

# End Coercion in Maternity Care in the UK

## 1 Understanding coercion



**“What is coercion in maternity care?”**



Coercion is when you feel pressured or pushed into making decisions about your care that don't feel right for you.

It can be obvious or subtle – but it is never acceptable. Coercion can take many forms. You might recognise some of these experiences:

- **Procedures scheduled or happening without meaningful discussions, time to decide or opportunity to comfortably say no**

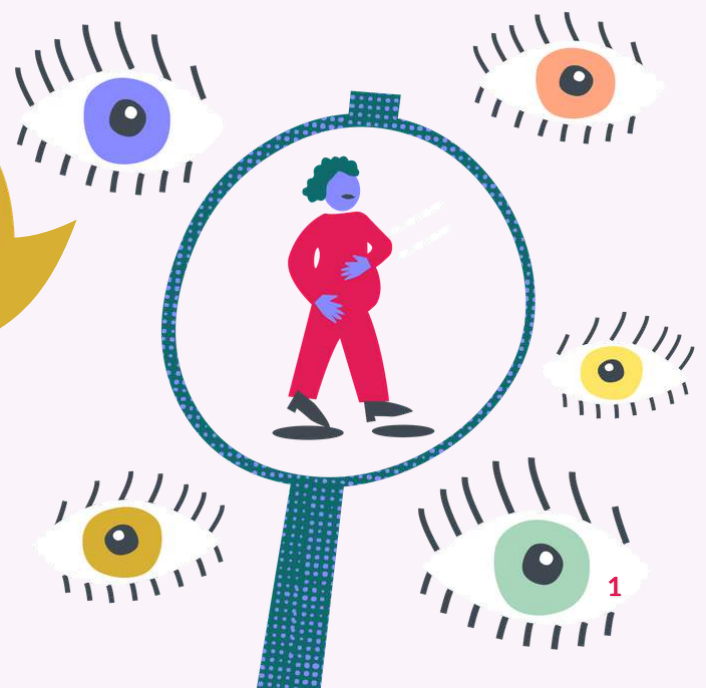
\*Particularly common with scans, inductions, sweeps and vaginal examinations

*“Just hop up on the bed and we'll see how you are doing”*

*“I gave you a sweep whilst I was there to get things moving”*



**birthrights**



- **Permission-based language**

\*Particularly common with access to birthplace settings, use of pain relief options, and access to caesarean.

*“You’re not allowed at the birth centre if you’ve had a previous caesarean”*



*“We don’t let you in the birth pool until you’re 5cm dilated”*

*“We don’t accept maternal request c-section here”*

- **Information being withheld or skewed**

Important information is minimised, dismissed, or presented in a biased way.

\*Particularly common when you are trying to discuss options for where and how you plan to give birth and what feels important to you.

*“The benefits of induction are....the risks of waiting for spontaneous labour are...”*

(without sharing the risks of induction, the benefits of waiting for spontaneous labour, or alternative options e.g. caesarean birth)



**birthrights**

*“We don’t discuss place of birth until you are 36 weeks”*

- **Fear-based or threatening language**

You are made to feel scared or threatened into agreeing.

\*Particularly common when asking for something that feels unfamiliar or 'risky' to your healthcare provider, and/or is considered "out of guidance".

*"If you don't accept regular monitoring and vaginal exams, we won't be able to support your homebirth"*

This might involve:

*"If you don't do X, your baby will die"*

*"You have to have antibiotics or else you will be reported to social services and police would step in after birth."*

- Being threatened with social services involvement, if you do not comply with clinical recommendations.
- Being threatened with mental capacity assessment(s) simply for making decisions that are "outside of guidance" or not clinically recommended.
- Being asked to "sign a statement" or "legal letter", which appears to say that you have waived all your legal rights.
- Being made to feel that your baby's life is at risk, without personalised discussion of the risks in your individual circumstances.
- Being threatened with care being withdrawn.

- **“Coercing with kindness”**

Pressure to choose the option that feels more comfortable for staff, rather than the one that is right for you. It can feel emotional or like it is ‘coming from a good place’ – but still influences your decision.

\*Particularly common when your caregivers are facing staffing or resource shortages, or you are asking for something ‘outside of guidance’

*“We would all feel quite uncomfortable with that”*

*“Everyone on the unit is really stretched right now, and if you ask for this it will make things really hard for them”*

- **Being asked to justify your informed decisions repeatedly**

Your choices are questioned again and again (by the same or multiple staff members) despite your circumstances and reasons not changing.

\*Particularly common when making a choice that is considered 'outside of guidance' or unusual

*"Our consultant would just like to pop in after this to talk to you about your decision to refuse..."*

*"You'll have to be referred to our birth choices clinic so that X and Y can speak to you about that further"*



- **Unnecessary time pressure**

You are rushed into making decisions without medical urgency.

*"You can't leave [hospital] until you've made a decision on which option you are choosing"*

*"As you haven't decided yet, I'll just book you in for an induction just in case"*

- **Pressure through partners or family members**

Trying to get your partner or family member on side to guilt or persuade you into something you don't want.

*“Surely you don’t want this baby to die?  
You need to convince her to change her mind.”*

*“Tell your partner  
she is making a  
mistake”*

While anyone can experience coercion when accessing maternity care, women and birthing people from racialised and minoritised backgrounds may face greater pressure and be at higher risk of coercion in maternity care.

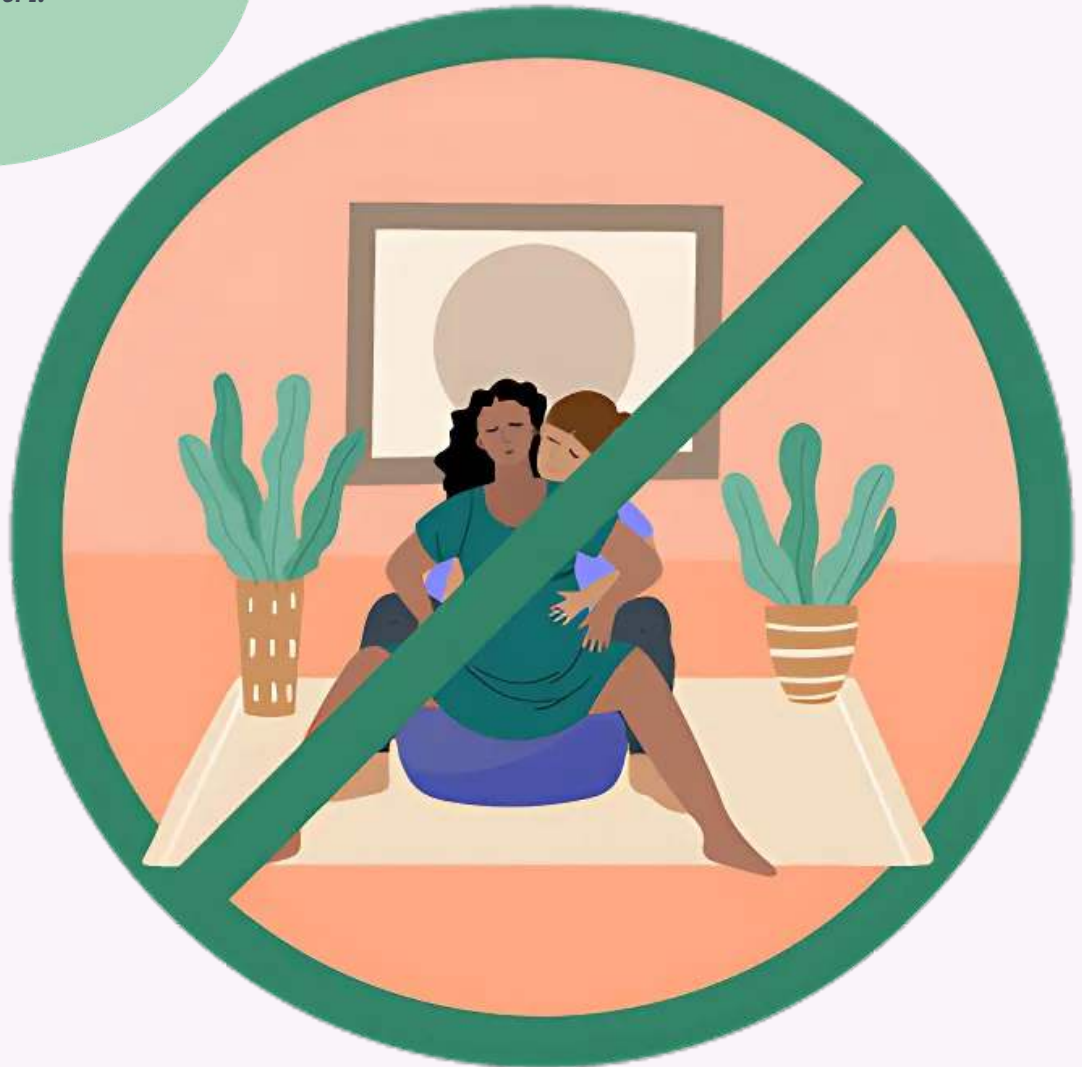
This can include:

- Being pressured to accept additional tests based on assumptions about your race or ethnicity
- Being automatically labelled as “high risk” or “out of guidance”
- Being told you are “not allowed” to make certain choices because of your race or ethnicity
- Not being told that certain options are available to you e.g. homebirth, maternal request c-section, waiting for spontaneous labour
- Being referred to social services in circumstances which would not trigger a social services referral for white women and birthing people

*“You have to be tested for gestational diabetes because you are Asian.”*

*“If you refuse to attend the antenatal appointments we book for you, we’ll have to refer you to social services.”*

*“You have a high BMI so can’t have a water birth.”*



*“You have gestational diabetes so you can’t go to the birth centre, and you must be induced.”*