The Safety of Homebirth

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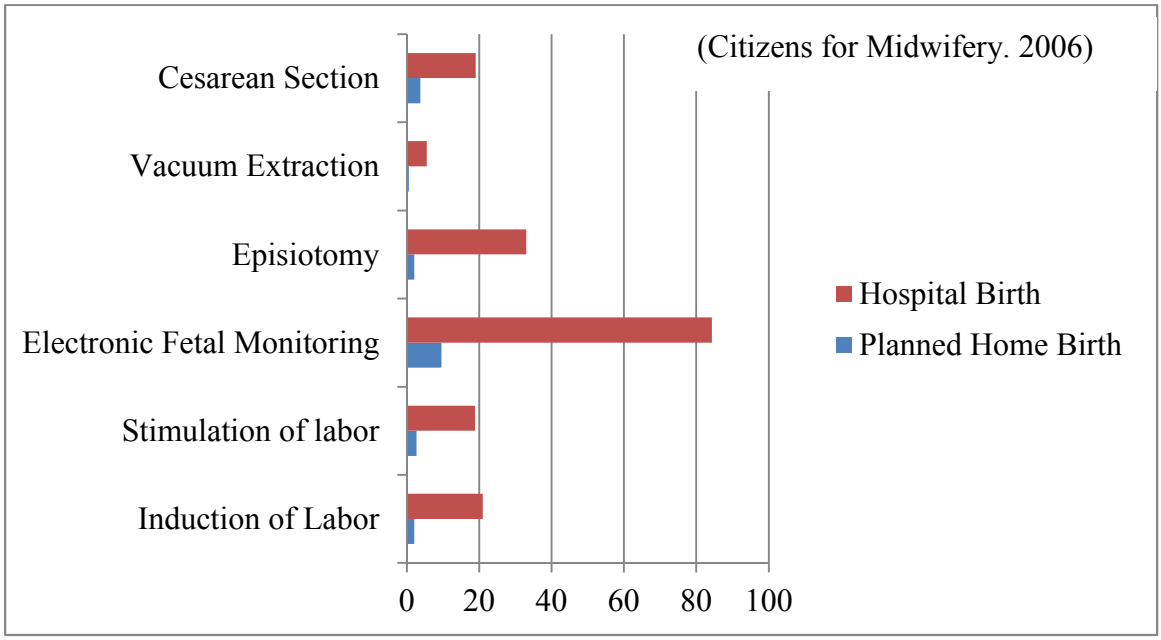
The research has proven that for low risk pregnant people, planned out-of-hospital births attended by a midwife are safer than hospital births. Low risk can be defined by pregnant people whose labor begins spontaneously between 37 and 42 weeks and with one fetus in head down presentation. In planned out-of-hospital births the number of medical interventions is much lower that birth in hospitals (Daviss, B., & Johnson, K., 2005) and can result in positive outcomes for mother and newborn (Bovbjer, M., et al, 2014).The continuity of care that comes with planned out-of-hospital births assisted by a midwife can be a more satisfying experience for the pregnant person. (Ackerson, K., Bernhard, C., English, J., Zieliski, R., 2014).

The amount of pregnant people choosing planned out-of-hospital has increased by 41% between 2004 and 2010 (Bovbjer, M., et al, 2014)., and due to this increase Bovbjer et al., 2014 was able to gather a unprecedented sample of birth information from 16,924 pregnant people who had planned a out-of-hospital birth attended by a midwife. In their sample, 89.1% gave birth at home, and the majority of those who transferred were for failure of process. Of those who transferred only 4.5% required labor augmentation and/or an epidural and 5.2% underwent cesarean section surgery. Nearly half of those who delivered at home did so with an intact perineum. Initially, the rate for fetal demise seemed a little high, but the study included some pregnant people who would be deemed as high-risk: breech, vaginal birth after cesarean, gestational diabetes, and pre-eclampsia. After removing these risk factors, the intrapartum neonatal death rate was .85 per 1,000 (Bovbjer, M., et al, 2014).

Medical interventions include the following: cesarean section, vacuum extraction, episiotomy, electronic fetal monitoring, stimulation and induction of labor. Citizens for Midwifery, 2006 (see the table below), shows that the interventions for pregnant people planning

an out-of-hospital birth attended by a midwife were much lower in comparison to low risk hospital births.



According to Daviss & Johnson (2005) medical intervention rates for women in out-of-hospital birth included epidural (4.7%), episiotomy (2.1%), forceps (1.0%), vacuum extraction (0.6%), and caesarean section (3.7%). Daviss & Johnson 2005 noted the importance of the normalcy of birth in a safe outcome by stating, "Women choosing homebirth may have an advantageous enhanced belief in their ability to give birth safely with little medical intervention."

With the number of US women planning out-of-hospital births attended by midwives increasing Ackerson, K., Bernhard, C., English, J., & Zielinski, R., (2014) set out to determine why more pregnant people are choosing this option and gather their insights regarding their birth experience. The pregnant people in the study felt that informed consent empowered them to make their own choices. They also felt more connected all around: with their health care providers, their bodies, their newborns, and their families. They indicated that giving birth in the

comfort of their own home created the peaceful and calm environment they desired (Ackerson, et al., 2014).

In conclusion, it has been proven that for low risk pregnant people, planned out-of-hospital births attended by a midwife are safer than hospital births. The lower use of medical interventions leads to a more positive outcome for pregnant people and newborns.

References

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