

Planned home birth with registered midwife as safe as hospital birth

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The risk of infant death following planned home birth attended by a registered midwife does not differ from that of a planned hospital birth, found a study published in *CMAJ* (*Canadian Medical Association Journal*).

The study looked at 2889 home births attended by regulated midwives in British Columbia, Canada, and 4752 planned hospital births attended by the same cohort of midwives compared with 5331 physician-attended births in hospital. Women who planned a home birth had a significantly lower risk of obstetric interventions and adverse outcomes, including augmentation of labour, electronic fetal monitoring, epidural analgesia, assisted vaginal delivery, cesarean section, hemorrhage, and infection.

The safety of home births is under debate. American, Australian and New Zealand Colleges of Obstetricians and Gynecologists oppose home births while the United Kingdom's Royal College of [Obstetrics](#) and [Gynecology](#) and the Royal College of Midwives are supportive, as are midwife organizations in Canada, Australia and New Zealand. Canada's Society of Obstetricians and Gynecologists has encouraged further research into the safety of home birth, and this study addresses that directive.

"Women planning birth at home experienced reduced risk for all obstetric interventions measured, and similar or reduced risk for adverse maternal outcomes," writes Dr. Patricia Janssen from the University of British Columbia and coauthors. Newborns born after planned home

births were at similar or reduced risk of death, although the likelihood of admission to hospital was higher.

Factors in the home environment that decrease risks are not well-understood and could be due to sample bias. "We do not underestimate the degree of self-selection that takes place in a population of women choosing home birth. This self-selection may be an important component of risk management for home birth." They write that the eligibility screening by registered midwives safely supports a policy of choice in birth setting.

"Our population rate of less than 1 perinatal death per 1000 births may serve as a benchmark to other jurisdictions as they evaluate their home birth programs," the authors conclude.

In a related commentary <http://www.cmaj.ca/press/cmaj091240.pdf>, midwife PhD Helen McLachlan from La Trobe University, Bundoora, Australia and coauthor state, "given the current lack of evidence from randomized controlled trials, the study by Janssen and colleagues makes an important contribution to our knowledge about the safety of home birth. As with most studies of home birth, their study was limited by the possibility - if not likelihood - of self-selection by participants to a home birth option." They call for more evidence, ideally through randomized controlled trials.

More information: <http://www.cmaj.ca/press/cmaj081869.pdf>

Source: [Canadian Medical Association Journal](#) (news : web)

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