KNOW YOUR GROUND

Your Birth Rights, Your Power, Your Voice

A B3 Guide for African, Caribbean & Mixed Heritage Parents

bumps · birth · belonging

"You are not a passive recipient of care. You are the person at the centre of it."

Why This Guide Exists

Black women in the UK are **nearly three times more likely** to die in pregnancy or childbirth than white women. Women of mixed heritage face around a **39% higher risk**, and the risk for Asian women also remains raised. These are not natural differences — they are the result of structural inequalities, unconscious bias, and too many women not knowing they had the right to speak up, push back, and be heard.

You deserve maternity care that sees you fully. This guide gives you the knowledge, language, and tools to advocate for yourself at every appointment, every conversation, and every decision. Keep it in your bag. Share it with your birth partner. Know it by heart.

Your Fundamental Rights in Maternity Care

These rights are protected in law. They are not extras. They are not negotiable. They are yours — regardless of your immigration status, language, postcode, or how busy the ward is.

The Right to Make Your Own Decisions

You have the absolute right to accept or refuse any treatment, test, or procedure — even if a healthcare professional disagrees with you. This includes induction, caesarean section, monitoring, or any medication.

Legal basis: Mental Capacity Act 2005 | Montgomery v Lanarkshire Health Board [2015] UKSC 11

The Right to Be Informed

Before agreeing to any procedure, you must be given clear, honest information about: what it is, why it is being recommended, the risks if you have it, the risks if you don't, and any alternatives. This is called **informed consent**.

Legal basis: Montgomery ruling 2015 | NMC Code 4.2 & 4.3

The Right to Dignity and Respect

You have the right to be treated with dignity, compassion and respect at all times. If you are spoken to dismissively, your pain is minimised, or you are made to feel like a burden — that is not acceptable. You can name it and report it.

Legal basis: Human Rights Act 1998 (Article 3 & Article 8) | Equality Act 2010

The Right to Be Free from Discrimination

It is illegal for healthcare providers to discriminate against you because of your race, ethnicity, disability, religion, or any other protected characteristic. Racial bias in pain assessment and symptom dismissal is well-documented — you are protected by law from this.

Legal basis: Equality Act 2010 (Section 29) | Human Rights Act 1998

The Right to a Birth Companion

You have the right to have a support person with you during labour and birth. Hospitals cannot routinely refuse this. If you are told your companion must leave, ask for it to be documented in writing and ask why.

Legal basis: NHS Constitution | NICE Guideline NG235 (Intrapartum Care)

The Right to Access Your Records

You have the right to see, request a copy of, and question anything in your maternity notes at any time. You do not need a reason. There is no charge for digital access.

Legal basis: UK GDPR 2018 | Data Protection Act 2018 | NHS Constitution

The Right to Raise Concerns and Complain

Every NHS trust has a Patient Advice and Liaison Service (PALS). You can raise concerns during care — you do not have to wait. You can also complain formally, and you cannot be penalised for doing so.

Legal basis: NHS Constitution | Health Service Ombudsman Act 1993

Your Right to Voice Record Appointments

In England and Wales, you are legally permitted to record conversations you are part of — including appointments with your midwife, obstetrician, or any healthcare professional. You do not need their permission. However, B3 recommends telling them — it builds transparency and means the recording is admissible in any future concern or complaint.

How to open the conversation about recording:

> ***"I'd like to record this appointment so I can listen back and make sure I haven't missed anything. Is that okay with you?"***

If they say no: "I understand. I'd like to note in writing that I requested to record and was declined. Can you confirm your name for my records?"

Then start your recording and say aloud: *"This is [your name], today's date is [date], I am attending [clinic/hospital], and I am confirming that [clinician name] has been made aware that this conversation is being recorded."*

Legal position: Recording a conversation you are part of does not breach the Regulation of Investigatory Powers Act 2000 (RIPA). Sharing it publicly without consent may be a data protection issue — always take advice before sharing recordings externally.

The C.R.O.W.N. Framework — Ask the Right Questions

You may have seen the BRAIN acronym used in antenatal classes. We built something better — rooted in the reality of Black maternal experience. C.R.O.W.N. centres your authority, your community knowledge, and your right to feel safe.

C

CONTEXT

Ask: What is the full picture?

"Can you explain to me why this is being recommended right now, and what has led to this decision?" Understanding context helps you make real choices — not just agree under pressure.

R

RISKS & BENEFITS

Ask: What are ALL the options?

"What are the risks of doing this? What are the risks of not doing this? What are my alternatives?" You are entitled to a full picture.

O

OUR KNOWLEDGE

Ask: Does this align with what I know about my body?

"This doesn't feel right to me. Can we explore this further?" Your lived experience, your body knowledge, and your community wisdom are valid and matter.

W

WAIT

Ask: Do I need to decide right now?

"Can I have some time to think about this?" Unless it is a life-threatening emergency, you are allowed time to consider. Do not be rushed into decisions.

N

NOT COMFORTABLE — WHAT NEXT?

Ask: How do I escalate?

"I am not comfortable with this. I would like to speak to a senior midwife/consultant and have my concerns documented in my notes." You can always escalate — and you should.

If You Are Not Being Heard During Labour

Escalating during labour is not causing a scene. It is not being difficult. It is using a system that is meant to work for you — and making sure it does. Your birth partner can do this on your behalf if you are unable to.

1 Name it clearly — to the midwife

"I don't feel my concern is being taken seriously. I need this documented in my notes right now."

Say it calmly, say it clearly. Ask them to write in your notes that you raised this concern and what their response was. If they refuse to document it — that is itself something to escalate.

2 Ask for the Midwife in Charge / Shift Coordinator

"I would like to speak to the midwife in charge of this ward, please."

Every labour ward has a senior midwife or shift coordinator on duty at all times. You do not need a reason to ask for them. Your birth partner can make this request on your behalf.

3 Ask for the On-Call Obstetric Consultant

"I would like to be reviewed by the on-call consultant, please."

You have the right to ask for a senior doctor review at any point during labour. A midwife cannot refuse this request. If they say the consultant is busy — say: "I understand. I am formally requesting a review and I would like that request noted in my records."

4 Ask for a different midwife

"I am not comfortable with the care I am receiving. I would like to request a different midwife."

Staffing levels do not override this right. If you are told it is not possible because of staffing — say: "I understand there are pressures, but I am formally requesting this change and I would like my request and the response documented in my notes." Ask for the shift coordinator to be present if your request is not being actioned.

5 If you are being stonewalled — call the hospital switchboard

Call the main hospital number. Ask the switchboard to put you through to the **Maternity Matron on call** or the **Maternity Bleep Holder**. You do not have to go through the ward team that is not listening to you. The switchboard operates 24 hours and can connect you directly to senior staff with the authority to act. Say: "I am a patient on the maternity ward. I am not being heard and I need to speak to the maternity matron on call or the bleep holder urgently."

6 Use Martha's Rule

"I would like to use Martha's Rule. I need an independent clinical review urgently."

Martha's Rule gives you and your birth partner the formal right to request an urgent, independent review from a separate clinical team — one not involved in your current care. It was created because families raising concerns were not being listened to, and it is saving lives. It is now live in all acute NHS hospitals in England. Following a government commitment in June 2026, it is being rolled out to all maternity and neonatal settings across England — your trust may already have it. If staff do not know what Martha's Rule is, ask to speak to the Matron or Patient Safety team.

Martha's Rule — What It Is and How It Helps You

Martha's Rule is a formal NHS patient safety initiative that gives you, your birth partner, and family members the right to request an urgent, independent clinical review if you believe your concerns about your condition or your baby's condition are not being taken seriously.

Why it was created:

Martha Mills died in 2021 at the age of 13 after developing sepsis in hospital. Her family raised concerns repeatedly about her deteriorating condition — and were not listened to. A coroner ruled she would probably have survived had she been moved to intensive care sooner. Her family campaigned for a systemic change, and Martha's Rule was the result.

What it means for you in maternity care:

A separate team reviews your case

The review comes from a clinical team that is not involved in your current care — so they are not protecting decisions already made. They are there to give a fresh, independent assessment of your situation.

You do not need your midwife or doctor's permission

Martha's Rule is activated by you, your birth partner, or a family member. You contact the system directly — no one can prevent you from using it or punish you for using it.

It is already saving lives

Since its launch, NHS data shows thousands of calls have been made under Martha's Rule, with hundreds leading to life-saving changes in care — including transfers to higher levels of care that would not have happened otherwise.

It is rolling out to all maternity units

Martha's Rule has been live in all acute NHS hospitals in England since September 2025. Following a government commitment in June 2026 — prompted partly by the findings of the Ockenden Review into maternity failures — it is being specifically rolled out to all maternity and neonatal settings across England. Your trust may already have it; if you are unsure, ask on admission.

How to use it:

HOW TO ACTIVATE MARTHA'S RULE

Say this clearly and calmly: **"I would like to use Martha's Rule. I am requesting an urgent independent clinical review."**

If staff look unsure: "Martha's Rule is a national NHS patient safety initiative. I have the right to request an independent review. Please contact the Matron or Patient Safety team to activate it."

You can also call the hospital switchboard and ask to speak to the maternity matron on call if you are being stonewalled on the ward.

Your Right to Change Your Midwife During Pregnancy

This is one of the rights that most people don't know they have — and it matters enormously. If your relationship with your community midwife is not working, if you feel dismissed, disrespected, or simply uncomfortable — you can request a different midwife. You do not have to explain yourself beyond saying that you would like a change.

You cannot be penalised for requesting a change of midwife. It is not acceptable for staff to be rude, cold, or dismissive towards you because you asked. If this happens — that behaviour is itself grounds for a formal complaint.

How to request a change of community midwife:

Route 1

Call the Community Midwives Office directly

Call the main hospital number and ask the switchboard to put you through to the community midwives office. This is the most direct route. They manage caseloads and can reassign you — this may mean your appointments move to a different clinic location, and that is okay. Say: "I would like to request a change of community midwife. I do not feel comfortable with my current midwife and I would like to be reassigned as soon as possible."

Route 2

Contact your GP

"I would like to be referred to a different community midwife or midwifery team." Your GP can also initiate a transfer on your behalf. If you feel your current trust is not providing appropriate care, your GP can refer you to a different team or birth centre entirely.

Route 3

Contact the Head of Midwifery

"I would like to speak to or write to the Head of Midwifery or Midwifery Manager about a change of care." If you are getting nowhere through the community midwives office, ask the switchboard to connect you to the Head of Midwifery or Midwifery Manager. They have oversight of all community midwifery and can ensure your request is acted upon.

The Full Escalation Pathway — Works Across Every NHS Trust

Whether you are raising a concern during pregnancy, during labour, or after your birth — here is your escalation pathway. **Each level is independent. You can go straight to any of these without going through the ones before.** This pathway applies to every NHS trust in England.

Important: You can go to PALS, your ICB, the PHSO, the NMC, or the CQC regardless of which NHS trust is involved. These bodies are independent of your hospital and cannot be blocked or filtered by trust staff.

Level 1

The Midwife in Charge / Shift Coordinator

First point of escalation on a ward or in clinic. Ask for them by name or role. They have authority to reassign staff, review your care, and ensure your concerns are documented. Say: "I would like to speak to the midwife in charge. I have a concern I need to escalate."

Level 2

The Matron

Every NHS maternity unit has a Matron — a senior nursing or midwifery leader with real authority over ward culture, staffing, and standards of care. You can ask to speak to the Matron at any time, or reach them via the hospital switchboard.

Level 3

PALS — Patient Advice and Liaison Service

PALS is free, confidential, and available at every NHS trust. They can act as a go-between, help you resolve concerns informally without making a formal complaint, and advocate for you in real time — not just after the fact. Search: '[your hospital name] PALS'.

Level 4

Formal Complaint to the NHS Trust

You have 12 months from the incident to make a formal complaint, though sooner is always better. Your complaint must be acknowledged within 3 working days and you are entitled to a full written response within 25 working days. Ask for: The Complaints Manager or Head of Patient Experience.

Level 5

Integrated Care Board (ICB)

If your complaint relates to a GP, community midwife, or primary care provider rather than a hospital, you complain to your local Integrated Care Board. Search: '[your area] ICB complaints' or ask your GP practice for their ICB details.

Level 6

Parliamentary and Health Service Ombudsman (PHSO)

If your formal complaint has not been resolved satisfactorily by the NHS trust or ICB, you can escalate to the PHSO — the independent body that investigates NHS complaints in England. ombudsman.org.uk | 0345 015 4033 | Free and independent.

Level 7

Nursing and Midwifery Council (NMC)

If your concern is specifically about the conduct or fitness to practise of a registered midwife or nurse — for example, they were dishonest, discriminatory, or caused harm through poor practice — you can raise a concern directly with the NMC. nmc.org.uk/concerns | 020 7637 7181

Level 8

Care Quality Commission (CQC)

The CQC regulates and inspects NHS hospitals. You can share your experience with them — your account contributes to their intelligence on how services are performing. cqc.org.uk/give-feedback-on-care

What Your Midwife Must Do — NMC Code

Every registered midwife in the UK is bound by the Nursing and Midwifery Council (NMC) Code. If a midwife does not meet these standards, they can be reported to the NMC.

Prioritise people	Treat you as an individual. Act in your best interests. Listen to you.
Practise effectively	Provide evidence-based care. Maintain accurate records. Escalate concerns.
Preserve safety	Act immediately if they think you or your baby is at risk. They cannot wait and see if they have concerns. They must act.
Promote professionalism	Be honest with you. Never discriminate. Treat you with dignity.

To report concerns about a midwife: nmc.org.uk/concerns | 020 7637 7181

Your Maternity Rights at Work

Maternity Leave

Up to 52 weeks (26 ordinary + 26 additional). You can start from 11 weeks before your due date, or from the day after birth.

Legal basis: Employment Rights Act 1996 | Maternity and Parental Leave Regulations 1999

Maternity Pay

Statutory Maternity Pay (SMP) is 90% of average weekly earnings for 6 weeks, then the statutory weekly rate or 90% of earnings if lower, for 33 weeks. Check the current rate at gov.uk — it is reviewed every April.

Legal basis: Social Security Contributions and Benefits Act 1992

Time Off for Antenatal Appointments

You have the right to paid time off for **ALL** antenatal appointments — including classes recommended by your GP or midwife. Your employer cannot refuse or penalise you.

Legal basis: Employment Rights Act 1996 (Section 55)

Protection from Unfair Dismissal

You cannot be dismissed, made redundant, or treated detrimentally because of pregnancy or maternity leave. This is automatic unfair dismissal regardless of how long you have worked for your employer.

Legal basis: Equality Act 2010 | Employment Rights Act 1996

"You are not asking for too much. You are asking for what is yours."

B3 — Bumps, Birth and Belonging — exists because the system wasn't built with us in mind. So we built our own. This guide was created by Black women who have sat in those appointments, felt that dismissal, and decided that the next generation of us would be more prepared. Share it. Print it. Gift it.

B3 – Bumps, Birth and Belonging CIC (No. 14689585) | www.b3-community.org

Evidence sources: MBRRACE-UK Maternal Mortality Data Brief 2022–24, Montgomery v Lanarkshire 2015, NMC Code 2018, NHS Constitution 2021, Equality Act 2010, Human Rights Act 1998, Employment Rights Act 1996, NHS England Martha's Rule Programme 2024–2026.