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Protecting human rights  
in childbirth

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Registered address:  
Birthrights  
Union House  
111 New Union Street  
Coventry CV1 2NT  
0300 400 30 400

8<sup>th</sup> October 2020

Dear Sir James,

I am writing to you from the human rights in childbirth charity Birthrights, regarding the issue of requiring a negative COVID result before offering a home birth or a water birth.

Individuals have a right, under Article 8 of the European Convention on Human Rights/Human Rights Act, to choose the circumstances of their birth. Trusts are able to restrict this right *but only if* the restriction is lawful, has a legitimate aim (such as protecting the health of others) and if the action taken is proportionate. (We have developed [this tool](#) to help maternity leaders take these decisions). We do not believe that Northumbria's decision to treat all pregnant women who have declined testing as if they are COVID positive is a proportionate action and we ask you to review this decision immediately.

We understand that you are asking women to take a COVID test at 38 weeks. This runs contrary to [RCOG guidance](#) which recommends testing on admission only on the basis that it is not possible to ask women and their families to self-isolate for 14 days if a test were to be carried out at 38 weeks. The same guidance recommends that when women have a test result that is pending or have declined testing that individuals are risk assessed to see if infection is "possible" or "unlikely". The guidance makes clear that:

*"Women who are risk assessed as unlikely to be currently infected with SARS-CoV-2 ...should be treated as though they do not have COVID-19 when in labour. Their care should follow a similar plan to that prior to the pandemic."*

We are not clear why Northumbria has decided to treat all individuals who have declined a test as COVID [positive](#) in contradiction to this guidance, especially when

birthrights.org.uk  
info@birthrights.org.uk  
@birthrightsorg  
Registered charity number 1151152  
Patron: Nadine Montgomery

**birthrights**



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this restricts their right to give birth in the way they want to. Whilst we recognise that the infection rate in Newcastle is high compared to other areas of the country, the likelihood of any particular asymptomatic individual having COVID is very low (203/100,000 at the time of writing). Withholding home birth, which has been shown to reduce the need for interventions for the individual giving birth, and water birth, one of the most effective and side-effect free forms of pain relief in labour, have a significant impact on women and their families. It is not at all clear that the benefits of home birth and water birth have been factored into your decision making.

On the other hand, the protective effect on staff of requiring testing at 38 weeks is very weak. Unless a woman and her household are self- isolating, then any woman giving birth more than a few days after a test has been taken (the majority of women will give after this point), no longer has a reliable test result.

Furthermore, the evidence that water birth increases the risk of transmission to staff is very weak indeed, and in fact recent research suggests that water may reduce the risks of transmission by creating a natural barrier between the individual giving birth and those caring for her.

We look forward to your most urgent response.

Yours sincerely,

Maria Booker  
Programmes Director - Birthrights



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Cc

Dr Katie Barker - Clinical Director for maternity

Jenna Wall - Head of Midwifery

Northumbria MVP

Tracey Cooper - Regional Midwife for the North East and Yorkshire

PALS

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