

Birthing outside of guidance: Towards Normalising Alternative Birth Choices

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Introduction

- Choice and personalized care are the foundational principles in maternity care in the UK.
- However, women often report not being offered real choice in the birth services they can access, and “are too often being told what to do, rather than being given information to make their own decisions”(National Maternity Review “Better Births”).
- While commonly encountered in clinical practice, there remains a dearth of research pertaining to birthing outside of guidance.
- This study presents insights from ten cases to enhance our understanding and thus improve support for mothers opting for unconventional birthing choices.

Objective

- To observe and analyse the reasoning, processes, and outcomes of women who opted for births outside of guidance, with the goal of providing insights and facilitating improved support for maternal birthing preferences.

Methods:

- This was a descriptive observational study
- Ten women who were booked at the East and North Hertfordshire Teaching NHS Trust, who sought birthing options outside guidance and were subsequently seen at Birth Options Clinic from November 2024 to January 2025 were included in this study. The study looked at:
 - ❖Reasons for choosing birth outside of guidance.
 - ❖Measures taken by hospital staff to accommodate these preferences.
 - ❖Informed decision making and a final plan.
 - ❖Involvement of multidisciplinary team
 - ❖Outcomes of the pregnancies.
 - ❖Learnings derived from these cases

Results:

•Reasons for Choosing Birth Out of Guidance:

- The commonest reason (60% cases) was related to desired place of birth. Women with high risk obstetric factors were seeking birth on the midwife lead unit or at home. Often fear of medicalised births and prior traumatic experiences were the reasons behind these choices.
- Declined Induction of Labour was another common reason for seeking care out of guidance(40% cases).

•Outcomes:

- 30 % of cases went on to deliver as per their intended birth plan, 40% birth plan was modified with informed consent due to emerging risk, while 30% did not deliver as per their birth plan.
- Despite the fact that there were patients who did not deliver as per their birth plan, we received positive feedback from all mothers regarding the delivery experience. There were no complaints received thus highlighting the importance of effective communication and shared decision-making.
- Good maternal and neonatal outcomes in all the cases.

Learnings derived

- The discussion and birth planning at the Birth Options Clinic proved to be vital. Often on understanding the potential risks with birth out of guidance, mothers decided on birth options which were safer for them and their babies.
- In mothers who began labor out of guidance, balanced conversations and allowing the mother to reevaluate her options at every step as the labor unfolded was a major contributory factor for the good outcomes noted.
- Senior midwifery and Consultant Obstetrician support and vigilance is thus essential in these cases to achieve good maternal and fetal outcomes

Planning Pathway for Birth Outside of Guidance

