

Birth is no reason to go to hospital, review says

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The outcome of a planned home birth: smile, satisfaction and a deeply concentrated baby. Photo: Camilla Lauritsen

A new *Cochrane Review* concludes that all countries should consider establishing proper home birth services. They should also provide low-risk pregnant women with information enabling them to make an informed choice. The review has been prepared by senior researcher, statistician Ole Olsen, the Research Unit for General Practice, University of Copenhagen, and midwifery lecturer PhD Jette Aaroe Clausen.

In many countries it is believed that the safest option for all women is to [give birth](#) in hospital. However, [observational studies](#) of increasingly better quality and in different settings suggest that planned home birth in many places can be as safe as planned [hospital birth](#) and with less intervention and fewer complications.

"If home birth is going to be an attractive and safe option for most [pregnant women](#), it has to be an integrated part of the [health care system](#)," Ole Olsen says and adds, "In several Danish regions the home birth service has been very well organised for several years. This is not the case everywhere in the world."

The updated [Cochrane Review](#) concludes that

there is no strong evidence from experimental studies (randomised trials) to favour either planned hospital birth or planned home birth for low-risk pregnant women. At least not as long as the planned [home birth](#) is assisted by an experienced midwife with collaborative medical back up in case transfer should be necessary.

Fewer interventions in home birth

Routines and easy access to [medical interventions](#) may increase the risk of unnecessary interventions in birth explaining why women who give birth at home have a higher likelihood for a spontaneous labour. There are 20-60 per cent fewer interventions, for example fewer cesarean sections, epidurals and augmentation among those women who plan a homebirth; and 10-30 per cent fewer complications, for example post partum bleeding and severe perineal tears.

"Patience is important if women want to avoid interference and give birth spontaneously," says Jette Aaroe Clausen. "At home the temptation to make unnecessary interventions is reduced. The woman avoids for example routine electronic monitoring that may easily lead to further interventions in birth."

Jette Aaroe Clausen adds that interventions in childbirth are common in many countries, but also that there is a growing concern internationally because interventions may lead to iatrogenic effects; iatrogenic effects meaning unintended consequences of the intervention. Routine electronic monitoring may for example lead to more women having artificial rupture of membranes which in turn can lead to more interventions.

Evidence and human rights

While the scientific evidence from observational studies has been growing, the European Court of Human Rights in Strasbourg in the case

Ternovszky versus Hungary has handed down a judgment stating that "the right to respect for private life includes the right to choose the circumstances of birth". This is quoted in the review.

Thus the conclusions of the review are based on human rights and ethics as well as on results from the best available scientific studies.

More information: Olsen O, Clausen JA. Planned hospital birth versus planned home birth. *The Cochrane Library*, Issue 9, 2012.
[onlinelibrary.wiley.com/doi/10 ... 000352.pub2/abstract](http://onlinelibrary.wiley.com/doi/10.1002/abstr.000352)

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