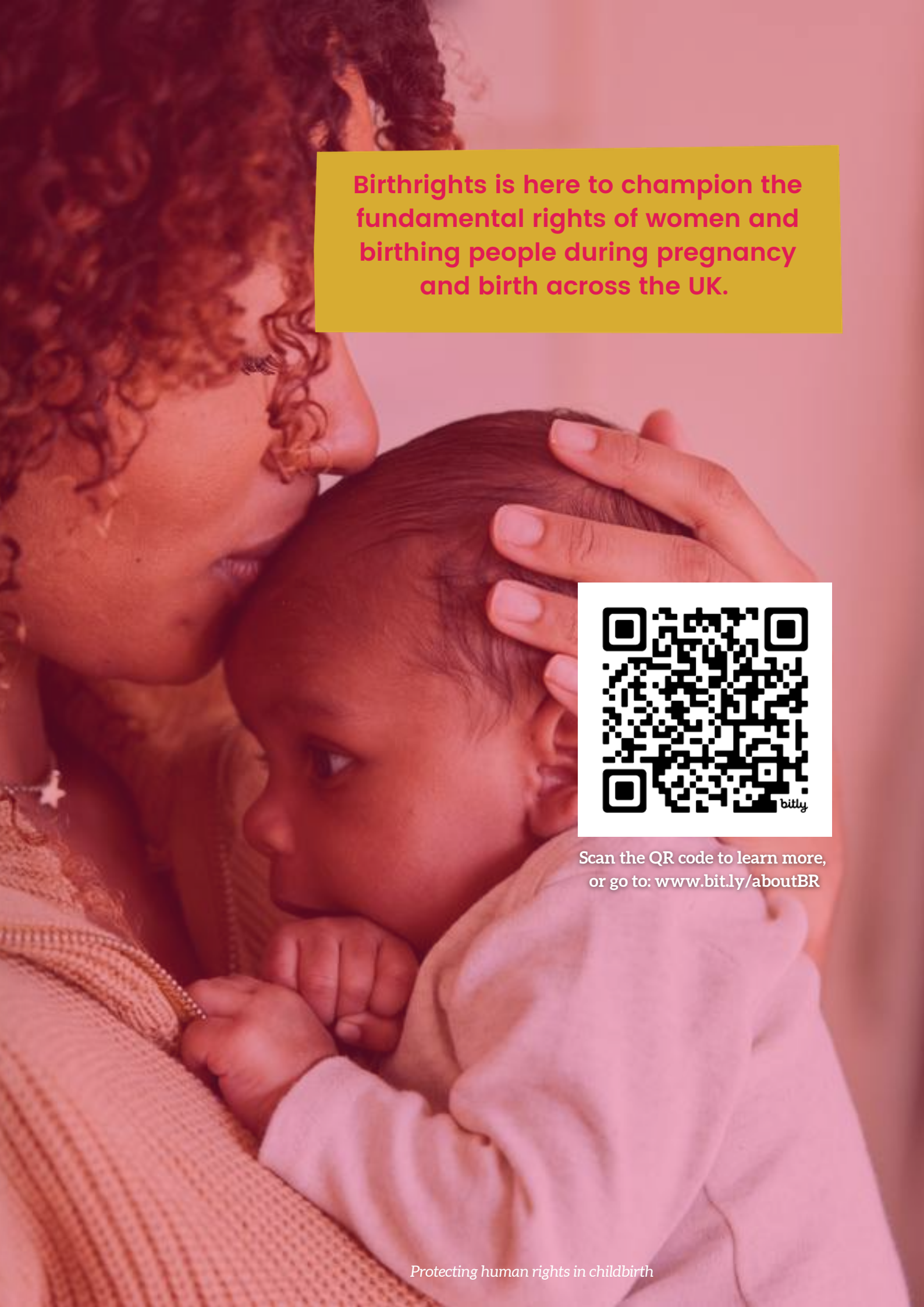
Insights from communities across England and Wales on rights in maternity services

–

A synthesis from four Community Conversations in London, Cardiff, Leeds and Newcastle

birthrights

Contents



Birthrights is here to champion the fundamental rights of women and birthing people during pregnancy and birth across the UK.

Scan the QR code to learn more,
or go to: www.bit.ly/aboutBR

Acknowledgements

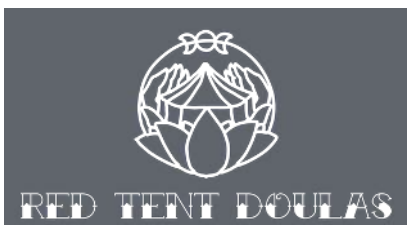
Birthrights would like to thank everyone who contributed to the Community Conversations across England and Wales.

We are deeply grateful to all the women, birthing people, birthworkers and community members who shared their experiences, reflections and insights so openly and generously. Many participants spoke about deeply personal and difficult experiences, and their contributions have shaped the learning and recommendations within this report. For this we are deeply grateful.

We would also like to thank the partner organisations who hosted the conversations and inputted into the synthesis and recommendations: Red Tent, WOMB, Leeds Involving People and Postpartum Matters.

Special thanks to the facilitators and contributors who helped create supportive and reflective spaces for discussion, including Farah Lodhi (Birthrights), Tracey Sealey (Birthrights), Nicola Goodhall (Red Tent), Sinnead Lorraine (WOMB), Sharon Burke (Leeds Involving People) and Zoe Gardiner (Postpartum Matters), alongside the wider community organisers, volunteers and advocates involved in each session.

We also acknowledge Joanna Knight from merl for supporting the development of the learning approach underpinning this work and for drafting this report.



Glossary of Terms

Service user	A person who is using, or has used maternity services.
Birthworker	An umbrella term that includes all professions that are part of the maternity system including NHS midwives and doctors, independent midwives, doulas, birthkeepers, breastfeeding consultants.
Community advocate	People who are within the community that support pregnant people such as partners, husbands, friends and experienced community people.
Civil Society Organisation	Civil Society Organizations (CSOs) are non-state, non-profit, voluntary entities formed by people to advance shared interests, values, or goals.
Community	We define community here in line with the Baring funding's objectives and those CSOs to demonstrate that they are: working in the communities to improve the birthing experience of women and birthing people with a particular focus on women and birthing people from marginalised or minoritised communities.
Coercion	We define coercion in maternity services as practices or behaviours that undermine a pregnant person's ability to make free, informed, autonomous decisions about their care.

Report Summary

What is this report about?

This report brings together learning from four Community Conversations facilitated by Birthrights in partnership with Red Tent (London), WOMB (Cardiff), Leeds Involving People (Leeds) and Postpartum Matters (Newcastle). The conversations explored how women, birthing people, birthworkers and community advocates understand and experience rights in maternity care, what helps or hinders people from speaking up, and what support or tools would help people feel more informed, respected and heard. The report is intended for Birthrights, civil society organisations, maternity professionals and policymakers interested in strengthening rights-respecting maternity care.

What did we do?

Between December 2025 and March 2026, approximately 80 participants took part across the four locations, with marginalised women and birthing people, birthworkers and community advocates. The conversations used trauma-informed facilitated group discussions, where key points were captured, complemented by facilitator observations and participant surveys. Insights were analysed thematically across three learning questions and later validated with partner organisations through a sense-making and validation workshop.

What did we learn?

Rights were understood through lived experience.

Participants understood rights in maternity care primarily through experiences of:

- Being listened to and believed
- Dignified and respectful treatment
- Having choice and informed consent
- Feeling safety during pregnancy, labour and postnatal care
- Continuity of care and trusted relationships

Many participants described feeling dismissed, pressured or expected to comply rather than participate equally in decisions. Experiences of racism, discrimination, language barriers, migration-related fears and cultural misunderstanding influenced whether women and birthing people felt able to exercise their rights safely.

Being able to speak up was shaped by power, racialised systems, trust and vulnerability.

Participants described "speaking up" as asking questions, challenging decisions and naming when something felt wrong. However, confidence to advocate was influenced by:

- knowledge and understanding of rights
- support from doulas, partners and advocates
- previous experiences of healthcare
- relationships with professionals
- whether people felt safe from judgement or consequences

Many participants described feeling dismissed or pressured to comply rather than participate in decisions. Experiences of racism, intersectional discrimination, language barriers, migration-related fears, disability, neurodivergence and cultural misunderstanding influenced whether women and birthing people felt able to exercise their rights safely. Black and brown women described fears of being labelled aggressive, difficult or non-compliant when questioning care, alongside concerns about social services involvement, immigration status and culturally insensitive treatment within maternity services.

Information alone is not enough

Participants consistently emphasised the need for:

- practical and accessible rights information
- myth-busting factsheets and short videos on real-life scenarios
- birth planning and decision-making tools
- community-based advocacy and peer support
- workshops and role-play approaches
- stronger accountability within maternity services

There was strong agreement that rights-respecting care depends on maternity systems and organisational cultures being willing to listen and respond, not only on individual knowledge.

What did participants think would help these experiences?

Participants consistently emphasised that information alone is not enough to improve experiences of maternity care. The strongest message across all four conversations was the need to combine accessible information with trusted support and wider changes within maternity services.

Participants wanted clear, practical information about rights, choices and informed decision-making, available in multiple languages and formats and embedded throughout pregnancy, labour and postnatal care. Suggested resources included short videos, myth-busting factsheets, rights cheat sheets, visual guides and birth planning tools.

Trusted support was also seen as essential. Doulas, community advocates, peer support groups and community conversations were valued for helping women and birthing people build confidence, navigate maternity services and feel less alone.

Participants also called for stronger accountability within maternity services, including respectful communication, culturally responsive care, continuity of care and organisational cultures where questions, challenge and informed decision-making are welcomed. Rights-respecting maternity care was seen as requiring both community support and system change.

Introduction

Birthrights is developing work with civil society organisations to strengthen rights-respecting maternity care for communities most at risk of discrimination and rights breaches. The community conversations were designed to generate grounded learning from women, birthing people, birthworkers and community organisations across England and Wales about how human rights are understood, what prevents rights being exercised, and what support would make maternity care more informed, respectful and accountable. The project was designed as a participatory, trauma-informed and intersectional learning process, with community voice weighted strongly in the analysis and findings intended to shape Birthrights' future training, workshops, tools, resources and advocacy.

This synthesis draws together learning from conversations in London with Red Tent, Cardiff with WOMB, Leeds with Leeds Involving People and Newcastle with Postpartum Matters. It responds to the project's three learning questions:

- Understanding and experiences of rights: What are the experiences and understanding of women and birthing people in exercising their rights during pregnancy, labour and postnatal care?
- Confidence and self-advocacy: What helps or hinders women and birthing people to speak up about their rights in maternity services?
- Ideas for tools and resources: What kinds of information, tools, or support would help women and birthing people feel more informed, respected, and heard?

It will be used by Birthrights to inform the development of future training, tools, advocacy and community-based work to support rights-respecting maternity care. The findings will help inform how Birthrights works alongside communities and Civil Society Organisations CSOs) to address barriers, inequalities and experiences of discrimination in maternity services. This report seeks to reflect the full range of experiences and suggestions shared by participants. Not all suggestions will necessarily be taken forward directly, however they have been included to honour participants' contributions, ensure transparency and capture insights that may be valuable to Birthrights, partner organisations and others working to improve maternity care. Collectively, these reflections will inform Birthrights' future decision-making, including the development of its long-term strategy. The report reflects Birthrights' commitment to centring the experiences, knowledge and perspectives of marginalised communities whose voices are too often excluded from decision-making processes.

The report sets out the methodology, limitations, the key findings responding to the first two learning questions – firstly a short summary, then a longer description from the perspective of service users and then Birthworkers. The third learning question details the suggestions for tools and resources that participants came up with. This is followed by conclusions and recommendations for Birthrights and relevant community organisations, developed in collaboration with the CSOs involved.

Methodology

The synthesis is based on four Community Conversations held between December 2025 and March 2026 with CSO partners in London, Cardiff, Leeds and Newcastle. Birthrights invited CSOs to apply to host the conversations, their applications were reviewed against set criteria to select who they would collaborate with. Out of the 25 organisations who had applied, Birthrights chose selected organisations with strong relationships and expertise in supporting marginalised and minoritised women and birthing people. Birthrights worked closely with the CSO's to design the facilitation of the sessions, so they were valuable and contextually useful for both Birthrights and the CSOs.

Across the four sites, approximately 80 people took part: 15 to 20 in London, 19 in Cardiff, 22 in Leeds and 19 in Newcastle. Cardiff, Leeds and Newcastle used a two-part structure, usually separating service users in the morning and birthworkers in the afternoon. London used mixed rolling groups of birthworkers and service users over the day.

Information was collected through facilitated community conversations, where insights were captured on poster paper for each discussion and complemented by facilitator observations, debriefing meeting notes and a participant survey at the end of session. Notes and verbatim quotes were captured[1] on poster-paper by the facilitator to create a transparent data collection process, where participants could see what was being captured and change any points in real time if needed. The discussion guide explored: understanding of human rights in maternity care; confidence, barriers and enablers to speaking up; and practical tools or support that would help people feel informed, respected and heard. The approach was intentionally practical and participatory, with the conversations treated as both learning spaces and data collection moments.

The participants reflected a mix of birthing people, doulas, student and qualified midwives and community advocates, such as lawyers. The key focus was to hear the reflections from service users and so for each CSO there was, mostly a morning session specifically for service users, and an afternoon session for birthworkers. Although demographic data is incomplete and different across locations, the survey responses were available for Cardiff, Leeds and Newcastle, with 28 responses recorded overall. These responses show most women were aged 25 to 40 (13) and over 40 (14), with a range of ethnic identities represented. For example, Cardiff had the most complete survey response set, including Pakistani, Arab, Black African, Kosovo Albanian, Asian British, mixed heritage and White British participants. In each location, different communities were represented, and insights from Black, Asian, Arab, Muslim, Traveller and Hasidic Jewish communities were heard (see Annex 1 for further details). There were also participants with experience supporting neurodivergent and disabled birthing people.

[1]: *At the start of the discussions, each participant was given an information sheet and consent form (see annex 3). Key quotes were captured anonymously, however due the transparent note-taking method, the participant was able to check they were happy with what was captured in real-time.*

Analysis was undertaken thematically against the three learning questions, comparing recurring trends from the group conversations to produce four site-specific insight and reflection reports. These were shared with the facilitators involved for feedback. Attention was paid to how experiences of rights and self-advocacy differed according to community context, race, ethnicity, language, migration status, religion, and access to support from doulas or advocates.

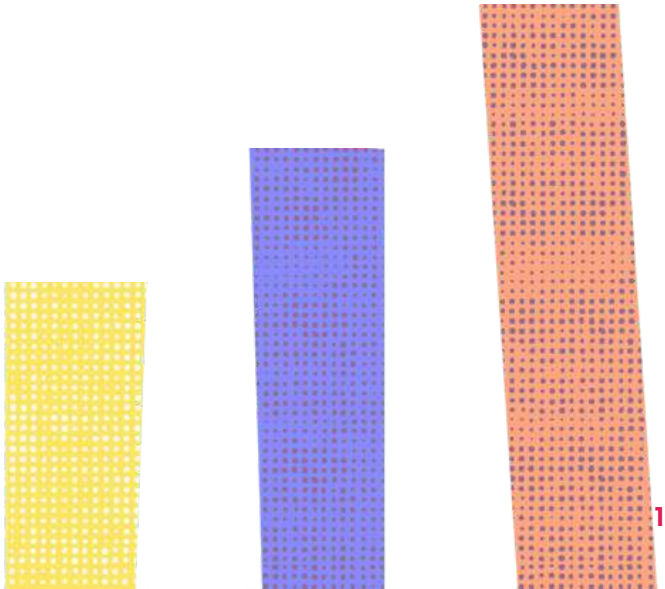
This report synthesises these reflections highlighting commonalities and differences. The initial findings were then sense-checked and validated with the CSO representatives and recommendations co-produced.

Limitations

There were limitations which need to be recognised while reading this report. The findings are based on qualitative community conversations with a relatively small number of participants across four locations and therefore do not represent the experiences of all women and birthing people across England and Wales. Participants were recruited through partner CSOs and their networks, meaning the findings are based upon those who felt able, willing or safe to attend.

Some groups were underrepresented and demographic information was collected inconsistently across sites, limiting the ability to compare experiences systematically across different communities. In group settings, participants may also have felt unable to share certain experiences openly, particularly where sensitive issues, existing relationships or power imbalances were present. Facilitators noted that in some sessions some participants contributed more frequently than others, which may have affected whose perspectives were heard most clearly.

The analysis is based primarily on poster-paper reflections captured during the conversations and facilitator notes, rather than recorded transcripts, meaning some nuance or context may not have been fully captured. However, there was strong consistency in themes across the different locations, communities and participant groups.



Analysis and Insights

1. Understanding and experiences of rights

What are the experiences and understanding of women and birthing people in exercising their rights during pregnancy, labour and postnatal care?

Across all four Community Conversations, rights were most often described through experiences of safety, dignity, autonomy, communication, continuity of care, feeling listened to, respected and able to make informed choices throughout pregnancy, labour and postnatal care. Experiences of rights were also influenced by inequality, particularly around race, migration status, language, disability, neurodivergence, religion and culture. Many participants had not previously connected maternity care with human rights, but there was a strong desire to better understand, use and uphold these rights within maternity services. Participants consistently described rights-respecting care as something that should be embedded within organisational cultures and systems, rather than dependent on individual confidence, persistence or ability to advocate.

For service users:
Across all four Community Conversations, participants understood human rights in maternity care primarily through lived experience rather than legal or policy frameworks. Rights were most often described in relation to dignity, safety, autonomy, communication and whether people felt listened to, respected and able to make choices about their care. While there was strong consistency across locations, some differences emerged in how communities understood and experienced rights depending on race, migration status, language, religion, culture and local maternity systems.

Being listened to, believed and taken seriously
Across all locations, participants consistently described being listened to and believed as central to rights-respecting maternity care. Human rights were often understood less as formal legal protections and more as the experience of being heard, respected and taken seriously during vulnerable moments.

Participants described feeling dismissed, ignored or doubted when raising concerns, asking questions or expressing preferences. Many reflected that healthcare professionals often assumed they knew best, while women and birthing people were expected to comply. In Leeds and Cardiff particularly, participants described situations where concerns about labour, pain or symptoms were minimised or questioned.

> ***I shouldn't have to fight to feel heard.***
>
> — Cardiff participant

INSIGHTS FROM COMMUNITIES ACROSS ENGLAND AND WALES UNDERSTANDING THEIR HUMAN RIGHTS IN MATERNITY CARE

birthrights
Protecting human rights in childbirth

SERVICE USERS

VIEW THEIR RIGHTS THROUGH LIVED EXPERIENCE

BEING LISTENED TO, BELIEVED, AND TAKEN seriously

SAFETY, dignity & RESPECTFUL TREATMENT

CHOICE, AUTONOMY & meaningful CONSENT

RACISM, DISCRIMINATION & UNEQUAL TREATMENT

ACCESS TO INFORMATION understanding RIGHTS

WHAT HINDERS YOU

FEAR OF CONSEQUENCES

LACK OF INFORMATION

I SHOULDN'T HAVE TO FIGHT TO BE HEARD!

POWER DYNAMICS AND HIERARCHY

EXHAUSTION, PAIN AND vulnerability

WHAT HELPS YOU

HAVING KNOWLEDGE CHANGES TREATMENT!

KNOWLEDGE OF RIGHTS & OPTIONS~ LEGAL LITERACY FOR COMMUNITIES!

SUPPORT from DOULAS and ADVOCATES

Feeling LISTENED TO & respected

COMMUNITY SPACES AND PEER LEARNING

SPEAKING UP MEANS QUESTIONING, CHALLENGING & ASKING FOR CLARITY

MANY DID NOT FEEL SAFE DOING SO!

CONFIDENCE IS SHAPED BY KNOWLEDGE, SUPPORT, & RELATIONSHIPS - ADVOCACY - OFTEN DEPENDS ON TRUSTED SUPPORT!

BIRTHWORKERS

VIEW THEIR RIGHTS THROUGH SYSTEMS, CARE MODELS AND STRUCTURAL CHANGE

PERSON-CENTERED CARE & AUTONOMY

ACCESS TO INFORMATION AND INFORMED DECISION-MAKING

COMMUNICATION LISTENING AND DIALOGUE

SYSTEM PRESSURES & ORGANISATIONAL CULTURE

DISCRIMINATION, INEQUALITY & cultural competency

WHAT HINDERS YOU

FEAR OF BACKLASH OR BEING LABELLED

DIFFICULT

BURN OUT AND STAFFING PRESSURES

"YOU ARE JUST A DOULA..."

HIERARCHY & INSTITUTIONAL CULTURE

FEAR OF LITIGATION & DEFENSIVE PRACTICES

WHAT HELPS YOU

GIVING PEOPLE THE LANGUAGE TO CHOOSE!

EXPERIENCE AND KNOWLEDGE

SUPPORTIVE COLLEAGUES & TEAM CULTURE

CLEAR UNDERSTANDING OF RIGHTS AND HOW TO NAVIGATE SYSTEMS

SUPPORTING CLIENTS TO UNDERSTAND AND EXERCISE CHOICE~ TRANSLATING RIGHTS AND MEDICAL LANGUAGE INTO PRACTICAL CONVERSATIONS

CHALLENGING POOR PRACTICE AND ESCALATING CONCERNS~ NAVIGATING PROFESSIONAL RISK AND HIERARCHY

COLLECTIVE SOLUTIONS

SHORT VIDEOS

ONLINE SUPPORT

FACT SHEETS

MYTH AND JARGON BUSTING

PROMPTS!

SCRIPTS

FLASH CARDS

PRACTICAL ADVOCACY

Digital Tools

FIVE HUMAN RIGHTS

RIGHT TO FREEDOM FROM TORTURE

RIGHT TO LIFE

RIGHT TO PRIVATE & FAMILY Life

RIGHT TO THOUGHT, CONSCIENCE & RELIGION

RIGHT TO NON-DISCRIMINATION

illustration ~ julesscheele.com

In London and Newcastle, participants reflected on how vulnerability during labour or postnatal recovery made it especially difficult to insist on being heard. Some participants additionally described feelings of abandonment after birth, particularly where continuity of care was limited or support ended abruptly during the postnatal period.

Some participants linked not being listened to directly with vulnerability, fear and unsafe care. Others reflected that being listened to was closely connected to trust, dignity and emotional safety.

> ***No one is advocating on my behalf, just me and I felt very alone.***
>
> — London participant

Choice, autonomy and consent

Across all four conversations, participants strongly associated human rights with bodily autonomy, informed choice and meaningful consent. Rights were understood as the ability to make decisions about pregnancy, labour and birth, including choices about interventions, birth settings, pain relief, feeding and birth plans.

Participants frequently described experiences where consent felt unclear, rushed or absent. Several spoke about feeling pressured towards interventions, particularly induction or hospital birth, through what participants described *"scare tactics"*, coercive language or repeated emphasis on risk. One London participant also spoke about healthcare professionals *"weaponizing so-called risk factors to remove choice."*

Other participants described experiences where consent processes took place while exhausted, overwhelmed or unable to fully process information. In Cardiff, one participant described *"being given consent forms when too tired to read."*

Power dynamics within maternity systems were a strong theme across all conversations. Participants described feeling unable to question healthcare professionals safely because staff were perceived to hold authority and control over decisions, care pathways and outcomes. In Leeds and Cardiff particularly, participants reflected on expectations of compliance and fears that disagreeing with professionals could affect the care they received.

At the same time, some participants described positive experiences where healthcare professionals created space for dialogue, respected birth plans and ensured people felt informed and involved in decisions.

Safety, dignity and respectful treatment

Participants consistently framed human rights as the right to safe, respectful and compassionate care. Rights were understood not only as physical safety, but also emotional safety, dignity and humane treatment throughout maternity care. Validation discussions also highlighted the importance of safety for neurodivergent women and birthing people, including feeling understood, communicated with appropriately and supported in ways that reduced overwhelm, confusion or distress.

Across all conversations, several participants described experiences of judgement, disrespect, shouting, neglect or feeling treated as a "problem" rather than a person. Participants in Cardiff and Leeds particularly highlighted how respectful communication and kindness impacted whether care felt rights-respecting. In London, some participants described experiences of humiliation, feeling interrogated or labelled difficult. One participant reflected on the hospital as somewhere they 'left their dignity at the door'. Newcastle participants emphasised the importance of being treated "like adults" and spoken to respectfully. Many participants linked respectful care with whether they felt able to speak up or ask questions. Where communication was rushed, dismissive or highly medicalised, participants described feeling less safe and less able to exercise their rights.

Some participants also reflected on the lack of accountability or meaningful repair after harmful experiences in maternity care. Validation discussions highlighted limited awareness of formal processes such as birth reflections services, alongside concerns that women and birthing people are often left to process difficult experiences without adequate follow-up, explanation or emotional support.

Racism, discrimination and unequal treatment

Across all four locations, participants described how race, ethnicity, migration status, religion, language and cultural background shaped experiences of maternity care and ability to exercise rights.

Experiences of racism and discrimination were particularly prominent in London, Cardiff and Leeds. Participants described fears of being labelled "aggressive", assumptions being made about them, unequal treatment and feeling less safe challenging decisions because of how they might be perceived. Participants described being judged, ignored, labelled difficult, treated differently or having choices removed if they challenged care. In London, participants described fears linked to social services involvement, immigration status and being perceived as a "good migrant", all of which affected whether people felt safe challenging decisions or asking questions. In Leeds, participants additionally reflected on experiences of stigma and judgement faced by some African women affected by Female Genital Mutilation (FGM), including experiences where maternity staff were perceived as lacking understanding, compassion or culturally sensitive care. In Cardiff and Leeds, participants described fears around questioning professionals or "making a fuss". Black and brown women, particularly muslim and migrant women also described political narratives and anti-migrant rhetoric impacting how safe they felt within maternity services.

Participants also highlighted language barriers, lack of interpreters and culturally inappropriate care as major obstacles to understanding information, expressing preferences and advocating for themselves. In Newcastle, participants additionally reflected on tensions between community-based support, such as doulas and institutional healthcare systems, particularly within the Hasidic Jewish community.

Across all sites, participants emphasised that rights are not experienced equally, and that discrimination and systemic inequalities shape whether people feel able to exercise choice, ask questions or challenge care. In Leeds, after hearing other experiences from black and brown women in her group, one participant reflected:
"As a white woman I had a great birth, I wonder if it was the colour of my skin."

Information, knowledge and understanding rights
Participants across all locations described limited awareness of human rights within maternity care. Many reflected that they had never considered maternity care through a human rights lens before attending the conversations. Knowledge was strongly linked to confidence and ability to exercise rights. In Cardiff one participant described how *"having the knowledge changes treatment".*

Participants often described learning through personal research, previous births, doulas, community groups or informal networks rather than through healthcare services. Several participants noted that rights are rarely discussed routinely during pregnancy or postnatal care. In Newcastle, it was noted that pre-natal services were not readily accessible to provide information. There was a strong sense across all four conversations that access to clear, timely and understandable information is essential for exercising rights. Participants repeatedly emphasised that information should be introduced early in pregnancy, communicated clearly and made accessible in multiple formats and languages.

For birthworkers:
Birthworkers framed human rights in maternity care more explicitly through systems, care models, professional responsibilities and structural change. While service users spoke primarily from lived experience and vulnerability, birthworkers focused more on autonomy, informed decision-making, communication and the conditions needed to deliver rights-respecting care.

Person-centred care and autonomy
Across all conversations, birthworkers described rights-respecting maternity care as care that centres the individual rather than institutional systems, targets or risk management processes.

Participants consistently emphasised autonomy, informed choice and the right to make decisions about care. Rights were framed as protections rather than privileges, with several participants stressing that decisions ultimately belong to the woman or birthing person. Birthworkers frequently described their role as supporting people to understand and exercise choice through dialogue, information and advocacy. In Leeds, birthworkers discussed the importance of reinforcing that care decisions belong to the client. One participant described using language in conversations such as:
"It's not my decision, it is your decision."

Access to information and informed decision-making
Birthworkers across all sites highlighted information as essential to exercising rights. Participants stressed that information must not only be available, but understandable, timely and relevant to people's circumstances.

Some birthworkers also reflected on the tension between wanting to prepare women and birthing people realistically for possible challenges within maternity systems, while not wanting to create additional fear, anxiety or distrust during pregnancy.

Several participants described helping clients navigate medical terminology, understand risks and benefits, prepare for appointments and interpret policies or guidelines. In Leeds and Cardiff particularly, birthworkers reflected on the importance of "giving people the language to choose" (Leeds participant) to advocate for themselves and make informed decisions.

Participants also recognised that information is often unevenly distributed, with some communities having less access to knowledge, continuity of care or advocacy support.

Communication, listening and dialogue
Birthworkers identified communication as central to rights-respecting care. Participants described the importance of open conversations, active listening and avoiding coercive or overly medicalised language.

Several reflected that healthcare professionals sometimes communicate in ways that prioritise compliance, risk or institutional protection over genuine dialogue. Birthworkers emphasised the importance of creating space for questions, ensuring people understand options and helping women and birthing people feel safe expressing preferences.

System pressures, hierarchy and organisational culture

Birthworkers consistently described rights as impacted by wider organisational and political systems. Participants linked the experiences of women and birthing people directly to the conditions within maternity services, highlighting how staffing shortages, workload pressures, hierarchy, fear of litigation and defensive practice can limit the ability to provide person-centred care and meaningful advocacy. Validation discussions additionally highlighted the emotional toll of working within these systems, with some birthworkers and doulas describing burnout, moral distress and exhaustion from repeatedly witnessing or navigating rights breaches within maternity care.

Across Cardiff, Leeds and Newcastle, participants reflected that advocacy within maternity systems can feel risky, particularly when challenging senior staff, established practices or organisational cultures resistant to change. Validation discussions reinforced that many birthworkers, doulas and advocates fear being labelled "difficult", obstructive or unprofessional when raising concerns or advocating strongly for women and birthing people. Several described fears of being labelled a "troublemaker" or experiencing backlash for speaking up. One participant reflected "you are just a doula" capturing institutional hierarchy and the delegitimising of community-based advocacy within clinical systems.

There was strong recognition that maternity care systems often prioritise efficiency, targets and institutional protection over relationships, continuity and individual needs.

Discrimination, inequality and cultural competency

Birthworkers recognised racism, discrimination and cultural exclusion as central issues shaping maternity experiences. Participants reflected on gaps in cultural competency, lack of understanding around neurodivergence, trans experiences and migration-related fears, and unequal treatment within maternity systems.

Several participants also highlighted that advocacy itself is shaped by identity, with race, culture, class and professional role influencing whose voices are listened to and taken seriously. In Newcastle particularly, discussions highlighted tensions between institutional healthcare systems and culturally rooted forms of support such as doulas and community-based advocacy. Validation discussions also reflected concerns that doulas are sometimes portrayed within media or professional discourse as overstepping their role, contributing to misunderstanding, mistrust and delegitimisation of community-based advocacy despite the important support many participants described doulas providing.

For both service users and birthworkers participants emphasised that rights-respecting care should not depend on individual confidence, education or persistence, but should be embedded into maternity systems, communication and organisational culture. While information and self-advocacy are important, participants consistently emphasised the need for wider structural and cultural change within maternity systems.

2. Confidence and self-advocacy

What helps or hinders women and birthing people to speak up about their rights in maternity services?

Across the four Community Conversations, participants understood "speaking up" as more than expressing a preference. It meant asking questions, challenging decisions, requesting choices, naming when something felt wrong and trying to be heard within maternity systems that often felt hierarchical, rushed or difficult to navigate.

For many service users, speaking up was closely linked to vulnerability, fear and the need to feel safe, while birthworkers often described advocacy as a responsibility to help clients understand their options, prepare for conversations and challenge decisions when needed.

Across all locations, confidence to speak up was shaped by knowledge, support, previous experiences, identity, relationships with professionals and the wider culture of maternity services. Participants consistently described how institutional hierarchy, lack of accountability, fear of challenge and unequal treatment affected whether women and birthing people felt safe, informed and supported throughout their care. While there was strong consistency across the four sites, different communities highlighted additional barriers linked to racism, immigration status, language barriers, previous trauma, social services involvement and the legitimacy of doulas and community advocates within clinical settings.

What speaking up meant for service users

For service users, speaking up meant being able to question, challenge and express preferences about care. This included asking for clarification, saying no, requesting particular choices, raising concerns when something felt wrong, or asking for more time and information before making decisions.

However, participants rarely described speaking up as straightforward. Across all four conversations, it was seen as something that required confidence, knowledge and a sense of safety. Many participants described being unsure whether they were "allowed" to question professionals, particularly during a first pregnancy or when they did not know their rights.

In Cardiff, one participant captured this uncertainty when describing fear of asking questions: "If I do what I want, will they help me?"

This reflected a wider concern across the conversations: that disagreement might affect the quality of care received. Speaking up was therefore not just about communication, but about navigating power. Participants described maternity settings where professionals were seen as holding authority and where women and birthing people could feel expected to comply.

In London, this was expressed strongly through experiences of risk-based care and institutional hierarchy. One participant said:
"I didn't feel like I could speak up. The hierarchy in the hospitals puts patients below staff."

In Leeds and Newcastle, participants similarly described speaking up as difficult when people were in pain, exhausted, unsupported or emotionally overwhelmed. Several participants reflected that they only realised afterwards what they might have questioned or challenged.

Validation discussions also highlighted how previous trauma, including earlier experiences of poor healthcare, racism, discrimination or medical neglect, could shape confidence during pregnancy and birth. Some participants described entering maternity care already expecting not to be listened to or believed.

How service users had spoken up
Service users described speaking up in a range of ways. Some had questioned recommendations, challenged decisions, requested particular forms of care, asked for explanations or refused interventions. Others spoke up after birth, once they had time to reflect on what had happened.

In Leeds, several participants described doing their own research and using this knowledge to challenge pressure for induction. One participant explained that they were able to refuse because they had found information themselves but added that "not all women can" because saying no requires confidence and knowledge.

In Cardiff, participants described advocating for delayed cord clamping, raising concerns about low iron, pressing the buzzer when unwell, or challenging care when they knew something was wrong. For some, the strongest motivation to speak up was concern for their baby's safety.

In Newcastle, service users similarly described questioning decisions, requesting specific choices and raising concerns when something felt wrong. Some participants spoke up in the moment, while others found they could only advocate after birth, when they had more space to process their experience.

Across all sites, participants emphasised that support from others made speaking up more possible. Partners, doulas, midwives, family members and community advocates were described as people who could help ask questions, remember information, challenge decisions or provide reassurance. Several participants described confidence as something that could be "transferred" from someone who knew the system or had their back.

What speaking up meant for birthworkers

Birthworkers, doulas and advocates understood speaking up both as advocating for clients and as supporting people to advocate for themselves. Their role was often described as helping people understand their options, prepare questions, articulate preferences and feel confident to make decisions.

Birthworkers also described speaking up as challenging decisions, escalating concerns, asking for senior input, naming breaches of dignity or consent, and using language that healthcare professionals would recognise. In some cases, this meant translating rights-based or legal ideas into practical conversations within clinical settings.

There was some divergence between service users and birthworkers in how speaking up was framed. Service users often described it through feelings of fear, vulnerability and uncertainty. Birthworkers were more likely to describe it through advocacy strategies, system navigation and professional responsibility. However, birthworkers also recognised that advocacy could be risky and emotionally demanding, especially within hierarchical or defensive workplace cultures.

How birthworkers had spoken up for clients

Across Cardiff, Leeds and Newcastle, birthworkers described a range of advocacy practices. These included preparing detailed birth plans, supporting clients before appointments, helping them understand options and risks, challenging doctors or midwives, escalating concerns and using structured tools such as decision-making frameworks.

In Cardiff, birthworkers described "arguing with doctors when necessary", asking for senior input and drawing attention to breaches of dignity or privacy. In London, doulas described feeling able to advocate because of lived experience, knowledge of the law, the use of legal language, story gathering and experience of navigating different situations.

Newcastle added a slightly different emphasis around the legitimacy of doulas within clinical systems. Some participants described doulas as trusted and culturally important but not always recognised by healthcare professionals.

Some participants reflected on feelings of exhaustion, frustration and hopelessness when repeatedly witnessing rights breaches or organisational resistance to change, while also describing a continued sense of responsibility to keep advocating despite these challenges.

What helped service users and birthworkers speak up

Across service users and birthworkers, the strongest enabler of speaking up was knowledge. Participants repeatedly linked confidence to understanding rights, options, risks, policies and the language needed to question care.

For service users, knowledge often came from personal research, previous experiences, community groups, doulas or birthworkers rather than maternity services themselves. This created inequality: those with more education, confidence, networks or professional knowledge were often better able to advocate. For example, in Leeds, one participant reflected: "Didn't know then, so couldn't speak up then."

For birthworkers, knowledge included understanding the maternity system, knowing when something was not right, knowing how to escalate concerns and having the confidence to use rights-based language. Experience was also important. Birthworkers drew on professional experience, lived experience and previous examples of advocacy to decide when and how to intervene.

Support from others was another major enabler. Service users were more likely to speak up when they had a partner, doula, advocate or trusted medical professional with them. Birthworkers were more likely to advocate when they had support from colleagues, senior staff or a team culture that made challenge feel safe. Validation discussions reinforced that advocacy depends not only on confidence to speak, but also on whether there is someone on the other side willing to listen, respond and act on concerns raised.

Feeling respected by healthcare professionals also mattered. Where staff listened, communicated clearly and created space for questions, speaking up felt easier. Participants highlighted that continuity of care and trusted relationships were important in creating the conditions for honest conversations and advocacy. In contrast, rushed appointments, limited time and fragmented care often made it harder to build trust or feel safe raising concerns.

Barriers to having a say in maternity care

The barriers identified across the conversations were interconnected. They were not only about individual confidence, but about the conditions in which women, birthing people and birthworkers were expected to speak up.

The most consistent barrier was lack of information. Many service users did not know their rights, did not know what questions to ask, or were not given clear information about choices. This was particularly difficult in first pregnancies, during labour, or when people were exhausted or distressed.

Power dynamics and hierarchy were also central.

Participants described maternity services where professionals held authority and where challenges could be interpreted as difficult, non-compliant or aggressive. This affected both service users and birthworkers. In Cardiff, one birthworker described advocacy as requiring courage:

"You have to have balls."

Racism, discrimination and cultural assumptions also limited advocacy.
Black and brown women described fear of being labelled aggressive or difficult when questioning care. In London, one participant described being seen as "an aggressive black woman", while in Leeds another participant reflected:
"One time I did advocate for myself and I said, the way I have been treated hasn't been great and we saw the HCP [healthcare professional] shaking. I wasn't particularly aggressive but would have been perceived that way, from how I look."

Migrant women, Muslim women and those with English as an additional language also described risks in speaking up, including fear of discrimination, being treated differently, not being understood, and concerns that challenging care could negatively affect their treatment. Some participants additionally described fears around escalation to social services, particularly where they already felt marginalised because of race, migration status, disability or previous experiences with institutions.

The validation discussion also highlighted the experiences of neurodivergent women and women with learning difficulties, who are frequently overlooked within maternity services. Participants reflected that communication barriers, assumptions about capacity and lack of tailored support can further limit autonomy and ability to advocate, particularly where these experiences intersect with racism, migration status or language barriers.

Language and communication barriers were raised in all four sites.
These included lack of interpreters or interpreters with different dialects to the service user, medical jargon, inaccessible information and communication styles that made people feel small or confused. Even where people spoke English, medical language and tone could make advocacy difficult.

Vulnerability during labour and the postnatal period was another key barrier.
Pain, exhaustion, fear, trauma, caring for a newborn and being dependent on professionals all limited people's ability to process information and challenge decisions. Participants repeatedly stressed that it is unreasonable to expect individuals to advocate effectively when they are at their most vulnerable.

Birthworkers identified additional barriers linked to professional risk and system culture. These included concern about overstepping professional boundaries, backlash from senior staff, burnout, defensive practice, fear of litigation and pressure to follow guidelines even when individualised care was needed. Some participants also reflected on feelings of exhaustion, frustration and hopelessness when repeatedly witnessing rights breaches or organisational resistance to change, while continuing to feel a strong sense of responsibility to keep advocating despite these challenges.

Across the four conversations, the overall finding was clear: confidence and self-advocacy should not be understood as individual responsibilities alone. Participants consistently described how access to information, trusted support, discrimination, language barriers, professional hierarchies and organisational culture can either enable or restrict people's ability to exercise their rights in practice. Information and confidence alone were seen as insufficient where maternity systems remain resistant to challenge or accountability. Rights-respecting care requires services that create the conditions for people to be heard, participate in decisions and exercise choice safely.

3. Ideas for tools and resources

What kinds of information, tools, or support would help women and birthing people feel more informed, respected, and heard?

Women, birthing people, birthworkers and community advocates consistently described the need for practical, accessible and relational forms of support that help people understand their rights, navigate maternity systems and advocate in real-life situations, particularly during moments of vulnerability. Across both the Community Conversations and the validation discussion, participants stressed that information alone is insufficient where maternity systems remain hierarchical, difficult to navigate or resistant to challenge. Instead, there was strong emphasis on combining accessible information with trusted relationships, community-based advocacy, collective learning and stronger organisational accountability.

Participants highlighted the importance of tools that are practical, culturally relevant and embedded into everyday maternity journeys, particularly early in pregnancy and during appointments, labour and postnatal care. Priority suggestions identified through the validation discussions (see Annex 2) included information included within maternity packs, short videos and social media content, myth-busting factsheets and rights cheat sheets, helplines and community support spaces, visual guides, birth planning and decision-making tools, practical guidance for appointments and interactive workshops using role play to practice advocacy and responses.

Tools and resources suggested:

1. **Accessible, easy-to-understand information about rights and choices**

The most consistently raised recommendation across all four conversations was the need for simple, accessible and practical information about maternity rights, choices and care options.

Participants repeatedly stated that information should:

- use plain, non-medical language
- avoid jargon and overly legal terminology
- be available in multiple languages and formats
- be introduced early in pregnancy
- be accessible both online and offline
- support people to understand options in real-life situations

Suggestions included:

- easy-to-read leaflets, booklets or short videos
- myth- and jargon-busting resources
- factsheets and rights "cheat sheets"
- flowcharts and visual guides
- concise summaries of options and rights
- QR codes linking to accessible information
- information included in maternity packs or digital maternity notes
- rights-based birth plan templates

Participants emphasised that rights information should be embedded into routine maternity care and antenatal support rather than introduced only after problems arise.

2. Community-based advocacy, peer support and trusted relationships

Participants strongly emphasised the importance of human support alongside written or digital information. Community-based advocacy and trusted relationships were seen as essential in helping people feel informed, confident and heard.

Participants described the value of:

- doulas and community advocates
- peer support groups
- buddy schemes
- women's circles and coffee mornings
- community conversations and workshops
- trusted community leaders
- support for partners and family advocates

Many participants felt that advocacy is easier when people feel supported by someone who understands the maternity system and can help navigate difficult conversations or decisions. They also highlighted that confidence is often built collectively through hearing other people's experiences and learning within community spaces. In London and Newcastle particularly, participants stressed the importance of culturally trusted advocates and community-rooted support systems. Also highlighted the importance of trusted community members being able to share and cascade rights information within their own communities.

3. Practical tools for real-time advocacy

Participants consistently highlighted the need for tools that can support people during appointments, labour or stressful situations, when confidence and ability to process information may be reduced. Participants also highlighted the value of scripts, prompt cards and phrase-based advocacy tools that could help women, birthing people and advocates navigate difficult conversations in moments of stress or vulnerability. Some participants reflected that having structured phrases or templates could help people build confidence gradually, particularly where institutional hierarchy or fear made it difficult to challenge decisions in the moment.

Suggestions included:

- prompts or scripts for questions to ask and as confidence-building tools
- flashcards or cue cards for both service users and birthworkers
- practical guidance for appointments
- advocacy checklists and prompt for birthworkers to check-in on bias they may have
- support for making complaints
- preparation tools for birth plans and decision-making
- examples of rights-based conversations
- real-time helplines or advocacy support

In Cardiff and Leeds, participants specifically highlighted role play and scenario-based learning as particularly useful because they help people practice using information in realistic situations. Participants repeatedly emphasised that tools must help people translate knowledge into action, rather than simply providing information.

4. Training and learning opportunities

Training and interactive learning approaches were identified across all four sites as important for both communities and healthcare professionals. Some participants also suggested reflective tools for healthcare professionals, including prompts or checklists to support awareness of bias, respectful communication and potential rights breaches during care interactions. Also, participants described role play as particularly valuable because it allows people to practise challenging authority, rehearse difficult conversations and "find their voice" in safe environments before experiencing vulnerable or high-pressure situations in maternity care.

Participants highlighted the value of:

- interactive workshops
- role play and scenario-based learning
- community conversations
- antenatal education with a rights focus
- active bystander training
- trauma-informed training
- student midwife education
- discussion-based rather than lecture-based learning

Birthworkers across Cardiff, Leeds and Newcastle also emphasised the need for training that supports professionals to communicate rights clearly, avoid coercive language and feel confident advocating within clinical systems.

Several participants highlighted the importance of embedding human rights education into healthcare training from early stages, including midwifery education and student placements.

5. Digital tools and social media resources

Digital tools were discussed, although usually as one part of a wider support system rather than a replacement for human interaction. While participants valued short-form digital content and social media, some also expressed concern about misinformation, information overload and over-reliance on online platforms, reinforcing the continued importance of in-person community learning spaces and trusted facilitators.

Suggestions included:

- apps explaining rights and care options
- bite-sized digital information
- videos on TikTok
- social media campaigns
- podcasts and community radio
- online support spaces
- AI tools or chat-based information platforms
- videos in waiting rooms

Participants generally stressed that digital tools should be simple, practical and easy to use during pregnancy and labour. However, some participants, particularly in Leeds, also cautioned against over-reliance on digital tools alone, especially where algorithms or online information could increase anxiety or isolation.

6. Visibility of rights and accountability within maternity services

Across all four conversations, participants emphasised that tools and information are not enough without wider cultural and structural change within maternity systems.

Participants suggested:

- visible human rights champions within hospitals
- posters and visible messaging about rights within maternity settings
- clearer complaints and escalation pathways
- greater accountability for coercive or discriminatory care
- improved continuity of care
- clearer communication standards
- reducing hierarchical cultures within services

In London, participants suggested that language such as “she’s being difficult” should be explicitly challenged within maternity settings. Birthworkers also highlighted the need for organisational cultures where staff feel supported to advocate for women and birthing people without fear of backlash or professional consequences.

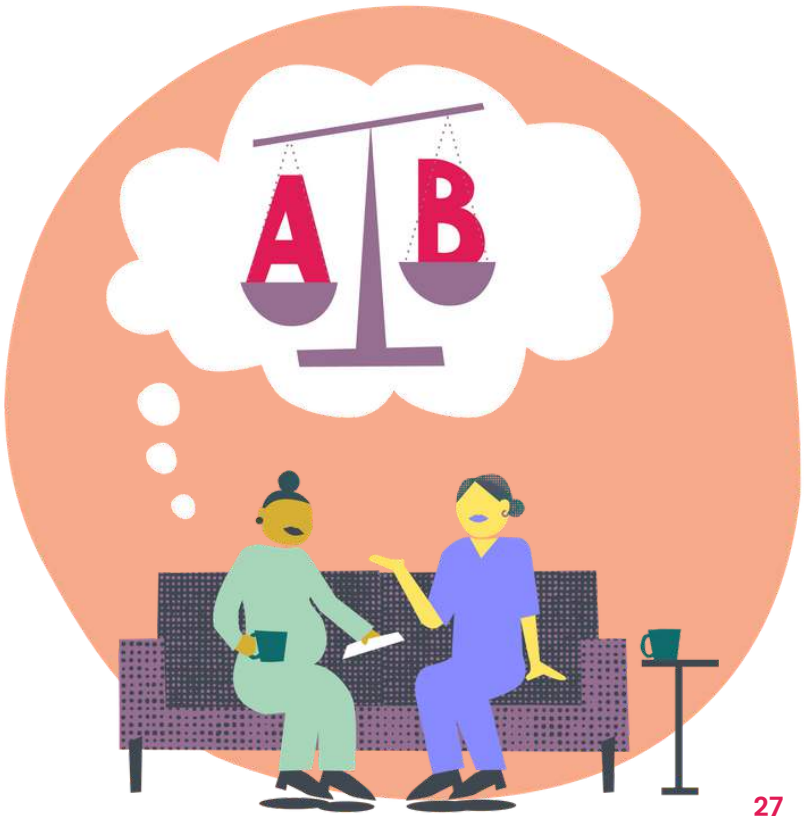
Less commonly raised but important suggestions

Several additional themes emerged in specific locations or communities:

- support specifically designed for fathers and partners
- culturally tailored advocacy and outreach
- legal support and advice services
- mapping of local services and referral pathways
- interpretation and translation support
- intergenerational and community-led learning spaces
- named advocates or guardians within maternity wards
- more visible collaboration between community organisations and NHS services

Other insights - the value of the conversations

The overall experience of these Community Conversations has highlighted the value of listening to different cultural perspectives. This safe space has been created in such a way that people from all different communities have come together and have been able to share their deeply personal experiences. They have had the chance to be heard and listened to. On one table alone, we had a mix of people that included, a doula, a student midwife, a litigation lawyer, black and brown service users, and a midwife. The conversations meant people were able to ask questions, not feel judged and learn from the experiences of others. This type of learning is invaluable and creates a place of empathy, stepping into the shoes of others and discussing solutions that better include those most left behind in the ever-divided societies we find ourselves in today. All participants and CSOs really valued the conversations in and of themselves. In the validation discussion, participants additionally reflected that the conversations themselves functioned as an important intervention, creating spaces for collective reflection, solidarity, mutual learning and emotional validation across communities and professional roles.



Conclusions and Recommendations

Across all four Community Conversations, women and birthing people understood rights in maternity care primarily through lived experience rather than legal frameworks. Rights were closely associated with being listened to, treated with dignity, having meaningful choices and feeling safe during pregnancy, labour and postnatal care. However, participants consistently described gaps between these expectations and their experiences of maternity services, particularly where communication felt coercive, dismissive or shaped by unequal power dynamics. Experiences of racism, discrimination, language barriers and fear of negative consequences further shaped whether participants felt able to exercise their rights in practice. Birthworkers similarly emphasised that rights-respecting care depends not only on individual knowledge, but on organisational culture, communication and the wider conditions within maternity systems.

Participants described speaking up as difficult, emotionally demanding and shaped by vulnerability, confidence and relationships with professionals. While some women and birthing people were able to advocate for themselves through personal research, support networks or previous experiences, many described uncertainty about whether they were "allowed" to question care or challenge decisions. Advocacy often depended on having trusted support from doulas, partners or community advocates. Birthworkers described their role as helping people navigate systems, understand options and challenge poor practice, while also recognising the professional and emotional risks involved in advocacy within hierarchical healthcare environments. Across all four sites, participants consistently emphasised that self-advocacy should not be treated as an individual responsibility alone but shaped by whether maternity systems make it safe and possible for people to ask questions and exercise choice.

Participants consistently emphasised that women and birthing people need practical, accessible and relational forms of support to feel informed, respected and heard. Information was viewed as essential, but insufficient on its own. Across all four conversations, participants highlighted the need for a combination of accessible rights information, trusted community-based support, practical advocacy tools, culturally relevant resources, interactive learning and stronger organisational accountability within maternity services. The conversations also demonstrated the value of community-led reflective spaces themselves, creating opportunities for solidarity, shared learning and mutual validation across different communities and professional roles. There was strong agreement that rights-respecting care is most effective when support is embedded within both community networks and maternity systems themselves, rather than relying solely on individual women and birthing people to navigate complex or unequal systems alone.

Recommendations

The recommendations that follow draw on the strongest and most consistent themes emerging from the Community Conversations and validation workshop. They reflect areas that participants, birthworkers, advocates and partner organisations identified as important for strengthening rights-respecting maternity care. They are intended to support future reflection, prioritisation and decision-making by Birthrights, civil society organisations, maternity services and other stakeholders. While not all suggestions will be feasible or appropriate to take forward, collectively they highlight where participants felt future effort, collaboration and investment could have the greatest impact.

Areas for Birthrights to consider

- Co-produce clear, practical and culturally relevant rights-based resources with community organisations and people with lived experience, recognising the importance of trusted relationships and community expertise in how information is understood and shared. Resources should be available in multiple languages and formats and support real-life advocacy during appointments, labour, consent conversations and postnatal care. Priority suggestions included information within maternity packs, short videos and social media content, myth-busting factsheets and rights cheat sheets, visual guides, birth planning and decision-making tools, practical guidance for appointments and labour, and tools that help birthworkers and advocates navigate maternity systems confidently.
- Co-develop community resource packs with and for CSOs, doulas and community advocates that bring together accessible rights information, advocacy tools, referral pathways, workshop materials and guidance for supporting women and birthing people in real-life maternity situations.
- Work collaboratively with maternity staff, NHS trusts and professional bodies through co-design, dialogue and reflective learning approaches to strengthen understanding of informed decision-making, consent, anti-racism and rights-respecting care. Participants highlighted the importance of creating shared learning spaces between communities, birthworkers and healthcare professionals rather than positioning advocacy solely as an external challenge.
- Continue developing community-based approaches to rights awareness through partnerships with trusted CSOs and community advocates. Explore opportunities to establish an ambassador or affiliate programme with community representatives, doulas and advocates to support ongoing community engagement, dissemination of resources and shared learning across different regions and communities.
- Ensure all training is in the form of facilitated conversations rather than teacher-led lectures for healthcare professionals on human rights, informed consent, trauma-informed care, anti-racism and respectful communication, enabling more reflection on practice and ownership over solutions.

- Use the findings from this project to strengthen strategic advocacy and campaigning on systemic inequalities, coercion, discrimination and barriers to rights-respecting maternity care, including working with maternity services and partners to promote greater accountability and explore visible "human rights friendly" standards or commitments within maternity care settings.

Areas for CSOs to consider

- Continue facilitating trusted community conversations and participatory spaces where women and birthing people can share experiences, build confidence, access peer support and collectively reflect on maternity rights and advocacy.
- Support earlier and more accessible awareness of rights during pregnancy through workshops, antenatal groups, peer learning and culturally relevant outreach, particularly for communities who may experience additional barriers linked to race, language, migration status, disability or previous trauma.
- Strengthen community advocacy networks, including support for doulas, peer advocates and culturally rooted support systems that help women and birthing people navigate maternity services and feel less isolated when speaking up.
- Work collaboratively with local maternity services and healthcare professionals to improve communication, trust and understanding between communities and maternity staff, including opportunities for joint learning, dialogue and co-design.
- Support women and birthing people to access practical advocacy tools, including birth planning support, question prompts, rights-based decision-making tools and guidance on raising concerns or making complaints.
- Continue documenting and raising awareness of barriers experienced by marginalised communities, including racism, discrimination, language barriers and unequal treatment within maternity services, while contributing to local and national advocacy for more accountable and rights-respecting care.

Areas for maternity services, NHS trusts and professional bodies to consider

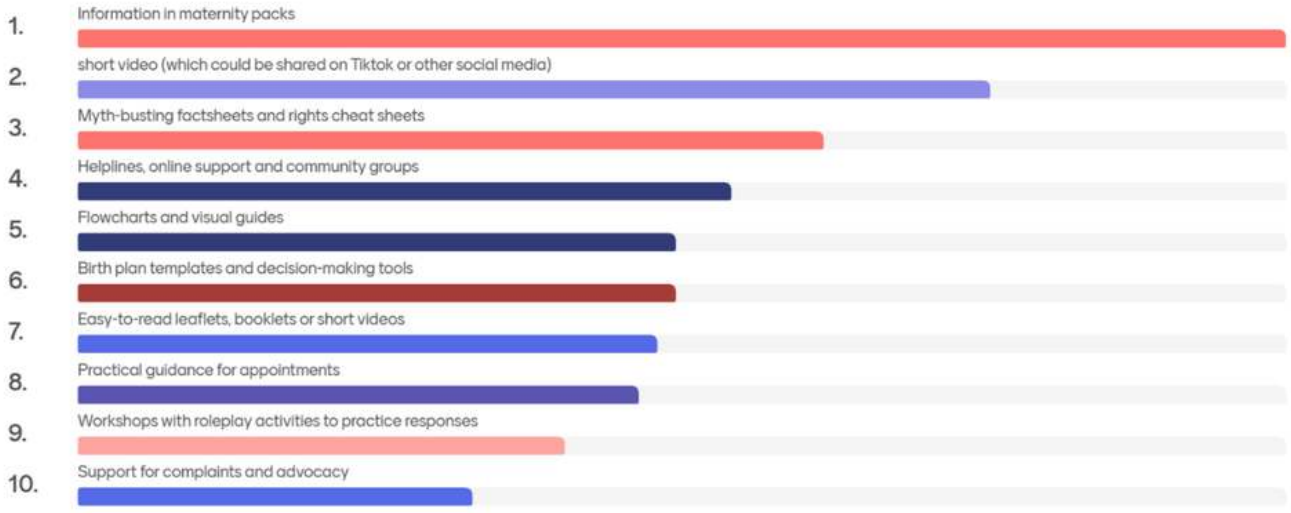
- Create organisational cultures where questions, challenge and informed decision-making are welcomed and responded to respectfully.
- Strengthen training and reflective practice on human rights, informed consent, anti-racism, trauma-informed care and respectful communication.
- Improve continuity of care, interpretation services and culturally responsive support.
- Develop clearer accountability, feedback and birth reflections processes, including opportunities for repair after poor experiences.
- Work collaboratively with community organisations, doulas and advocates to strengthen trust, communication and understanding between services and communities.
- Support staff to raise concerns and advocate for women and birthing people without fear of blame or professional repercussions.

Annex 1: Demographic information of participants

Location	Number of participants	Groups	Communities represented
London	15-20 (rolling)	Doulas and service users (mixed groups in morning and afternoon)	
Cardiff	19	9 service users 10 birthworkers	Arab, Mixed Heritage, White British, Black African, Eastern European, Pakistani
Leeds	22	15 service users 7 birthworkers	White European, Black Caribbean, Black African, White British
Newcastle	19	12 service users 7 birthworkers	White British, Black African, Hasidic Jewish

Annex 2: Validation session tools prioritisation exercise

Put these suggested resources and tools in order of priority to work on.



Annex 3: Information sheet and consent form

Information for participants

Thank you for considering taking part in these community conversations. This information sheet explains the purpose of the conversations and provides a description of your involvement and rights as a participant if you agree to take part.

What are the conversations about?

Birthrights, supported by the Baring Foundation, is developing a new strand of work with civil society organisations (CSOs) to strengthen rights-respecting maternity care for communities most at risk of discrimination and rights breaches. To shape this strategic direction, Birthrights is convening a series of Community Conversations with CSO partners to explore how rights-based care is understood within their communities, what barriers people face in accessing safe and respectful maternity services, and what support CSOs feel they need from Birthrights. Through these conversations, Birthrights aims to gain grounded insight into what is happening on the ground, understand how it can better equip CSOs in their rights work, and lay the foundations for bespoke training and advocacy.

Do I have to take part?

We are interested to hear your views, but you do not have to take part if you do not want to. There will be no negative effects if you decide not to take part. You can withdraw from this project at any time, without giving a reason. If a question makes you feel uncomfortable, you do not have to answer, and you can pause or withdraw at any point. You can also withdraw the information you have provided at any stage, up to the point where the research is analysed (end of February 2026). You can do this by contacting farah@birthrights.org.uk. If you withdraw from the project, we will not retain the information you have given.

What will my involvement be?

If you decide to participate, you will be asked to take part in a conversation about your understanding and perceptions of your rights in maternity care. The conversation will cover three key questions:

- Understanding and experiences of rights: What are the experiences and understanding of women and birthing people in exercising their rights during pregnancy, labour and postnatal care?
- Confidence and self-advocacy: What helps or hinders women and birthing people to speak up about their rights in maternity services?
- Ideas for tools and resources: What kinds of information, tools, or support would help women and birthing people feel more informed, respected, and heard?

You do not have to answer any questions you do not want to. You can also ask to pause or stop at any time. At the start of the conversation, you will be given this information sheet to read and asked to sign a consent form. You will also be asked if you still want to participate at the end of the session.

Will my data be kept confidential?
The data you provide will be anonymised - your name will not be used in any outputs from the project. We may share direct quotes, but these will be anonymised too. If you do not want your quotes to appear in the final case study - not even in an anonymised form, it is fine. It may be impossible to guarantee anonymity due to the small sample size of conversations; however, we will make every effort to remove any identifying information. We will not be collecting any personal data of participants in the conversations, only the name of the CSO, number of participants and some demographic information such as age groups, ethnicity, race and religion, geographic location. All data will be stored in safe electronic files and not shared outside of the project team aligned to our https://birthrights.org.uk/privacy-policy/

What will happen to my information?
We will be facilitating 5 community conversations with civil society organisations across England and Wales with both birthworkers and service users. All the information you share in the conversations, will be used to write a learning report about how rights-based care is understood within your community, what barriers people face in accessing safe and respectful maternity services, and what support CSOs feel they need from Birthrights. We will convene a final sense-making session for all participants of conversations and share the draft learning report with each participating organisation. They will have a short period of time to feedback on the content. The final report will be shared by dates to be determined. It will be available publicly via our website and shared with the Baring Foundation.

Will the conversations be recorded?
We will not be recording the conversations, however we will be collating all the notes from the conversations and drawing together analysis from this. You can withdraw your data from our records until the data is going to be analysed (end of February 2026). You may contact us to request access and/or removal of your data immediately. Your data will be stored securely and deleted within six months of the end of the project. Regardless of whether you ask us to delete it or not, your data will be deleted by the **end of Sept 2026.**

What are the possible risks / disadvantages to taking part?
There is a risk that if you disclose personal information during the conversations, it might be shared by another participant if they do not maintain confidentiality. You do not have to disclose any information. All participants are expected to respect the confidentiality of other participants. We acknowledge the topics of discussion are inherently sensitive, we try to mitigate this via trauma-informed practices and the limits to confidentiality highlighted above. Should you feel uncomfortable, you can leave the session at any time.

If you are comfortable and willing to take part in this project, please fill out and sign the consent form below.

Consent form

Participation in this project is voluntary. You do not have to participate and can withdraw at any time. Do you have any questions?

	Please tick
I have read the Information Sheet and understand the purpose and nature of the project and have had the opportunity to ask questions.	
I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason.	
I understand that all information I provide for this project will be treated confidentially within the project team.	
I agree to take part in this community conversation	
I agree to the notes being taken in the session and my views being gathered	
I agree to anonymised quotes being included within the learning report, which will be made publicly available on our website and shared with our donor, Baring Foundation.	

Participant name:

Participant signature:

Date: