AIMS For a better birth...

Out-of-hospital safety

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For this news page, we have provided details of a number of recent research reports (all available online) on the benefits of out-of-hospital births in several highincome countries. There is mounting evidence that for healthy women, giving birth outside an obstetric unit is safer for mothers because it reduces the rate of interventions, and that it is safe for babies. Some of us may well argue that if mothers have fewer interventions and are healthier themselves, this is safer for babies. This needs to be examined further.

Germany

A report in 2014 on 42,154 births with midwives in birth centres and at home is the largest ever carried out in Germany. It looked at health outcomes for mothers and babies, and also at the quality of the care provided and transfer rates. It concludes that:

'First, the data demonstrates the high quality of care that midwives provide to women in out-of-hospital births. For example, most of the women have spontaneous births, even if they have to be transferred to hospital during birth (transfer rate 12%). Second, the data serves as a baseline for the midwifery profession itself, one early outgrowth of which has already been the collaboration between the author and midwives' associations in establishing 17 professional goals to be met or exceeded in the coming years.

'The results of "A German Birth Study" are a challenge to conventional medical assumptions about birth. This book deserves a wide readership and much discussion.'www.quag.de/quag/factsinenglish.htm

Netherlands

A 2014 study in the Netherlands which included 743,070 'low-risk' planned home and hospital births looked at outcomes for babies up to 28 days after birth. These outcomes included baby deaths, APGAR scores and admission to a neonatal intensive care unit. All the women included were healthy and, at the start of their labours, planned midwife only care. 466,112 women had a planned home birth and 276,958 women had planned hospital births. The authors found 'no increased risk of adverse perinatal outcomes for planned home births among low-risk women,' and acknowledged that 'Our results may only apply to regions where home births are well integrated into the maternity care system.' onlinelibrary.wiley.com/doi/10.1111/1471-0528.13084/pdfAnother study is underway in the Netherlands to evaluate Dutch birth centres in order to provide good information to women, professionals, policy makers and health care financers about these centres. Its aims are:

1. Identification of birth centres and measuring integration of organization and care.
2. Measuring the quality of birth centre care.
3. Effects of introducing a birth centre on regional quality and provision of care.
4. Cost-effectiveness analysis
5. In-depth longitudinal analysis of the organization and processes in birth centres.
6. www.biomedcentral.com/1471-2393/15/148

North America

reported on in 2014, this North American study included 16,924 women who planned home births at the start of labour. This study was carried out by the Midwives Alliance of North America Statistics Project. It was partly initiated by a 41% increase in home births between 2004 and 2010. Nearly 90% of the women gave birth at home and nearly 94% of all the women had vaginal births. 11% of women transferred to hospital during labour and transfers after birth were rare (1.5% for mothers and just under 1% of babies). When babies with anomalies incompatible with life were excluded, the intrapartum, early neonatal, and late neonatal mortality rates were 1.30, 0.41, and 0.35 per 1000, respectively. The authors concluded that: 'Low-risk women in this cohort experienced high rates of physiologic birth and low rates of intervention without an increase in adverse outcomes.' One weakness in the study is that not all midwives attending home births contributed to it. further research comparing outcomes for similar women planning to birth in hospital will be a welcome addition.
onlinelibrary.wiley.com/doi/10.1111/jmwh.12172/pdf

For a more detailed commentary see www.scienceandsensibility.org/research-review-outcomesof-care-for-16924-planned-home-births-in-the-united-states/

Canada

Home births in Canada are now better supported for healthy women, and while in the UK researchers have looked at the costs of birth in different settings, this has not been done in Canada before. This study examined the cost of planned home birth compared with the cost of hospital birth in British Columbia,

attended by registered midwives and physicians. It concluded that:

'Planned home birth in British Columbia with a registered midwife compared to planned hospital birth is less expensive for our health care system up to eight weeks postpartum and to one year of age for the infant.' journals.plos.org/plosone/article?id=10.1371/journal.pone.0133524