

**WOMEN'S HEALTH AND PAEDIATRICS**  
**MATERNITY UNIT**

**Birth Choices (Out of Guideline)**

Amendments			
Version	Date	Comments	Approved by
1	June 2023	New policy	

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**In consultation with:** Perinatal Guidelines Group

**Ratified by:** Perinatal Guidelines Group

**Date ratified:**

**Next review date:**

**Target audience:** All health professionals within the maternity services

**Equality impact assessment:** Perinatal Guidelines Group

**Comments on this document to:** Perinatal Guidelines Group

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## 1.0 Summary

This document sets out guidance for supporting personalised care planning with women and birthing people requesting care outside of recommended Trust guidance.

## 2.0 Introduction

The NHS wants everyone using maternity services to receive safe, personalised care. This means that care is centred around the unique needs and circumstances of each individual using maternity services and their baby. It also means that they have had genuine choice about the care they receive, informed by impartial information (NHS England, 2016).

- Everyone has a right to receive safe and appropriate maternity care.
- Every woman and birthing person has a right to maternity care that respects their fundamental human dignity.
- Everyone has a right to privacy and confidentiality.
- Every woman and birthing person is free to make choices about their own pregnancy and childbirth, even if their caregivers do not agree with them.
- Everyone has a right to equality and freedom from discrimination.

In the UK, human rights are protected by law. The Human Rights Act 1998 incorporates into domestic law the rights protected by the European Convention on Human Rights. If someone believes that their human rights have been violated they can bring a legal claim in the UK courts. Human rights are also protected by common law (decisions passed in the law courts in the UK over the years). This is particularly important in the areas of clinical negligence and consent (Birthrights, n.d.).

Maternity teams should work in partnership with women and birthing people, providing information and recommendations based on local and national guidelines, research and evidence.

How health professionals can support informed decision making:

- **Provide balanced, transparent and reliable information**
  - This can be verbal and/or written information
  - Signpost to appropriate local and national guidance and organisations
  - Refer to specialist colleagues if required
  - Avoid sharing your personal opinion
- **Ensure understanding**
  - Provide easy to read publications if required
  - Provide professional translation services for written and verbal information if required
- **Facilitate the decision making process**
  - Encourage the woman to ask questions
  - Consider using a decision aid
  - Understand that in many situations decision making is an ongoing process
- **Be an advocate for women, birthing people and families**

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- Support the woman as she makes her decision, including if you are not acting as the lead caregiver
- **Act on the decision**
  - Respect the woman's wishes
  - Do not provide any care without first receiving consent
  - Refer to colleagues if required, in order to provide personalised care
  - Document the information you have given, the discussion you have had and the care you have provided
- **Record keeping**
  - Document the information you have given, the discussion you have had and the care you have provided
  - Share what is written with the woman

(Royal College of Midwives, 2022)

It is imperative that we acknowledge preferences and concerns and act in the best interest of women and birthing people whilst upholding our duty of care as health care professionals (NMC 2015, GMC 2008).

The B.R.A.I.N decision making tool is very useful for use by women and birthing people as well as professionals. It provides a clear framework to ensure information is provided and received. The below has been developed for use at Ashford & St Peter's.



**B** – What are the **Benefits**?

**R** – What are the **Risks**?

**A** – What are the **Alternatives**?

**I** – What does your **Intuition or Instinct** tell you?

**N** – What if you do **Nothing**?

The birth choices service has been developed to support women and birthing people who wish to explore alternative options of care to those recommended by the Trust's policies and guidelines. The service offers an opportunity for further discussions and for the woman/birthing person to gain greater understanding on the rationale behind the recommendations made and the risks and benefits of accepting or declining to continue with their care following those recommendations. Moreover, it enables women and birthing people to explore and express their concerns and wishes/reasons underpinning their choices. This approach embraces women and birthing people's autonomy, allows them to make fully informed decisions about their care and promotes an environment for open

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dialogue and communication. The birth choices service aims to co-design personalised care with women and birthing people according to their individual needs and choices.

### 3.0 Objectives

The aim of this document is to set out comprehensive processes to counsel and support women and birthing people requesting care outside of Trust’s guidance with the intention of having a systematic approach to discussions, consistency within the information provided to women and a cohesive and united approach to out of guideline care as a maternity unit.

### 4.0 Scope

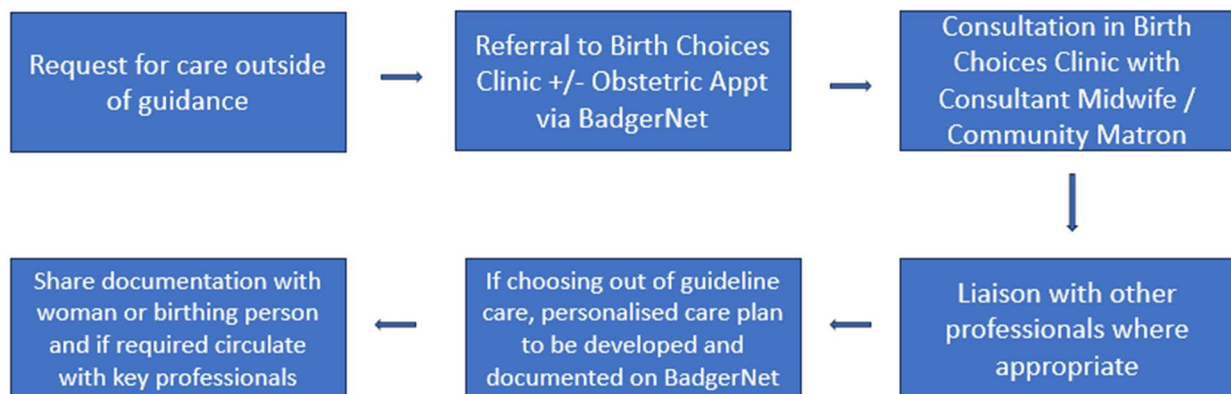
This document should be used to guide and inform discussions with all birthing people who may request care recognised as outside of guidance. This document is available to all clinical members of the maternity team.

### 5.0 Duties & Responsibilities

When a woman or birthing person requests care recognised as outside of ASPH guidance they should be offered an opportunity for further discussion with senior midwifery or obstetric colleague.

Referrals should be made via BadgerNet referral process.

### 6.0 Pathway and Criteria



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The below is a suggested list of criteria for the birth choices clinic but is not exhaustive and any woman or birthing person can be seen to facilitate personalised care choices where this cannot be provided elsewhere.

Indication	Ideal gestation to be seen in BC Clinic	Ideal location of appt
VBAC ABC	28 weeks	Cons MW BC Clinic
HBAC	28 weeks 36 weeks	Cons MW BC Clinic Home
BMI >35 <40 Requesting ABC	28 weeks	ABC BC Clinic
BMI >40 Requesting ABC	28 weeks	Cons MW BC Clinic
BMI >35 Requesting Homebirth	28 weeks 36 weeks	Cons MW BC Clinic Home
Epilepsy requesting ABC/Pool Birth	28 weeks	Cons MW BC Clinic (where possible joint with mat medicine Cons and Complex Care MW)
Multiple birth requesting ABC/Home	28 weeks	Cons MW BC Clinic (where possible joint with multiple pregnancy Cons and Complex Care MW)
Diabetes requesting ABC/Home	28 weeks 36 weeks	Cons MW BC Clinic Home (if applicable)
Maternal Request Caesarean Section	28 weeks	If tokophobia or previous traumatic birth – see Birth Reflections  Other reason - Cons MW BC Clinic (will also require Consultant Obstetrician appt)
Declining aspects of care	As soon as possible	Dependent on circumstances *If residing in Bronzefield discuss with named MW/lead Cons to determine suitable location for appt.
Grand Multip requesting ABC/Home	28 weeks 36 weeks	Cons MW BC Clinic Home (if applicable)

If professionals have concerns that potential barriers may affect a woman or birthing person's ability to attend an appointment please discuss with Consultant Midwife or Community Matron who will facilitate an alternative option.

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## 7.0 Capacity

Capacity is having the ability to understand the choice women and birthing people may need to make about treatment and care for themselves or their unborn baby. Moreover, having capacity requires demonstrating that the individual has the required aptitudes to exercise his/her right to decide based on the information provided. Never assume that a woman lacks capacity if you have doubts follow the MCA/DOLS (Mental Capacity Act/Deprivation of Liberty Safeguards) guidance. It is in UK statute that a pregnant woman/birthing person has the moral and legal right to refuse treatment for themselves or their unborn child.

## 8.0 On admission / Escalation

- When a birthing person with an out of guidance plan attends the unit/requests care at home the team should follow the escalation pathway as advised in the personalised care plan. This may include contacting the on call Consultant obstetrician and Consultant Anaesthetist.
- If the obstetric or midwifery team on duty have concerns that are outside of those documented in previous discussions (we must be flexible as labour cannot be controlled and circumstances may change), new findings and recommendations should be discussed with the birthing person and well documented.
- If on admission there are no records of counselling sessions for out of guidance care, the team on duty would have to facilitate, review the woman as normal and have the relevant discussions to support her decision making.

## 9.0 Administrative

Appointments will be made within 2 weeks of receiving a referral and will be prioritised based on gestation and clinical need.

## 10.0 References

Birthrights (n.d.). *Your rights*. [online] Birthrights. Available at:

<https://www.birthrights.org.uk/advice-factsheets/your-rights/>

General Medical Council (GMC) (2008) Consent: patients and doctors making decisions together, General Medical Council, London.

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