



Naomi James was laid to rest yesterday

#### MATERNAL DEATHS

# Mother died in Drogheda after 'freebirth' at home with no midwife or doctor present

Hospital staff desperately tried to save Naomi's life after she arrived in the hospital experiencing postpartum hemorrhage.

5.26pm, 28 Jun 2024 ↗ 131k



CONCERNS HAVE BEEN raised about the safety of 'freebirthing' – giving birth at home without a doctor or midwife present – after a woman died in Drogheda this week after delivering her son at home.

Naomi James, who has been described as "amazing and beautiful" by her loved ones, died in Our Lady of Lourdes Hospital in Drogheda on Sunday 23 June after giving birth to a baby boy at home.

She suffered a postpartum haemorrhage, known as a bleed, after the birth. Her son survived.

It's understood that an ambulance was called to the house after Naomi delivered her baby, and that she arrived at Our Lady of Lourdes Hospital in Drogheda between 45 minutes and an hour later.

Staff at the hospital worked desperately to try and save her life, and several have been left extremely upset by the experience.

Medical professionals have expressed their concerns about 'freebirthing' and the risks associated with it to The Journal in the wake of Naomi's death.

One medical source said: "Medical intervention can save the lives of women and babies". They added that complications from high-risk pregnancies can be managed more in a hospital.

The photographer and mother-of-four's funeral took place yesterday.

*The Journal* understands that Naomi had planned a freebirth delivery at home with the assistance of a doula, a non-clinical birth worker who assists women in the run up to and during labour, after she had previously had two caesarean sections in hospital when she had given birth.

Some women who aim to have a 'freebirth' plan to spend the majority of their labour at home with the assistance of a doula, before going to hospital in the last stages before the delivery.

The administrator of an online support group for women in Ireland who have experienced birth trauma due to their experiences in hospitals said that freebirthing is a "last resort" for women who have lost trust in the medical maternity system.

They said that some women feel they have no option but to go outside of the system to have the home birthing experience they want, as some are deemed as too high risk by services, and others are too traumatised to re-enter the hospital maternity system.

The doula who was present for Naomi's labour told *The Journal* yesterday: "This is a very distressing time for all involved. Naomi was an absolutely sensational woman and birthed her baby boy with incredible power. I won't be making any comment or confirming any details that Naomi's family haven't made public".

Doulas provide emotional support to women and can work alongside midwives. They do not make medical interventions.

The doula who assisted Naomi says on her social media that she is a birthing professional, not a medical professional.

The doula also says that women who have had caesareans previously must be informed that they have "options", including a freebirth, for future pregnancies.

Naomi attended a retreat in April that was run by this doula, alongside other pregnant women.

Naomi had engaged with home birth services while pregnant, and been advised that the risk of a home birth was too high for her due to her previous caesareans.

It's understood that she was offered a safe trial of labour, which is when a woman who has previously had a caesarean and who wants to have a vaginal birth is allowed to go through labour in a controlled and monitored hospital environment.

A woman who runs a support group Naomi was a member of online said that there is a need for someone within hospital maternity services whose job would be to re-engage with women who have been advised not to have home births, and then decide to opt for a free birth outside of the hospital medical system, and added that in their view, work needs to be done for women to be able to "trust maternity services again".

They said that doulas cannot act as midwives during free births, and they are there exclusively to provide emotional support, basic assistance and call an ambulance if one is needed.

One member of an online support group replied to Naomi when she asked about other people's experiences of having doula-assisted freebirths at home after previous caesareans: "If you decide to go down this road be selective about who you tell so you can avoid social workers calling to your home (sent by the hospital)".

Naomi's death is one of three recent maternity-related deaths in Ireland. Maternal death rates in Ireland are low, and these deaths happening so close together is being regarded as a tragic occurrence.

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Recently, [women spoke to \*The Journal\*](#) about their experiences of birth-related trauma in Irish hospitals.

An inquest to establish the cause of Naomi's death will take place in due course – inquests are held in relation to all maternal deaths. People have been donating money towards her husband and children via [GoFundMe here](#).

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An image of a woman in labour during an unassisted home birth. IMAGE: Alamy Stock Photo

#### MATERNITY

# Why are women giving birth alone in Ireland - and across the world?

Inside the online freebirthing movement that's gaining popularity worldwide.

8.00am, 7 Jul 2024 ↗ 18.6k



WOMEN IN IRELAND are choosing to give birth at home without medical assistance on an increasing basis – with many accessing information from online groups who consider their work “underground”.

Since so-called ‘freebirthing’ is an unregulated and unregistered space, there are no statistics on how many Irish women have had some in recent years. However, medics, birth mothers and mothers who participate in online freebirthing communities have told *The Journal* that the practice is on the rise.

On the Sunday before last, Naomi James, a professional photographer and mother of four, died after giving birth at home, assisted only by a doula (a non-clinical birth worker). She suffered a postpartum haemorrhage after giving birth to her baby, who survived.

Naomi participated in online freebirthing groups, and interacted with freebirthing influencers, including one who expresses the view that there is no

such thing as high-risk pregnancies. Naomi herself had been deemed as high risk, as she had two Caesarean sections previously.

Her death has led to concerns amongst medics about what they believe has been a rise in unassisted births in Ireland.

## Belief system

The freebirthing movement is largely organised online. There are plenty of women within it who do engage with medical services in part, and who support each other in making decisions like transferring to hospital during labour for whatever reason.

A smaller, highly active and more extreme community within it has a rigid belief system – obstetric practitioners are framed as torturers of women and babies, and anything other than a fully natural, physiological birth is said to be hugely dangerous. This community is filled with exclusive online circles that you often have to pay to get into.

*The Journal* has spent time in Facebook groups, an online freebirth ‘women’s circle’, and listening to podcasts from the America-based Free Birth Society, which is founded by self-styled ‘radical birthkeeper’ Emiliee Saldaya.

This reporter has also heard from and spoken to women in Ireland who chose to have freebirths after learning that there was not a single private or HSE midwife in their county who could assist them in having a homebirth.

They are not extreme in their views, they engaged with medical services throughout their pregnancy, and they were prepared to go to hospital if they needed to.

There are a myriad of reasons why women want to give birth at home, and there are many reasons why women may not want to give birth in hospital, including past traumatic experiences.

## Fallout from birth trauma

A 2021 study carried out by one Dublin midwife and researcher, Ursula Nagle and Dr Sean Naughton, a clinical fellow at the Rotunda Hospital, surveyed 1154 women who gave birth at the hospital in a 12-month window.

18% reported their birth as psychologically traumatic. Common factors found to have increased women’s risk of birth trauma within the sample included depression, induced labour, instrumentally assisted birth, and postpartum Haemorrhage (pph – which means excessive bleeding after giving birth). The study highlights the need for trauma informed service development in Ireland, and for the collection of Irish population-specific data on traumatic births experiences. That hasn’t happened yet.

While the UK has had an inquiry and a national reckoning with birth trauma, which has led to a commitment to improve maternal care, in Ireland we are largely in the dark on what women have gone through giving birth in hospitals.

Anecdotally, we know that a lack of access to home birth services, and negative past experiences are forcing some women to explore birthing options outside of the system.

*The Journal's* investigative unit *Noteworthy* **reported last year** that the HSE Homebirth Oversight & Integration Steering Committee in October 2022 noted that “concerns were raised that removal of the homebirth service would cause women to seek alternatives such as free birthing”.

In the meantime, influencers around the world are monetising ways to give out freebirthing advice, some of which is undeniably dangerous.

## Online groups

On the 23rd of October last year, Naomi James posted in a Facebook group for mothers:

“Trigger warning; controversial topic. Hi, just wondering if anyone has experienced a freebirth or doula only assisted vba? If so, what was your experience like?”.

Someone replied telling her that freebirthing is becoming more common in Ireland but that it is still mostly “underground”, and that it’s hard to find people who will talk about it openly.

**“Are you in any of the Freebirth Facebook groups?”, she asked.**

Naomi said she didn’t know there was any. She was given directions on who to message to be invited into one.

Naomi was someone who had c-sections previously, and had been told she was too high risk to be eligible for the HSE home birth service (which involves a midwife assisting you in your home).

Fourteen weeks prior, the doula who was present for Naomi’s birth tagged her under an instagram post of Saldaya’s advertising a podcast on the “pervasive myth” of postpartum haemorrhage (pph) , which is also referred to as “bleeding out” after pregnancy.

“Definitely one to listen to,” the doula said.

In the post, Saldaya says that after 20 years of “birth work” she wants to make women “unafraid” of pph by sharing how “completely normal” it, lightheadedness, and dizziness are after labour, and how it can be “resolved from home”.

She also says that licensed midwives “love to make a drama of haemorrhage”, and that the issue is scarce in “sovereign birth” ( a term she uses to mean freebirth), and that she will give tips on how non-licensed birth-workers can manage “excessive blood loss” during freebirths.

In the podcast she chats with her business partner Yolande Norris-Clark. They suggest that women who experienced postpartum haemorrhage and having a retained placenta in hospitals are believing stories that are keeping them “tethered” to the “system”.



Saldaya says when she speaks to these women, it is “glaringly obvious” that their bleeding was “entirely manufactured by the medical providers and pharmaceutical companies who “abuse women”.

**She suggests that medics use the word “haemorrhage” to cast a “helplessness spell over women”.**

Saldaya stops short of saying that pph fully doesn’t exist, but adds that in all her experience, she’s never seen it happen in a freebirth she attended, and has never heard a “convincing story” of one happening in a hospital birth.

“Even transferring to hospital and receiving a blood transfusion doesn’t mean anything, because they love to do that,” Saldaya says. By “they” she means members of the “industrial obstetric complex”.

Saldaya believes that obstetrics is rooted in the “torture” of women and babies, and that midwifery is a branch of obstetrics.

More recently, she said in an Instagram post that “there is no such thing as a retained placenta. There is only impatient attendants who lack the wisdom to support a physiological birth”. She added that because transferring to hospital so a woman can birth the placenta isn’t an option in her mind when she attends births, it has never happened.



A screenshot of a social media post shared by the Free Birth Society. IMAGE: Emilee Saldaya.

Saldaya has thousands of women on her emailing list, over 130,000 Instagram followers, and thousands of paying customers who have purchased her freebirthing guide, which costs just under \$400. It also costs thousands to train to be a ‘radical birthkeeper’ in her school.

But some of the advice she gives out is simply incorrect.

Haemorrhage is the leading cause of maternal death worldwide, causing on average 70,000 deaths annually, according to the World Health Organisation. Time is of the essence when it comes to treating pph, which often involves an injection of oxytocin, the manual removal of the placenta in cases where it has not yet been delivered, and blood transfusions.

The latest home birth audit in Ireland, which analysed data on home births presented by the National Perinatal Epidemiology Centre, found that while

home births are generally safe for low-risk pregnancies, timely transfer to a hospital when complications arise is critical to ensuring the best outcomes for mothers and babies.

Dr Afif El-khuffash, a neonatologist at the Rotunda Hospital and a Professor of Paediatrics, said that there is an increase in the rate of neonatal mortality associated with home birth.

“To put that in context though, the risk remains low, when we talk about 6 per 1000 at home, we are still looking at a rate of 0.6%. That’s triple the mortality rate in hospitals, but triple of a very low number,” he said.

He said that the mortality rate goes up to 8.5 per 1000 if the baby needs to be transferred to hospital. These rates are based on data from a 10 year period, related to home births where medically trained midwives were present.

We don’t have this kind of data on freebirths.

Dr Afif says that while it’s ultimately each mother’s right to make choices around her delivery, he would not recommend a free birth to anyone.

**“It’s important that women understand the risks involved. There is no professional help for the baby if they run into trouble, if there is an issue with their airways, a medic needs immediate access. It increases the risk of significant complications and death,” he said.**

He said that mothers considering freebirth can engage with obstetric services to get advice, but that there is a line for practitioners between advising, and being perceived as coercive.

“If someone has made a decision and drawn a line, it’s difficult. There are options to come in and discuss your delivery. If it is the case that there are myths about hospital care that need to be debunked, and there are issues in care that need to be addressed, that’s a problem facing obstetrics,” the neonatologist said.

Recently, a woman who had freebirthed in Ireland posted links to Saldaya’s content in a Facebook group anonymously, as she was afraid that hospital staff were “monitoring” the forum.

She said that she wanted to inspire women who felt they had no home birth options in Ireland because they had been deemed too high risk, or couldn’t find a midwife.

Plenty of women commented in the replies to say that they had freebirthed too, or are planning to.

Saldaya’s views are extreme, but not every woman who freebirths shares them, or is against having medical assistance throughout their pregnancy.

### **Freebirthing in Ireland**

Rachel lives in the Northwest of Ireland. She is a mother of three, and recently had a freebirth at home. In the past, she had home births in two other countries.



She is in the 'low risk' category, which means that there are no health concerns that the HSE would view as prohibiting her from safely having a home birth.

However, when she first tried to engage with the HSE services and with private midwives when she was five weeks' pregnant, she quickly realised that there wasn't anyone available to assist her in a birth at home.

"I exhausted a lot of options. There was only one person available in this part of Ireland, and they were booked already. There's definitely a lack of private midwives in the northwest, which could solve the problem if you have the funds to pay for that.

"I spoke to the midwife in the hospital in Sligo, and she said that there needs to be a home birth programme here, but for some reason it stopped years ago," she said.

For Rachel, the idea of a home birth has always felt less stressful, and more natural. She wants to be in a cosy place that feels familiar to her, without medical intervention unless it is needed.

"If you have a midwife that you've gotten to know throughout the whole pregnancy, you kind of feel supported. People can still have a positive hospital birth – definitely – and create a space that feels good to them. But for me it's people coming in and out, checking you, who may be under time pressure.

**"I think every woman should have the right to ask where they feel safe to birth, and for me, that was at home," she said.**

If Rachel could have had a midwife present for her labour last November, then she would have.

On her own, she felt more pressure to vigilantly assess risks, rather than having someone else there she could rely on too. She was fully prepared to transfer to the hospital – which is just ten minutes away – had she needed to.

Rachel wanted a physiological birth, but she knew her due date, and got prenatal advice from the midwife in the hospital. Some women who freebirth choose to forgo receiving any kind of medical attention.

**In fairness, they were quite supportive and positive in the hospital.**

"They know freebirth is happening in the community, and they wanted me to know that I could come to the hospital too if I wanted or needed to. Even the obstetrician I saw was quite friendly, she wasn't scaremongering or telling me my baby was going to die, which has been the experience of some women I know," she said.

Rachel's labour lasted for 14 hours in total. She shed a few tears at different stages, and she had a doula come to look after her other children and keep her company, alongside her husband.

"I was more in my head with this labour, whereas before I had midwives. I had to keep coming out of my head and back into my body... it was like mental gymnastics. When the doula came in, she could see I was in an anxious space, she gave me a hug and I had another cry, and after that I felt things progressing again.

“My husband went up to put the kids to bed and my doula said I think this will happen when he comes back, and it did. My husband caught our daughter when she came out,” she said.

For Rachel, freebirth was a beautiful experience, and she had a healthy, happy baby girl. After two days she went to the hospital to register the birth, and though one paediatrician made some comments about risks, the staff were mostly positive.

Rachel said that there are always risks with birth, and that it’s important for women to be aware of them and be prepared to seek medical help if it’s needed.

## The role of a doula

Some doulas have expressed feeling conflicted about whether to attend freebirths in Ireland. On one hand, something could go wrong, but on the other, if they are not there, the woman could be completely alone.

Michelle Doherty is a postpartum doula, who supports mothers who have recently given birth. She doesn’t give medical advice, as it is against the code of ethics she has agreed to through the Doula Association of Ireland, and she urges any woman considering a freebirth to go and speak to those in the medical profession and other women to get advice.

“It’s not something I could be involved in, just because I would be petrified about something going wrong. I work with women after birth, and I’m always respectful of whatever their choices were in giving birth, though,” she explained.

The work she does includes providing emotional and practical support to mothers and couples as they navigate parenthood and life with their newborn.

She explained that many women, even those with support systems in place, are looking for extra support – especially those who gave birth during Covid-19 when restrictions were in place.

Michelle is based in Sligo, and she regularly meets women who can’t get access to home birth services.

She said that doulas believe that they are seeing a rise in freebirths in the area, due to the lack of services available, but there is no concrete data being collected in Ireland on how many women intentionally give birth without medical assistance.

While a minority of women who freebirth do not want a midwife present, Michelle and others believe that it is more so the case that the lack of home birthing options available is pushing some mothers to go outside of the medical system.

**“Women need choice,” said Michelle.**

“It is really a minority of people that are looking for a homebirth, there is a reason why people are asking for that service, and because they aren’t being offered it, we are seeing the numbers of freebirth go up – we don’t know exactly what those numbers are – but we do know they are going up.

“So the question we need to ask is, why are some women not willing to use hospital services?”

## “It was like leaving a cult”



Amalia and her newborn. IMAGE: Amalia

One American woman who came across an article about Naomi James’s death online wrote a comment underneath: “This is incredibly sad. I had a pph after my free birth and made it to the hospital just in time.”

In the days since, she’s found it hard to stop thinking about Naomi and her family.

Amalia grew up in Southern Texas, where Hispanic people like her are most likely to have no health insurance, and to face barriers to good healthcare.

She had traumatic experiences of being in hospital when she was younger, including when she had sepsis. When she first became pregnant aged 30, she she did not want to set foot in a hospital maternity ward. All it took was googling how to have a baby at home for Amalia to discover the freebirthing movement.

She had her first child in a freebirth and found the experience positive and without any medical complication.

Four months ago, Amalia, now 31, had undergone another freebirth. Two days after the birth, she had not delivered her placenta, was faint, in pain, and

experiencing postpartum haemorrhage. As the day wore on she at times lost consciousness.

She took to one of her Facebook support groups to ask for help.

“My resources going into this were the Freebirth society, Heather Baker’s book on home birthing, and other women online who had been through this before.

“I was lying in bed trying to nurse my baby, reading sections of Baker’s book and re-listening to Free Birth Society podcasts, and waiting to hear back from other women.

**“I wanted to hear someone say that I’d be fine, I didn’t need to go to the hospital, and some did like ‘No, you can do this at home, here, let me help’, but there were also a lot of comments telling me to go to hospital immediately.”**

One woman who was constantly messaging told her that “shouldn’t haemorrhage” and assured Amalia that she delivered her placenta four days after giving birth, and was fine. Deep down, Amalia felt she wouldn’t survive that long.

“I had consumed this freebirth material that said that the placenta doesn’t always come right away and doctors don’t give you a chance to deliver it naturally, they give you oxytocin and manually try to remove it – then you haven’t really had a freebirth. I had wanted that kind of validation.

“My parents came round and asked what I wanted to do, I told my mum, I want to see if I can get this thing out of me, if I can’t, we’ll go to the hospital,” Amalia said.

She went back into her bathroom and, attempting to remove the placenta herself, tugged on the umbilical cord which was still attached. It snapped and she immediately lost her vision.

“I was just thinking I need blood, I need blood. The bathroom reeked of blood, I could barely stand up. I passed out in the living room while we were trying to pack for the hospital. I wouldn’t let them call an ambulance, they had to carry me to the car,” she said.

When Amalia got to hospital she was carried into a wheelchair, and rushed through the triage area. She remembers staff rushing around her room and nurses saying, “she needs fluids, she needs fluids now”.

Distantly, she had the realisation that she was dying. The young mum was partly afraid because she felt so close to death, and still, she was afraid to be in the hospital itself.

**“You are motivated by wanting to prove everyone in your life wrong who is against freebirthing, and then you are also scared to get any medical help. Freebirthers will tell you to remove fear from your consciousness going into birth and then nothing will go wrong, but at the same time, they instil a deep fear of the system in you to get you to commit to birthing at home.**

“You are told that in hospital you will be sexually assaulted – a cervical examination is described as fingering. You’ll be drugged against your will. I thought they’d take my baby if I went in, it was so scary for me to finally go to the hospital,” she said.

The doctors had to give Amalia blood transfusions before they could surgically remove her placenta. She spent three days in hospital.

She didn’t engage with any of her online groups for a month and a half. The young mother tried to focus on recovering, but she felt retraumatized by having to remember what had happened to her while being in her own home, how members of the group had been more concerned about her baby daughter latching on for breastfeeding than Amalia’s increasing fears for her life.

“I’d see a speck of blood we’d missed in the bathroom, and that would bring me back.”

When she did return to the Facebook groups, it was because she felt angry.

“I had done everything right and had a truly physiological birth, so why did this happen to me? I posted about my experience and I got a lot of support, but eventually one woman said: “This mother is an example of what not to do”.

She said I shouldn’t have pulled on the umbilical cord after two days, and by doing so I had intervened in the natural process. That was confusing, because I’d read lots of freebirthing advice that said you should tug on the cord. It was like the goalposts had been moved.

**“As more people liked her comment, I got really angry. I realised that I had been lied to, many times, and I almost died. My whole world view shifted – It was like leaving a cult,” Amalia said.**

The post Amalia had made online asking for advice when she was postpartum was leaked onto Reddit under a thread called “Shit Mom Groups Say” – where she has since been cruelly mocked. One commenter called her an “absolute idiot”.

Though the comments hurt her, she knew them to be untrue. She was never an idiot, just someone who had a lot of medical trauma, who was vulnerable to the rabbit hole of misinformation she encountered online.

Amalia wants to share her story to equip other women when encountering medical misinformation at one of the most vulnerable times of their life. “I’ve found it healing to get involved in other online spaces too, ones that are critical of the movement. I don’t want what happened to me to happen to other people, they should be informed,” Amalia says.

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