

New landmark study shows that **Planned Home Births Are Safe**

The largest study of home births attended by Certified Professional Midwives, as published in the *British Medical Journal*, has found that home birth is safe for low risk women and involves far fewer interventions than similar births in hospitals.

Safe & Healthy Outcomes

- Results are consistent with most studies of planned home births and low risk hospital births
- Zero maternal deaths
- Intrapartum and neonatal mortality: 2.0 per 1000 intended home births (only 1.7 per 1000 intended home births when planned breech and twin births are excluded)
- Immediate neonatal concerns resulted in just 2.4% of newborns being placed in neonatal intensive care
- At six weeks well over 90% of mothers were still breastfeeding their babies

Low Rates of Medical Intervention

- Much lower rates of interventions for intended home births compared to low risk hospital births:

	Planned home birth	Hospital birth
Induction of labor (only with oxytocin or prostaglandins)	2.1% *	21.0%
Stimulation of labor (only with oxytocin)	2.7% *	18.9%
Electronic fetal monitoring	9.6%	84.3%
Episiotomy	2.1%	33.0%
Vacuum Extraction	0.6%	5.5%
Cesarean Section	3.7%	19.0%

* These numbers differ from the BMJ article where data for CPMs included forms of induction and stimulation only used by midwives and not comparable to hospital births.

Satisfied Mothers

- Only 1.7% of the mothers said they would choose a different type of caregiver for a future pregnancy

Few Transfers to Hospital Care

- Only 12.1% transferred to hospital intrapartum or postpartum
- Five out of six transfers were before delivery, most for failure to progress, pain relief or exhaustion
- Midwife considered transfer urgent in only 3.4% of intended home births

High Credibility

- Included all home births involving Certified Professional Midwives in the year 2000
- 5,418 women in U.S. and Canada who intended to give birth at home as of the start of labor
- Prospective – every planned home birth was registered in the study prior to labor and delivery

“Outcomes of planned home births with certified professional midwives: large prospective study in North America.” Kenneth C Johnson and Betty-Anne Daviss. *BMJ* 2005;330:1416 (18 June). This article and related letters to the editor are available online, free, at <http://www.bmj.com>. (Use the search feature and type Daviss for the author.)

The Safety of Home Birth

The evidence is overwhelming – planned home birth is safe for healthy women

“Recognizing the evidence that births to healthy mothers, who are not considered at medical risk after comprehensive screening by trained professionals, can occur safely in various settings, including out-of-hospital birth centers and homes. ...Therefore, APHA supports efforts to increase access to out-of-hospital maternity care services...”

American Public Health Association, “Increasing Access to Out-of-Hospital Maternity Care Services through State-Regulated and Nationally-Certified Direct-Entry Midwives (Policy Statement)”. *American Journal of Public Health*, Vol 92, No. 3, March 2002.

“Several methodologically sound observational studies have compared the outcomes of planned home-births (irrespective of the eventual place of birth) with planned hospital-births for women with similar characteristics. A meta-analysis of these studies showed no maternal mortality, and no statistically significant differences in perinatal mortality risk in either direction.”

Murray Enkin, et al, *A Guide to Effective Care in Pregnancy and Childbirth*. Oxford University Press, 2000.

“It is safe to say that a woman should give birth in a place where feels is safe, and at the most peripheral level at which appropriate care is feasible and safe. For a low-risk pregnant woman this can be at home, at a small maternity clinic or birth centre, in town or perhaps at the maternity unit of a larger hospital. However, it must be a place where all the attention and care are focused on her needs and safety, as close to home and her own culture as possible.

Maternal and Newborn Health/Safe Motherhood Unit of the World Health Organization, *Care in Normal Birth: A practical guide*. World Health Organization, 1996.

“Excellent outcomes with much lower intervention rates are achieved at home births. This may be because the overuse of interventions in hospital births introduces risks or the home environment promotes problem-free labors.”

Henci Goer, *Obstetric Myths versus Research Realities: A Guide to the Medical Literature*. Bergin & Garvey, 1995.

“This study supports previous research indicating that planned home birth with qualified care providers can be a safe alternative for healthy lower risk women.”

Anderson RE, Murphy PA. “Outcomes Of 11,788 Planned Home Births Attended By Certified Nurse-Midwives. A Retrospective Descriptive Study.” *Journal of Nurse Midwifery*, 1995 Nov-Dec;40(6):483-92. (Abst)

Fact Sheet

New home birth study from the MANA Statistics Dataset shows that **Planned Home Birth with Skilled Midwives is Safe for Low-Risk Pregnancies**

The largest study of planned, midwife-led home birth in the U.S. to date, reported outcomes for nearly 17,000 women who went in to labor intending to deliver at home between 2004 and 2009.

Safe Outcomes with Positive Benefits

- High rate of completed home birth (89.1%)
- High rate of vaginal birth (93.6%)
- High rate of completed vaginal birth after cesarean (VBAC; 87.0%)
- Low intrapartum and neonatal fetal death rate overall:
 - 2.06 per 1000 intended home births (includes all births)
 - 1.61 per 1000 intended home births excluding breech, vbac, twins, gestational diabetes, and preeclampsia.
- Low rate of low APGAR scores
- Extremely high rate of breastfeeding (97.7%) at 6 weeks

Few Emergency Transfers to Hospital Care

- Primary reason for transport was “failure to progress.” Transfer for urgent reasons, such as “fetal distress” was rare.

Low Rates of Intervention

- Cesarean section rate of 5.2%
- Less than 5% used pitocin or epidural anesthesia

More Information

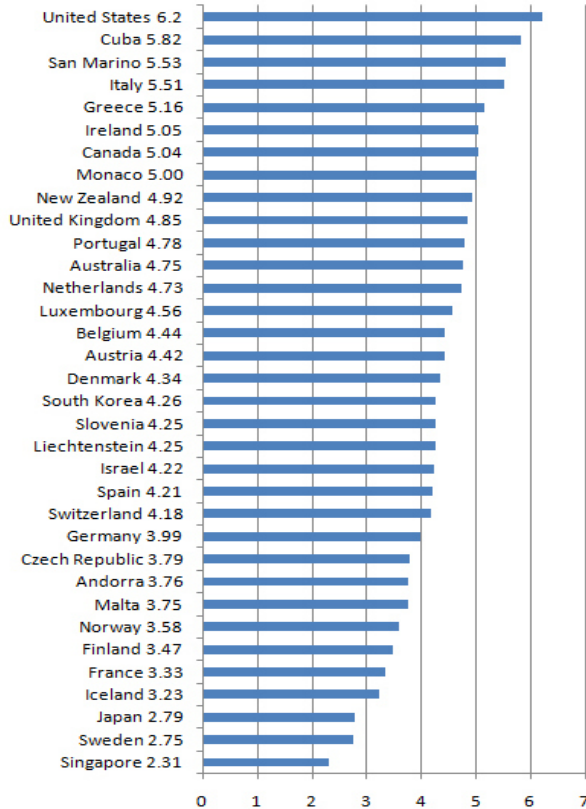
Results for low-risk mothers are consistent with most studies of planned homebirth. For more information on relative risks and decision making see *MANA Home Birth Data 2004-2009 Consumer Considerations* at <http://www.cfmidwifery.org/pdf/MANAHBStudy04-09Considerations.pdf> and “Safety” in *Childbirth: What Does This Mean? What is “Safe” Enough?* at <http://cfmidwifery.org/pdf/Safety%20FINAL.pdf>.

Data were collected prospectively. Midwives logged in information for each client throughout her pregnancy, birth, and up to 6 weeks postpartum. This method of data collection reduces selection bias since outcomes were not known at the time they were entered into the MANA Stats system at onset of care.

References:

1. Cheyney, M., Bovbjerg, M., Everson, C., Gordon, W., Hannibal, D., and Vedam, S. (2014). Development and Validation of a National Data Registry for midwife-led births: The Midwives Alliance of North America Statistics Project 2.0 dataset. *Journal of Midwifery and Women’s Health*, 59(1).
2. Cheyney, M., Bovbjerg, M., Everson, C., Gordon, W., Hannibal, D., and Vedam, S. (2014). Outcomes of care for 16,924 planned home births in the United States: The Midwives Alliance of North America Statistics Project, 2004 to 2009. *Journal of Midwifery and Women’s Health*, 59(1).

Infant Mortality Rates



CIA. Country comparison: infant mortality rate (2009). The World Factbook. www.cia.gov (Data last updated 13 April 2010). Chart prepared by Dawn Papple 2011 for Everything Birth.

There are 33 countries in the world where it is safer for babies to be born than in the United States.

There are 46 countries in the world where it is safer for women to give birth than in the United States.

It is thought that increased incidence of induction and cesarean section contribute to these high rates of infant

