Royal College of Obstetricians & Gynaecologists

Joanne Kersley
His Majesty's Senior Coroner Area for the Coroner area of Manchester North
HM Coroner's Officer
HM Coroner's Court
Floors 2 & 3, Newgate House,
Newgate,
Rochdale, OL16 1AT

23 December 2025

Re: Jennifer and Agnes Cahill
[redacted]

Dear Ms Kersley

Thank you for your Regulation 28 Report to Prevent Future deaths following the inquest into the death of Jennifer Cahill and Baby Agnes Cahill received on 5 November 2025.

The loss of a young woman and her baby is a devastating tragedy for the family and all concerned. We would like to begin by extending our deepest and heartfelt condolences to Jennifer and Agnes's family for their deep loss.

This response has been developed following input from members of the Royal College of Obstetricians and Gynaecologists (RCOG) Patient Safety Committee and Senior Officers of the College.

We recognise and respect the narrative conclusion from the inquest. The medical cause of the death

Jennifer:

1a) Multiorgan failure with disseminated intravascular coagulation
1b) Cardiac arrest due to post-partum haemorrhage
1c) Perineal tear and atony during term delivery

Agnes:

1a multi-organ insult following hypoxic ischaemic encephalopathy
1b. Cord compression and meconium aspiration syndrome leading to pulmonary hypertension

The **MATTERS OF CONCERN** are as follows:

1. **There is no national guidance in respect of home births. Specifically, robust evidenced based guidance on home birth care, similar to that which is in place for intrapartum care in a hospital setting.**

The NICE Guideline on *intrapartum care* (2025)[1] makes recommendations on place of birth. It includes guidance on recommended place of birth for women with previous obstetric complications, including the advice that those with a previous history of postpartum haemorrhage should plan birth

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in an obstetric led unit. This guideline covers the general principles of care for women in all birth settings. The guideline provides advice regarding fetal monitoring in labour which is relevant to birth at home as well as in hospital settings, and links to the NICE Guideline on *fetal monitoring in labour (2022)*[2] . The guideline also provides advice on care of the perineum to minimise the chance of perineal trauma as well as advice on the management of the third stage of labour (including "active management" of the third stage, initial management of post-partum haemorrhage and when to consider transfer to obstetric care) which is relevant to birth in any setting. Lastly the guideline covers resuscitation of the newborn including the training required for healthcare professionals, the need for emergency referral pathways and facilities for transfer.

The RCOG, alongside our partner organisations in maternity (DHSC/NHSE/RCM) will support NICE in their ongoing work to ensure that the best evidence-based guidance is available to support all aspects of women's maternity journey.

2. **There is an increase in the number of women with 'high risk pregnancies' requesting home births where required interventions cannot take place or would be significantly delayed and there is no robust framework for midwives supporting home birth care. There is no national guidance to support consistent practice across the country including, for example, details of clinical scenarios where women, following robust assessment, have been considered too high risk to safely receive care in a home-setting.**

The lack of national guidance in this landscape has also been highlighted in a briefing from the Maternity and Newborn safety Investigations (MNSI) on *Birthing outside of guidance* (2025)[3]. The RCOG has recently commissioned a Good Practice Paper on supporting women requesting care outside of guidance. This is in the early stages of development. This document, in part, will describe the role of obstetricians in providing care to these women as part of the wider team of healthcare professionals. It will support existing guidance from the Royal College of Midwives (RCM) on *Caring for women seeking choices that fall outside of guidance (2022)*[4] *and* guidance from the Nursing and Midwifery Council (NMC) *on the Principles for supporting women's choices in maternity care* (2025)[5].

3. **The lack of national guidance means there are differing models of care and unlike other specialities home births are not a specialist commissioned service. There is no national guidance considering the ethical responsibility and proportionality of offering a home birth model under the NHS framework.**

NHSE/DHSC is best positioned to address this point.

4. **Even though there is a very small risk of death, this is not something which is discussed with women particularly in relation to maternal death, even if the woman has a recognised risk such as a post-partum haemorrhage. There is no guidance to ensure the risk of death to both mother and baby is discussed with any woman considering a home birth irrespective of being considered high or low risk.**

Women do not formally give consent for planned vaginal birth, regardless of their individual risk or the place they plan to birth, mostly because planned spontaneous vaginal birth is a physiological process, rather than an intervention (such as an assisted vaginal birth or caesarean birth). However, there are opportunities throughout pregnancy for women to have discussions around their birth

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plan and what it may mean for them. All women and birthing people should be supported by their maternity team in developing a Personalised Care and Support Plan that evolves throughout their pregnancy and birth, and which should be reviewed and modified, especially when risk factors change. This includes an individualised risk assessment as well as providing evidence-based information about birth choices.

In complex situations, which may include the choice to have care outside of guidelines, obstetric as well as midwifery input should be provided and this may, depending on the circumstances, include evidence informed discussions about the most severe risk[6]. The RCOG recognises the importance of all discussions with women being undertaken in a manner to ensure the information is understood and does not serve to cause fear or take away choice, but to engender a position of true, informed choice with documentation to support further discussion, understanding of what was discussed and the outcome plan[6].

5. **NICE guidance on intrapartum care (2023 updated June 2025) Section 1.3.3 only refers to the potential risk of death to a baby. There is no mention in the guidance of risk to the mother.**

NICE is best positioned to address this point.

6. **Terminology around pregnancies describes them as 'high' or 'low risk pregnancy' and leads women to consider that pregnancy encompasses all stages through to delivery of a child. Practice does not personalise or individualise risk so women can fully understand what the level of risk is for them in actually being pregnant, or what the level of risk is for them in giving birth.**

The RCOG supports obstetricians to provide women with information that enables them to make informed choices about their care in pregnancy, birth and the postnatal period. These conversations should be ongoing. As a result, the expectation is that each woman is provided with the right information, provided in an appropriate manner, in order for her to understand the level of risk for her and her baby in the antenatal period, during the birth and during the postnatal period.

7. **In order to maintain their skills, there is no set number of deliveries a community midwife must conduct following qualification. There is no mandated number of deliveries that any midwife (irrespective of the settings in which they are working) must complete once they have qualified as a midwife in order to maintain their registration. The level of experience of community midwives in conducting deliveries is not information routinely provided to women to inform their decision whether to have a homebirth.**

The RCM/NMC is best positioned to address this point.

8. **No bespoke training needs analysis has been conducted focusing on midwives practicing in home birth teams.**

The RCM/NMC is best positioned to address this point.

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9. **The lack of national data collection means there is no data to evidence the number of women who are transferred in during labour or after birth, maternal or neonatal outcomes, number of women who are considered out of guidance.**

NHSE/DHSC is best positioned to address this point.

10. **There is no national guidance on the model of staffing, training and experience for midwives providing home birth care.**

The RCM/NMC is best positioned to address this point.

Thank you for raising these matters with the RCOG. I would like to again express our deepest condolences to Jennifer and Agnes's family for their devastating loss.

Yours sincerely,

[redacted]
Chief Executive
CEO Royal College of Obstetricians and Gynaecologists

References

1. **Intrapartum care,** NICE guideline (NG235) 2025 Overview | Intrapartum care | Guidance | NICE
2. **Fetal monitoring in labour,** NICE guideline (NG229) 2025 Overview | Fetal monitoring in labour | Guidance | NICE
3. **Birthing outside of guidance,** MNSI 2025 140225_Briefing_Birth_Outside_of_Guidance_v2_Addendum_MASTER_editable.pdf
4. **Supporting women seeking care outside guidance,** RCM 2022 Supporting women seeking care outside guidance - Royal College of Midwives
5. **Principles for supporting women's choices in maternity care,** NMC 2025 Principles for supporting women's choices in maternity care - The Nursing and Midwifery Council
6. **National Maternity Review- Better Births**, NHSE 2016, national-maternity-review-report.pdf
7. **Birthplace in England Research Programme**, NPEU/SHEER 2011Birthplace in England Research Programme | SHEER | NPEU

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