

# Home birth poses danger for higher-risk pregnancies: study

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Researchers looked at infant death rates in Oregon.

(HealthDay) -- A five-year study of home births in Oregon found an elevated rate of deaths among babies that had to be transferred to the hospital because something went wrong during the delivery.

However, experts said this doesn't necessarily mean that home births are dangerous. Many of the babies and mothers had conditions that put them at higher risk of complications, such as preeclampsia ([high blood pressure](#) during birth) or breech position (when the baby is feet first instead of head first).

The researchers looked at [medical records](#) on 223 home births in Oregon from 2004 to 2008, in which the babies were transferred to a hospital because of problems during or right after delivery. Eight babies died,

according to the study to be presented Tuesday at the American College of Obstetricians and Gynecologists (ACOG) annual meeting in San Diego.

Three of the babies were in the breech position; four of the mothers had preeclampsia; and two mothers delivered postdate, usually defined as a pregnancy of 42 weeks or longer (40 weeks is generally considered full-term).

Of the eight deaths, one infant had [congenital defects](#) "not compatible with life," Dr. Stella Dantas, of the department of [obstetrics and gynecology](#) at Northwest Permanente, P.C. Physicians and Surgeons in Beaverton, Ore., and colleagues noted in an ACOG news release. All of the women except one were assisted by a licensed [midwife](#).

"Our study showed that each of the [neonatal deaths](#) had higher . . . risk conditions associated, such as breech, hypertensive disorders, meconium [first intestinal discharge of [newborns](#)], postdates and/or anomaly. More data is needed to examine how pregnant women with these conditions are managed out of hospital, if there is evidence to support women with these conditions having out of [hospital births](#), and what the barriers are for hospital transport," Dantas said.

Nearly 30,000 women gave birth at home in the [United States](#) in 2009, according to the U.S. Centers for Disease Control and Prevention's National Center for Health Statistics.

Though still accounting for less than 1 percent of all births, home births in the United States increased by 29 percent between 2004 and 2009.

Home births in the United States tend to be more common among white women -- one in 90 births was a home birth -- but less likely among other racial and ethnic groups, CDC statistics show.

In addition, the popularity of home births varies among the states. Montana has the highest percentage of [home births](#), at nearly 2.6 percent, followed by Oregon and Vermont, with nearly 2 percent each.

Women who opt to [give birth](#) at home often object to turning a natural process into a medical problem in need of doctors and hospitals, said Dr. Mary Norton, director of perinatal research at Stanford University Medical Center.

Some women want to give birth without painkillers such as epidurals, Norton said. They may want to have "more control" over the birth experience; may feel more comfortable in their own surroundings; or may want to have multiple people in the room when they deliver, something many hospitals limit, Norton added.

"There is a small percentage of women who feel very strongly they don't want all the accoutrements of delivering in the hospital, and they have enough distrust of the medical system that their best option is to deliver at home," Norton said.

While many women can give birth at home safely, women choosing home birth should recognize there are risks, Norton said.

"For most healthy women, childbirth is a safe, low-risk procedure and for many women, it can safely happen at home," Norton said. "But there are times when things go wrong, and they can be hard to anticipate, and they are much more common when there is a high-risk situation, such as high blood pressure, preeclampsia, breech and being postdate."

Whereas birthing centers often have systems in place to transfer a woman to a hospital in case of emergency, women at home may have to wait longer for an ambulance, or it may be difficult to move a woman who is in labor onto a gurney and transport her to a hospital.

In the Oregon deaths, it's unknown if the women knew about the conditions prior to deciding to give birth at home, or if the problems arose during labor. Either way, these [women](#) should have been in a hospital, Norton said.

"They were all very high-risk conditions and not patients that should have been delivering at home," Norton said.

Because this study was presented at a medical meeting, the data and conclusions should be viewed as preliminary until published in a peer-reviewed journal.

**More information:** The [American Pregnancy Association](#) has more on home births.

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