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eOb.Gyn.News

The Leading Independent Newspaper for the Obstetrician/Gynecologist

15 July 2005 • Volume 40 • Number 15

Planned Home Births Safe, Study Results Suggest:

Researchers compare outcomes among term, singleton vertex births at home versus the hospital.

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Not only are planned home births in North America safe for mother and baby, they are associated with a lower rate of medical intervention than are low-risk hospital births in the United States, results of the largest prospective analysis of such births suggest.

“Our study of certified professional midwives suggests they achieve good outcomes among low-risk women without routine use of expensive hospital intervention,” said study authors Kenneth C. Johnson, M.D., senior epidemiologist for the Public Health Agency of Canada, and Betty-Anne Daviss, a certified professional midwife from Canada.

“A high degree of safety and maternal satisfaction were reported, and more than 87% of mothers and neonates did not require transfer to hospital,” the study authors said.

The cohort included information from 5,418 women whose births during the year 2000 were attended by 409 of the 534 registered professional midwives in the United States and Canada (BMJ 2005;330:1416–9).

The researchers compared outcomes in that group with outcomes among more than 3.3 million term, singleton vertex hospital births the same year in the United States.

There were no maternal deaths in the home-birth group. Three infants died from fatal birth defects. There were five intrapartum fetal deaths and six neonatal deaths.

There were no deaths among the 80 planned home-delivered breeches, nor among the 13 sets of twins.

When the researchers excluded planned breech deliveries and twins (not considered low-risk), the rate of intrapartum and neonatal death was 1.7/1,000 planned low-risk home births.

About 12% of the mothers were transferred to a hospital either intrapartum or post partum.

Five of every six who went to a hospital did so before delivery: 51% went for failure to progress, pain relief, and/or exhaustion, according to the investigators.

After delivery, 1.3% of mothers and 0.7% of newborns were transferred. The most common reasons mentioned were maternal hemorrhage (0.6% of total births), retained placenta (0.5% of total births), or respiratory problems in the infant (0.5% of total births).

The midwives reportedly considered transfers urgent in 3.4% of cases. Transfers were four times more common among primiparous women (25%) than multiparous women (6%).

Compared with low-risk hospital births, planned home births had a significantly lower rate of induction of labor (9.6% vs. 21%), stimulation of labor (9.2% vs. 18.9%), episiotomy (2.1% vs. 33%), forceps (1% vs. 2.2%), and vacuum extractions (0.6% vs. 5.2%).

The rate of cesarean section for women transferred to a hospital also was lower than the rate among low-risk hospital births (3.7% vs. 18%).