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Background

Unassisted birth—also called *freebirth*—is when a person intentionally gives birth **without the presence of a healthcare professional**, such as a midwife or doctor. This is **distinct** from an emergency birth without support, which may occur unexpectedly.

Resources:

[GMEC-Unassisted-Birth-guideline-FINAL-V2-April-2023.pdf](#)

[Unassisted birth - Birthrights](#)

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Why it matters

Pregnant people have a legal right to make informed decisions about their maternity care and can choose not to accept care during childbirth. However, it is a criminal offence for anyone other than a registered midwife or doctor to attend a person during childbirth except in an emergency. (Article 45 of the Nursing and Midwifery Order). Understanding a pregnant person's reasons for free birthing is critical to assessing safeguarding risk / level of need.

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Information

Pregnant people may choose to birth unassisted for many reasons, including: Previous **traumatic** birth experiences, **distrust** in the NHS or maternity care system, Desire for **autonomy**, privacy, or a spiritual birth, **cultural** beliefs, **limited access** to desired birth settings or midwives, especially during staff shortages. Midwives and other professionals should ensure that they support pregnant people to have information and understanding about their ...

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...rights in relation to pregnancy and childbirth; and about the law in relation to unassisted birth and place of birth (see resources). It is not appropriate for healthcare professionals to make safeguarding/social services referrals with concerns about an unborn baby **solely** on the basis that the pregnant person has declined maternity/medical support (which they are **legally** entitled to do).

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Safeguarding referrals should only be made where there is considered to be a risk of significant harm to the child after it is born. **Where an unborn baby is already open to CSC and parent(s) choose to birth unassisted, robust planning should take place as early as possible to create a clear and concise plan for once baby is born. This planning should include parents and all members of the MDT**

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What to do

*Encourage open dialogue without judgement and strive for continuity of carer. *Provide clear pathways for emergency access to health care and offer antenatal care even if pregnant person plans to birth unassisted. *Consider safeguarding implications of an unassisted birth. *Plan with the family regarding recommended communication after the birth of the baby, including legally notifying the birth and the offer of routine midwifery care at home.

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Questions to consider

Which other professional/s is it proportionate for me to seek/share information with?

Am I satisfied the pregnant person has capacity to understand the risks and benefits of unassisted birth?

Have I robustly considered Safeguarding?

Can I utilise any resources to aid discussions?

Have I accessed appropriate supervision and senior guidance?

Is an enhanced/detailed midwifery birth plan available?

