of common themes that are impacting the ability of Trusts to provide home birth as a meaningful choice for women and birthing people:

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Home birth and the law

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4 Home birth and the Law

Human rights law protects women and birthing people's rights to bodily autonomy and establishes their rights to make their own choices about the circumstances of giving birth. This includes the choice as to where to give birth. Specifically, in the UK this protection comes principally from **Article 8 of the European Convention on Human Rights** (ECHR) (the right to respect for private and family life), as incorporated into domestic law by the **Human Rights Act 1998** (HRA), as well as from the common law[3]. The HRA places duties on all public bodies, including NHS Trusts and Integrated Care Boards (ICBs), to respect, protect and fulfil women and birthing people's human rights. Accordingly, we would expect all NHS Trusts and ICBs to provide meaningful choice as to place of birth, including a widely available and accessible home birth service.

Further support for this expectation comes from the general NHS legislative framework. The **NHS Act 2006** imposes obligations on the Secretary of State and NHS statutory bodies to provide a "comprehensive" health service[4]. In addition, the **NHS Constitution** sets out a right for people to receive treatments that have been recommended by NICE for use in the NHS, if clinically appropriate[5], and **NICE guidance** on care in childbirth[6] recommends that "Commissioners and providers...should ensure that all four birth settings (home, freestanding midwifery unit, alongside midwifery unit and obstetric unit) are available to all women".

While temporary restrictions on home birth services may sometimes be justified under human rights law, these must be lawful, with a legitimate aim, and they must be necessary and proportionate in the circumstances. Practically speaking, this means that a Trust must be able to show that their decision was properly made, is properly under review, and that they explored available options before imposing this restriction.

Long-term and/or frequent 'temporary' suspensions by a Trust may not be considered a proportionate restriction - especially when there is no demonstrable effort to assess and accommodate individual needs. To ensure compliance with human rights and equality law, all Trusts should have a system to receive, evaluate and review individual requests for a homebirth, enabling them to make lawful, proportionate decisions in light of an individual's particular factual circumstances.

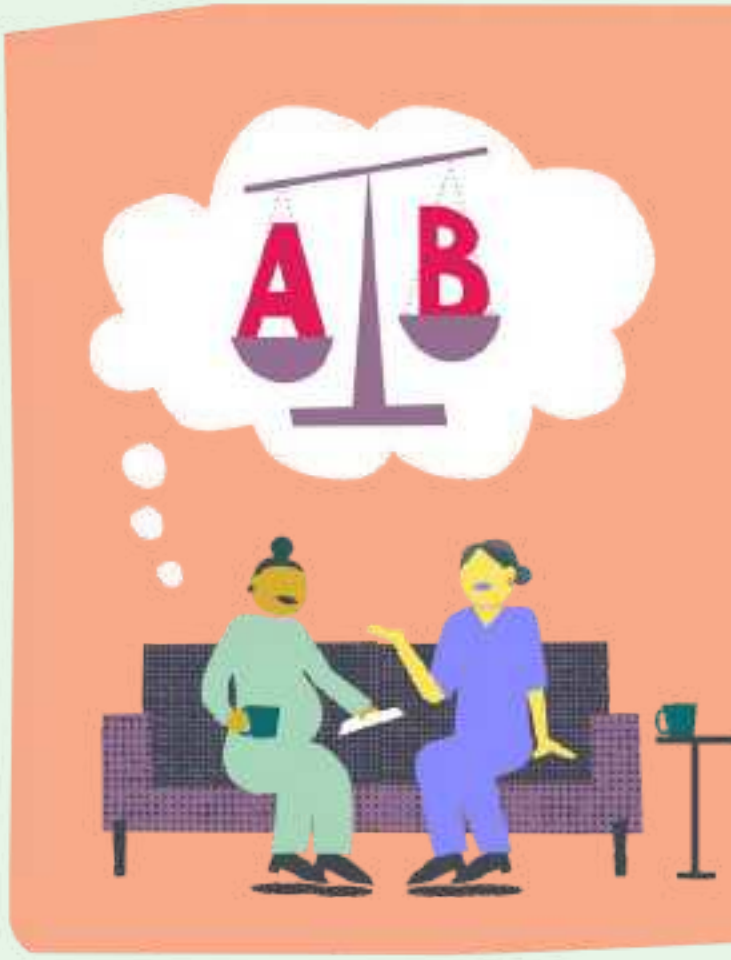
[3] See e.g. England and Wales Court of Appeal Re MB [1997] EWCA Civ 3093.
[4] S1 NHS Act 2006.
[5] NHS Constitution, under the heading "Nationally Approved Treatments, Drugs and Programmes".
[6] NICE guideline NG235, 'Intrapartum care', published 29 September 2023.

4 Home birth and the Law

The classification of a pregnancy as "high-risk" by healthcare professionals does not automatically justify restricting the pregnant person's right to choose home birth. The UK courts have consistently supported the rights of pregnant women and birthing people to bodily autonomy, including their right to decline medical intervention, even in circumstances where this could risk their or their baby's long-term health, life or their own life[7]. The courts have also ruled that women and birthing people have the right to make their own informed decisions about their maternity care, free from coercion, and that healthcare providers should support this by ensuring that service users are offered information about all material risks and benefits of all reasonable care options relevant in their individual circumstances[8].

This means not only that the information should be personalised to individual circumstances, but that it should be provided free from judgement, bias and pressure. It should also be provided in language the woman or birthing person can understand, including through use of NHS interpretation services where appropriate. Having been offered this information, if a woman or birthing person makes the decision to birth at home, with midwives from their Trust's homebirth service in attendance, this choice should be respected. A restriction on this choice may only be imposed if it is lawful, pursues a legitimate aim, and is necessary and proportionate in that person's individual circumstances.

Women and birthing people also have the right under human rights and equality law not to be discriminated against (directly or indirectly) when attempting to access homebirth services. If access to services were to be denied, for example, on the ground of a pregnant woman being Black or Brown, having a high BMI, being Deaf or disabled, having a particular immigration status or not being a homeowner, this could breach **Article 14 of the ECHR** (the right to enjoy other human rights free from discrimination), and in some cases also the **Equality Act 2010** (if the discrimination relates to a 'protected characteristic'). If a woman or birthing person is disabled, they may also be able to argue that a home birth should be facilitated for them as a "reasonable adjustment" under **section 20 Equality Act 2010**, even where that Trust's service may be otherwise restricted/suspended.



[7] See e.g. England and Wales Court of Appeal Re MB [1997] EWCA Civ 3093

[8] Montgomery v Lanarkshire Health Board [2015] UKSC 11

5

Methodology

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5 Methodology

Freedom of information requests

In October 2024, we wrote to all 145 Trusts which provide maternity care across the UK. As of January 28, 2025, 25 Trusts providing maternity care in Scotland, Northern Ireland and Wales had responded fully to our questions with only one unable to provide the full data. In England of the 119 Trusts providing maternity care 22 did not respond at all and eight did not provide full data in response to the questions – this is a total full response rate of 79%.

We asked every Trust offering maternity services in the UK to tell us:

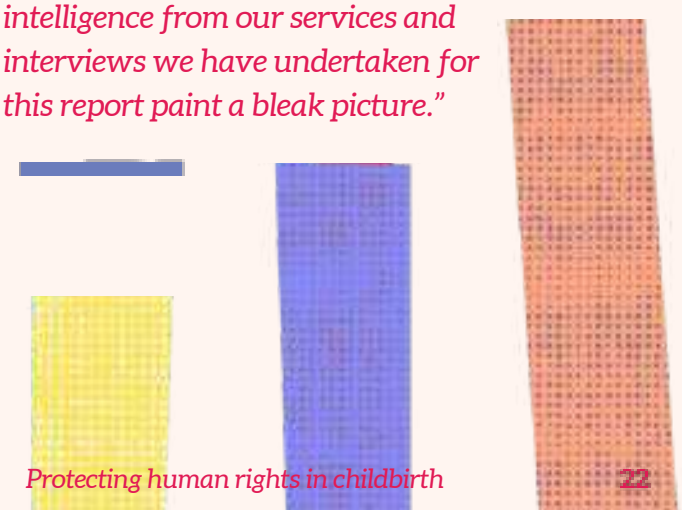
- Whether the Trust operates a home birth service for women and birthing people (regardless of whether such services are offered through a dedicated team or integrated into wider maternity services).
- If so, whether home birth services are available 24 hours a day, seven days a week across the whole geographic area overseen by the Trust.
- Whether the Trust has been able to provide home birth services to women and birthing people 24 hours a day, seven days a week without any suspensions or restrictions to that ability in the last 12 months[9].
- The terms and reason(s) for any suspensions or restrictions in the last 12 months.
- Whether the Trust has been unable to send midwives to attend a home birth due to unforeseen circumstances (such as staff shortages or sickness) on a particular shift in the last 12 months and how many times this has occurred in the last 12 months.
- And lastly, how many home births have been attended by midwives in the Trust in the last 12 months, including those resulting in intrapartum and/or postnatal transfer into hospital and those resulting in a baby being born at home with no transfer-in.

Community voice

We conducted two online surveys – one for women and birthing people and another for healthcare professionals and birth workers– to understand experiences of home birth service restrictions or suspensions. The surveys explored when and where these restrictions occurred, the reasons behind them, their impact on birth experiences, and the level of support provided. In total, we received 159 responses. Additionally, we gathered insights through our information and support service, which in 2024, had 630 individual enquiries, with on average 20% relating explicitly to home birth restrictions/suspensions each month.

[9] Here we noted that in using the terms suspensions or restrictions we include (but are not limited to) restrictions to the days/times when home births can be attended by midwives or not being able to offer a home birth service at all for a period of time. We specifically underlined that we do not include unforeseen staff shortages on a particular shift here.

"The combination of responses from our FOI request, surveys, intelligence from our services and interviews we have undertaken for this report paint a bleak picture."



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The state of home birth services in the UK

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6 The state of home birth services in the UK

FOI responses

It is clear that the widespread unreliability and patchy provision of home birth services means that home birth is not a meaningful option for many women and birthing people in the UK.

Two thirds (66%) of the 119 Trusts for which we have information (either through an FOI response or intelligence from elsewhere) have either had service suspensions, strict restrictions, or frequent interruptions in the 12 months between October 2023 and November 2024.

Table 1. Summary of the state of home birth services in the UK

Category	Definition	Number of Trusts for which we have information	Percentage (%) of Trusts for which we have information
Planned restrictions and suspensions reported	FOI responses or other direct sources report that home birth services were formally suspended or subject to planned restrictions between October 2023 and November 2024	36	30%
Extremely unreliable, frequent interruptions reported	FOI responses indicate that home birth services experienced frequent unplanned interruptions between October 2023 and November 2024, with the Trust unable to attend home births on at least five occasions within that period; or we have received direct reports from healthcare professionals and others regarding frequent restrictions and suspensions during that period	43	36%
Few or no service interruptions reported	FOI responses indicate fewer than five instances where the Trust was unable to facilitate home births between October 2023 and November 2024 and there is no wider intelligence available from other sources to counter this. Note: we urge caution in drawing the conclusion that all of these Trusts have widely available, accessible, homebirth services as they may have highly restrictive admissibility criteria that has not been disclosed to Birthrights.	40	34%

Note: for 26 Trusts either no response was received to our FOI request, or there was insufficient information in the answers provided and in either case there was no information available from other sources to assess availability of home birth services.

6 The state of home birth services in the UK

FOI responses

Our research shows that:

- Home birth services are frequently disrupted by unplanned, temporary restrictions or suspensions as a result of 'unforeseen circumstances' principally relating to staff shortages or sickness, clinical safety concerns or dynamic risk assessment processes.

- Whilst few Trusts reported planned restrictions to women and birthing people accessing home birth services 24 hours a day, seven days a week to everyone in their geographic catchment, this does not mirror the reality experienced by communities on the ground who are often told that midwives may not be able to attend home births during the night, on weekends or in particular geographic areas.

- Extended blanket suspensions of home birth services have been in place across at least 18 Trusts in the 12-month period analysed, with suspensions ranging from two months to more than four years.

- Whilst some hospitals and Trusts do provide home birth services with only limited interruptions, a blanket approach to clinical guidelines and policy often restrict access to home births for whole demographic or geographic communities.

- In some areas dedicated home birth teams have been dismantled, without sufficient provision to replace them, leaving community midwives overstretched and sometimes resulting in a tightening of local criteria to access home births.

- Restrictions and suspensions to home birth services – whether planned or unplanned – are often made on a blanket basis and do not make exceptions for individual needs

- Restrictions and suspensions to home birth services are often not effectively communicated to women and birthing people, resulting in increased stress often in the late stages of pregnancy.

- Home birth is often not proactively offered as a choice, which limits awareness of this option and can present as a decline in interest in home birth in some areas, affecting planning and resourcing.

6 The state of home birth services in the UK

FOI responses

The following table provides a summary of the responses we received from Trusts in response to our Freedom of Information (FOI) request.

Table 2. Summary of FOI responses as of January 28, 2025

Summary of FOI responses as of January 28, 2025	Number of Trusts	Percentage (%) of Trusts
Suspensions in place at the time of their FOI response	3	2%
Planned suspensions or restrictions in place at some point in the previous 12 months, but not currently	17	12%
Unable to send midwives to attend a home birth due to unforeseen circumstances on 5 or more occasions	31	21%
Unable to send midwives to attend a home birth due to unforeseen circumstances on fewer than five occasions	63	44%
No response received	22	15%
Insufficient data provided in response	9	6%

6 The state of home birth services in the UK

Not the full picture

We know from our wider intelligence that of the 22 Trusts who did not provide an FOI response, five currently have suspended home birth services or have had suspensions in the 12 months period covered in the FOI request.

We have received multiple reports of frequent service suspensions relating to 10 Trusts out of the 63 Trusts which reported in their FOI response that they have had fewer than five instances where home birth services have been interrupted during the 12-month period covered in the FOI request.

And while some Trusts report only limited occasions where it was not possible for midwives to attend a home birth, our intelligence shows that this can often be a result of a home birth not being offered as an option for consideration to women and birthing people; the unreliability of the service making it feel like it is not a viable option to women and birthing people who would otherwise consider it; and highly restrictive admissibility criteria or clinical guidelines without room for consideration of individual circumstances locking certain demographic or geographic groups out of home birth or even midwifery-led care.

"Choosing a home birth often feels like a battle – you have to fight for it every step of the way. Scaremongering is all too common. It often feels like a panel interview with multiple midwives/consultants questioning your choices until you feel worn down."

"For Black and Brown communities, this experience is compounded by biases in how risks are assessed. It's this fear of bias and anxiety around how we'll be treated that results in some of us opting out of tests, scans, and offers of interventions which may mean that we miss out on vital healthcare."

-A doula and founder of a community organisation

We have reports that at least 11 of the 63 NHS Trusts who reported being unable to attend a home birth on fewer than five occasions have strict admissibility criteria to access midwife-led care, including home birth. In one Trust, for example, clinical guidelines determine all Black and Brown women and birthing people as having 'high-risk' pregnancies therefore making home birth unavailable to them, given local policy states that only those considered to be 'low-risk' can access home birth. In several Trusts, blanket restrictions on those with certain conditions such as gestational diabetes, lock many women and birthing people out of midwife-led care altogether, without consideration of individual circumstances or risk.

"Even though I have booked in for a home birth, I am now being told that booking is not completed and that I must see a consultant and attend a better birth clinic so I can be 'considered' for home birth."

-Birthrights service user

6 The state of home birth services in the UK

Not the full picture

It is also commonplace for coercive practices requiring women and birthing people to submit to certain examinations or interventions, such as routine vaginal examinations, in order to access midwife-led care including home birth services, preventing take up by some women and birthing people.

> *"I was informed that I needed to be 4 cm dilated to access the birth centre, but this stipulation meant that consent was not voluntary, as it could only be assessed through a vaginal examination."*
>
> -Birthrights service user

Long-term suspensions to home birth services

We are concerned that some Trusts have had routine ongoing suspensions to home birth services. In some cases, these have been communicated to women and birthing people as 'temporary' suspensions due to current staffing shortages or a review into an adverse outcome, but in fact have rolled on a continuous basis with dates for reinstatement of the service constantly shifting.

> *"The lead up [to my home birth] was such a stress. It wasn't an enjoyable experience. I just can't rely on the system, I can't rely on it."*
>
> -Interview participant

Long-term suspensions to home birth services

Table 3. Trusts with suspensions to home birth services

Trusts with suspensions to home birth services	Services suspended at time of FOI request - October 2024	Services suspended at some point between October 2023 and November 2024	FOI response received	Notes
Barking, Havering and Redbridge University Hospitals NHS Trust	No	Yes	Yes	Home birth service suspended between July 2023 and January 2024
Betsi Cadwaladr University Health Board	No	Yes	Yes	Homebirth services were re-instated in February 2024
Cardiff and Vale University Health Board	No	Yes	Yes	The homebirth services were suspended between August 2023 to the end October 2023
County Durham and Darlington NHS Foundation Trust	Yes		Yes	Home birth service suspended since 2021 and still suspended in March 2025
Croydon Health Services NHS Trust	Yes		Yes	Home birth service suspended since August 2024 and still suspended at time of FOI response in November 2024
Derby and Burton NHS Foundation Trust	No	Yes	Yes	Home birth service suspended between 2020 and 2024
Manchester University NHS Foundation Trust		Yes	No	
NHS Greater Glasgow and Clyde	No	Yes	Yes	The suspension of homebirth cover in an area in Clyde was in place for a period of 6 months.
NHS Highland	No	Yes	Yes	There is one area in NHS Highland, that has not been able to offer home birth for over 12 months.
North West Anglia NHS Foundation Trust	No	Yes	Yes	Prior to April 2024, homebirth services were not in place.

Long-term suspensions to home birth services

Table 3. Trusts with suspensions to home birth services

Trusts with suspensions to home birth services	Services suspended at time of FOI request - October 2024	Services suspended at some point between October 2023 and November 2024	FOI response received	Notes
Nottingham University Hospitals NHS Trust	No	Yes	Yes	The service was suspended in January 2024 and launched as a full-time service from March 2024.
Sandwell and West Birmingham Hospitals Trust		Yes	No	
South Tyneside and Sunderland NHS Trust		Yes	No	
Southern Health and Social Care Trust (Northern Ireland)	Yes	Yes	Yes	Home birth service suspended since September 2024 and still suspended at time of FOI response in November
Swansea Bay University Health Board	No	Yes	Yes	Home birth service suspended between 2021 and 2024
Tameside and Glossop Integrated Care NHS Foundation Trust	No	Yes	Yes	The homebirth service was reintroduced at the end of July 2024
The Newcastle Upon Tyne Hospitals NHS Foundation Trust	No	Yes	Yes	The homebirth service was suspended for 12 months from July 2023 to June 2024
University Hospitals of North Midlands NHS Trust	No	Yes	Yes	Prior to April 2024, the service was suspended. The Trust have supported homebirths taking place from October 2024.

6 The state of home birth services in the UK

Frequent service interruptions

94 Trusts shared in their responses that while they have not imposed formal planned suspensions in home birth services in the past 12 months, there have been unplanned interruptions to home birth services, with 30 Trusts reporting more than five service interruptions in a 12-month period. Nine Trusts also reported that they do not routinely record data on when services are affected by unplanned interruptions.

> *"The restriction on the service meant that I could not rely on it being there. To me, that was as useless and stress-causing as it being totally unavailable - if I can't rely on it, then it just brings worry, not peace of mind."*
>
> -Survey respondent

Examples of home birth service interruptions reported by Trusts:

- 40% of planned home births in one Trust could not be facilitated due to staff shortages
- In one Trust a 15% of all day and night home birth shifts were not covered in a 12-month period
- Home birth service was suspended 139 times in a 12-month period in a single Trust, equating to a total 1,920 hours of suspension, due to staffing level difficulties.
- Home birth service was suspended 101 times due to staffing issues in one Trust

"I have very few options and am considering free birthing. They have an arbitrary age limit of 39 at booking for the MLU and I am absolutely not prepared to go on the labour ward for trauma reasons."

-Survey respondent

Restrictive guidelines

Women and birthing people often face arbitrary and blanket criteria in risk assessments. Factors such as use of antidepressants, slightly elevated white blood cell counts, or previous caesarean births are "risk factors," that routinely prevent any consideration of home birth options, without wider assessment of individual circumstances and the rights of women and birthing people to make informed decisions about their care.

Rigid criteria, which does not take account of individual circumstances, are often cited when individuals are trying to access home birth such as age limits, blanket refusals to facilitate home birth after a previous caesarean, breech presentations, or multiple births.

Communication

We have received accounts of individuals being actively "discouraged" from seeking home birth, due to practical issues, rather than any clinical advice, such as shortage of midwives or ambulance wait times.

Even when restrictions or suspensions to home birth services are known in advance, these are not always communicated clearly. Women and birthing people have shared with us that they were not informed about service suspensions in a timely or transparent manner. Some only discovered suspensions by chance, through conversations with others in the community, while others heard about it from hospital staff they had not met earlier in their pregnancy. In some cases, misleading information on Trust websites added to the confusion, with websites claiming that home birth services were available when, in reality, they were not. This lack of clear and consistent communication can severely hinder timely planning for women and birthing people.

> ***"I was very clear I wanted a home birth extremely early and yet it was only at 36 weeks during my home birth assessment that anyone mentioned that the service was suspended."***
>
> -Survey respondent

7

The reasons behind home birth restrictions and suspensions

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7 The reasons behind home birth restrictions and suspensions

Our research and wider work makes clear there are healthcare professionals dedicated to providing person-centred care and working hard to find ways to support women and birthing people to access home birth. However, we have also found a complete lack of understanding in some Trusts of the rights of women and birthing people to make decisions about their place of birth and bodily autonomy. **There are a number of common themes that are impacting the ability of Trusts to provide home birth as a meaningful choice for women and birthing people:**

- Inadequate service planning and staffing pressures
- Lack of emergency plans to ensure business continuity
- Changes in staffing structures and removal of protections for home birth services
- Perceived reduced demand for home birth services
- Challenges in providing across a full geographic area covered by a Trust

"I told my midwife when I decided I wanted a home birth when I was about 20 weeks pregnant. She told me we would discuss it when I was 36 weeks pregnant and told me that home birth wasn't always possible because of staffing shortages, there were only certain days and times when home births could be supported. I asked if she needed to record my request somewhere, for resource planning processes. She said no, there was nothing like that."

-Interview participant

Inadequate service planning and staffing pressures

The most common reason stated for being unable to send midwives is staffing shortages: high acuity on the main labour ward and lack of two midwives available for a home birth while there is another ongoing home birth, as well as insufficient numbers of midwives with home birth experience.

These issues all suggest a deeper problem with service planning and issues with recruitment and retention, rather than unexpected and unforeseen issues. The responses reveal that without long-term effective planning, midwives are often reallocated to the labour ward, disrupting the continuity of home birth services.

Unresolved, long-term planning issues, resulting in persistent staff shortages, mean Trusts are often resorting to last-minute, blanket temporary suspensions and restrictions, which do not take individual needs into consideration. It is the Trusts' responsibility to ensure that midwives receive the necessary training and experience for home births and that home birth is recognised as a core maternity service.

7 The reasons behind home birth restrictions and suspensions

Lack of emergency plans to ensure business continuity

Severe weather conditions are also cited by Trusts as "unforeseen circumstances" and as justification for temporary restrictions or suspensions for the "safety of staff". The increasing frequency of extreme weather warrants emergency planning to consider how community maternity services can be maintained in crises. This is something brought into sharp relief during the racist and Islamophobic violence that broke out in the Summer of 2024, when there was a distinct lack of contingency planning in place to ensure that particularly the most marginalised women and birthing people could access maternity services and minoritised staff had adequate protections in place to undertake their duties.

Changes in staffing structures and protections for home birth services

Reports from our information and support service and survey responses reveal that when dedicated home birth teams have been dismantled, there are more frequent interruptions to home birth services. Without a dedicated home birth team, interruptions to the system appear to be more frequent when community midwives are also expected to be on call for the labour ward.

"Since our Trust made changes to the dedicated home birth team and failed to replace the staff we lost, I feel deeply disheartened and sad that the job I once absolutely loved is slowly slipping away from me.

I love going to work and providing continuity of care to women and their families. It fills me with sadness that some families I've been with through two homebirths, I may not be able to be present for any further births for them.

It really is such a necessity for women to have a dedicated team providing continuity. I describe my job as building lots of mini temporary families as you really get to know people and build a great connection with them throughout their journey,"

-Survey respondent

Perceived reduced demand for home birth services

Our research reveals increasing restrictions to accessing home birth resulting in many women and birthing people unable to exercise their right to decide place and method of birth. Such sweeping policies, without any consideration of individual needs, can mask the numbers of individuals whose first choice would be home birth, simply because they are excluded from such services altogether.

Further, whilst Trusts often cite the lack of demand for dismantling dedicated home birth teams, women and birthing people report that they are often not informed about home birth as an option, impacting demand for the service.

"After a traumatic first birth experience due to my rights not being respected, treatments performed unnecessarily and without consent and experiencing obstetric violence, I was reassured to hear about the brilliant, dedicated home birth team in my local area. It has been rumoured for a year that this team will not continue. The given reason is due to staffing issues and lack of demand.

Now, no new staff are being hired or advertised to replace home birth midwives when they have to leave and eventually the team will cease to exist. More and more people are being told to come into hospital as there is no one available for home birth. The home birth team were not mentioned to me when I was pregnant, and I was not told home birth was an option which may explain the lack of demand as women do not know,"

-Survey respondent

Geographic catchments

Whilst it is clear that the provision of home birth services is patchy across the UK, some Trusts providing home birth services also have geographic restrictions within their area. This most obviously applies to Trusts covering large rural areas, including notably, island communities. However, we also see geographic catchment restrictions in more built-up urban areas too.

"At my Trust, they do not have home birth team due to staff shortages and the midwife-led unit is also closed. Someone who lives two miles from me can have access to homebirth, but due to my postcode boundary, I can't.

I feel this is total inequality of care and unacceptable. I have met with the consultant midwife and she said that nothing can be done. I feel very frustrated and upset at the situation as my birth is fast approaching,"

-Birthrights service user

8

Impact on women and birthing people

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8 Impact on women and birthing people

Restrictions, suspensions and frequent interruptions of home birth provision in the UK is causing trauma for individuals and a wider distrust in the system across communities. For some, the fear of having to enter a hospital to give birth or be subjected to unwanted medical interventions leads to the feeling that the only viable option is unassisted birth. These restrictions, suspensions and frequent interruptions of home birth provision have a disproportionate impact on the most marginalised communities particularly Black and Brown women and birthing people, queer and trans communities and Deaf or disabled or neurodivergent women and birthing people.

Our research shows that:

- Women and birthing people who want a home birth often feel ignored and unsupported, adding to a growing mistrust in the maternity system.
- Many women and birthing people describe feeling unassisted birth is the only viable option after being denied access to midwife supported home birth.
- Women and birthing people feel they cannot rely on home birth services being available, creating anxiety and stress throughout their pregnancies.
- Women and birthing people told us how traumatic it is when a planned home birth is no longer possible because of 'unforeseen circumstances'.
- Women and birthing people describe feeling empowered when they have secured their right to a home birth, but exhausted at having to fight so hard to access their rights.

Ignored and unsupported

Women and birthing people contacting our information and support service and responding to our surveys consistently report that their concerns are dismissed, their voices are unheard, and their questions are not answered when seeking a home birth. Many describe feeling "ignored" and believed insufficient information was provided about the reasons for prolonged service suspensions, potential dates for reinstatement, or why Trusts are not considering alternative options to maintain service provision, particularly for those with specific needs.

We can see from accounts of women and birthing people that this is especially devastating for those who have experienced birth trauma at the same hospital labour ward, feeling they are left with no viable options. In such cases, some women and birthing people feel forced to consider an unassisted birth, which while a lawful and empowering choice for some, is not something people should be pushed into because of a lack of access to other services.

> ***"Been told no and no other support or discussion offered [...] Some people are saying if I call on the day that they 'might' find a midwife available however this isn't my preference, and I am unsure how long this would take. My options are basically free birth or go into a hospital environment where I don't feel safe,"***
>
> -Survey respondent

Unreliable services

For others, frequent service interruptions mean that even if Trusts say that they offer home birth services, the high likelihood that the service will be unavailable for them during labour, means they seek other options.

"Through a local home birth group I found out information about the neighbouring Trust's home birth service, and I then spent 8 weeks at the end of my pregnancy trying to get that arranged (with almost all the stress coming from my Trust failing to respond to emails or agree to my transfer of care, as my care from the neighbouring Trust was exactly as you would wish)."

-Survey respondent

Caught off-guard

Too often, women and birthing people find their planned home birth is not possible whilst in labour when they call the hospital to request midwife attendance. The impact of this during labour is deeply traumatic. In some cases, women and birthing people are supported early on in pregnancies to prepare for home birth, others describe the lengthy battles they have to fight to have their decision respected. However, cases from our information service and survey responses reveal that decisions can change abruptly, often without clear explanation or meaningful efforts to offer alternatives, in the very last moments of pregnancy.

Birthrights has heard that the lack of home birth midwives on weekends is sometimes only shared with women and birthing people at a very late stage, leaving little or no time to arrange alternative provision. This has a disproportionate impact on women and birthing people in the final weeks of pregnancy, creating unnecessary anxiety, removing agency and no doubt making birth trauma a more likely outcome.

"Our home birth was planned and agreed (after a long battle to get it medically agreed). Then when I went into labour, they had no midwives to send out to us.

The hospital said they were short staffed, and the home birth team were understaffed. They only had two midwives on the home birth team, and neither were working or on call on the night I was in labour.

They said labour ward couldn't spare two midwives to send out. We didn't get the home birth that we desperately wanted. We were told our only option was to call an ambulance or 'free birth'."

-Survey respondent

8 Impact on women and birthing people

Scaremongering and coercion

Healthcare professionals have a critical role in providing unbiased, evidence-based information about the material risks and benefits of all reasonable care options, tailored to the individual circumstances of each woman or birthing person.

But the reality we hear is not always in line with this. We have heard women and birthing people and healthcare professionals describe how coercive tactics and scaremongering have clearly aimed to push people toward hospitals rather than opening up a genuine dialogue about preferences and needs.

And in some cases, women and birthing people report facing threats of referral to social services by their Trust when their choice to give birth at home is not supported.

"Home birth team threatened me to withdraw care if I dared to have my breech baby at home. I felt scared, abandoned and hopeless."

-Survey respondent

"I [was] referred to children services by my midwife because she does not support my decision to give birth at home. I am aware from your website that she does not have the right to refer me solely on this ground. I have been ignoring their calls so far and do not know how to approach the situation without it escalating."

-Birthrights service user

8 Impact on women and birthing people

Risk aversion and safety

Individual risk is often assessed solely through the lens of physical risks and often with a focus on perceived risks to the baby, rather than the mother. The psychological and long-term impacts on women and birthing people of removing agency and bodily autonomy are too often overlooked. Trusts' concern around liability also regularly fails to recognise how the human rights legal framework applies in maternity care, opening up staff to greater risk of legal challenge and liability in negligence cases, when the voices and decisions of women and birthing people are overruled.

Women and birthing people have also been told that a home birth service is 'temporarily' suspended to allow for risk assessments to take place following an adverse outcome.

We also heard from people who believe that some Trusts' view of safety often prioritises its own interests over those of a woman or birthing person, making them feel even more unsafe.

A doula supporting Black and Brown communities reflected that "closing home birth services for risk assessment is, paradoxically, creating more risks."

"Every midwife who discusses it with me just keeps saying 'it isn't safe because of the staffing, and we have to keep you safe' but that just makes me feel more unsafe about my overall care.

Is the reason I'm being offered inductions because they don't have the staff to safely manage spontaneous labour? Am I safe giving birth anywhere if they're saying staffing is this bad? It shouldn't be my responsibility to make their provision safe, but it feels like they're saying it is."

-Survey respondent

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Impact on marginalised communities

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9 Impact on marginalised communities

Women and birthing people from marginalised communities are disproportionately impacted by suspensions, restrictions and restrictive policies to home birth services.

- Clinical pathways and guidance on who is able to access home birth too often automatically lock Black and Brown women and birthing people out of home birth options.
- Hospital environments are often not set up to accommodate the needs of women and birthing people who are neurodivergent and/or Deaf or disabled or have additional needs.
- Deep mistrust in the maternity system from communities least likely to be heard and most likely to come to harm, for example:
- 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 report by LGBT Foundation found that 30% of trans and nonbinary people (46% of trans and non-binary birth parents of colour) elected to have an unassisted birth, accessing no NHS or private support during their pregnancy or pregnancies – but 54% would have found it helpful to have a midwife to support them during labour and giving birth.
- Women and birthing people from the most marginalised communities often do not have the resources to fight for consideration of their individual needs, and if they do, their voices are often unheard.

Racialised pathways and guidance

Some women and birthing people described how they were recommended to take additional tests on the basis of their ethnicity, for example relating to gestational diabetes, and then those test results were used as a reason to deny them access to homebirth. The pathways for determining who requires testing for gestational diabetes and other pregnancy related conditions vary across the UK, as do Trusts' diagnostic criteria for these conditions. The result is that someone in one Trust may be denied access to a home birth, based on a particular test result, when had they lived in another Trust, they may not even have been tested for the condition, may not have been diagnosed with it, or may have been permitted a home birth notwithstanding the diagnosis due to different assessment of the 'risk' posed.

Echoing findings from Birthrights' Race Inquiry, Systemic Racism, Not Broken Bodies, women and birthing people shared with us how they feel anxious and powerless, fearing that their bodies might "fail" them by producing test results that the Trust could use as a reason to deny a home birth without consideration of their individual circumstances, risks and right to make informed decisions.

9 Impact on marginalised communities

Additional needs

Women and birthing people with additional needs, those who are Deaf or disabled, have had previous birth trauma, or trauma related to hospital or healthcare settings are too often forced into hospital births without any consideration of their circumstances or what reasonable adjustments may be required. The London School of Hygiene & Tropical Medicine (LSHTM) and the Missing Billion Initiative (MBI)'s March 2025 report titled "Disparities in maternity care for disabled women in the UK" shows "women with physical disability were less likely to have a choice of place of birth"[10]. Many describe the experience as degrading, with their concerns and needs dismissed, which add to their trauma.

"Giving birth at home in a neuroaffirming environment can often be crucial for neurodivergent people who have sensory sensitivities and challenges with sensory processing which may be difficult to manage in a hospital setting.

Having control over who enters the space, along with clear and effective communication, is essential for the well-being of neurodivergent women and birthing people. This is why having the option of home birth holds such importance for them."

-Interview participant

Trauma and mistrust

Accessing maternity care that respects women and birthing people's right to bodily autonomy and protects their agency is absolutely central to reducing birth trauma - studies have shown that fear and lack of control during birth are strongly associated with post traumatic stress disorder (PTSD)[11]. For Black and Brown communities, the clear evidence of systemic racism in maternity care makes fear and mistrust even more acute.

"Interest in home birth is growing, particularly among Black and Brown communities, where existing distrust of the healthcare system is now deepened by the anxiety surrounding these suspensions of services. People who are denied home birth services are feeling as though they are being denied the care they truly need and have no other option but to consider an unassisted birth. While it is a great and valid choice, not everyone wants to go down that particular route. So, we see in some cases and for some people, it feels less like a choice and more like a last resort. They're facing a challenging situation with few options, and the system lacks alternatives,"

-Doula and community organiser

Survey responses echo these concerns, with some describing how they felt coerced into unassisted birth due to the lack of accessible, supportive maternity care. One respondent described receiving a phone call at 37 weeks, from someone that they never met before, informing them that the home birth service at their Trust had been cancelled. Having previously experienced a traumatic hospital birth, this news left them in a state of shock and denial. Ultimately, this situation left them feeling like they were forced to have an unassisted birth.

[10] Missing Billion and London School of Hygiene & Tropical Medicine 2025 Disparities in Maternity Care for Disabled Women in the UK (UK maternity report — Missing Billion Initiative).
[11] Ayres, Susan 2016 Birth Trauma and post-traumatic stress disorder ((PDF) Birth trauma and post-traumatic stress disorder: the importance of risk and resilience).
[12] Capik, A. and Durmaz, H., 2018 Fear of Childbirth, Postpartum Depression, and Birth-Related Variables as Predictors of Posttraumatic Stress Disorder After Childbirth (Fear of Childbirth, Postpartum Depression, and Birth-Related Variables as Predictors of Posttraumatic Stress Disorder After Childbirth - PubMed).

9 Impact on marginalised communities

Trauma and mistrust

Women and birthing people's choices are often shaped by prior experiences, such as trauma including previous birth trauma or fear of a system. When the choice of home birth is dismissed or ignored, it can inflict additional psychological harm. For others, the lack of support, such as not having family nearby to help care for other children during a hospital birth, also plays a critical role in the decision to seek alternatives like home birth.

"The fact that there were not enough midwives to support my home birth was confirmed when I was in labour. I had to leave my kids behind crying as the plan was having the birth at home with them. I had to travel to hospital while my body was pushing. It was traumatic. I was devastated,"

-Survey respondent

A survey respondent shared that they had to pay for an independent midwife because they had previously experienced a traumatic birth and were not provided with a home birth service at their local Trust.

Unheard and unsupported

Suspensions of services and restrictions on choice disproportionately affect minoritised and marginalised communities. Alongside approaches to risk assessment that deny Black and Brown women and birthing people choice, there is a significant body of evidence that even when empowered with the knowledge to advocate for their rights, they are less likely to be heard[13][14][15][16].

A representative of a community organisation who also works as the chair of her local Trust's MNVP shared that the home birth team at her local Trust recently told her that only white women choose this option. Concerned, she looked into the issue and discovered that Black and Brown women, people seeking asylum, migrants, and others are often not informed about this choice due to underlying assumptions and biases. Even when they are given information, there is rarely space for meaningful discussions about the option. Additionally, many of these women feel uncertain about factors such as housing conditions, which can discourage them from considering home birth.

"I had a traumatic hospital birth with my first baby, and I feel like I was put on the cascade of interventions, which I had tried to avoid. I didn't feel safe in hospital because things weren't explained properly and I wasn't able to give fully informed consent. I ended up paying for an independent midwife for my second baby,"

-Survey respondent

[13]Five X More 2022 Black Maternal Experiences (Black maternal experiences report — FIVEXMORE)
[14]Gohir, Shaista 2022 Invisible: Maternity Experiences of Muslim Women from Racialised Minority Communities (maternity_summary_report_WEB_2022.pdf)
[15]Amma Birth Companions 2024 Birth Outcomes and Experiences (Birth Outcomes & Experiences Report - Amma Birth Companions)
[16]Friends, Families and Travellers 2023 Guidance: Tackling Maternal Health Inequalities in Gypsy, Roma and Traveller Communities (Extended-Maternal-Health-Inequalities-Guidance.pdf)

Inequity in alternatives

Some Trusts and Integrated Care Boards collaborate with independent midwives and/or companies providing private midwifery services to provide home birth services when their services are impacted by interruptions or suspensions. However, this is by no means universal, creating postcode inequity, with most individuals unable to afford the cost of options such as independent midwives. We have heard cases of hospital Trusts and ICBs disagreeing on who should cover the costs of alternative provision such as independent midwives, creating further delays, stress and confusion for individuals.

In other cases, some women and birthing people shared that they temporarily relocated, moving in with relatives or looking into short term rentals, to fall within the catchment area of a specific Trust, but this is often not a viable option for most. Others, when denied a home birth early in their pregnancy, took it upon themselves to explore alternatives with little to no support from their own Trust. This included reaching out to neighbouring Trusts to enquire about home birth options, or exerting pressuring on their Trust to cover the cost of independent midwives. These alternatives are less likely to be available or practical for marginalised communities and we have heard too often that with no other options, individuals are turning to researching unassisted birth as a last resort.

"Women and birthing people know they cannot rely on NHS staff to attend their home birth, so they make contingency plans to free birth, book an independent midwife or plan a hospital birth despite desperately wanting to birth at home. Recently the Trust has started paying for private midwives and independent midwives to attend one off home births.

This is only for people who shout the loudest and advocate for themselves. It's not equitable or advertised that they'll do this. Some families have said they planned a free birth at home because they felt racially discriminated against at a previous hospital birth.

However, the mums who have been able to secure private midwives paid for by the Trust, are usually white and middle class, which reinforces that stereotype of home birthers and shows this care isn't accessible to families who might need it the most and who don't have the resources to advocate for themselves,"

-Survey respondent

10

Healthcare professionals

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10 Healthcare professionals

Our research demonstrates that there are many healthcare professionals who want to provide person-centred care and are frustrated by restrictions to home birth services and lack of support and training available to enable staff to confidently provide care during labour in home settings. It is also clear that the lack of home birth provision is having a knock-on effect on other healthcare providers, notably ambulance services.

We also see a concerning cycle whereby a lack of investment and support for home birth services is leading to a lack of staff being trained to support physiological birth at home, and fewer home births attended; which in turn is leading to a reduction in staff feeling confident to attend home births, particularly those considered complex, such as breech or twin births. This is leading to restrictive policies reducing access to home births and therefore further failure to provide midwives with relevant training and experience.

Concern amongst frontline healthcare professionals

Healthcare professionals, through our training, information and support service, often express how deeply disheartened they feel about being prevented from delivering person-centred and rights-respecting care.

"We are understandably unable to provide care to women outside of the geographical boundaries. I feel sad that they are not provided the option and that we have to turn someone away because they live outside the catchment area. I wish we could offer this support to a wider community; however funding and capacity constraints make it impossible."

– A member of a home birth team

Healthcare professionals have voiced significant concerns about restrictive criteria for accessing home birth, birth centres and midwifery-led units (MLUs), as well as the limitations placed on births "outside of guidance". Echoing the experiences shared by women and birthing people, they are troubled by how these restrictions undermine choice and personalised care, often leaving women and birthing people feeling forced into unassisted births.

The lack of adequate midwifery support for home births places additional strain on paramedics, who may be called to attend births in the absence of a midwife. Considering that paramedics are not specifically trained in home birth, the quality of care for the woman and birthing person is compromised.

10 Healthcare professionals

Recruitment, Retention, Training

Issues such as understaffing, staff turnover, and the lack of dedicated home birth teams were all cited by healthcare professionals, as ways in which access to equitable care within the community is being prevented. Staff also expressed regret at the absence of accessible information about home birth, particularly for marginalised communities. Through Birthrights service provision and survey responses we have heard how conflicts between obstetric teams and community midwives create further difficulties, leading to confusion, frustration, and ultimately lack of person-centred care for women and birthing people.

One survey respondent shared how, within their Trust, a significant number of full-time midwives left in a short period, with no new recruitment despite staff repeatedly urging leadership to address the issue. As a result, the service shifted to a community midwifery model rather than maintaining a dedicated home birth team, leading to frequent restrictions to home birth services. They also highlighted increasingly restrictive policies around supporting women and birthing people, with home birth rarely being offered as an option. Faced with the lack of adequate support and resources, they shared that they were now considering leaving their role altogether.

Midwives shared how they are not being adequately supported, trained, or provided with the necessary education and practical experience needed to deliver safe and confident care. Some are sent to attend home births feeling unprepared, leading to significant pressure, anxiety, and concerns about safety. Others are prevented from providing home birth services due to insufficient training. However, survey responses reveal that even when midwives propose offering training within their teams, they can face resistance and challenges from leadership.

Experienced and skilled midwives report feeling increasingly disempowered and deskilled, which has a profound impact on their mental health. In many circumstances, despite the disbanding of dedicated home birth teams, they go above and beyond to continue services. Through Birthrights wider engagement and survey responses midwives expressed disbelief and shock at the dismantling of well-functioning services that have been operating effectively and without any issues. Many shared experiences of bullying and mistreatment in the workplace. The cumulative impact of this is leading more and more staff to consider leaving the profession.

11

Recommendations

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11 Recommendations

Home birth should be widely available and accessible, but our research shows that:

- Widespread unreliability and patchy provision of home birth services, with blanket policies on who is able to access home birth services, means that home birth is not a meaningful option for many women and birthing people in the UK
- Restrictions, suspensions and frequent interruptions of home birth provision in the UK is causing trauma for individuals and a wider distrust in the system across communities
- Women and birthing people from marginalised communities are disproportionately impacted by suspensions, restrictions and restrictive policies to home birth services
- There is a widespread lack of adequate planning and training for staff to enable home births to be supported

As such, we call on Government to:

- Draw up new legislation – a **SAFE Maternity Care Act** - that enshrines in law that all Trusts must have a functioning, safe homebirth service, which is widely available and accessible. We recommend that any new legislation includes the following principles:

1. Home birth services must be recognised as a core part of maternity care, and must be widely available and accessible, with particular consideration given to women and birthing people with specific and additional needs.
2. Staffing resources must be planned to enable home births for all those who wish to access them - 24 hours a day, seven days a week.
3. Midwives must receive regular and appropriate training to enable them to support home births confidently and safely, including those deemed more complex such as breech or twin birth, and are trusted and supported by management to do so
4. Women and birthing people must be supported to make informed decisions about where they give birth and their decisions must be respected
5. Clinical guidelines can only ever be guidelines – care must always be individualised and person-centred.

- Ensure NHS reforms align with the Government's intention to increase access to care in the community by safeguarding home as one of the core maternity settings available for birth. This requires urgent action to stop and reverse the dismantling of community infrastructure.

11 Recommendations

Integrated Care Boards (ICBs) to:

- Commission home birth services as a core part of maternity services provision, and keep their importance in mind when undertaking their duties (under NHS Act 2006)
- Ensure that home birth services are widely available as an option for women and birthing people without discriminatory criteria for access
- Ensure all staff understand human rights law and how it applies to maternity care
- Ensure any request for a home birth that cannot be met due to staffing availability or other 'unforeseen' circumstances is recorded as a serious incident and is monitored as key performance data

Maternity Regulators to:

- Formally recognise home birth services as an essential component of maternity care and incorporate them into the evaluation and rating of services provided by Trusts.

NHS Trusts to:

- Plan services and resources to allow for midwives to attend home births (planned and unplanned) 24 hours, seven days a week
- Ensure all policies and guidelines comply with the human rights framework. In particular (a) all relevant guidelines should stipulate that all women and birthing people should be offered unbiased, personalised information about the material risks and benefits of all reasonable care options in their circumstances free from judgement and coercion, and (b) guidelines should not override the informed decisions of women and birthing people
- Review the availability and accessibility of resources for non-English speakers to ensure equitable access to information and informed decision-making
- Record and monitor interest in home birth at all stages of pregnancy, and include demographic data
- Ensure all midwives are trained and have the confidence, skills and management support to attend home births
- Review all clinical pathways and guidelines through an anti-racist lens to ensure they do not enforce blanket restrictions to home birth services for whole communities and do not lead to coercive and discriminatory practice

11 Recommendations

For women and birthing people

- **You have the right to bodily autonomy.** This means that, provided you have mental capacity, no one can force you to attend hospital to give birth nor to accept any particular medical intervention.

- **You have the right to make your own informed decisions** about your maternity care, including place of birth.

- Healthcare providers should support you in this by discussing with you information about all material risks and benefits of all reasonable care options for you. This information should be personalised for your individual circumstances, and be provided without judgement, bias or pressure.

- If you require interpretation services to help you understand these discussions, and make your decisions, this must be provided.

- **You have the right to choose where you give birth,** including at home.

- If you wish to give birth at home, supported by NHS midwives, this choice should be supported by your Trust, except in very limited circumstances.

- **If a Trust wishes to restrict your rights to be supported by midwives at home, they must be able to demonstrate that their restriction is lawful, has a legitimate aim (such as protecting the rights of others) and is necessary and proportionate.**

- Practically speaking, this means that a Trust must be able to show that their decision was properly made, is properly under review, and that they explored available options before imposing this restriction.

- **Blanket restrictions,** where there is no process for considering individual circumstances, **are unlikely to satisfy this standard.**

- **You have the right not to be discriminated against** when trying to access homebirth services. To give some examples, if you have been told you cannot access homebirth services due to your race, age, BMI, immigration status, or not being a home owner, this may not be lawful.

- **If you are disabled,** depending on your circumstances you may be able to argue that **a homebirth may be a reasonable adjustment for you.**

You have the right to choose where you give birth. You can download our full 'Can I choose where to give birth?' factsheet to inform and equip you fully on your rights and template letters and other resources from our website: Home Birth Resources