IS HOME BIRTH ON THE RISE?

Since 2004, home births in the United States have shown their first notable increase in a decade and a half, but this increase still leaves the total number of home births well below where it was in 1991. Interestingly, the increase occurred before the most recent publicity around home birth and well before the release of a spate of movies highlighting it. Such a development is not without precedent. In the United Kingdom, a government endorsed movement called Changing Childbirth has been credited with leading to a growth in home births that has continued until the present, raising the rate from 0.9% of all births in the late 1980s to the most recent rate of 2.9% in 2008. However, the home birth rate had already been increasing for 5 consecutive years before Changing Childbirth came into being. It may well be that women are choosing home births independently of the increased media and childbirth activism.

THE HOME BIRTH DEBATE

Does research play a significant role in the current debate over the safety of home birth? Unfortunately, no. The debate over home birth is a largely ideological one in which information from research studies sometimes goes disregarded. Its opponents, who believe that birth is “safe only in retrospect,” view home birth as carrying unnecessary risks for mothers and especially babies. This also assumes that the interventions associated with hospital birth add little or no risk. On the other hand, home birth advocates see birth as a natural process that works best when a prepared mother is in a setting in which she feels comfortable and the birth process is interfered with only when necessary. They argue that place of birth is a matter of choice for a mother and that, even though few may choose a home birth, their right to do so must be respected.

UNDERSTANDING THE RESEARCH

Valuable studies of home birth do exist, though several factors affect how definitive they can be. Firstly, the most powerful design, a study in which mothers would be randomized to have either a home or hospital birth, is not feasible. Secondly, since home birth is rare in industrialized countries and the major outcomes of concern – infant or maternal death – are
also rare, it is unusual for studies to include enough cases to be able to identify significant differences in outcomes between home births and low risk hospital births (the typical comparison group). Finally, in the U.S. we currently lack the recorded information necessary to conduct a comprehensive study of birth outcomes. While birth certificates have, since 1989, identified home births, they cannot distinguish between planned home births and unplanned, “emergency” births at home (where a hospital birth was intended). They also cannot identify cases where a planned home birth results in a transfer to the hospital and therefore the home births with the least favorable outcomes are listed as hospital births. What is needed are studies that: (1) distinguish between planned and unplanned home births; and (2) follow those planned home births that result in a hospital transfer and include those outcomes with the planned home births.

WHAT THE STUDIES SAY

In recent years, several studies have come out which, while not randomized trials, have addressed most of these challenges. The first, published in 2009 and the largest study of its kind to date, was based on more than a half million home births in the Netherlands from 2000-2006. It controlled for factors including parity (the number of times a woman has given birth), gestational age of the baby, maternal age, ethnic background and socio-economic status. This study found no significant differences in adjusted relative risks of perinatal mortality between planned home births and a comparable group of planned hospital births. Its authors concluded that “women can safely choose where they want to give birth, provided the maternity care system is well equipped for homebirths”.

Another recent study, this time out of British Columbia, Canada, included all 2,889 planned home births attended by registered midwives in BC between 2000 and 2004. It compared these with 4,752 hospital births attended by the same group of midwives and 5,331 hospital births attended by physicians. The latter two groups were matched to the home births on a number of key variables like gestational age and exclusion of breeches and twins. Most importantly, mothers in the hospital groups needed to meet the stated criteria for a home birth. As in the Dutch study they found no difference in perinatal mortality rates. They also found reduced rates of obstetric interventions and other adverse outcomes in the home birth group compared with the hospital groups.

A third study is slightly older, published in 2005, but more directly relevant to a U.S. audience. It was based on 5,418 women in the U.S. and Canada (2%) planning home births with certified professional midwives in 2000. It included the outcomes of planned home births that resulted in transfers to a hospital. As in the Canadian...
study, the authors found a neonatal mortality rate comparable to low risk hospital births reported in other studies (1.7/1,000) and a substantially lower rate of obstetrical intervention.

In essence, a growing body of research suggests that planned home births are just as safe as comparable low risk hospital births. Some of these studies were completed in settings (e.g. the Netherlands and British Columbia) with integrated systems where home birth is an accepted part of the maternity care process. While that's hardly the case in many parts of the U.S., advocates are working towards developing systems in which a women’s choice of a home birth will become an integral part of routine care.

References:

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