

**RESPONSE TO A REPORT TO PREVENT FUTURE DEATHS  
REGULATION 29 OF THE CORONERS (INVESTIGATIONS) REGULATIONS  
2013**

Please do not include any living persons' names in this document, in accordance with the Chief Coroner's [PFD Publication Policy \(2026\)](#).

THIS RESPONSE IS BEING SENT TO:

**The Senior Coroner, Andrew Walker, for the Coroner Area of North London** in response to a '**REPORT TO PREVENT FUTURE DEATH REGULATION 28**' following an inquest into the death of **[NAME OF DECEASED]** that concluded on **30 April 2026**.

1.	<p><b>RESPONDENT</b></p> <p>In line with our duty under Regulation 29 of the Coroners (Investigations) Regulations 2013, <b>the National Institute for Health and Care Excellence</b> provides this response within 56 days (plus any extension granted) of the date of the Report to Prevent Future Deaths.</p>
2.	<p><b>DATE OF RESPONSE 18 June 2026</b></p>
3.	<p><b>CONFIRMATION OF CORONER'S MATTERS OF CONCERN</b></p> <p>The <b>MATTERS OF CONCERN</b> were identified in the report are as follows:</p> <ol style="list-style-type: none"><li>1. The use of expressions that may minimise the detail of the risks taken by patients who elect, following a Caesarean birth, to have a vaginal birth at home.</li><li>2. The support that can be provided by the Trust to the patient in these circumstances.</li><li>3. The absence of a consent process when such a patient chooses not to follow medical advice and the RCOG guidance, and chooses an unsafe birth.</li><li>4. The contents of the Home Delivery kit used by midwives in these circumstances.</li></ol>

3. DETAILS OF ACTION TAKEN, how has the concern been addressed.  
[If no action is proposed please explain why here].

Please note that any links to webpages included in the response will not be checked for sensitive information prior to publication, as the information is already online.

#### **Matter 1**

The National Institute for Health and Care Excellence (NICE) has considered the comments made regarding the term 'birth outside of guidance'. This term has been chosen carefully to reflect the sensitivities around discussions where women have felt in the past that their care has been paternalistic and choice has been removed, and we therefore do not feel that amendments to the language within NICE guidance are appropriate.

NICE is unable to make recommendations on expressions used by NHS staff as these should be case relevant and part of a professional skill set.

NICE guideline NG235 section 1.3 provides recommendations regarding the planned place of birth. We do not feel these should be reconsidered as a result of this very sad case.

#### **Matters 2 and 3**

Although these matters of concern appear to be for the NHS Trust to consider, and HM Coroner has not requested any further national guidance be produced in this area, I have provided full details below of the NICE guidance that exists, which I hope is of use.

All NICE guidance referred to is available in full on [www.nice.org.uk](http://www.nice.org.uk)

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 6-9. 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

	<p>1.3.9 to 1.3.11 and tables 6-9.</p> <p>Intrapartum care (NG235) 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.</p> <p>We have considered the information provided in the report, and would comment that it should be standard practice, if a patient decides not to follow advice given, that the healthcare professional should document the discussion, any professional concerns and care planned that is acceptable to the patient. NICE cannot give recommendations on alternative care where our recommendations are not followed; this would need to be addressed by the professional in the specific circumstances.</p> <p>The support that the NHS trust can provide to the patient in these circumstances is covered in the Royal College of Midwives guideline <a href="#">Care Outside Guidance</a>.</p> <p>This refers to the development of a personalised care plan, informed consent, and the duties of a midwife to support women within the framework of the Human Rights Act. It does not fall within NICE’s remit as the guideline was produced by the Royal College of Midwives.</p> <p>At NICE we feel that it would be legally difficult to produce a specific document recording when a patient chose not to take the advice given, but as noted above, professionals are advised to document discussions and decisions on preferred care.</p> <p>In current NICE guidance, our recommendations guide clinical practice and support women to make informed choices about their care based on discussions with trained staff about the risks and benefits. There is insufficient evidence to suggest that a change to the current NICE recommendations is justified.</p> <p><b>Matter 4</b></p> <p>The specific contents of home delivery kits issued to midwives for use during home births is not a matter for NICE. Other organisations such as the RCM and specialist societies are better placed to make recommendations in this area.</p>
4.	<p><b>DETAILS OF FURTHER ACTION PROPOSED</b></p> <p><i>Please note that any links to webpages included in the response will not be checked for sensitive information prior to publication, as the information is already online.</i></p> <p>No further action proposed by NICE.</p>

**SIGNATURE**



**Chief Executive**

**National Institute for Health and Care Excellence**