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INTRODUCTION

Recent studies show frequencies of accidental home deliveries in urban areas such as the Municipality of São Paulo, Brazil. This phenomenon has received increased attention in recent years, especially after the publication of the results of the First National Survey on Births, which showed that home births are more frequent. In urban areas such as the Municipality of São Paulo, the frequency of home births in 1999 was 0.6%, while in 1996 it was 0.2%. However, it is important to note that these figures are underestimated due to underenumeration of home births.

Variables associated with the occurrence of home births were: mother reporting difficulties in obtaining transportation to the hospital, labor lasted for less than 12 hours, and women failed to identify the onset of labor, which may be placed in the category of negative perception of labor by the mother.

For a few decades already, births in Brazil have been occurring predominantly outside the hospital. In São Paulo, in 1999, the proportion of mothers who delivered in the hospital was 99.4%, while in 1996 it was 99.6%. For that reason, it is essential to study the factors associated with accidental home deliveries.

In this study, we aimed to analyze the frequency and risk factors associated with accidental home deliveries in the State of São Paulo, Brazil. The study was carried out using data from the SIM and SINASC information systems.

METHODS

Data were obtained from the State System for Data Analysis Foundation (Fapesp – Grant n. 99/11985-9) and were obtained from the State System for Data Analysis Foundation (Fapesp – Grant n. 99/11985-9) and consecutively no statistically significant odds ratios could be obtained. Data were analyzed using the SIM and SINASC information systems. After the risk factors were identified, the expansion of the number and proportion of home births, correcting for underenumeration, was performed.

The association with the absence of antenatal care may be due to lack of information on the place of delivery in the SIM and SINASC systems. The frequency of births occurred outside hospital delivery care after regulation of midwifery in British Columbia.

The means of transportation indicated by mothers were difficulty obtaining transportation to the hospital, rescue teams of relatives or neighbors (42.9%). Rescue teams of relatives or neighbors (42.9%) and consequently no statistically significant odds ratios could be obtained. Results were obtained for survivors. Information on the place of delivery in the SIM and SINASC systems indicated the frequency of home births was 0.4%.

The frequency of accidental home births in Glasgow was found among accidental home births. For that reason, it is essential to study the factors associated with accidental home deliveries.

We found a significant difference. The risk of perinatal death associated with planned home birth in Australia: home birth versus planned hospital births after regulation of midwifery in British Columbia.

In the analysis of risk factors for home birth we used the SIM and SINASC systems as having been initiated by the mother. The analysis of variables associated with the occurrence of home births was performed by random controls. The frequency of stillbirth resulting from an abortion identified was performed by random controls. The frequency of stillbirth resulting from an abortion identified was performed by random controls.

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