

11 March 2026

Victoria Davies  
HM Area Coroner  
Cheshire Coroner's Court  
Museum Street  
Warrington  
Cheshire  
WA1 1JX

Dear Ms Davies,

**Re: Regulation 28 report to prevent future deaths in respect of Pippa Isobel Waller  
GILLIBRAND**

I write in response to the sad death of Pippa Isobel Waller Gillibrand. I would like to express my sincere condolences to Pippa's family.

Patient safety leads at NICE have carefully considered your report with respect to the areas for which NICE is responsible, and I have addressed each point in turn.

**1. There is no national guidance in respect of home births**

Home birth is covered in NICE's guideline on [intrapartum care](#) (NG235). The risks and benefits of home birth compared to birth in an alongside midwifery unit, freestanding midwifery unit and hospital are covered, with information for counselling detailed in tables 6 to 9. The guideline provides comprehensive guidance on intrapartum care, including (but not limited to) home births. The guideline covers:

- Eligibility. Home birth might be considered for women with low-risk, uncomplicated pregnancies. This includes those without medical or obstetric complications and differentiates in terms of risk factors between nulliparous and multiparous women (recommendation 1.3.1).
- Informed Choice. Women should be supported to make informed decisions about their place of birth. This includes discussing risks, benefits, and available support (recommendation 1.3.3-5).
- Midwife Support. Care during home birth should be provided by trained midwives, with access to emergency transfer protocols if complications arise.

Within the guideline, medical conditions and other factors that may affect the choice of planned place of birth are not given as *contraindications* to home birth but indicate where care in an obstetric unit would be expected to reduce risk to the mother or the baby. There are also recommendations that support further discussion with an appropriately trained senior or consultant midwife and/or a senior or consultant obstetrician (if there are obstetric issues) if such a discussion is wanted by the midwife or the woman. See recommendations 1.3.9 to 1.3.11 and tables 6 to 9.

NICE's guideline on intrapartum care covers assessment in the first stage of labour in any setting, including the observations of the mother and the unborn baby that should lead to the transfer of the woman to obstetric-led care, noting also that multiple risk factors may increase the urgency of the transfer, particularly if they have a cumulative effect. The guideline notes the more frequent observations of the mother and the unborn baby that should be undertaken in the second stage.

We therefore conclude that the subject of home births is appropriately covered in the current guidelines. The recommendations guide clinical practice and support women to make an informed choice about their care based on discussions with trained staff about the risks and benefits.

**a. There is no guidance on the training that a midwife should undergo to ensure they are competent to manage a home birth**

Training of midwives and the attainment and assessment of competencies are not within NICE's remit. I recommend that you address these concerns to the organisations responsible for training and regulation of midwives (such as the Nursing and Midwifery Council (NMC) and NHS England's Workforce, Training and Education Directorate).

**b. There is no guidance on the number of deliveries a midwife should support to attain or maintain their midwifery skills**

Please see the response to point 2 above.

**c. There is no guidance on the threshold for transfer to hospital from a home birth.**

We do not agree. The intrapartum care guideline (NG235, recommendations 1.8.11-12 and 1.8.20) lists the observations of the mother and the unborn baby that should lead to the transfer of the woman to obstetric led care, noting also that multiple risk factors may increase the urgency of the transfer, particularly if they have a cumulative effect. The guideline notes that more frequent observations of the mother and the unborn baby that should be undertaken in the second stage.

However, it is also the case that local and patient specific factors (such as geography, distance from the obstetric unit, the availability of support and other factors) need to be taken into account when deciding on the need for patient transfer.

**d. There is no guidance on safe staffing and equipment levels for home birth**

NICE's guideline on [safe midwifery staffing for maternity settings](#) (NG4) covers safe midwifery staffing in all maternity settings, including at home and in the community.

It aims to improve maternity care by giving advice on monitoring staffing levels and actions to take if there are not enough midwives to meet the needs of women and babies in the service. It provides recommendations on organisational requirements; setting the midwifery establishment; assessing differences in the number and skill mix of midwives needed and the number of midwives available; and monitoring and evaluating midwifery staffing requirements. The guideline also provides recommendations on assessing the skill mix of available maternity staff against care requirements.

We provide several tools and resources to assist NHS commissioning bodies to implement our recommendations. For intrapartum care (NG235), these include a [tabulated comparison of the different places of birth](#) containing an estimate of the risks to the mother and the baby. There is also a [link to endorsed resources](#) produced by NHS England that support the implementation of the recommendations in this guideline.

Further, the Royal College of Midwives have just published a safe staffing document with recommendations [Safe staffing = safe care - Royal College of Midwives](#) (RCM)

**e. There is no guidance on 'supervision which should be provided during a home birth'.**

We are unclear what this refers to. If this relates to 'support' for the attending midwives rather than supervision, we believe this is a concern about professional support and supervision, which is outside of NICE's remit. As discussed above the NMC and RCM, will be better placed to consider the report and respond

**f. There is no system for back-up should electronic systems fail**

Responsibility for managing the delivery of NHS care rests with the appropriate commissioning body. We believe, therefore, that NHS England (NHSE) is best placed to consider this point.

**g. There is no information which should be provided to expectant parents around the risks of home birth or the experience of the team to enable them to make an informed choice (about whether to have a home birth).**

NICE provides a number of tools and resources to support NG235, including a [tabulated comparison of the different places of birth](#). This includes an estimate of the risks to the mother and the baby. There is also a [link to endorsed resources](#) produced by NHSE that support the implementation of recommendations in the NICE guideline on intrapartum care. These include the statement that '*Very few mothers die or are injured as a result of birth, wherever they have their baby. Few babies die or are injured as a result of the birth itself, wherever the baby is born*'

It is, however, true that NICE does not provide information on the required experience of the midwifery team for supporting home births, but this is outside our role. This is an issue for the NMC and the RCM to consider.

## **2. There is no national or local collection of data around home births.**

The Maternity Services Dataset (MSDS) collated by NHSE is a national source for homebirth statistics in England. It records the planned and actual place of birth, including home births. The Office for National Statistics Birth Registrations also records place of birth, which includes home births.

[MBRRACEUK](#): Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK, collects data for maternal deaths, perinatal deaths, and serious maternal morbidity, but does not publish routine statistics on home births or maintain a dataset designed to analyse homebirth trends. However, if a maternal or perinatal death occurred following a home birth, the place of birth would be captured as part of the case record. Maternity and Newborn Safety Investigations (MNSI) collects data on serious incidents – this includes homebirth incidents when reported, but it does not track home births nationally.

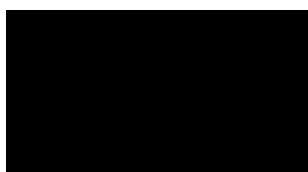
NICE does not collect routine data around home births. This is likely to be commissioned by NHSE and supported by the Healthcare Quality Improvement Partnership (HQIP). These organisations will be better placed to respond to the concerns raised here.

Finally, we note that the [Royal College of Obstetricians and Gynaecologists](#) have not been identified as an interested party in your report. You may find it helpful to appraise them of this case and seek their views.

I hope that the information above is helpful in clarifying the guidance that we have published that is of relevance to the circumstances of this very sad event. I also hope that the suggestions of other organisations who may be able to comment is useful.

I would like to reiterate my sincere condolences to the family of Pippa Gillibrand.

Yours sincerely,



 CBE MD FRCS FRCEM  
Chief Executive