'Free birthing' and planned home births might sound similar but the risks are very different

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The death of premature twins in Byron Bay in an apparent "wild birth," or free birth, last week has prompted fresh concerns about giving birth

without a midwife or medical assistance.

This follows another case from Victoria this year, where a baby was born in a critical condition following a reported free birth.

It's unclear how common free birthing is, as data is not collected, but there is some evidence free births increased during the COVID pandemic.

Planned home births also became more popular during the pandemic, as women preferred to stay away from hospitals and wanted their support people with them.

But while free births and home births might sound similar, they are very different practices, with free births much riskier. So what's the difference, and why might people opt for a free birth?

What are home births?

Planned home births involve care from midwives, who are registered experts in childbirth, in a woman's home.

These registered midwives work privately, or are part of around 20 publicly funded home birth programs nationally that are attached to hospitals.

They provide care during the pregnancy, labor and birth, and in the first six weeks following the birth.

The research shows that for women with low risk pregnancies, planned home births attended by competent midwives (with links to a responsive mainstream maternity system) are safe.

Home births result in less intervention than hospital births and women perceive their experience more positively.

What are free births?

A free birth is when a woman chooses to have a baby, usually at home, without a registered health professional such as a midwife or doctor in attendance.

Different terms such as unassisted birth or wild pregnancy or birth are also used to refer to free birth.

The parents may hire an unregulated birth worker or doula to be a support at the birth but they do not have the training or medical equipment needed to manage emergencies.

Women may have limited or no health care antenatally, meaning risk factors such as twins and breech presentations (the baby coming bottom first) are not detected beforehand and given the right kind of specialist care.

Why do some people choose to free birth?

We have been studying the reasons women and their partners choose to free birth for more than a decade. We found a previous traumatic birth and/or feeling coerced into choices that are not what the woman wants were the main drivers for avoiding mainstream maternity care.

Australia's childbirth intervention rates—for induction or augmentation of labor, episiotomy (cutting the tissue between the vaginal opening and the anus) and cesarean section—are comparatively high.

One in ten women report disrespectful or abusive care in childbirth and some decide to make different choices for future births.

Lack of options for a natural birth and birth choices such as home birth or birth center birth also played a major role in women's decision to free birth.

Publicly funded home birth programs have very strict criteria around who can be accepted into the program, excluding many women.

In other countries such as the United Kingdom, Netherlands and New Zealand, publicly funded home births are easier to access.

Only around 200 midwives provide private midwifery services for home births nationally. Private midwives are yet to obtain insurance for home births, which means they are risking their livelihoods if something goes wrong and they are sued.

The cost of a home birth with a private midwife is not covered by Medicare and only some health funds rebate some of the cost. This means women can be out of pocket A$6–8,000.

Access to home birth is an even greater issue in rural and remote Australia.

How to make mainstream care more inclusive

Many women feel constrained by their birth choices in Australia. After years of research and listening to thousands of women, it's clear more can be done to reduce the desire to free birth.

As my co-authors and I outline in our book, Birthing Outside the System: The Canary in the Coal Mine, this can be achieved by:

- making respectful care a reality so women aren't traumatized and alienated by maternity care and want to engage with it
- supporting midwifery care. Women are seeking more physiological and social ways of birthing, minimizing birth interventions, and midwives are the experts in this space
- supporting women's access to their chosen place of birth and model of care and not limiting choice with high out-of-pocket expenses
- providing more flexible, acceptable options for women experiencing risk factors during pregnancy and/or birth, such as having a previous cesarean birth, having twins or having a baby in breech position. Women experiencing these complications experience pressure to have a cesarean section
- getting the framework right with policies, guidelines, education, research, regulation and professional leadership.

Ensuring women's rights and choices are informed and respected means they're less likely to feel they're left with no other option.

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