

Study finds increasing trend in home birth neonatal mortality rates

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In a study to be presented on Feb. 7 at the Society for Maternal-Fetal Medicine's annual meeting, The Pregnancy Meeting, in New Orleans, researchers will report that patients delivered at home by midwives had a roughly four times higher risk of neonatal deaths than babies delivered in the hospital by midwives. The increased neonatal mortality risk is associated with the location of a planned birth, rather than the credentials of the person delivering the baby.

The number of homebirths in the United States has grown over the last decade. In the largest study of its kind, using Centers for Disease Control data on nearly 14 million linked infant [birth](#) and [neonatal death](#) data, term singleton U.S. births, researchers at New York-Presbyterian/Weill Cornell Medical Center found the absolute risk of neonatal mortality was 3.2/10,000 births in midwife hospital births, and 12.6/10,000 births in midwife [home births](#), and it further increased in first-time mothers to 21.9/10,000 births in midwife home deliveries. Neonatal mortality was defined as neonatal deaths up to 28 days after delivery.

"This risk further increased to about seven-fold if this was the mother's first pregnancy, and to about ten-fold in pregnancies beyond 41 weeks," said Amos Grunebaum, M.D.

The excess total neonatal mortality for deliveries performed by home midwives was 9.3/10,000 births or about 18-19 excess neonatal deaths a year from midwife homebirths. Based on the most recent 2012 births data, the authors concluded that if home births by midwives continue to

grow at the present 10 percent yearly rate, then the excess total [neonatal mortality](#) of home births by midwives would nearly double from about 16-17 in 2009 to about 32 in 2016.

Given the study's findings, Amos Grunebaum, M.D. and Frank Chervenak, M.D., the main authors of the study, said that obstetric practitioners have an ethical obligation to disclose the increased absolute and relative risks associated with planned home birth to expectant parents who express an interest in this delivery setting, and to recommend strongly against it.

The authors also continued to say that hospitals should create a welcoming and comfortable birthing environment, as well as address unnecessary obstetric interventions, both of which are often a primary motivation for planned homebirth.

Study co-authors include Laurence B. McCullough, Ph.D., at Baylor College of Medicine and Weill Cornell Medical College, Katherine J. Sapra, MPH, at Columbia University, Robert L. Brent M.D., Ph.D., at Thomas Jefferson University and Weill Cornell Medical College, Malcolm I. Levene, M.D., FRCP, FRCPC at the University of Leeds, and Birgit Arabin, M.D., at Philipps University and Clara Angela Foundation.

Provided by Society for Maternal-Fetal Medicine

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