

Can I choose where to give birth?

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Yes. You have the right to choose where you give birth. You can choose to give birth in a hospital, in a birth centre, or at home. A birth centre is a maternity unit that is run by midwives. It can be part of a hospital or completely separate.

Your NHS trust may automatically book you into a hospital or birth centre. You can ask to discuss this and make your own choice.

A healthcare professional may say you 'need' or 'have' to give birth in a hospital. You can ask them why they think this. What medical reasons do they have for this advice? You do not have to agree with them.

In some cases, there may be restrictions on your right to choose a hospital or birth centre. However, no-one can make you give birth away from home if you want to stay at home.

The only time someone else can decide for you about where you give birth, or your treatment, is if you lack mental capacity. This is very rare, but we describe what mental capacity is below.

Do I have the right to a home birth?

Yes. You have a right to choose where you give birth. You cannot be made to go to hospital. Healthcare professionals may want to talk to you about your plans and any concerns they have. This should be an opportunity to have an open discussion and to share information. They should always respect your views and choices.

All NHS Trusts are expected to run a home birth service. This is not

guaranteed in law, but the law says that your right to choose where to give birth should only be restricted when there is a good reason to do this, and where the decision is 'proportionate'.

This means that a Trust should only pause their home birth service if they have looked at all the options for keeping it going and they are still unable to.

If you are told you cannot give birth at home because of staff shortages, remind the hospital that it must make sure there are enough staff to provide the services it has promised. They should have plans for situations such as staff shortages. This could include providing an independent midwife.

- If you feel that your choice to give birth at home is not being respected, you can contact Birthrights for advice using our [contact form](#) or by emailing advice@birthrights.org.uk.

Are midwives obliged to attend home births?

Yes. The Nursing and Midwifery Council's Code says that midwives must put your interests first and make your safety their main concern. This is their professional duty.

Midwives should respect your decision to give birth outside the hospital. They should attend you at home if you ask for this, even if they don't agree with your decision.

If you are in labour and the hospital tells you there is no midwife to attend you, (and that they will send an ambulance), you cannot be made to attend hospital if you do not want to. You or your birth partner can ask to speak to the Head of Midwifery and ask them to provide a midwife.

If a midwife – or any healthcare professional – has breached their duty of care, you can complain. Duty of care means that they must care for you and

keep you safe. They can be referred to their regulatory body, which will investigate.

- You can find out more about making a complaint on our [Making a complaint](#) factsheet.

Can I give birth at home if my pregnancy is 'high risk'?

Yes. Only you have the right to decide where you give birth. No one can overturn the decision you have made. This is the law.

The only time that someone else can make decisions about your healthcare is if you lack mental capacity to make those decisions. This is very rare.

- You can read more about this on our factsheet [Mental capacity and maternity care](#).

Even if healthcare professionals advise you not to give birth at home, no one can make you go to hospital.

Your midwife and hospital consultant (if you have one) should work with you to make a care plan for giving birth at home.

When professionals give you advice and information about where to give birth, it should be based on facts, not personal opinions.

Healthcare professionals must not put pressure on you, or threaten you, when you are deciding where to give birth. They must not threaten to involve social services. If you feel this has happened, you may not have given consent to the treatment you received. This could mean that the healthcare professional can be taken to court for failing to obtain your consent.

- You can read more on our factsheet [Social services and maternity care](#).

Can I choose to have my baby in hospital?

Yes. All people in the UK have a right to maternity care in hospital.

Can I choose which hospital?

Your GP will tell you which hospitals have maternity services in your area, and you can choose which one to use.

You can ask to use a different hospital. If your GP will not refer you to the hospital you choose, you can refer yourself. Look on the hospital's website or ask its maternity team for the self-referral form.

Can I choose to give birth in a birth centre?

Yes. The government says everyone in the UK should be able to choose between giving birth in hospital, in a birth centre, or at home. You should be offered a full discussion of the risks and benefits of the options you are considering.

If there is no birth centre in your area, or you want to use a different birth centre, you can ask your GP to refer you or you can refer yourself.

What if the birth centre says I'm too 'high risk'?

Birth centres often have rules, called admissions criteria, that say people with 'high risk' pregnancies cannot use the centre.

These are not legal rules and they cannot be applied in a blanket way. The centre should use them only to guide them when making a decision about who can use the centre.

The birth centre must only refuse to allow you to use the centre if they feel they cannot provide you with safe care. The centre must have a good evidence-based reason that shows you or your baby are at high risk of harm when giving birth without the support of a hospital obstetric ward. The centre must

be able to show that it cannot safely manage that risk. They should consider the risk on a case-by-case basis, looking at what the risks are in your personal situation.

For example, a birth centre might say you cannot use the centre if your labour is being induced and

look at what the specific risks are in your case and whether they can be safely managed. They need to have evidence for what they say. They need to discuss it with you, and if they think they cannot safely care for you in the birth centre they need to discuss what alternatives they can suggest (for example, offering similar support such as a birth pool on the labour ward).

Your midwife should always find out why you want to use a birth centre. Even if you do not fit the birth centre's rules, the midwifery team should think about how to help you to give birth there. They need to bear in mind that you always have the right to give birth at home. If they do not think they can safely help you to give birth there, they should think about how they can help you to give birth in the way you want within the hospital's obstetric ward.

What do they mean by 'high risk'?

When talking about risk, ask the birth centre to be clear about what they mean by 'high risk'. What might happen? What might this mean for you and your baby? How likely it is to happen? Why do they think this? They need to be precise about any risk that concerns them.

The clearest way of saying how likely something is to happen is to express it out of a hundred or thousand and for it to be expressed both ways round.

For example, if you have a vaginal birth after a previous caesarean then there might be a 1 in 200

where medical advice strongly recommends the monitoring of your contractions.

Or the birth centre's rules might say that you cannot use the centre if your body mass index (BMI) is above a certain level. However, they should

chance that the scar may come apart in labour, and a 199 in 200 chance that it will not.

This is the same as a 0.5% chance of the scar coming apart and a 99.5% chance that it will not.

You can ask for information to be given in this way.

All risk is personal: you may decide that the risk they describe does not worry you enough to change where you want to give birth.

For example, if you are giving birth for the first time at home you have a 45 in 100 (45%) chance of transferring into hospital (often this is not an emergency - for example, your labour may be progressing a bit more slowly than expected). This is also a 55 in 100 (55%) chance of not transferring to hospital.

Some people will regard the risk of transferring to hospital as a high chance and it may affect their views on whether they want to give birth at home. Others will say that it is still more than likely they will not need to transfer in and go ahead!

What if my health or disability means I need support or adjustments?

Both hospitals and birth centres must make 'reasonable adjustments' so that anyone with a long-term health condition or disability has equal access to their services. This is law, under the [Equality Act 2010](#).

These adjustments could be in the way the hospital or birth centre provides care, accessing and navigating the buildings, providing equipment, or providing services such as British Sign Language interpreters or extra support.

The [Equality Act 2010](#) says the midwifery team should talk to you about what adjustments you need. Your midwife can also ask for help from other teams in the hospital, such as Occupational Therapy, if necessary.

They should talk to you from the start of your pregnancy so that together you can work out the best way they can support you throughout your pregnancy, in labour, and during your post-natal care.

Having a long-term health condition, disability or sensory impairment does not take away your right to choose where you give birth.

For example, a woman who uses a wheelchair should be given a room that she can access in her wheelchair as well as a bathroom that she can comfortably access. She should also be provided with appropriate aids such as a shower stool and toilet frame.

An autistic person may ask for a familiarisation tour of the ward or have sensory considerations in their birth plan to make the environment accessible.

- You can read more about reasonable adjustments on our factsheet [Disability and long-term health conditions: Your right to reasonable adjustments in maternity care](#).

What if I need help to communicate?

If you need help to communicate with healthcare professionals, ask as early in your pregnancy as possible so that you can make informed choices from the beginning.

This might be support with British Sign Language interpreters, large print materials or materials in a form that is suitable for your screen reader.

This might be access to an interpreter for your appointments and care.

- You can read more about access to communication support on our factsheet [Consenting to treatment](#).

Can I say on my birth plan where I want to give birth?

Yes. A birth plan lets you tell healthcare professionals about the kind of treatment and care you want.

Your midwife or doctor should help you to make a birth plan (this may be called a personalised care and support plan) that will be included within your maternity records (your digital or handheld notes). If you choose care that is 'out of guidelines' then you may find it helpful to make your birth plan with a consultant midwife or doctor. Your plan should be recorded so that any doctors or midwives who care for you can find it. You might also want to print a copy so that you can give it to your doctor or midwife when you are in labour.

This can include where you want to give birth, so thinking about your birth plan will help you to explore the options and decisions you might make.

You may find it useful to think about what is important to you before you make your birth plan. This can help you to think of the questions you want to ask the healthcare professionals who are supporting you. It can help you have a clear and respectful discussion with them about where you want to give birth and what care you want during and after the birth.

- You can read more about birth plans on our factsheet [Consenting to treatment](#).

What if I'm not being listened to?

Your midwife and doctor should provide you with information and personalised discussions to help you make informed choices about your care.

When you make your decision, your midwife should support you. They should listen to you and respect what you say. They should help you to get the maternity care you choose.

If you are struggling to find this support, contact the Director or Head of Midwifery at your hospital. If you don't know the details for the Head of Midwifery, you can ask your midwife and/or the Patient Advice and Liaison service (PALS) (in England and Wales) to put you in touch. The Trust website will have a page with PALS details on it. If you are worried, you can look these details up in case you need them.

The Nursing and Midwifery Code says that all midwives must treat people as individuals and respect and uphold their rights. Your midwife is your advocate. They should support you even if your decision doesn't fit the hospital or birth centre's guidelines.

Can I use a hospital or birth centre that's not in my area?

You may want to choose a hospital or birth centre in another area, for example to be near family support. Or you may need to change to a Trust if your circumstances change, for example if you move to a new area during your pregnancy.

If you move, you can book with a hospital or birth centre in your new area for care. You can do this directly by looking on the hospital's website or asking its maternity team for the self-referral form. Alternatively, your GP in your new area can help. You should be able to do this even if you are very late in your pregnancy. You can also ask to book

with the home birth team, although they may have a limit on numbers of people they can book or how late they can accept bookings, depending on how they are staffed.

- If you are having trouble booking for care after a move, you can [contact us](#) for support.

If you are told that you cannot choose the hospital or birth centre you want because you do not live in the right area, you can ask for an exception to be made.

Ask:

- the [Clinical Commissioning Group](#) in England
- the Health Board in [Scotland](#) and [Wales](#)
- the [Local Commissioning Group](#) in Northern Ireland

Even if their policy says you cannot use the services you have asked for, you can ask them to look at the reasons why you want this hospital or birth centre. They need to give you a good reason if they say no.

Wherever you give birth, your postnatal care will be provided in your home area.

Do I have a right to visit the hospital or birth centre before I give birth?

Many NHS Trusts now offer only online video tours, photographs or leaflets about their maternity wards and birth centres. These can help you familiarise yourself with the maternity unit. You do not have a right to an in-person tour.

However, if you have a disability or health condition that means you may need reasonable adjustments, ask to visit the hospital or birth centre so that you and the healthcare professionals working with you can plan ahead.

You might want to look at physical adjustments that will be needed, such as a hoist. If you have a visual impairment, the position and nature of the lighting

could be important. Autistic people often want to visit ahead so that they know what to expect and can ask for changes that will make their birth experience easier. The key is that everyone is different so you need to visit in order that you and the healthcare team can plan your individual care.

Do I have a right to a water birth?

You have the right to ask for a water birth. The hospital or birth centre may have rules about who can have a water birth but these are not legal rules. You can ask how many rooms have a pool in the birth centre or hospital.

If your care team has concerns about whether a water birth is safe, they should offer you a respectful discussion on the risks and benefits in your situation so that you can make an informed decision.

The hospital or birth centre should only say that you cannot access a water birth if they have a good reason based on clinical evidence.

Your midwife and doctor should also help you consider other options, such as using water for pain relief in labour but not for the birth itself.

If you choose a water birth at the birth centre or hospital, you may not be able to access a pool if there is not one free when you arrive. If you are unsure whether a pool will be available, some people decide to hire their own pool for use at home and then transfer when they are ready. If you have a home birth, you can buy or hire a pool to use at home.

What if they say I don't have mental capacity?

Mental capacity means that you can understand the choice you need to make about treatment and can make a decision.

In law, everyone has mental capacity unless it can be shown that you do not.

Very rarely, someone may not be able to give consent to treatment because they are unable to make a decision that they need to make, even when it is very clearly explained and they are given lots of support.

It is very rare to not have mental capacity.

The people caring for you cannot say you do not have mental capacity simply because you do not agree with them.

- You can read more about this on our factsheet [Mental capacity and maternity care](#).

Will I have to pay for my care?

Most people do not have to pay for their care.

The NHS provides free care to those who are 'ordinarily resident' in the UK.

If you are not 'ordinarily resident' then you may have to pay for your care. If this applies to you, then this includes maternity care in hospital, in the community and at home.

Your NHS Trust must tell you if you will be charged for your care.

Even if you have to pay for your care and cannot afford to do so, you must still be given maternity care. You cannot be told that you have to wait until you can pay.

The rules about who has to pay for care, and how charging works are very complicated.

- Some more information is available on our factsheet [Your right to NHS services: NHS charging](#).
- If you are worried that you may have to pay, the charity [Maternity Action](#) can provide free help. They offer online information. They also offer an email advice service and a [free](#)

telephone advice service including
telephone interpreting.

Useful guidance

Guidance giving you the choice of where to give birth

The 2016 *Better Births* report for NHS England set out that women should be able to decide where they want to give birth; whether this is at home, in a midwifery unit or in an obstetric unit. This also applies to birthing people who do not identify as women.

The other nations of the UK have the same expectations of maternity services in their areas. Here is their guidance:

- [Scottish Government](#)
- [Welsh Government](#)
- [Northern Ireland Department of Health, Social Services and Public Safety](#).

Guidance on home births

The legal position is that you have the right under Article 8 of the Human Rights Act to a private and family life which includes the right to choose where you give birth and who is present.

However, this is a qualified right which means that the rights can be restricted where there is a legitimate aim such as protecting the health of others, and the restriction is 'proportionate'.

This means that the Trust should only suspend their home birth service if they have looked at all the options for keeping it going including using local Independent Midwives or bringing back retired midwives to supplement their team, and looking at alternative ways to transfer into hospital if the ambulance service is under pressure (this last

realistically applies only in times of severe crisis such as a pandemic).

The UK's guidance is set out in:

- [The NHS Choice Framework](#)
- [Welsh guidance](#)
- [Scottish guidance](#).

In 2016 the [NHS Ombudsman](#) accepted that an NHS Trust that suspended its home birth services and refused to make contingency plans was acting unreasonably. They were told to start providing the service again and to work with other Trusts to provide support for home birth in the meantime.

The Nursing and Midwifery Council Code

The [Nursing and Midwifery Council Code](#) sets out professional standards of behaviour for nurses, midwives and nursing associates in the UK. It says that midwives need to put the interests of people using maternity care first.

About Birthrights

Birthrights factsheets give you information about your human rights when you are pregnant and giving birth.

- Contact Birthrights for help on our [advice form](#) or by emailing advice@birthrights.org.uk.

Birthrights champions respectful care during pregnancy and childbirth by protecting human rights. We provide advice and information to women and birthing people, train doctors and midwives, and campaign to change maternity policy and systems.

We are a charity, independent of the government and the NHS.

www.birthrights.org.uk

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