OU leads study to compare the outcomes of different planned places of birth

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Oxford University is leading the first national study in England to compare the consequences for mother and baby of planning to give birth at home, in a midwifery unit or in hospital.

The Department of Health recently announced a 'national choice guarantee' which states that, by 2009, depending on theircircumstances, women and their partners will be able to choose where they want to give birth: at home, in a midwifery unit or in an obstetric unit of a hospital. At present, because there are major gaps in the evidence about the comparative safety of different places of birth, there is only limited information to help women make this choice.

To get better evidence to inform and support women and their partners when making choices about where to give birth, the Department of Health and the National Institute for Health Research (NIHR) have funded a collaborative group led by Oxford University's National Perinatal Epidemiology Unit (NPEU) and involving a team of researchers from six universities and representatives of three professional bodies as well as the National Childbirth Trust to carry out a programme of research.

The Birthplace in England Research Programme ('Birthplace') will follow women who plan birth in each of four different settings. These are hospital obstetric units, midwifery units in hospitals, midwifery units separate from hospital sites and at home. It will compare the safety and quality of care in each of these settings and their impact on women's

experiences when they give birth.

The Universities involved are the University of Oxford; King's College London; City University; Thames Valley University; the University of Bristol; and the University of Nottingham.

'The research will take account of where women originally planned to give birth, as well as what actually happened,' explains Rachel Rowe of NPEU, Co-ordinating Researcher for Birthplace. 'This is important because, for example, a woman who planned to give birth at home or in a midwifery unit but had to be transferred to hospital during labour may have a different experience, and different outcomes, to someone who gives birth in the place she'd always intended. Even the emergency transfer itself is an outcome that needs to be counted.'

A range of studies will be undertaken to collect and analyse data about processes, outcomes and costs associated with different locations for birth and different systems of care. The research will compare a number of outcomes,including: how the baby was born in terms of whether the mother ended up having a caesarean or extra help with the birth, such as ventouse or forceps; whether breastfeeding was started; whether the baby was admitted to special care; whether the mother or baby had to be transferred from home or a midwifery unit to hospital; whether the mother needed a blood transfusion; rare serious outcomes such as bone fractures in the baby or maternal or infant death. In addition, women's experiences and their journeys through care will be explored.

'The results will provide evidence that women and health professionals can use to support and inform the decisions that are made when planning where to have a baby,' says Rachel Rowe.

The results will also contribute to the implementation of Standard 11 of the National Service Framework for Children, Maternity and Young

People; Better information, better choices, better health: putting information at the centre of care; and the NICE Intrapartum Care clinical guideline (coming out later in 2007).

Source: University of Oxford