THE MUSLIM MOTHERHOOD

YOUR RIGHTS IN MATERNITY CARE

A guide for Muslim women

This guide exists because too many Muslim women are told what will happen to them in pregnancy and birth, rather than asked. The law is clear, even when the system forgets it: the decisions about your body, your baby, and your care belong to you. Knowing your rights is the first step to holding onto them.

This is a plain-language guide, not legal advice. It draws on UK human rights law, the work of the charity Birthrights, and the NHS's own standards for what good maternity care should look like.

BEFORE YOUR BIRTH — A SHORT CHECKLIST

- Write a birth plan — it is evidence of the consent you give and don't give.
- Note clearly any request for female-only care and any religious or modesty needs.
- Decide who your birth partner or doula is, and what role you want them to play in speaking up for you.
- Know one sentence by heart: “I need you to stop and explain this to me before you continue.”

1 NOTHING HAPPENS WITHOUT YOUR CONSENT

In law, no one can examine, touch, or treat you without your consent. **This is not a formality — it is the foundation of all your care.** A mentally competent adult has an absolute right to accept or decline any treatment, for any reason, or for no reason at all. That right does not weaken in pregnancy, and it does not weaken in labour.

- Staff must ask before every examination or procedure, even routine checks — and ask again if your care changes.
- Consent must be a conversation, not a signature. A signed form is not proof you agreed or understood.

REMEMBER

“It is always okay to say no.” Declining care does not make you difficult, ungrateful, or a bad mother. It makes you the decision-maker the law says you are.



2 THE RIGHT TO REFUSE — AND TO ASK

Refusal and request are two different rights, and it helps to know which is which.

You can refuse anything. A vaginal examination, a sweep, induction, continuous monitoring, students being present — all of it can be declined. Care offered "because it's policy" is still care you can say no to. Policies are not law.

You can request anything — and they must consider it properly. A female practitioner, a home birth, a water birth, more time. The team should try to meet your request and may only refuse if there is a genuine, specific clinical reason for your situation, which they must explain.

FOR MUSLIM WOMEN

Asking to be seen only by female staff is a reasonable request that should be respected wherever possible. Put it in your notes and your birth plan, and have your partner or doula repeat it if it is forgotten.

3 DIGNITY, MODESTY & BEING HEARD

Respect is not a favour the system grants you on a good day. Hospitals are public bodies bound by human rights law, which means:

- You have the right to be treated with dignity and respect at all times, and to privacy when you need it — in labour, when feeding, when exposed.
- Staff must not make assumptions about you, your faith, your family, or what care you "need" based on who you are.
- If English is not your first language, you have the right to an interpreter so you can make real decisions — not a relative translating, not guesswork.
- Your modesty, your wish to keep covered, and your religious practices should be accommodated, not treated as an inconvenience.

REMEMBER

Dignity is not a favour. The right to be treated with dignity and not be subjected to degrading treatment is enshrined in the UK Human Rights Act 1998. You do not have to earn respectful treatment by being quiet, grateful, or easy. It is owed to you, every time, by law.

4 WHAT GOOD CARE SHOULD LOOK LIKE

NHS policy — set out in the national Three Year Delivery Plan for Maternity and Neonatal Services, which carries forward the vision first established by Better Births — promises care that is safe, personalised, and equitable, built around you rather than the system's convenience. You are entitled to expect:

- Personalised care built around your needs, your circumstances, and your decisions — with a care plan that reflects them.
- Unbiased information so you can make genuine choices — including a real choice about where to give birth.
- Continuity — being cared for, wherever possible, by a midwife or team that knows you and your history.

HOLD ONTO THIS

If the care you are offered falls short of this, you are not asking for too much. You are asking for what the system has already promised.

5 IF SOMETHING GOES WRONG

You do not have to wait until afterwards to raise a concern, and you do not have to be polite about your own safety.

- In the moment: ask for the midwife in charge. You can ask for a second opinion. If you feel something is seriously wrong and you are not being heard, ask whether Martha's Rule applies where you are — it lets you call for an urgent review by a separate team, and is being rolled out across NHS settings including maternity.
- On the ward: PALS (the Patient Advice and Liaison Service) can help resolve concerns quickly. Ask any staff member how to reach them.
- Afterwards: you can make a formal complaint to the hospital trust, and escalate to the Parliamentary and Health Service Ombudsman if you are not satisfied.
- For advice on your rights: Birthrights offers free, confidential information and advice.

Sources: Birthrights, ‘Consent: the key facts’ and ‘Human rights in maternity care’ factsheets (updated 2025); Montgomery v Lanarkshire Health Board [2015] UKSC 11; Mental Capacity Act 2005; Human Rights Act 1998; NHS England, Three Year Delivery Plan for Maternity and Neonatal Services (2023), building on Better Births (National Maternity Review, 2016); NHS England, Martha’s Rule.
This guide is information, not legal advice, and reflects the law and guidance in England as of 2026.