

Home births minimise the risk of medical intervention and hospital infection

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Research published in Health, Risk & Society discusses why home birth rates remain so low despite evidence that they minimise the risk of medical intervention and hospital infection.

The new National Institute for Health and Care Excellence (NICE) guidelines on child birth in the UK make it clear that home births for most women are a safe option, protecting them from a cascade of medical interventions and the risk of [hospital infection](#). Yet despite the apparent benefits of [home births](#), as Kirstie Coxon¹ and her colleagues point out, the home delivery rates have remained low over the past two decades and virtually static at 2.5% of all births in the UK.

Professor Mark Baker, NICE's clinical director, indicates he is puzzled by the increase in [medical interventions](#) in [health](#) settings. However, social [research](#) on midwifery practice provides a clear explanation for the apparent paradox that while normal childbirth is highly valued and associated with good outcomes in the UK, there has been a relentless expansion of the hospitalisation and medicalisation of childbirth associated with increased complications with caesarean sections, forceps and ventous deliveries.

Mandie Scamell in her study of midwifery practice shows midwives aspire to provide normal deliveries, but in reality their awareness of the ever present possibility of harmful outcomes (and the blame they would receive if they occurred) means that a birth can only be classified as normal once the baby has been safely delivered and both mother and

baby are well. Thus hospital practices tend to create an environment in which all births are categorised as risky, and there needs to be an ever present vigilance and willingness to intervene. In this context imagined futures in which things go wrong are a reality and dominate decision making.

More information: "To what extent are women free to choose where to give birth? How discourses of risk, blame and responsibility influence birth place decisions" *Health, Risk & Society* Volume 16, Issue 1, 2014

"Fateful moments and the categorisation of risk: Midwifery practice and the ever-narrowing window of normality during childbirth" *Health, Risk & Society* Volume 14, Issue 2, 2012

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