



*The NCT  
Birth Policy  
12 principles*

*Birth and the transition to parenthood should be an experience that enriches parents' lives. As babies are dependent on adults and cannot describe how they feel, we have a special responsibility to look after them. Birth should be as gentle, loving and protective as possible. As the foundation of family life, the significance for society of birth and early parenting is enormous.*



National  
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Trust

2. *Maternity care should be a positive experience for women and make a significant contribution to public health, the well-being of families and the next generation.* Experiences of pregnancy, birth and the early weeks with a new baby can have a long-lasting impact on the family, affecting physical and mental health, social relationships and child development. It is important that women begin motherhood feeling good about themselves, and valued and supported by others. It is not sufficient simply to aim to reduce deaths and major illness. Positive experiences act as a buffer against later physical and emotional stress.
3. *Women need to feel as fit and well-prepared as possible if they are to look after their new baby, themselves and the rest of their family.* The birth is far from the end of the process of having a baby; it is an important beginning. Women need to be able cope with personal and family changes at the same time as meeting the demands of a new baby. Women who have had a straightforward birth have a greater chance to start the next stage of their lives feeling fit and well.

4. *The maternity services should be developed and managed to increase the proportion of straightforward vaginal births.* With appropriate support and care, the vast majority of women can have a straightforward vaginal birth. Maternity services should provide one-to-one midwifery care for all women in labour.

The NCT uses the term 'straightforward vaginal birth' to mean a birth that starts, progresses and concludes spontaneously, without major interventions, such as a caesarean or an instrumental delivery, or a series of other medical procedures. A large majority of women in the UK give birth in hospital and action should be taken to increase their opportunities to give birth without unnecessary interventions. For many of those women with a more complex pregnancy, requiring some medical care or ready access to emergency facilities, birth does not have to be a wholly medical event. It can be immensely rewarding for them to be actively involved in coping with contractions and pushing their baby into the world.

5. *The maternity services should be developed to provide women with easy access to a reliable home birth service and to midwife-led birth centres.* There can be important benefits for the whole family when a baby is born in a social rather than a medical environment. The birth is likely to be straightforward without the need for drugs and breastfeeding is usually established as a matter of course. The father can be fully involved and the baby is not separated from the family at any time. This experience can be particularly beneficial for women who feel their autonomy may be threatened, women with a disability, young mothers, those who are economically deprived, and women from ethnic minorities.

Women without complications or high-risk factors who plan to have their baby outside of hospital are half as likely to have a caesarean section or an instrumental delivery compared with similar women who plan to have their baby in hospital. The baby is just as likely to be born safely.

Women should have a right to a reliable home birth service. Currently, women cannot absolutely rely on a midwife being available for them in labour if those commissioning and providing services do not see this as a priority. This is unacceptable.

6. *The education of midwives, obstetricians, anaesthetists, GPs and other health professionals should involve observation of birth as a normal physiological process<sup>1</sup>.* The place of birth, continuous midwifery support, freedom of movement, comforting massage, warm water, visualisation and relaxation techniques, a peaceful, unhurried atmosphere, together with support from loving companions, are some of the factors that can help labour flow



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smoothly. Observation of births in different settings and cultures, either directly or by video, raises awareness of how much the physiological birth process can be supported or disturbed.

Considering birth to be normal only in retrospect, which has been a traditional medical perspective, encourages clinicians to look for problems and find signs that are frequently interpreted as a cause for concern. Attention is then focused on managing potential problems rather than on the needs of the labouring woman. The primary focus in maternity care should be facilitating normality, with well organised contingency plans in place so that appropriate action can be taken if the pregnancy or labour ceases to be normal.

7. *Women's opportunities to experience a straightforward vaginal birth are dependent on midwives maintaining their knowledge of the physiological process of birth and practical midwifery skills.* Midwives must ensure that their knowledge and skills are maintained in clinical practice and developed through research. They have a key role in establishing new services and ways of working that help to meet the needs of families around the time of birth. They should work in partnership with medical colleagues, contributing equally to policy development, appraising evidence critically and confidently, and ensuring that midwifery skills are maintained.
8. *Parents should have ready access to evidence-based information to show how health outcomes vary with different kinds of care.* In deciding whether a treatment should be offered, advised or asked for, it is important to weigh up the possible benefits with the known costs, risks or side effects. There may be alternative treatments, or the choice between a treatment and 'watchful waiting'. If too little research has been done to show how different options compare, parents should be told. Pregnant women have the right to refuse unwanted treatment. The principle of informed consent has been strengthened by Article 8 of the Human Rights Act (1998); the right to respect for privacy and family life.
9. *All maternity services should be designed to enable women to get to know their main carer; and for healthy women with a straightforward pregnancy this should usually be a midwife.* Women value having care from midwives and doctors they can get to know. Their main carer should coordinate and provide the majority of their care, supported by a small number of colleagues. Women feel valued if they are known as an individual and their circumstances and wishes are understood. They are more confident to ask questions and confide their anxieties. All women need midwifery care and benefit from being able to form friendly, supportive relationships with a small number of midwives. Women most in need, those living in socially disadvantaged areas, those with medical complications, or mental health problems should have priority when continuity of carer schemes are set up.
10. *Medical care can be invaluable for mothers and babies when there are complications or an increased chance of complications.* Those women and babies who need expert medical care should have access to well-resourced medical services with suitably trained staff. Women with a complex pregnancy are particularly likely to benefit from being able to get to know at least one of the team caring for them, so that their medical history is understood and there is no conflicting advice. The midwife is an important source of information and support, not only providing clinical care but also recognising the woman's social and emotional needs.



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<sup>1</sup> A 'normal physiological process' is a series of natural functions of the body that proceeds effectively, directed internally and to some extent unconsciously, without complication. Physiological processes such as digestion, defecation or sexual intercourse can be disturbed by lack of privacy, stress or anxiety. This also applies to the process of birth.

11. *Individualised care is important; appropriate ways of providing support should be explored for each woman.* Many women have fears that can impinge on their pregnancy. They need opportunities to talk about their changing roles and relationships; help to address any problems with depression, domestic violence, social isolation or lack of support; and may need help in approaching agencies about debts, benefits, housing or childcare worries.

Many women fear the birth process itself (coping with pain, pushing the baby out or getting back to normal afterwards) or have worries about the baby. Those who have experienced abuse may feel very threatened by the prospect of examinations or treatment which they cannot control. Women should have an opportunity to talk through their anxieties with someone who is sympathetic and understanding, as well as confident in the birth process. Some fears can be overcome with acknowledgement and support, others amount to a clinical need and care should be tailored accordingly.

12. *The living conditions of pregnant women and families with babies must be improved.* Families with young children need adequate housing and warmth, sufficient income and nourishing food, protection from violence, access to healthcare, the opportunity to be together as a family and not suffer separation.

Currently, in the UK, almost one child in three is born into a family living on means-tested benefits. Poverty leads to significantly higher risks of stillbirth, perinatal and infant death, and childhood illness. Disadvantaged babies have less chance of experiencing the benefits of breastfeeding and their mothers are more likely to experience postnatal depression. Targeted and responsive maternity and child health services can help to reduce these inequalities. However, reducing child poverty that causes these health inequalities requires other changes. The NCT, a member of the Maternity Alliance, lobbies for progressive social and economic policies to improve living conditions for families with young children.

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