Location, location, location
Making choice of place of birth a reality
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“I wasn’t given any choices about where to give birth. It was assumed that it would be in the hospital! When I mentioned the option of having a home birth it was quickly pushed aside and replaced with “Not really a good idea when you’re having your first, is it?” So I didn’t pursue it any more.”

Henri
Executive Summary

Research commissioned by the NCT for this report\(^1\) shows that, despite a Government guarantee\(^2\) in England that by the end of 2009 women would be able to choose where to have their babies, only 4.2% of women currently have a full range of choice.

Choice of place of birth refers to the main options available in which to give birth: birth at home, in a birth centre or in an obstetric unit. Although most women are at low risk of complications, over 90% of births take place in obstetric units, despite the benefits of giving birth in a birth centre or at home.

Having the choice of where to give birth empowers women, increases numbers of straightforward births and improves parents’ satisfaction with their birth experience. As intervention rates in midwife-led care and home birth are lower and recovery times significantly shorter, the costs associated with these options are likely to be reduced.\(^3,4\)

The English government gave a ‘choice guarantee’ that all women would be given the choice of where to give birth by 2009,\(^2\) but gave no indication as to how this was to be measured. Although none of the devolved countries of the UK has an equivalent choice guarantee, the research was conducted throughout the UK, as each country supports choice and encourages its provision.

The results show that:

- Over 95% of women are not able to make a real choice between the three options of home birth, a birth centre and an obstetric unit;
- The main factor limiting full choice is the low use of home birth in much of the UK – only about 11% of women live in areas with a home birth rate greater than 5%;
- With greater encouragement of this, choice could be offered to many more women;
- Over 40% of women live in areas where they are still not able to make a choice between having their baby in a birth centre or in an obstetric unit;
- However, there has been improvement as in 2001 59% of women lived in areas without reasonable access to a birth centre and an obstetric unit.

This lack of infrastructure must be addressed, by creating further birth centres and promoting them effectively. Encouragingly, some trusts and boards throughout the UK are planning such changes, but policies, in particular capital charges and payment by results, often make birth centres financially non-viable.

Women are also not being provided with either the information needed to make these choices or the support from health professionals. These are both necessary to ensure that their choice of place is available for the birth.\(^5\) Staff must be adequately trained and gain sufficient experience to be confident in delivering these choices.

This lack of choice is unacceptable, given that all governments, trusts and boards are in theory supportive of choice. In England, it is vital that this is improved significantly, in order to achieve the promised guarantee. It is, however, no less important in the devolved countries, and the NCT is campaigning to ensure there is a similar promise made by each of the devolved governments.

Progress on choice of place of birth must continue to be monitored, including women’s experiences of receiving information about their options.

Recommendations are given for a variety of stakeholders, in order to ensure women are provided with the choice that is their right.

Statistics:

Women of childbearing age in the UK: 12 million

- Over 95% of women are not able to make a real choice between the three options of home birth, a birth centre and an obstetric unit;
- The main factor limiting full choice is the low use of home birth in much of the UK – only about 11% of women live in areas with a home birth rate greater than 5%;
- With greater encouragement of this, choice could be offered to many more women;
- Over 40% of women live in areas where they are still not able to make a choice between having their baby in a birth centre or in an obstetric unit;
- However, there has been improvement as in 2001 59% of women lived in areas without reasonable access to a birth centre and an obstetric unit.
The purpose of this report

Changing Childbirth, published in 1993, set out the aspiration that women should be able to choose where to have their baby, that they should be given unbiased information to make that choice, that their choice should be respected and every effort made to achieve that choice.

In England, that objective has been made Government policy with the guarantee that by the end of 2009 women would be able to choose where to have their baby.

This report reveals the findings of research commissioned by the NCT to determine how many women have a choice of where to have their baby and whether choice has become more available in recent years.

This report also examines the importance of choice of place of birth, the Government policies supporting it and reasons why that choice may not be available to some women.

The NCT makes recommendations to stakeholders to increase the options women have when choosing where to have their baby.
What is choice of place of birth?

Choice of place of birth relates to the options available to women about the setting in which they give birth. There are three settings that are generally accepted by policy-makers and health professionals. These are:

- Obstetric unit in a hospital;
- Birth centre (also known as a midwife-led unit or community maternity unit), either in a hospital or in a separate unit; and
- Home birth with care from a midwife.

There are positive and negative aspects to each of these options, which are explored below.

**Obstetric unit**

This is currently the most common setting for births throughout the UK, and in many cases is the default suggestion for health professionals to make. In such units, most care is provided by midwives, with obstetricians becoming involved if any complications arise. There will also be other staff on hand, including anaesthetists and paediatricians.

Women having medical procedures such as induction or caesarean births for the safety of themselves or their baby will need to give birth in an obstetric unit. Others may feel reassured by having the medical back-up close at hand. However, from studies of women at low risk of complications, being in hospital has been shown to make medical interventions more likely. This may be because it is more difficult to feel relaxed and comfortable in this environment, or because the staff may be more practised in assisting in births with interventions.

**Birth centre**

Currently, birth centres are the location for approximately 5% of births in England. These can be based in a hospital, near to the obstetric services — usually referred to as ‘alongside’ units — or in a setting away from acute hospital care, referred to as ‘standalone’ units. Either of these can also be called midwife-led units or community maternity units.

There is great focus within birth centres on ensuring the environment is comfortable and home-like. Normal birth is encouraged by having one-to-one midwife care in labour and by the commitment of the midwives to safeguarding normal birth.

Medical procedures, including epidurals for pain relief, are not available at birth centres and women requiring these will be transferred to an obstetric unit for appropriate care. However, in a comparison of ‘home-like’ centres with traditional hospital care, women giving birth in home-like settings were:

- less likely to need pain relief;
- less likely to have their labour accelerated;
- more likely to be mobile during labour;
- less likely to have babies with problems during labour; and
- more satisfied with the care they received.

The NCT’s Better Birth Environment Survey, carried out in 2003, found that women who had given birth in a standalone birth centre consistently reported having a greater sense of support, privacy and autonomy than those who had used either a hospital obstetric unit or an alongside birth centre. They were more likely to be able to stay in the same room throughout their time at the unit. There were better facilities for them and

“I was taken by ambulance to hospital; this is when everything goes out of control.”

Doreen
their partner. Facilities that help women to have the kind of birth they want, including space to move around, a birth pool and access to an en suite shower and toilet, were more commonly available.8

**Home birth**

Home births accounted for 2.7% of total births in the UK in 2007.9 Where this option is selected, community midwives provide much of the care required. Where community midwives are unwilling or unable to support home birth, some women may have the option of choosing a home birth using the services of an independent midwife, working outside the NHS, though transfer to hospital care will remain an option if needed.

Studies show that for women at low risk of developing complications, home births are as safe as hospital births, and are much more likely to be straightforward, without medical intervention.10 One such study on home birth compared the outcomes of 4,600 women who planned a home birth with 3,300 equivalent women who planned a hospital birth.3

- Women who planned a hospital birth were twice as likely to have a forceps or ventouse delivery, or a caesarean delivery, as those who planned a home birth;
- Women who planned a home birth were much less likely to use drugs during labour than women planning a hospital birth, suggesting that labour was less painful or easier to cope with:
  - 53% of women who planned a home birth used Entonox, compared to 72% for planned hospital birth;
  - 8% of women planning a home birth used pethidine compared to 30% for planned hospital birth;
  - 3% of women planning a home birth had an epidural (all transferred to hospital) compared to 11% for planned hospital birth.

**Factors affecting women’s choice**

Women should be made aware that choosing a place of birth may also determine the structure of care. For example, women choosing home birth or a birth centre are more likely to get continuity of care throughout their pregnancy, labour, birth and the postnatal period, and are more likely to get one-to-one midwifery care during labour. Both of these have been shown to improve women’s satisfaction and reduce medical intervention.11,12,13

Neither birth centres nor home will be appropriate settings for every birth. There may be times when a woman would like to give birth in one of these locations, but her health professionals advise that a hospital birth would be safer. In circumstances such as these, women should be given all the information and support they need to make the appropriate choice for them.

A number of women will live near to two different obstetric units and may wish to choose one in preference to the other. In practice some women have been prevented from making this choice, for example, due to being deemed “out of area” of the obstetric unit they wish to attend (M. Dodwell, BirthChoiceUK, pers. comm., 17 Sept 2009). Maternity Matters makes a clear recommendation that women should be able to make this choice where capacity allows.2

**Statistics:**
Number of maternity units in the UK in 2001:
Obstetric: 243
Midwife-led: 116
Why is choice of place of birth important?

Patient choice is a central tenet of the NHS throughout the UK and in maternity offering choice of place of birth to women is expected to improve the quality of maternity services provision.

In her foreword to Maternity Matters, Patricia Hewitt, then Secretary of State for Health, noted:

“Offering choice over where and how to give birth will lead to the more flexible, responsive and accessible maternity services... I also believe that increasing choice will improve the safety, quality and family friendliness of maternity services and encourage good services to improve even more.”

The importance of choice to parents

For many women, having a baby is regarded first and foremost as a significant life event, rather than a medical episode. Having choice is important so that in addition to the opportunity of giving birth in an obstetric unit, women have access to the options of a birth centre and of home birth, which have been shown to be highly beneficial to women and babies. These options can provide parents-to-be with a vital sense of control and confidence over the birth process, and an increased chance of having a straightforward birth. Where these choices are presented as a realistic option they are taken up. The Albany practice in London, for example, has home birth rates of over 40%. These options have been shown to have benefits for parents and their children.

A qualitative study of women planning home births in Scotland found that women valued the autonomy that having a home birth provided. Women planned home births for many reasons, including avoiding being attended by strangers, having control over decision-making, and avoiding invasive interventions. Some women associated hospitals with sickness and dying or with previous traumatic birth experiences. Being at home was equated with creating a loving and nurturing environment both for the women themselves and for their babies.

“The first thing the midwife asked me was, ‘Which hospital do you want to go to?’”

Sarah

Statistics:
Increase in birth rate from 2001 to 2008: 15%
How much choice do women have?

The NCT commissioned this research to investigate:

1. how many women had access to the full range of birth place choices – home birth, access to a birth centre and access to an obstetric unit – in all areas of the UK; and
2. whether access to the full range of birth place choices has improved over recent years, comparing access to choice of place of birth in 2008 with the situation in 2001.

In order to estimate the number of areas where a choice was available, it was necessary to define what constituted reasonable access to the three birth settings. These definitions were set by the NCT. Full details are provided in the research report. The results, based on these measures, provide a useful benchmark by which to monitor further availability of choice of place of birth in the future.

Defining choice

Home birth

- Home birth was defined as being available when the overall home birth rate for the area was 5% or greater.

The NCT has set this cut-off on the basis that if the rate is lower than this we believe it is unlikely that women are actively being offered the choice of a home birth. The rate of 5% is considerably lower than the uptake achieved in a few areas of the UK, so it is considered a conservative but realistic estimate. Setting a level, albeit a very low threshold, to represent availability of choice, makes it possible to measure the number of areas where the choice of home birth can be said to be genuinely widely available.

Birth centre

- Reasonable access to a birth centre is defined as having a birth centre within 7.5 miles as the crow flies for urban settings, and within 15 miles for rural settings.

The NCT has set these cut-offs on the basis that they provide an approximate journey time of 30 minutes which seems to represent a realistic and acceptable journey time for most families with a private car.

Obstetric unit

- Reasonable access to an obstetric unit was similarly defined as being available if it was within 7.5 miles as the crow flies for urban settings, and within 15 miles for rural settings, representing an approximate journey time of 30 minutes.

Women who live in areas that meet all three of these criteria are considered for the purposes of this study by the NCT to have full access to choice of place of birth.

Method

Populations of childbearing women were determined for small geographical areas (LSOAs or Lower Layer Super Output Areas) in England and Wales, and equivalent areas in Scotland and Northern...
Ireland. The home birth rate for this area was allocated using that of the local authorities in England, or equivalent areas in the other countries of the UK.

The average distances to the nearest obstetric unit and birth centre were calculated based on the BirthChoiceUK database of maternity units. Adjustments to distances as the crow flies were made for estuaries and bays where possible.

Colour coded maps were generated to show various aspects of choice available to women. The analysis of data and mapping techniques used are fully described in the research report available from the NCT.

**Results**

Results are presented for the years 2001 and 2008 (home birth statistics for 2007 were used due to unavailability of 2008 figures at the time of the research). This provides comparative data to demonstrate developments in maternity services and the provision of choice.

**Discussion**

Although there has been a small improvement in the proportion of women who have access to the full range of birth settings, a great deal still needs to be done. The remainder of this report considers the implications for practice arising from this study including:

- changes needed in order to increase choices for women;
- government policy to guarantee and support choice of place of birth;
- barriers to choice;
- areas for celebration or concern; and
- recommendations for increasing choice of place of birth.
Applying the criteria for choice between maternity units, figure 2 shows that the percentage of the population with a choice of giving birth in either an obstetric unit or a birth centre in 2008 was 57.4%. This has increased from 41.1% in 2001, as shown in figure 1. This choice relates to the physical availability of the facilities in the geographical area, rather than whether women are provided with information and support to encourage their use.
Figure 2

Choice of Maternity Unit (2008)
Figures 3 and 4 show home birth rates by local authority. The home birth rate for the UK at the time of the research was 2.7%, which had increased from 1.9% in 2001, although this varied in areas around the UK from less than 1% up to over 14%.
Figure 4

Home Birth Rates (2007)

- Green: 5% or more
- Red: less than 5%
Figures 5 and 6 show areas of the UK where there is a home birth rate of 5% or more, the cut-off chosen to represent a choice of home birth for women in the area. The percentage of the population living in an area with a home birth rate of 5% is 11.2%, which has increased from 4.1% in 2001. This means that more women have the realistic option of a home birth now than they did in 2001.
Figure 6

Home Birth Rates (2007)

- 5% or more
- less than 5%
Figures 7 and 8 combine the criteria for access to all three birth options, so show areas where full choice of place of birth using the NCT definition is available. The proportion of the population of childbearing women with access to full choice, i.e. a home birth, use of a birth centre and access to hospital was 4.2% in 2008. Access to choice of place of birth has increased substantially from 2001 when it was only 1.1%. However, this shows that still only a very small percentage of women have the possibility of full access to the three birth settings comprising choice of place of birth.
What gives women choice?

In order for women to be able to truly choose where to have their baby, they should not only have access to all birth settings, but should be given full information about the risks and benefits of those choices and be supported in their decision by those providing their maternity care.

Access

This research identified that over 40% of women do not have access to both a birth centre and an obstetric unit. Although there has been an increase in the number of birth centres in recent years, there are still too few — a little over half the number of obstetric units — and more investment in the creation of birth centres is needed. A greater number of birth centres would increase the choice available to women, and if women were to take up this option, this would result in increased rates of straightforward births. This would mean less pressure on resources such as surgical, pharmaceutical and anaesthetic budgets and the costs of additional recovery time following interventions such as caesarean section.

The research also suggests that almost 90% of women do not have the realistic option of a home birth, as they live in areas where the home birth rate is less than 5%.

Information

Without the full facts, parents will either not be able to make a choice, or could be led to making a decision that is not right for them. It is, therefore, crucial that information is provided in a non-biased way and an

“As I had a relatively uncomplicated pregnancy the midwives were also very encouraging towards a home birth if we wanted one”

Siona
appropriate format. This information may be produced nationally or locally and can be provided by way of leaflets, DVDs or web-based resources such as websites or video, bearing in mind that some women will find some formats more useful than others. Women and partners who are undecided about where they would like to have their baby should be given the opportunity to talk through the advantages and disadvantages of all available options with a knowledgeable health professional and have time to make an informed decision. All women should be made aware that they are able to change their mind about place of birth at any time during pregnancy and, if necessary, while in labour.

The current situation speaks volumes: only a little over half (51%) of the 80% of women surveyed by the Healthcare Commission (now the Care Quality Commission) in England who felt they were given the choice of where to give birth reported having been given sufficient information. In an audit of Northern Ireland’s maternity services, only 66% of women reported having been given this choice. However it is questionable what choice was offered, given the low home birth rate and dearth of birth centres in Northern Ireland.

Support

Changing Childbirth set out the goal that once women had made their choice about place of birth, “their right to make that choice should be respected and every practical effort made to achieve the outcome that the woman believes is best for her baby and herself.” Those providing maternity services should commit themselves to ensure that a woman’s choice can be provided. Women should not have to live with the stress of uncertainty about whether a midwife will be available or whether a birth centre will be open at the time she goes into labour.

There must be a significant shift in both the infrastructure and the ethos behind maternity services to ensure that women have the option of giving birth in a place that promotes her chances of having a straightforward birth. With an objective of 60% for normal, or straightforward births, set by the Maternity Care Working Party (MCWP) in England, and straightforward births being encouraged in the devolved countries also, there should be greater emphasis on making available environments that encourage these. This shift should include making the choice of midwife-led care in a birth centre, rather than care in an obstetric unit, the primary option suggested to women at low risk of complications, which they can opt out of rather than opt in to.

Case study - experience of choice

Caroline gave birth to two of her children at home. She found the community midwives very supportive and reassuring, and felt secure in having this option. Despite this, she had to do a lot of research into home birth herself, and was not provided with as much information as she would have liked. Her home births went smoothly as a result of her feeling in control and properly prepared.

She says, ‘I felt so much more prepared for birth at home, and so much more in control. Being in my home meant I was more comfortable and relaxed. For me, knowing I had that choice to give birth at home was really empowering. I think there still needs to be more information given to women so that they know the choices available to them, and so they know what to expect.’
Choice and government policy

UK-wide, there is no over-arching policy to guarantee choice — it is the responsibility of individual countries’ health policy-makers to determine the priorities given to this. The current statements, policies and positions are as follows.

Policy

Choice is guaranteed and supported by Maternity Matters, and supported by various bodies and initiatives, such as the Maternity Care Working Party (MCWP) in England, the Keeping Childbirth Natural and Dynamic (KCND) programme and the Framework for Maternity Services in Scotland, the Framework for realising the potential of midwives in Wales, and the Department of Health, Social Services and Public Safety in Northern Ireland.

England

The Department of Health produced Maternity Matters in 2007. This guaranteed, among other things, that women in England would be given the choice of place of birth by 2009. It states specifically that:

- To facilitate choice, comprehensive information in a variety of formats must be accessible and available to help support informed decision making and partnership working between the woman and her partner with their midwife and where appropriate, their obstetrician;
- At the outset of pregnancy all women will have a discussion with their maternity professional about their individual needs and preferences. Each woman will undergo a standardised risk and needs assessment to help in her decision making process; and
- Each woman, in partnership with her midwife or obstetrician, will draw up an individualised and flexible care plan and choice options will be discussed. The woman can then choose the type of care she would like to receive, recognising that her choices may change as the pregnancy progresses.

The NCT research has indicated that that this choice guarantee is unlikely to met by the end of 2009, as over 95% of women in the UK, the vast majority of them living in England, currently do not have the necessary three options available to them.

Scotland

The Framework for Maternity Services in Scotland has stated that:

“Women have the right to choose how and where they give birth. This choice should be supported by high quality information and evidence-based clinical advice that allows them to take part in the decision making process.”

In order to facilitate this, it states that:

- NHS Trusts should promote effective partnership between women and professionals to make sure that care providers do not exert undue influence to direct the pathway of care;
- NHS Trusts should ensure that comprehensive written and oral information is given to, and discussed with, all women and their families which should include an assessment of the advantages and risks to allow them to make an informed choice regarding the location of birth.
It also states that maternity services should:

- help achieve the best possible start to family life; mothers who are healthy and confident, and babies who are healthy and well cared for;
- make sure that quality services are woman and family-centred, essentially community based and midwife managed while demonstrating a shared philosophy of care irrespective of risk;
- provide a holistic package of care and consistent information throughout the year of pregnancy, from pre-conception to parenthood, to allow women, their partners and their families to maintain healthy lifestyles and make fully informed choices about the circumstances in which the birth takes place.

**Wales**

The Welsh National Service Framework for Children, Young People and Maternity Services\(^2\) states that the aim in Wales is that:

"women are given information about locally available services to allow them to choose the most appropriate options for pregnancy care, birth and postnatal care. Women who choose home delivery as their birth option are supported in that choice, appropriate to the level of clinical risk."

Targets were set by the Framework for realising the potential of midwives in Wales\(^2\) report, including increasing home birth rates to 10% by 2007. This was not achieved, though a marked improvement was made. In June 2009, the Wales Audit Office produced a report on maternity services in Wales for the National Assembly,\(^2\) having surveyed 13 trusts, 646 maternity staff and 1,630 women who had given birth in February 2007. The recommendations include the following:

- to improve the ways maternity services help women come to informed decisions about their pregnancy, because:
  - in some trusts, the information provided to pregnant women is not sufficient to explain what they can expect from their maternity services or to help women make informed choices about their care;
  - the new local health boards should review their training programmes to ensure that there is sufficient focus on the principles of respect, well-being, choice and dignity for women.

**Northern Ireland**

In Northern Ireland, the Department of Health, Social Services and Public has stated that it aims to "increase further the choices available to women" with regards to birth environments. The then Health Minister announced that:

"To widen choice, we are currently working towards increasing the number of midwifery-led units that are located on the same site as consultant units. My announcement today creates the potential to increase further the choices available to women, by allowing the development of stand-alone Community Midwifery Units."
What are the barriers to choice of place of birth?

Whilst national policy in England, Scotland and Wales is well focused on providing choice of place of birth together with comprehensive local information about those choices, the reality for women is rather different. The Healthcare Commission report, Towards Better Births,\(^5\) surveyed English women who gave birth in early 2007. 80% said they felt they had been given a choice of where to give birth. However, of these, only 51% said they felt they had been provided sufficient information. This suggests that the guarantee of choice promised by the end of 2009 will not be met, and certainly that any choices made are not fully informed. Alarmingly, in Northern Ireland, only 66% of women felt they were offered choice.\(^19\) Most of the women involved in a recent qualitative study undertaken in rural and remote areas of Scotland felt they had no choice in the location of birth.\(^17\)

There are a number of reasons women may not be provided with choice of place of birth. Most of these problems are addressed in Towards Better Births,\(^5\) the Framework for Maternity Services in Scotland,\(^21\) the Maternity Services report\(^24\) in Wales, the Audit of Acute Maternity Services\(^19\) in Northern Ireland and the recent King’s Fund Safer Births initiative.\(^25\)

**Staff shortages**

A factor commonly cited in the restriction of choice of place of birth is a shortage of staff. In order to retain staff in the obstetric unit, trusts or boards may cut back on community midwives, reducing home birth services and closing birth centres. This is an illogical step, as it will lead to greater strain on hospital services and a reduction in straightforward birth rates and women’s satisfaction.

Making better use of staff and more efficient budgeting, cited in the King’s Fund initiative’s initial stage, can be encouraged by the sharing of information and techniques, with results such as one trust reducing midwifery vacancies from 24% to 3%, and others introducing work practices such as caseload midwifery and flexible working hours.\(^25\)

**Lack of experience and training**

Midwives are the experts in normal birth and their regulatory body, the Nursing and Midwifery Council expects them to be “competent to support women to give birth normally in a variety of settings including in the home.”\(^26\) All midwives need to receive training and opportunities to gain experience so that they are confident about attending women giving birth without medical procedures, and to recognise when they need to be transferred to obstetric care.

**Lack of infrastructure**

The research reported here found that the main factor keeping choice to such a small percentage of the population is the low home birth rate. Increases in the home birth rate above 5% in more local authorities would have a marked effect on the proportion of women being offered full choice. However, for over 40% of the population, there is no choice between a birth centre and an obstetric unit within the set distance.\(^1\) Encouragingly, there are more birth centres planned to be built over the next few years, which will go some way to improving the infrastructure.
Lack of provision of information

The Towards Better Births report finding that only 51% of women who were given choice felt they had sufficient information is telling. If women are not provided with full information, they cannot be said to have made an informed choice. The same report found that in 25% of cases, women did not receive the recommended number of antenatal appointments, reducing the opportunities for the provision of this information.5

No reason for denying choice is acceptable. Maternity services commissioners and providers should be prioritising structuring services in a way that ensures that women have access to a home birth service and birth centre as well as an obstetric unit. They must also ensure that women are given the information they need to make an informed choice between these three options, support for their decision, and the guarantee that their choice will be available to them when they need it.

“So far they have refused to give me a guarantee they will attend me if I have a home birth due to potential staff shortages”

Rebecca
Case study - lack of choice

Jo gave birth to her first child in an obstetric unit in a hospital, and it was not a positive experience. The midwifery team in her area was not very supportive, and did not provide her with the information that she had a choice of where to give birth. Her labour in hospital was very long, and ended in an assisted delivery. The information she received about her birth and her options, she says, all came from NCT antenatal classes.

She says, ‘My first birth experience was very negative – I had little information or support from the midwifery team – only what they wanted to tell me. As a result, I did not feel prepared. I wasn’t made to feel comfortable in the hospital, and I believe this contributed to my long labour and assisted delivery. I made a formal complaint, and ensured my second child was a home birth. This, I am pleased to say, went much more smoothly, and was a far more positive experience. Even after deciding on a home birth, though, I really had to fight for it and be very insistent with the midwives. But following my first, I was left grieving for the birth I didn’t have. Being given the choice of where to give birth is critical for women.’
Areas for celebration

Growth in the number of birth centres is a truly positive step. Figures 9 and 10 on the following pages show the distribution of obstetric, alongside birth centres and standalone birth centres throughout the UK.

Encouragingly, 17% of trusts in England reported to the Healthcare Commission that they were planning to increase their provision of birth centres.\textsuperscript{5}

Another area for celebration is the growth in numbers of home births from 2001 to 2008. This reflects the gradually changing attitudes among health professionals and greater empowerment of women over this time. There is still a long way to go, but it is encouraging that the trend is moving in a direction that indicates a greater availability of choice.

In 2001, the home birth rate throughout the UK was 1.9%, and this had increased to 2.7% by the time of collection of results for this report. Table 1 details the rates nationally and by country over time.

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<th>Home birth rates</th>
<th>2001</th>
<th>2007</th>
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<td>UK</td>
<td>1.9%</td>
<td>2.7%</td>
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<td>England</td>
<td>2.1%</td>
<td>2.8%</td>
</tr>
<tr>
<td>Scotland</td>
<td>0.9%</td>
<td>1.5%</td>
</tr>
<tr>
<td>Wales</td>
<td>1.9%</td>
<td>3.7%</td>
</tr>
<tr>
<td>Northern Ireland</td>
<td>0.2%</td>
<td>0.3%</td>
</tr>
</tbody>
</table>

Table 1

The absolute numbers of home births have grown 63% between 2001 and 2007, from 12,600 to 20,500.

“...by the time I had my first appointment with the midwife I had realised that I didn’t want to go to a hospital at all and had done some internet research. I told her that I wanted to give birth at home, and she happily noted it on my records.”

Megan
The distribution of obstetric units, alongside birth centres and standalone birth centres throughout the UK from 2001-2008.
Figure 10

Maternity Units (2008)
Areas for concern

In the previous section, we discussed positive changes over the seven years spanned by this report. Not every move has represented a positive development, however, and even where women are being offered more choice, the rates of change are still slow.

In a number of areas, there have been closures of maternity units, and there are more planned over the coming years, albeit outnumbered by the planned numbers to be built. In some local authorities, home birth rates are decreasing instead of increasing. Reducing home birth services and closing birth centres deny women choices and in England where choice has been promised by policy-makers, the lack of choice is a breach of this commitment, which should be every woman’s right by the end of 2009.

In Northern Ireland, there has been very little change. While the Assembly is generally supportive of choice, and has seen the construction of standalone maternity units, there is still only slight change. Home birth is not being encouraged and uptake is minimal.19

There are obstacles at a local level that will be a challenge to trusts and boards. Useful resources and guides include Towards Better Births1 for trusts in England, the Framework for Maternity Services in Scotland,21 the Maternity Services report in Wales,24 the Audit of Acute Maternity Services in Northern Ireland19 and the King’s Fund Safer Births initiative.25 This report should also provide useful guidance.

Statistics:

Women in England who report having had a choice of where to give birth: 80% (66% in NI)

Women in England who report having been given enough information to make this choice: 51%
Recommendations

Overall

The NCT believes that while, in many areas, choice is becoming more of a reality, there is a long way to go before women have the choice that has been promised in England, and should be guaranteed throughout the rest of the UK. The following statements sum up the four cornerstones of our recommendations:

1. **Every woman in the UK should be given a choice of where to give birth, including at least one midwife-led care option.** They must be supported to make informed choices that are right for them and their family.

2. **Choices should be supported with full, unbiased written information, based on evidence, provided in an accessible format.** Health professionals should be confident to discuss the information provided, in order to clarify and address any further questions. They may need further training to feel confident about the comparative pros and cons and how best to explain statistics.

3. **Planners and providers must ensure that there are facilities in place, within a reasonable journey time, to accommodate choice of place of birth.** This means there needs to be investment in the building of new birth centres in areas where provision is poor.

4. **Data about choice of place of birth should be collected centrally and in a coordinated manner.** Questions need to be asked not only about whether a woman was given any choice, but about whether she was offered a full choice of place of birth including the opportunity to plan for birth at home, in a birth centre or an obstetric unit. Also, it is vital that women are asked whether they felt they had enough information to make this decision.

The various maternity services reports in the four countries of the UK show that there needs to be greater provision of information from health professionals. This must address each option of location of birth fully, describing the pros and cons of each. Information must be presented without bias.

Looking at the previous sections, we can see that it is not only information provision that needs to be improved, but also that there must be further investment in the infrastructure of maternity services. Greater numbers of birth centres are needed in those areas where there is no such facility for women within a 30 minute radius, as seen in figure 2.

**Statistics:**
- Women in England offered choice of home birth: 58%
- Women in UK with choice between maternity units: 57.4%
- Women in UK with choice of where to give birth: 4.2%
Listed below are the recommendations the NCT believes are necessary for specific stakeholders in order to ensure that choice is, even if not by the end of 2009, finally truly guaranteed to women throughout the UK.

In addition to these points, the monitoring of choice should not fall to the NCT. There must be mechanisms in place for evaluating progress, given the government’s guarantee in England. The lack of a central register of maternity units is a significant problem when looking into this subject from a national perspective. This results in limiting the opportunities for monitoring the extent of the availability of choice throughout the UK.

**Elected representatives**

The NCT recommends that elected representatives get behind their local trusts or boards, and show public support for their maternity services – particularly supporting the provision of choice. This will mean encouraging the trusts or boards to provide birth centres and a home birth service for women with low risk pregnancies.

In order to ensure successful monitoring and fulfilment of choice, it is important to be able to measure levels of reasonable access. There must be a shift in the way measurements of data are taken. Journey times to units must be taken into account, as must the quality of information being provided to women.

**Members of Parliament**

Here follows a list of recommendations for MPs:

- Give public support for local maternity units;
- Encourage home births and the use of birth centres for low risk women;
- Encourage the NHS Information Centre to collect and publish data about journey times to maternity units in order to supply data about true choice.
Members of the Scottish Parliament

We encourage MSPs to:

- Give public support for local maternity units;
- Encourage home birth and the use of Community Maternity Units for low risk women;
- Encourage the Information Services Division and Scottish Public Health Observatory to collect and publish data about place of birth and about distances to maternity units in order to supply data about true choice.

Assembly Members

We would like AMs to:

- Give public support for local maternity units, both obstetric and midwife-led;
- Encourage home births and the use of birth centres for low risk women;
- Encourage the Welsh Assembly Government Statistics Department to collect and publish data about distances to maternity units in order to supply data about true choice.

Members of the Legislative Authority

The NCT believes MLAs should:

- Give public support for local maternity units;
- Encourage home births and the use of birth centres for low risk women;
- Encourage the Northern Ireland Statistics and Research Agency to collect and publish data about distances to maternity units in order to supply data about true choice.

MSLCs

Maternity Service Liaison Committees are a vital link in the chain of providing choice to women. They can affect policy within trusts and boards, and are a useful way to pass on the priorities of women in order for this to influence the way policies are implemented.

We would like MSLCs to take the following actions:

- Encourage trusts to support, top-down, the provision of choice to women;
- Work with midwives and Heads of Midwifery, with a view to increasing the use of birth centres and of home births;
- Recommend to maternity services that birth centres, either standalone or alongside, are the first option suggested to low risk women — that they are opted out of, rather than opted into.

Trusts and boards

We would like to see trusts and boards take the following actions:

- Promote home birth and the use of birth centres to women with low risk pregnancies;
- Put forward birth centres as the default birth setting for low risk women, to be opted out of, rather than opted into;
• Work with midwives, GPs and obstetricians within the trust so as to ensure women are being provided with the information they need to make a fully informed choice;
• Ensure adequate funding and staffing so that there are sufficient midwives to support all options.

**Midwives**

Midwives have more contact with women than any other health professional, and impart a great deal of information in this time. So they have a great deal of influence over the decisions made, including those about the location chosen for birth. We would like midwives to:

• Give unbiased and fully comprehensive information to women about their options for birth;
• Promote home birth and birth centre to women with a low risk pregnancy;
• Support women with their decisions.

**GPs**

GPs are more often than not the first health professional approached by a woman to discuss her pregnancy. Therefore, a lot of influence is in the hands of GPs. We would like GPs to:

• Provide information about women’s choices of home birth and birth centres in an objective and non-biased way, in order that women can make informed choices.

**Obstetricians**

Obstetricians, too, can be highly influential in women’s decisions about their birth plans. We would like to see the following steps taken by obstetricians:

• Support the development of and access to birth centres and home births, in order to promote straightforward births among low-risk women;
• Support women with their decisions.
References


References (cont...)


