

*Protecting human rights
in childbirth*



Access Denied: Restrictions to Home Birth in the UK

Executive Summary

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1 Introduction

Birthrights undertook this research in response to a growing 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. As such, we wrote to all 145 Trusts which provide maternity care across the UK, conducted two online surveys and gathered insights through our information and support service. Our report shows that:

- Widespread unreliability and patchy provision of home birth services, with blanket policies on who can 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



It shouldn't be this way.

Home birth should be widely available and accessible across the UK alongside other core birth settings.

We include recommendations to Government, Integrated Care Boards and NHS Trusts on what needs to be done to ensure home birth is a meaningful option for women and birthing people.

2 The Law

Women and birthing people have the right to make their own choices about the circumstances of giving birth, and the right not to be discriminated against when making those decisions.

All NHS Trusts and ICBs should provide meaningful choice as to place of birth and ensure that midwifery services for all four birth settings (home, freestanding midwifery unit, alongside midwifery unit and obstetric unit) are widely available and accessible. No one can require that a woman or birthing person attends hospital to give birth if they do not want to (except in extremely rare circumstances).

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. In addition, 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.



"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."

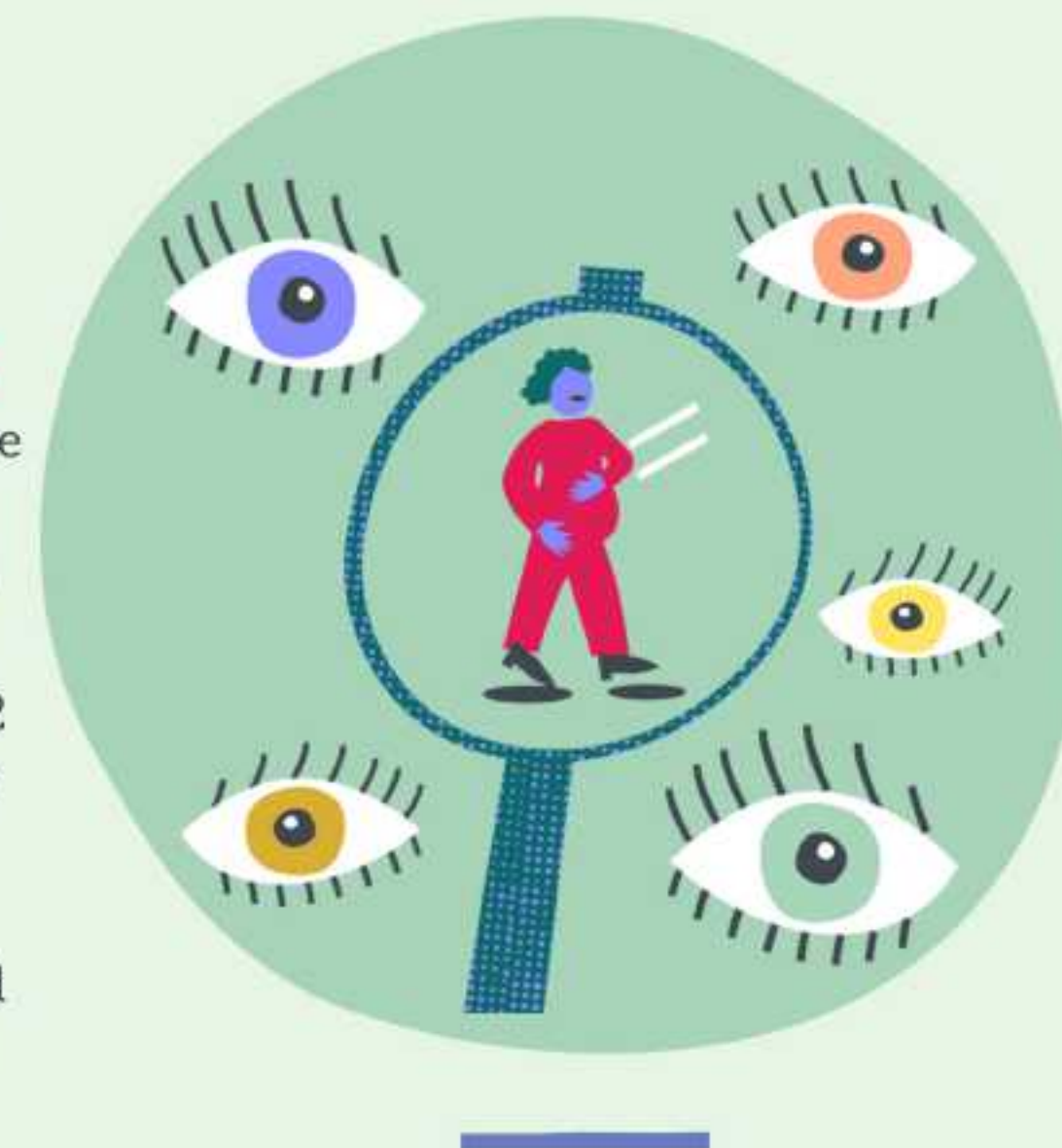
- Elizabeth Prochaska,
Birthrights Co-founder

To understand more about how the law applies in maternity care and relates to home birth – please read our full report [here](#).

3 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 within 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 or actively discouraged, which limits awareness of and reduces take up of this option and can present as a decline in interest in home birth in some areas, affecting planning and resourcing.

4 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



5 The impact on women and birthing people

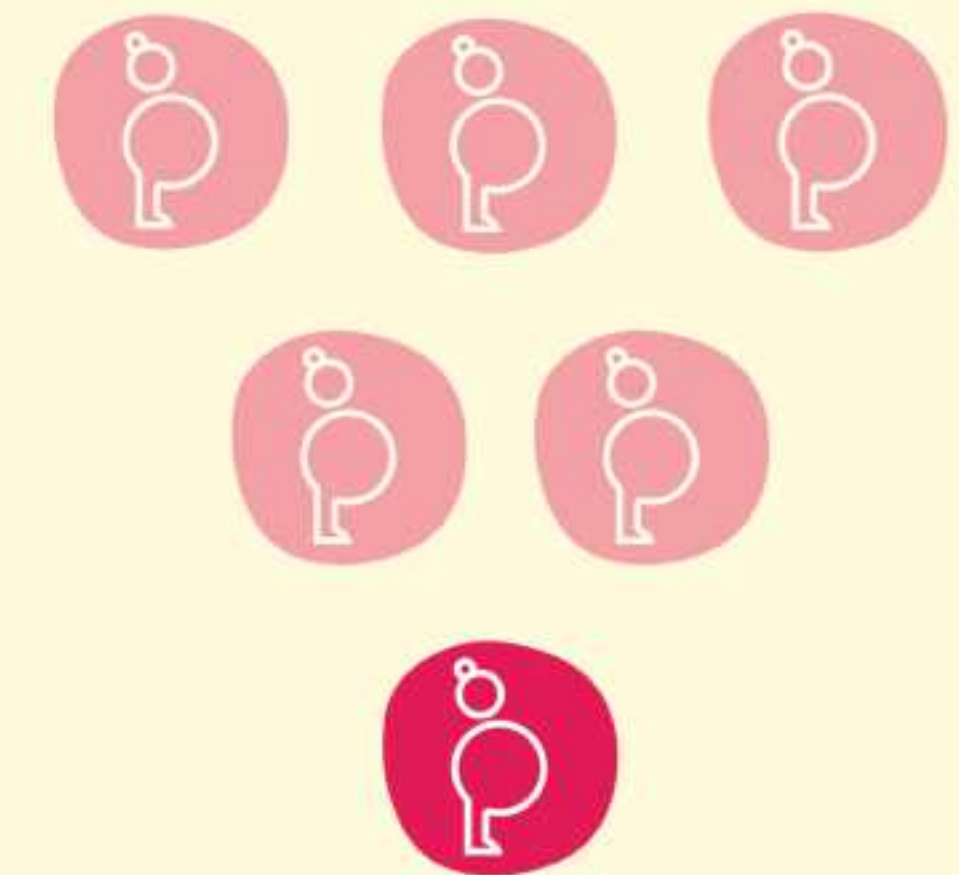
Restrictions, suspensions and frequent interruptions of home birth provision in the UK is causing trauma for individuals and a wider distrust in the system across communities.

- 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.

5 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



"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

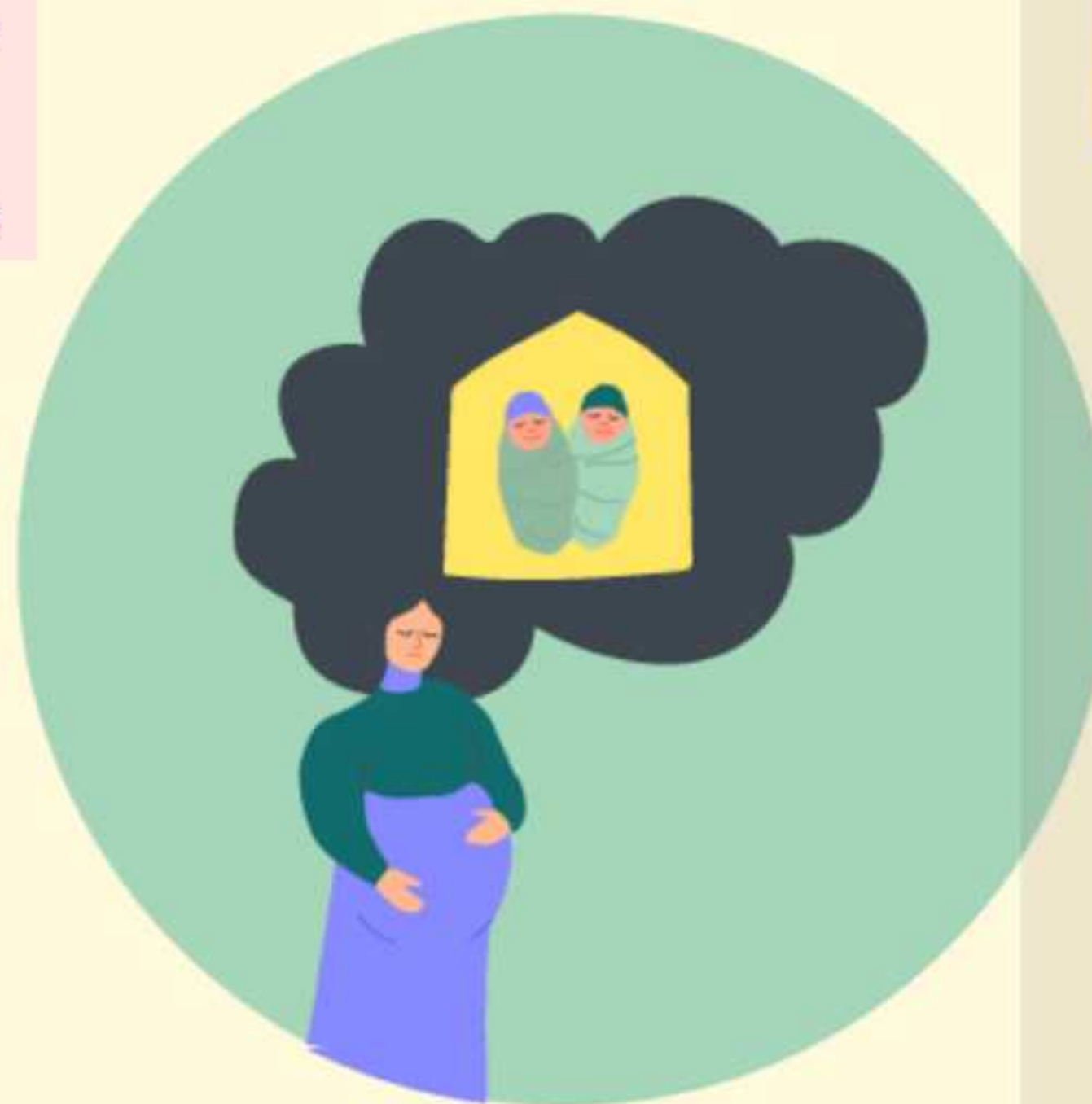


7 Healthcare professionals

- Many healthcare professionals 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.
- The lack of home birth provision is having a knock-on effect on other healthcare providers, notably ambulance services.
- 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.

"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



"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

8 Recommendations

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.



8 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.

"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

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

For women and birthing people



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](#)

"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

"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