Royal Cornwall Hospitals
NHS Trust

Maternity Birth Choice: Care Requests Outside of Trust and National Guidelines Standard Operating Procedure

V3.0

February 2026

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Data Protection Act 2018 (UK General Data Protection Regulation – GDPR) Legislation.

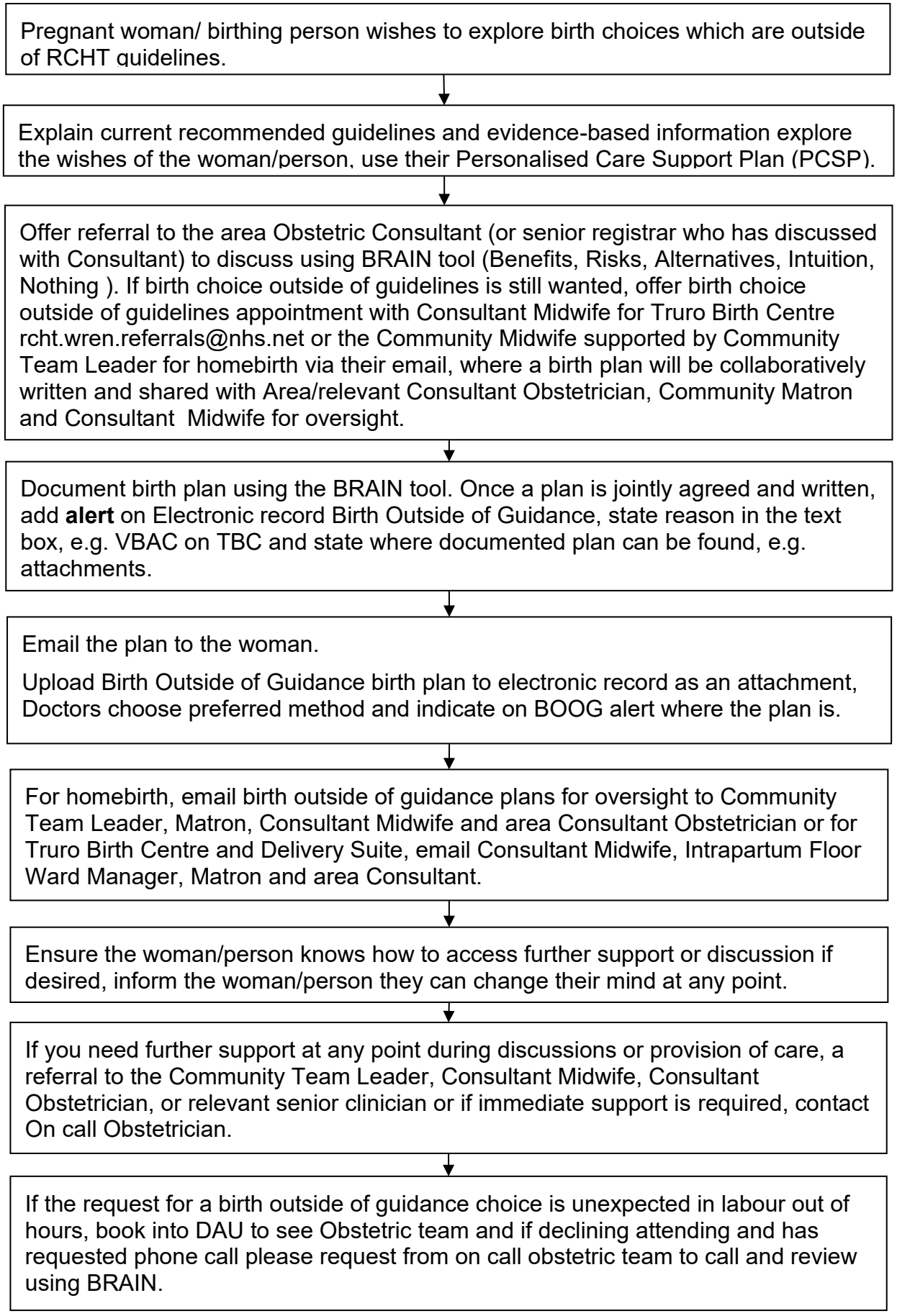
The Trust has a duty under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out, it must be opt in.

Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team.

Royal Cornwall Hospital Trust rch-tr.infogov@nhs.net

Pathway flow chart



1. Introduction

1.1. This Standard Operating Procedure provides a clear, consistent framework for supporting women and birthing people who choose care or birth options outside of national/local maternity guidelines. sets out guidance for personalised care and support planning with women/ people who make requests for care outside of recommended RCHT Trust/national guidance.

1.2. This guideline makes recommendations for women and people who are pregnant. For simplicity of language the guideline uses the term women throughout, but this should be taken to also include people who do not identify as women, but who are pregnant, in labour and in the postnatal period. When discussing with a person who does not identify as a woman, please ask them their preferred pronouns and then ensure this is clearly documented in their notes to inform all health care professionals.

1.3. All people have the right to make their own decisions as a basic human right protected by common law unless they lack legal capacity to decide, this includes the right to decline recommended maternity care or advice and to withdraw consent at any time (Montgomery V Lanarkshire Health Board 2015).

1.4. The Ockendon Report (2022) highlighted the need to ensure that women and their families are listened to, with their voices heard and ready access to accurate information to enable informed choice of intended place and mode of birth.

1.5. RCHT maternity respects the principles of autonomy, choice and personalised care, acknowledging that some women/people may not view safety in relation to only physical outcomes and may wish to choose or consider alternatives options for the wellbeing of their mental health.

1.6. This version supersedes any previous versions of this document.

2. Purpose of this Standard Operating Procedure

This Standard Operating Procedure (SOP) sets out the process for supporting and managing women and birthing people who choose care outside of national and local maternity guidelines.

3. Ownership and Responsibilities

3.1. Role of the Individual Staff

- Provide balanced, evidence-based information.
- Use respectful non-judgemental language.
- Escalate concerns appropriately.
- Document discussions thoroughly on electronic record.
- Promote the Trust Strategic Vision of ‘making decisions about me, with me’.

- Acknowledge that preference around birth choice may change at any point during pregnancy, birth or postnatal period.

- Escalate support during challenging conversations with relevant person depending on the time and location, either the Obstetric on call via Day Assessment Unit (DAU), Maternity Manager on Call, Consultant Midwife, Consultant Obstetrician, Community Team Leader, Community Matron or Delivery Suite Co-Ordinator.

- Explain current recommended guidelines and evidence-based information and any risks associated with not following this guidance and explore the wishes of the woman/birthing person, use their Personalised Care Support Plan (PCSP).

- Once a plan is jointly agreed and written, ensure the woman/person knows how to access further support or discussion if desired, inform the woman/person they can change their mind at any point without judgement and that any new risks will require further discussion and care planning.

- Complete the RCHT Maternity training to become familiar with the Personalised Care Plan (PCSP) and the BRAIN tool.

- If the request for a birth outside of guidance choice is unexpected in labour, request to be reviewed and plan made via DAU on call obstetric team.

- Document using the BRAIN tool, uploaded as an attachment onto the electronic health record.

- Add details/outcomes to the TR11 BOOG spreadsheet.

- Recognise that those with lower levels of health literacy (the ability to make sense of the information and apply it) and/or those who do not speak English as their first language may need more support to take active partnership with their health care professional. Always offer translated materials and ensure the woman/birthing person knows they can access a translator to support discussions to support understanding and decision making.

4. Standards and Practice

When a woman/person wishes to discuss or explore birthing outside of RCHT guidance.

4.1. **Referral process**

4.1.1. Refer in good time to enable a detailed BRAIN conversation.

4.1.2. Referrals should be made as soon as they are identified and ideally no later than 34 weeks. Referrals should be made direct to the named Consultant Obstetrician, followed by Community Team Leader email for homebirth or Consultant Midwife (Truro Birth Centre/Delivery Suite via email rcht.wren.referrals@nhs.net and document in maternity electronic records.

4.1.3. Once a referral is received the clinician will aim to triage it within 2 weeks. On receipt, the referral will be prioritised based on gestation and clinical need.

4.1.4. Late or urgent referrals may be required for women and birthing people whose pregnancies are postdates, where they are undecided about induction or there is an unexpected complication later in pregnancy such as breech presentation, where the named clinician requires additional input. If community team leader and consultant midwife are unavailable, refer via DAU to see the on call Obstetric team in person or via telephone contact.

4.1.5. If the woman or birthing person has decided to decline antenatal care after receiving information from Community team Leader, inform Consultant Midwife who will send an email as extra layer of offer to engage, see appendix.

4.1.6. All Women with a birth choice outside of guidelines plan should be added to TR 11 spreadsheet for quick reference and updated post birth by the person making the plan This will be stored on TR11/Midwives/Birth Outside of guidance Folder.

4.2. Birth Choices outside of Guidelines Consultations

4.2.1. Appointments will include:

- A full history and assessment of complexities.
- An opportunity for the woman/birthing person to discuss their individual preferences to ensure a shared understanding.
- Information will be provided in line with current evidence, local guidance, and Trust protocols.
- Risks, benefits, and any possible alternatives will be discussed to assist in decision making.
- A co-produced birth choices plan will be made together and documented using BRAIN tool and attached in the maternity electronic notes.
- Any revised assessment of the complexities should be documented, and any discussions and recommendations made.

4.3. Highly Complex Birth Choice Outside of Guidelines

A multi-disciplinary team (MDT) meeting should be convened for personalised care requests deemed highly complex.

4.4. Decision agreements for Truro Birth Centre

4.4.1. The Senior Leadership Team (SLT) who can agree plan for TBC are Director of Midwifery, Deputy Director of Midwifery and Consultant Midwife. The Consultant Midwife will document agreement on electronic record notes.

4.4.2. Standard pre-agreed by DoM, DDoM and Consultant |Midwife that do not require agreement are:

- Vaginal birth after caesarean (VBAC).
- Post-dates up to 43 weeks.
- BMI.
- Age over 40.
- PH 1000ml or less.

4.4.3. If there is more than one risk factor this requires SLT review and agreement.

All other risk factors require SLT review and agreement.

All births occurring outside of guidelines must be shared with the Area/relevant Obstetric Consultant for oversight, even when the woman declines a clinical review. This ensures that appropriate senior input is obtained and that the MDT can contribute to the risk assessment. Their oversight allows for accurate, balanced wording of the risks, and supports transparent documentation and ensures that the care plan reflects the safest possible approach within the woman's chosen pathway.

4.5. Labour and Birth

4.5.1. The midwife providing the clinical care should inform the Labour Ward Coordinator for awareness. The coordinator should document this on the handover board and inform the Obstetric Team for awareness.

4.5.2. On all relevant and continuing documentation when assessing risk e.g. Stop and Review sticker, it must be documented that this labour is 'birthing outside of guidance' and not low risk or answering 'yes' or 'no' to risk assessment questions.

4.5.3. If the Obstetric or Midwifery team on duty when the woman is in labour have concerns about maternal understanding of the implications of these choices, these should be discussed sensitively by the most senior member of the team present, not with the primary aim of changing a woman's mind, but with the aim of ensuring their choices have been made with full knowledge of the potential advantages and disadvantages of their decisions, including any change in clinical situation / concerns.

4.5.4. For more complex cases, or where there may be conflicts in care recommendations and maternal choices, the Maternity Manager on Call is available to provide professional advice and support for midwives and other members of staff.

4.6. Freebirth (unassisted birth)

4.6.1. Freebirth refers to a planned birth where the woman or birthing person chooses to give birth without the attendance of NHS maternity professionals, including Midwives or Doctors.

4.6.2. Choosing to freebirth is a lawful decision and falls within a woman's right bodily autonomy and self-determination.

4.6.3. When a woman or birthing person expressed an intention to freebirth maternity services must:

4.6.3.1. Be professionally curious, taking steps to understand why the woman or person is making this choice and explain the potential benefits of midwifery attendance at birth and potential risk of unassisted birth.

4.6.3.2. When and how to contact emergency services (999).

4.6.3.3. Promote positive conversations.

4.6.3.4. Respect legal right to make the decision.

4.6.3.5. Recognise some women may be fearful of giving birth and this may be due to previous birth trauma.

4.6.3.6. Emphasis that the woman or birthing person can opt in to care at any point without judgement or prejudice.

4.6.3.7. Use trauma informed communication skills.

4.6.3.8. Be aware that choosing freebirth does not constitute a safeguarding concern unless there are safeguarding concerns such as domestic abuse, be professionally curious.

4.6.3.9. Continue to offer antenatal and postnatal care.

4.6.3.10. If opts out of all or some antenatal care, community team leader to send standardised and agreed information of recommended antenatal care and freebirth information. If still chooses not engage Community Midwife to inform Community Matron, area Consultant Obstetrician and Consultant Midwife.

4.6.3.11. Consultant Midwife to email standardised and agreed engagement offer letter (see appendix 3).

4.6.3.12. Women and birthing people may opt for some care, including USS, this is an opportunity to relationship build.

5. Dissemination and Implementation

This document will be disseminated to all relevant Midwifery, health visiting and Obstetric Staff and will be stored in the Maternity SOP folder in TR11.

6. Monitoring compliance and effectiveness

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	Digital notes, random review of 10 sets of digital notes who have chosen birth outside of guidelines to review if the BRAIN approach was used and if birth plans support choice.
Lead	Audit midwife.
Tool	Audit tool on a Word or Excel template.
Frequency	Three years or earlier if indicated.
Reporting arrangements	The audit findings will be reported at the Audit Meeting.
Acting on recommendations and Lead(s)	If any deficiencies are identified these will be reported to the consultant midwife and an action plan made to address the discrepancies.
Change in practice and lessons to be shared	Any changes in practice as a result of the discrepancies will be disseminated to all relevant staff.

7. Updating and Review

This document will be reviewed every three years or earlier if an issue is identified.

8. Equality and Diversity

8.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the Equality Diversity And Inclusion Policy or the Equality and Diversity website.

8.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Information Category	Detailed Information
Document Title:	Maternity Birth Choice: Care Requests Outside of Trust and National Guidelines Standard Operating Procedure V3.0
This document replaces (exact title of previous version):	Maternity Birth Choice: Care Requests Outside of Trust and National Guidelines Standard Operating Procedure V2.0
Date Issued / Approved:	February 2026
Date Valid From:	February 2026
Date Valid To:	February 2029
Author / Owner:	Sarah-Jane Pedler, Consultant Midwife
Contact details:	01872 252996
Brief summary of contents:	Pathway for people choosing maternity care outside of recommended guidelines.
Suggested Keywords:	Maternity, consent, birth choices.
Target Audience:	**RCHT:** Yes **CFT:** No **CIOS ICB:** No
Executive Director responsible for Policy:	Chief Medical Officer
Approval route for consultation and ratification:	Maternity Guidelines Group
Manager confirming approval processes:	Caroline Chappell
Name of Governance Lead confirming consultation and ratification:	Michael Cross
Links to key external standards:	None required

Information Category	Detailed Information
Related Documents:	Birthrights (2021) Consenting to treatment. Chan, S., Tullock, E., Cooper, S., Smith, A., Wojcik, W., and Normwa, J. (2017) Montgomery and informed consent: where are we now? General Medical Council (2015) Making decisions together: the implications of the Montgomery judgement. Feeley, C. and Thomson, G. (2016) Tensions and conflicts in 'choice': Womens' experiences of freebirthing in the UK. Feeley, C., Thomson, G., and Downe, S. (2020) Understanding how midwives employed by the National Health Service facilitate women's alternative birthing choices: Findings from a feminist pragmatist study. House of Commons (2022) Findings, conclusions and essential actions from the independent review of maternity services at the Telford and Shrewsbury Hospital NHS (2022). NHS England (2016) National Maternity Review: better births-improving outcomes of maternity services in England-a five year forward view for maternity care. NHS England (2019). Universal Personalised Care. Implementing the Comprehensive Model. NHS (2019) The NHS Long Term Plan. RCHT Outstanding Care for One + All Trust Strategy 2022-2032). The Patients Association. (2020) Shared Decision making. The White Ribbon Alliance (2011) Respectful Maternity Care: The Universal Rights of Childbearing Women.
Training Need Identified:	No
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet and Intranet
Document Library Folder/Sub Folder:	Clinical / Midwifery and obstetrics

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
May 2022	V1.0	Initial issue.	Sarah-Jane Pedler, Consultant Midwife, Angela Bellamy Deputy Director of Midwifery and Helen Le Grys, Consultant Obstetrician
October 2024	V 2.0	Full revision based on MDT and MNVP collaboration	Sarah-Jane Pedler, Consultant Midwife and MDT, KMNVP and MDT
January 2026	V3.0	Full review, including addition of Freebirth	Sarah-Jane Pedler, Consultant Midwife

All or part of this document can be released under the Freedom of Information Act 2000.

All Policies, Strategies and Operating Procedures, including Business Plans, are to be kept for the lifetime of the organisation plus six years.

This document is only valid on the day of printing.

Controlled Document.

This document has been created following the Royal Cornwall Hospitals NHS Trust The Policy on Policies (Development and Management of Knowledge Procedural and Web Documents Policy). It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Equality Impact Assessment

Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.

For guidance please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity, and Inclusion Team rcht.inclusion@nhs.net

Information Category	Detailed Information
Name of the strategy / policy / proposal / service function to be assessed:	Maternity Birth Choice: Care Requests Outside of Trust and National Guidelines Standard Operating Procedure V3.0
Department and Service Area:	Obstetrics and Gynaecology
Is this a new or existing document?	Existing
Name of individual completing EIA (Should be completed by an individual with a good understanding of the Service/Policy):	Sarah-Jane Pedler, Consultant Midwife
Contact details:	01872 252996

Information Category	Detailed Information
1. Policy Aim - Who is the Policy aimed at? (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed)	For all maternity staff and pregnant people.
2. Policy Objectives	To give guidance for all maternity staff to support fully informed decision making and informed consent for pregnant people wishing to birth outside of guidance.
3. Policy Intended Outcomes	Support fully informed decision making and informed consent for pregnant people.
4. How will you measure each outcome?	Three yearly audit of service user outcomes and feedback.
5. Who is intended to benefit from the policy?	All pregnant people.

Information Category	Detailed Information
6a. Who did you consult with? (Please select Yes or No for each category)	• Workforce: Yes • Patients/ visitors: No • Local groups/ system partners: No • External organisations: No • Other: No
6b. Please list the individuals/groups who have been consulted about this policy.	**Please record specific names of individuals/ groups:** Maternity Guidelines Group.
6c. What was the outcome of the consultation?	Guideline Agreed.
6d. Have you used any of the following to assist your assessment?	**National or local statistics, audits, activity reports, process maps, complaints, staff, or patient surveys:** No.

7. The Impact

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

Protected Characteristic	(Yes or No)	Rationale
Age	No	
Sex (male or female)	No	
Gender reassignment (Transgender, non-binary, gender fluid etc.)	No	
Race	No	
Disability (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	
Religion or belief	No	

Protected Characteristic	(Yes or No)	Rationale
Marriage and civil partnership	No	
Pregnancy and maternity	No	
Sexual orientation (e.g. gay, straight, bisexual, lesbian etc.)	No	

A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment: Sarah-Jane Pedler, Consultant Midwife.

If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:
Section 2. Full Equality Analysis

Appendix 3. Outside of guidance letter

Dear

We hope this email find you well as you prepare for the arrival of your new baby. Thank you for notifying us of your pregnancy and that your choice to have an unassisted (pregnancy/and or birth) outside of NHS care.

At RCHT Maternity, we respect the autonomy and choices of expecting parents. We understand each pregnancy and birth experience is unique and personal and we are here to support you in any way we that we can.

While you have chosen not to access some of/or the complete package of NHS maternity care, we want to reassure you that our doors remain open to you should you wish to access any aspects of maternity care or if you have any concerns at any time. For example, some families choose to have ultrasound scans or basic details and blood tests completed so that we are familiar with their history should they need us. The maternity care we are offering is designed to support the safest outcome for you and your baby, and your wellbeing and that of your baby remains our central priority. Our team is here to provide guidance and support whenever you may need it.

To support your informed decision making regarding the NHS maternity care routinely offered during pregnancy and birth please visit Pregnancy (antenatal) care, checks and screening tests - NHS and Labour and birth - NHS

To further assist you we would like to offer you the opportunity to schedule a consultation with Sarah-Jane Pedler, Consultant Midwife, this would provide a chance to talk through your thoughts, preferences, and any questions or concerns you may have. If your choice to have unassisted birth is because you are worried about the care you might receive, the appointment is an opportunity to talk about your concerns and offer options for a personalised care and support plan that is right for you. If you would like a consultation with me, we can talk face-to-face, by phone, or via Attend Anywhere (a secure video platform like Zoom or Teams). If you'd like to arrange a time, please email rcht.wren.referrals@nhs.net.

Additionally, we would like to bring to your attention the following important information:

(1) that your baby's birth must be notified to the child health services **within 36 hours** (see leaflet attached). This is a legal requirement and provides your baby with an NHS number in case they require NHS healthcare at a future point. It will also ensure you are offered newborn screening.

(2) It is also a legal requirement to register your baby's birth **within 42 days,** this ensures a birth certificate can be issued.

Information and support surrounding unassisted birth can be found via Birthrights Unassisted birth - Birthrights and freebirth-unassisted-pregnancy-and-unassisted-birth.pdf.