

Why Are Families Choosing Freebirth In California?

M I D W I F E R Y A D V I S O R Y C O U N C I L P R E S E N T A T I O N

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What is Freebirth?

Freebirth is a rare but increasingly visible practice. During and after the COVID-19 pandemic, families reported heightened interest in freebirth, often as a last resort after feeling excluded, coerced, or abandoned by the maternity care system.

This presentation draws from 24 in-depth interviews I conducted in 2022 with freebirthing families, licensed midwives, non-licensed midwives, and adults with lived experience of freebirth



KEY REASONS FAMILIES CHOOSE FREEBIRTH

- Autonomy and control
- Distrust of both medical and licensed midwifery systems
- Fear of abandonment
- Positive philosophical choice
- Cost



VOICES OF THE FAMILIES

“Licensed midwives are beholden to the state, not to me.”

“I would have loved a midwife, but only if I knew I could say no to something without being dropped.”

“Midwives bring fear into the birth space.”



STUDY RESULTS

Group	# Interviewed	Key Findings
Families planning freebirth	13	Cited restrictions and loss of trust
Licensed midwives	5	All reported fear of losing their license shapes care decisions
Non-licensed midwives	2	Reported rising demand from families seeking autonomy
Adult born by freebirth	1	Provided interested adult perspective on motivations.



FREEBIRTH DATA AND STATISTICS

- Accurate numbers are difficult to obtain
 - – Misclassification on birth certificates skews reporting.
- National data
 - – About 1% of births occur at home.
 - – Roughly one-quarter are recorded as “unattended.”
 - – This category combines freebirths, precipitous births, and misclassified midwife-attended births → limiting accuracy.
- California-specific issues
 - – Midwives often do not complete birth certificate paperwork at the Office of Vital Records.
 - – Partners are sometimes listed as attendants → further muddies state data.
- Trends
 - – Interest in freebirth rose during COVID-19.
 - – Both families and midwives report more inquiries.
 - – Research since 2022 suggests intentional freebirth is increasing nationally.



IMPLICATIONS FOR LICENSED MIDWIFERY

- Ongoing tension: balancing midwife autonomy with accountability and competence.
- Licensure intended to improve safety and access → families report it often prioritizes regulation over autonomy.
- 2013 removal of autonomy clause:
 - – Midwives prohibited from continuing care if families decline certain procedures.
 - – Families describe this as “abandonment.”
- Fear of abandonment, especially at 42 weeks, is a leading reason families choose freebirth or avoid midwifery care.
- **Unintended consequence: restriction increases the likelihood of unattended births → raising risks for mothers and babies.**



POLICY IMPLICATIONS

- Restore autonomy protections so families can decline interventions without losing midwifery care.
- Support harm-reduction approaches that allow midwives to remain with families even when care diverges from protocols.
- Encourage collaboration over surveillance between midwives, physicians, and families to build trust.



CONCLUSION

- Families are not choosing freebirth because they underestimate risk — but because they feel unheard, coerced, or abandoned.
- Many would prefer a midwife — if midwives could practice without fear of license loss for respecting autonomy.
- Addressing policy gaps can reduce families exiting the system and improve safety.
- Recommendation: restore an autonomy clause to the Licensed Midwifery Practice Act.
 - – Protects family choice through informed consent.
 - – Allows midwives to remain in care.
 - – Promotes safety by ensuring professional presence at more births.

