Birthing outside of guidance

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To help women / birthing people have a safe and healthy birth there are national and local healthcare guidelines. However, from time to time, people may choose to give birth outside of these guidelines. Based on findings from MNSI investigations this paper explores how healthcare professionals can support people who choose to give birth outside of guidance and what we can learn.

Identifying the learning theme

Currently there is limited national guidance to help teams support women / birthing people who decide to give birth outside of guidance. On this topic we have made recommendations during our investigations 33 times between September 2018 and December 2023. These were reviewed by a team of investigators and clinical advisors who identified this as a learning theme.
It is important to understand why women / birthing people choose to birth outside of guidance and how healthcare professionals are able to support them so we can improve the outcomes and the experience of mothers / birthing people and babies.

Reasons why birth takes place outside of guidance

We identified multiple reasons during our investigations that influenced a mother's / birthing person's choice to plan their birth outside of guidance. These included:

- previous birth trauma
- fear of medicalised birth
- loss of a sense of control
- birth anxiety

In the investigations we reviewed, the mothers / birthing people were focused on aiming for a positive birth experience with safe care for them and their baby. We found the two most common themes in our investigations for birthing outside of guidance were:

1. **Delaying or declining an induction of labour when it was recommended**
2. **Requests for vaginal birth at home after a previous caesarean birth.**

What we found

In multiple investigations there was no local guidance to support staff facilitating conversations and birth plans when a mother / birthing person was choosing a pathway of care that was outside of national or local guidance. This meant that information about the risks and benefits of their choices was not shared. Decisions were made without all the information needed to make an informed choice.

Individualised care plans were not always in place for mothers / birthing people who had chosen to birth outside of guidance or if they were in place, there was not enough detail to provide staff with a clear understanding of the expectations of the care plan. This led to families and clinical teams being unclear, in advance of birth, as to what the plan of care was and when a decision to escalate or deviate from the plan would be required.

Issues arose when there was no clear understanding of acceptable limits of care; for example, when deviation occurred from the expected pathway, or an emergency occurred, and the wellbeing of the mother / birthing person or baby was in immediate risk. Agreement before birth can assist clinicians and mothers / birthing people in having a joint understanding of when the original plan needs to be changed quickly.

Mothers / birthing people often did not fully understand the risks associated with their chosen birth plan and there was no clear evidence of supported or shared decision making. This meant that sometimes mothers / birthing people did not recognise that their choices were outside of guidance and posed a potential increased risk to the wellbeing of them or their baby.

Case study 1:

A mother declined induction of labour when it was offered due to multiple medical complications and further surveillance was offered. She planned to have a home birth outside of guidance. Following spontaneous rupture of the membranes and meconium being identified the mother was not transferred into hospital. The baby was born requiring resuscitation and required therapeutic cooling.

The investigation found there was no guidance to support the development of a detailed plan for the mother's home birth, taking into consideration her individualised risks.

Case study 2:

After counselling, a mother chose to plan for a vaginal birth at home after a previous caesarean birth, which was outside local and national guidance. She was not initially offered the choice of using the midwifery led unit, as this was not an option included in local guidelines. This led to the mother transferring her care to an alternative trust.

A detailed birth plan which included acceptable limits of care was not made. When the mother was in labour, and events deviated from the expected, including fetal heart rate abnormalities and a prolonged second stage of labour, the mother was not recommended to transfer her care into hospital. This meant that she birthed at home with midwifery support, the baby was born requiring resuscitation and died several days later.

What can maternity providers do?

Maternity providers can discuss and explore with their teams what support is available when someone decides to give birth outside of guidance. These 'safety prompts' will help facilitate those conversations.

Safety prompts

1. Do you have a guideline or process to support staff and mothers / birthing people when care choices are outside of national or local guidance?
2. Is there any training available for staff in how to navigate conversations in order to facilitate supported decision making?
3. Can women / birthing people benefit from birth choice clinics that are multi-professional and use supported decision-making principles?
4. When a woman / birthing person requests a birth plan that deviates from national or local guidance, is this agreed in advance of birth? Do discussions include contingencies so there are clear parameters for acceptable care pathways when the situation changes, or an emergency occurs?
5. Are there resources (leaflets/videos/infographics) available that include up to date information, that are easily accessible and clear, to assist mothers / birthing people in supported decision-making when seeking care outside of national or local guidance?
6. Have you considered exploring with families their reasons for choosing to birth outside of guidance to enable learning?

Further reading

NHS England (2019) Shared Decision-Making: Summary Guide. NHS England » Shared decision-making

This document explains what shared decision making is and how it supports individuals to make decisions that are right for them. It is a collaborative process through which a health professional supports a patient to reach a decision about their treatment.

NHS England (2023) Three year delivery plan for maternity and neonatal services. NHS England » Three year delivery plan for maternity and neonatal services

This document supports shared decision making. It states that: “Women have clear choices, supported by unbiased information and evidence-based guidelines. Information is provided in a range of formats and languages and uses terminology in line with the re-birth report and is co-produced. Open and honest ongoing dialogue between a woman, her midwife, and other clinicians, to understand the care she wants, any concerns she may have, and to discuss any outcomes that are not as expected”.

Birthrights - your human rights during pregnancy and maternity care

Royal College of Midwives (2022). RCM Professional Briefing: Caring for those women seeking choices that fall outside guidance care_outside_guidance.pdf (rcm.org.uk)

Royal College of Midwives (2022). Informed decision making. Available at informed-decision-making_0604.pdf (rcm.org.uk)