

**HUMAN RIGHTS CHARITY CALLS FOR PROTECTION OF UK WOMEN IN CHILDBIRTH  
DURING NATIONAL EMERGENCY**

**Birthrights is the UK charity that champions respectful care for women during pregnancy and childbirth** by protecting human rights. We know from our Board, which includes senior midwives, obstetricians and anaesthetists all working on the NHS frontline today that the coronavirus pandemic is impacting all areas of care and we know that NHS maternity services are facing huge challenges and upheaval. Despite this, **babies will continue to be born at the same rate as ever during this crisis** and so, as resources are diverted towards the pandemic response, we ask that perinatal services remain as robustly funded as possible and are treated as a priority.

It is essential that those leading plans (at national and local levels) recognise that pregnant and labouring women are a vulnerable and unique group with a fundamental human right to dignity. Delivering respectful maternity care is an essential part of saving women and babies' lives at this difficult time.

Changes and restrictions to services must be proportionate to the real risks and any restrictions must not compromise caregivers' ability to provide safe, compassionate care.

**Birthrights is urgently calling for:**

- **Robust national guidance from NHS England** (supported by the Royal Colleges and reinforced at a local level) ensuring that women are protected during childbirth and that service reconfiguration considers maternity as a distinct case with a very different population and specific needs.
- **The Government ensure that midwifery, obstetric and obstetric anaesthetic staffing resource** remains dedicated to maternity care to minimise the potentially devastating consequences of serious understaffing.
- **The Government to protect the resources available to maternity services.** Less antenatal and postnatal care could make the perinatal period dramatically less safe for women and babies in this country at a time when risks may be elevated.

Frightened pregnant women are already contacting Birthrights advice service in the belief they now face childbirth alone, in settings where they feel less safe and at a time of critical staff shortage. We are pleased to see Trusts reversing their decisions to ban birth partners in response to recent advice from the Royal Colleges. However women giving birth by caesarean section, those left alone to face induction or to manage a newborn on a postnatal ward are still gravely worried about being without a partner and having to rely on an over-stretched caregiver's abilities to meet their basic needs. We insist upon the continued protection of women's right to have a companion during labour and birth.

We have also been inundated with concerns about the removal of homebirth and birth centre options without thorough investigation about how staffing and safe transfer challenges could be addressed. We believe that this action may be unlawful and could lead Trusts to be responsible for significant risk to life if women choose to birth without medical assistance.

Arbitrary suspension of birth pool use across services, in the absence of supporting evidence and without investigating how midwives' PPE could be effectively utilised in this situation, is also a cause for significant concern given the additional pressure this could put on stretched anaesthetic services and the likelihood of some women being left without adequate pain relief.

**We urge the prompt release of NHS England guidance, supported by the Royal Colleges, to urgently ensure:**

- That hospital or Trust-wide decisions about visitors and service suspensions are not automatically applied to maternity services, whose population and needs are very distinct from the general hospital population.
- That every woman has an asymptomatic birth partner of their choice with them during labour (including in an operating theatre, in the birth room and throughout an induction of labour) given the evidence that this improves outcomes for women and babies as per guidance from Royal College of Obstetricians and Gynaecologists and Royal College of Midwives.
- That wherever possible (with appropriate social distancing measures) women can have a single visitor on the postnatal ward. This will be particularly important for post-operative women while they are unable to move around normally or struggling to feed their baby.
- That any decisions regarding restrictions are proportionate and taken as transparently as possible, so that staff and therefore women can understand how infection control has been weighed up against the impact of restricting the rights of pregnant individuals and their partners.
- Where visitor restrictions are imposed in maternity services, that individual exceptions continue to be looked at on a case by case basis, particularly for vulnerable groups.
- That women are still provided with a range of evidence-based pain relief options during labour, including epidurals and the use of birth pools; that access to birth pools is not suspended arbitrarily across services and those services who have already done so justify or reverse their decision.
- That any changes to homebirth services, or closures of midwife led units, are only undertaken as a last resort and after alternative options (such as contracting independent midwives, developing novel ways to transfer non-emergency women in labour, setting up birth hubs in hotels) have been rigorously examined.
- That ambulance and/or army transfer services continue to support maternity care given that obstetric emergencies will arise in the community regardless of where births are planned.
- That care plans for labouring women who have tested positive for Covid-19 include explicit discussion of the woman's birthing wishes and provision for a companion of choice.

In addition, we urge that the Secretary of State for Justice ensures the urgent release from prisons and Mother and Baby Units of pregnant women and new mothers: with proper support before, during and after this transition.

We applaud the dedication of maternity professionals across the UK who are working tirelessly to deliver the best possible care in a fast-moving situation. Despite the challenges the NHS now faces we all remain united in the belief that every woman needs safe, respectful and compassionate care during pregnancy and birth.

Signed

Elizabeth Prochaska and Rebecca Schiller, co-founders of Birthrights, on behalf of Birthrights staff and Board.

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**If you need advice relating to your rights in maternity care please contact:**  
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**ENDS**

## **About Birthrights**

Birthrights is the UK charity that champions respectful care for women during pregnancy and childbirth by protecting human rights. We believe that all women are entitled to respectful maternity care that protects their fundamental rights to dignity, autonomy, privacy and equality. We provide advice and legal information to women, train healthcare professionals to deliver rights-respecting care and campaign to change maternity policy and systems

## **Editors notes**

### **What rights do pregnant women have in a healthcare crisis?**

- Women and their babies have a right to safe maternity care which protects their lives and physical and mental health. Maternity services are essential services which must continue to be provided and any changes to services as a consequence of the response to COVID-19 must not compromise women's safety.
- Pregnant women and women in labour have a fundamental human right to dignity and respectful care. Their rights cannot be sacrificed because of the national healthcare crisis.
- Women on postnatal wards have fundamental rights to care, including essential food, drink and physical support. If they are not provided with this care as a result of staff shortages and redeployment, there is a real risk that they are exposed to inhuman and degrading treatment.

### **Do women have a right to a birth partner?**

- One of the most important aspects of respectful care is a woman's right to companionship of her choice during labour. It is a profound restriction on women's rights to isolate them from essential support during a life-changing experience.

- Partners also have a right to family life and to be present at the birth of their child. Birth is a critical moment for the formation of a family with lifelong psychological and emotional impact. Prohibiting birth partners would be a serious infringement of their right to family life.

### **Can hospitals restrict women's right to a birth partner?**

- While hospitals are permitted to impose restrictions on women's right to companionship, any restriction must be necessary and proportionate. This means that the hospital must have balanced the effect on the rights of the woman and her partner against the need to limit potential exposure to infection. Given the extreme consequences for a woman of giving birth alone and without her partner, and the impact on the partner's rights, a complete ban on birth partners would not be proportionate except in the most extreme circumstances. This is true for women whether they give birth on the labour ward, have an induction of labour or if they give birth in an operating theatre.
- If a woman's partner is showing symptoms of COVID-19, the woman should be offered the choice of another birth partner, whether a relative or doula who can support her during labour.
- Women from marginalised groups, including women of colour and women with mental health conditions, may be particularly vulnerable in labour and have an even greater need for someone to advocate for them. Restricting birth companions will disproportionately affect these groups. If a hospital chooses to limit support to a single birth partner, it must consider making an exception for vulnerable women.
- Women on postnatal wards must be provided with care to meet their needs. Restrictions on partners on postnatal wards must not compromise care and hospitals should consider enabling partners to support women in vulnerable situations, such as postoperative women.

### **Can hospitals restrict women's access to pain relief?**

- Access to pain relief is a fundamental aspect of respectful care during childbirth. A decision about restricting access to pain relief must be justified, which means that it must be necessary and proportionate.
- If a hospital chooses to restrict access to pain relief, it can only do so on the basis of evidence which clearly supports the need for the restriction. Hospitals must take into account that restrictions on pain relief seriously undermine women's autonomy and can cause lasting psychological damage and trauma.
- Many women choose to use water for pain relief. It is an equally important form of pain relief as an epidural or other drugs. Evidence shows that use of a birth pool reduces the need for other clinical interventions and associated morbidity.
- If a hospital decides to restrict access to birth pools, or any other pain relief, on the basis of concerns about midwives' PPE, the hospital must be able to show that their concerns are rational and evidence-based. If midwives are not routinely wearing full PPE in the birth room, this will not be an adequate reason for restricting the use of water for pain relief.