

Description

Safety: Self-Determined and Human Rights Compliant

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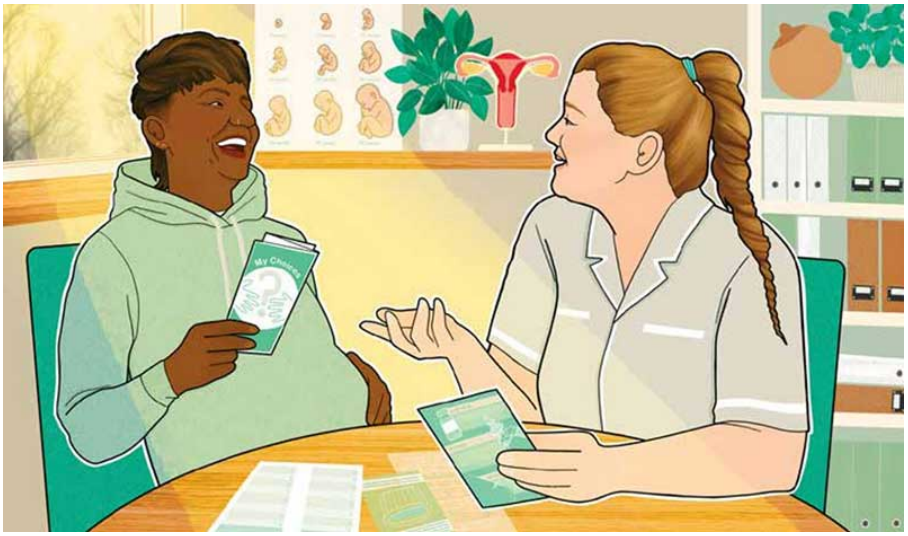
Summary

This article explores the ground-breaking cultural and policy transformation in maternity care marked by the shift from 'shared decision making' to 'informed decision making', as outlined in the NHS England Personalised Care and Support Planning Guidance for Local Maternity Systems (2021).[1] This change – driven by sustained advocacy and grounded in human rights law – recognises the woman as the ultimate decision maker in her care. Rooted in the principles of autonomy, continuity and cultural safety, this approach challenges top-down safety models dominated by institutional control and establishes informed decision making as the cornerstone of true safety and respect in maternity care.



Personal perspectives

My understanding of birth and its lifelong impact has been shaped by the experiences of both my own family and my

husband's. Across generations, I have seen how the circumstances surrounding pregnancy and birth and loss can influence mental health, relationships and family life. These experiences deepened my empathy and informed the choices we made for our own family. Over 22 years, I have been pregnant seven times and am a mother of four. I have experienced every type of birth, from emergency caesarean to physiological home birth – and each decision reflected my circumstances, support, access to evidence-based information and emotional wellbeing at the time. My professional life in the public sector and maternity transformation has been guided by listening and learning from the lived experiences of others. This has taught me that safety is not a system or defined concept but a personal one, and can only be determined by the individual receiving care.

Through my work at local, regional and national levels, I have sought to embed human rights and informed decision making at the heart of maternity care. It was this advocacy that contributed to the national shift from shared to informed decision making, a change that reaffirms autonomy, dignity and trust as the foundation of true safety.

Personalised care background

The NHS England Personalised Care and Support Planning Guidance for Local Maternity Systems (2021)[1] was co-produced as an output from the Choice and Personalisation workstream of the Maternity Transformation Programme. It presented the position that transformation can only be achieved through respect for childbearing women and people's autonomy and human rights. Safety is not achieved through compliance or control, but through personalised care and self-determined safety, trust in the skills and expertise of those providing care to facilitate genuine choice and evidence based information to inform decision making and practice. This personalised approach to maternity care is optimised by building relationships through continuity that facilitate ongoing conversations around choice to support informed decision making.

From shared to informed decision making: aligning with human rights

Language in policy shapes both culture and practice. For many years, healthcare professionals made decisions on behalf of those they were caring for before the decision was made to 'share the power' and the term and concept of 'shared decision making', still used in the wider NHS, was introduced. It is said that this concept implied collaboration in order to share decision making, however often perpetuated professional dominance in maternity care. Within hierarchical systems, 'sharing' a decision about a woman or birthing person's body frequently implied that clinical approval was required before their choice was validated or considered. In response to the extensive public engagement, determination and advocacy, the 2021 NHS England guidance for Maternity systems reframed this, replacing 'shared' with 'informed' decision making, to ensure alignment with human rights legislation and the landmark legal ruling Montgomery v Lanarkshire Health Board (2015).[2] The ruling established that informed consent must be based on what a reasonable person in the woman's individual position would consider material and relevant – including all risks and alternatives. This reframing acknowledges that the woman is the ultimate decision maker and requires clinicians to support her understanding of all available options while respecting her informed choices without coercion. Informed decision making reframes the professional's role: not as gatekeeper or someone holding power over women and pregnant people but as an advocate, enabler and facilitator. It places lived experience, belief systems and social context at the heart of safe practice. When autonomy is upheld, trust deepens, and safety naturally follows.

This marks a decisive move from paternalism to mutual respect – a legal, ethical and cultural reorientation towards autonomy and dignity.

> "Language in policy shapes both culture and practice."

Autonomy, rights and cultural safety

Safety, as traditionally defined within maternity systems, has often reflected the judgements, experiences and biases of professionals rather than those receiving care. This externally imposed model risks coercion, discrimination and lifelong trauma. A shift toward Cultural Safety[3,4] offers a pathway to transformation. In this model, safety is subjective word deliberately chosen to give power to the consumer and defined by the person receiving care – it cannot be legislated or externally imposed. A human rights-based approach centers care on the person's inherent dignity and decision-making authority where only the person receiving care can determine whether the care and experience was safe for them, respectful, supportive and free from bias. This approach requires continuous reflection by health professionals,

confronting personal biases, assumption and stereotypes and counteracting systemic power imbalances between the healthcare provider and those receiving care. Cultural safety depends on environments where women and birthing people feel seen, heard and recognised as the ultimate decision makers, particularly those from marginalised or socioeconomically disadvantaged backgrounds.

Continuity of carer: the foundation of safety

Continuity of Carer remains the cornerstone of personalised and informed care not just in pregnancy and birth but when the pregnancy is no longer viable or the baby dies. When women, birthing people and their families build trusting relationships with a known midwife, they are better supported to explore options, articulate preferences and feel safer to request more information, or deeper explanation in a format that they understand, to be able to adapt their plans as pregnancy progresses. Relational continuity also enhances clinical safety. Midwives who know their clients well are more attuned to subtle deviations from the norm and can identify when referral or medical input may be appropriate. Conversely, fragmented care increases de-personalisation, anxiety and risk. Continuity fosters trust, confidence and genuine partnership – essential ingredients for informed decision making and safer outcomes and life-long mental and physical well-being.

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Meeting women where they are

To achieve personalised and culturally-safe care, services must meet women and birthing people where they are – not require them to conform to institutional routines and guidance. Choice of care through pregnancy and birth-setting is central to autonomy. For many, the safest and most empowering place to receive care and give birth is at home or in a community setting, surrounded by trusted companions and familiarity. Despite robust evidence supporting home and midwifery-led births for low-risk women,[5] hospital birth remains the default, regardless of health status. Guidelines applied as blanket policies often result in the unnecessary exclusion of individuals from care pathways and community birth options. Changing demographics – such as women choosing to give birth later in life – underscore the need for adaptable, individualised care models. Meeting women in their homes and communities enables midwives to understand lived realities and co-create plans that reflect what truly matters, improving outcomes as demonstrated by the Albany model of midwifery care.[6]

Physiological expertise and skilled midwifery

For informed decision making to be meaningful, women must be supported by midwives, expert and confident in normal physiology and capable of recognising when pregnancy and birth requires assistance. Midwives skilled in physiological birth balance intervention with respect for natural processes, building trust and enabling informed discussions about when medical input may be beneficial. Recommendations should stem from evidence rather than institutional norms or fear of litigation. As caesarean rates soar, and midwives become deskilled or fearful of supporting choices aiming for physiological birth, we are seeing more women disengaging with maternity services, feeling their only choice is to free birth. Many midwives who hold the essential skills and experience of physiological birth are also leaving the profession or deregistering. Re-establishing confidence in physiological care is essential to restoring trust and ensuring that maternity services remain well staffed, safe, evidence-based and person-centred.

Policy, evidence and individualised care

Only a small proportion of maternity guidelines – approximately 9% – are informed by Grade A evidence.[7] Despite this, policies are often applied rigidly, disregarding individual preferences and circumstances. Evidence-based practice requires integration of the best available research with clinical expertise and the individual’s values and context. A human-rights approach demands that policy serve the person, not the reverse. When guidelines override individualised decision making, they risk violating autonomy and eroding trust and compromising safety. Safety should be defined by informed choice and the relational integrity through which that choice is supported.

Privacy, trauma and the right to nondisclosure

Many women and birthing people make care decisions influenced by experiences they may never wish to disclose. A rights-based approach recognises that informed consent does not require disclosure of trauma or justification of decisions. Systems that pathologise choices deviating from guidelines risk re-traumatisation and life-long harm. Trauma-informed and culturally-safe care acknowledges that autonomy is protective, and respecting choice without demanding explanation is central to empowerment and healing. Clinicians must be trained in trauma-informed communication and cultural safety, recognising that each decision reflects complex social, cultural and emotional contexts. Compassionate listening is as essential to safety as clinical skill.

Informed decision making as the highest form of safety

Safety in maternity care cannot be achieved through surveillance or control; it arises from trust, continuity and informed partnership. The NHS England guidance emphasises that safety and personalisation are not competing aims but interdependent principles. When women and birthing people are respected as autonomous decision makers, safety outcomes improve through engagement and ownership of decisions. Conversely, coercion or disregard for autonomy undermines both rights and clinical safety. Human rights-based maternity care redefines safety as relational rather than procedural – grounded in communication, compassion, physiological expertise and informed consent.

Conclusion

The transformation from shared to informed decision making represents a profound cultural and ethical evolution in maternity care, leading the way for other areas of health to follow. It confirms that women and birthing people are autonomous individuals entitled to make decisions about their bodies and births including when death of a baby occurs. Embedding informed decision making is both a moral and legal imperative, requiring continuity, physiological expertise and commitment to cultural safety and self-reflection. Maternity care must move beyond top-down safety agendas to embrace relational, rights-based models grounded in trust and respect. When autonomy is honoured and women are met where they are, safety becomes a lived experience of dignity, choice and compassion supporting life long, optimal physical and mental health and wellbeing. **TPM**

Listen to the author chatting with Sheena Bryom about informed decision making. Visit https://www.all4maternity.com/sharing/in-conversation-with-sheena-byrom-podcast-series/

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