Commentary

Is it Time to Ask Whether Facility Based Birth is Safe for Low Risk Women and Their Babies?

Hannah G. Dahlen

Western Sydney University, Australia

ARTICLE INFO

Article history:
Received 5 August 2019
Accepted 5 August 2019
Available online 9 August 2019

Despite evidence to the contrary, homebirth remains a controversial choice in maternity care, with strong opinions expressed by consumers, health providers and the media [1]. There is rarely any differentiation between the media reporting of adverse outcomes associated with freebirth or homebirth attended by registered health providers [2]. This can cause health services to resist consumer demand for system integrated homebirth [3]. Research shows that homebirth is as safe as hospital birth for women who are low risk and attended by professional midwives who, in turn, are well networked into a responsive health system [4]. It can be less safe for the baby when women with significant risk factors choose homebirth, or when they give birth without regulated health providers in attendance. When systems are overly restrictive and there is significant variation in guidance on homebirth [5], confusion and conflict inevitably arises amongst and between consumers, policy makers and health providers.

Internationally, rates of homebirth attended by registered health professionals (usually a midwife) range from 13% in the Netherlands [6] to 0.3% in Australia [7]. In some countries, homebirth is deemed illegal and midwives are being prosecuted or jailed for supporting women who make this choice [8].

1. The Hutton et al. 2019 Meta-analysis

Hutton and colleagues have published a meta-analysis that includes 14 studies (1990–2018; n = 500,000) examining outcomes for low risk women planning homebirths in well-resourced countries [9]. The study examines the fetal or neonatal loss for low risk women intending to have either a homebirth or a hospital birth. They also examined outcomes by parity and level of integration into the established birth settings. While there was no statistical difference in perinatal or neonatal mortality, they found that homebirths in well-integrated settings appeared to lead to better perinatal outcomes. This meta-analysis has the added advantage of examining fetal or neonatal loss by parity and level of system integration. In the Birth Place in England study (16,840 homebirths) [10], primiparity was identified as associated with an increased risk for babies born at home. Hutton’s meta-analysis now provides reassurance about the safety of homebirth for all low risk women, especially when giving birth in well-integrated settings. The large homebirth sample size in this study (> 500,000) makes detection of differences in rare events more likely. We hope the authors will reconsider the size of this study in the future when it comes to maternal and child health [11,12].

2. Five Unresolved Questions and/or Concerns

1. Maternal and perinatal morbidity associated with place of birth needs to be examined across the reproductive life course and into the future when it comes to maternal and child health [11,12].
2. More research needs to be undertaken into which pregnancy risk factors lead to higher adverse outcomes for babies born at home and which have minimal impact on outcomes.
3. Financial and environmental sustainability need to be considered in place of birth choices and in future research [13].
4. Human rights should be a central consideration when it comes to birth place choice and availability. Women are increasingly choosing to have homebirths with significant risk factors or with unregulated birth workers due to previous trauma and limited options of care in the mainstream system [14].
5. In developing nations, the concerted effort to encourage all women to birth in facilities has met with varying success. A recent Lancet paper found facility birth does not necessarily convey a survival benefit for women or babies [15]. It is time to reconsider facility based birth as being the only option for safe birth in both the developed and developing world.

3. Conclusion

The evidence to support the safety of homebirth for low risk women attended by professionally educated midwives in well-integrated settings is now very convincing. Perhaps we need to ask: is hospital birth safe or sustainable for low risk women in developed and developing nations? To go down this path, we need to change the embedded narrative, to embrace a definition of safety that women instinctively
understand and strive for, including physical, psychological, social, cultural and spiritual safety. It is time we recognized the need for all the professional and maternity consumer groups to unite and agree on the central principles needed to ensure women have safe options when they choose their place of birth, whatever that choice may be.

References

[1] de Vries RG, Paruchuri Y, Lorenz K, Vedam S. Moral science: ethical argument and the production of knowledge about place of birth. J Clin Ethics 2013;24(3):225–38.

[2] Dahlen HG, Homer CS. Web-based news reports on midwives compared with obstetricians: a prospective analysis. Birth 2012;39(1):48–56. https://doi.org/10.1111/j.1523-536X.2011.00512.x. Mar. [Epub 2012 Jan 9].

[3] Dahlen H, Schmied V, Tracy S, Jackson M, Cummings J, Priddis H. Home birth and the National Australian Maternity Services Review: too hot to handle? Women and Birth 2011;24(4):148–55.

[4] Scarf VL, Rossiter C, Vedam S, Dahlen HG, Ellwood D, Forster D, et al. Maternal and perinatal outcomes by planned place of birth among women with low-risk pregnancies in high-income countries: a systematic review and meta-analysis. Midwifery 2018;62:240–55.

[5] KNOV. Koninklijke Nederlandse Organisatie van Verloskundigen (KNOV). Midwifery in The Netherlands Retrieved March 10, 2018 from http://www.european-midwives.com/upload/filemanagers/content-galleries/members-/knovpdf; 2017.

[7] AIHW. Australia’s mothers and babies data visualisations June 27th 2019. https://www.aihw.gov.au/reports/mothers-babies/australias-mothers-babies-2017-data-visualisations/contents/labour-and-birth/place-of-birth; 2019.

[8] Dahlen H. Home birth: a story of “infinite love and enormous rejection”. International Journal of Childbirth 2011;1(4):254–62.

[9] Hutton E, Reitsma A, Simioni J, Brunton G, Kaufman K. Perinatal or neonatal mortality among women who intend at the onset of labour to give birth at home compared to women of low obstetrical risk who intend to give birth in hospital: a systematic review and meta-analyses. EClinicalMedicine 2019;14:59–70.

[10] Birthplace in England Collaborative Group. Perinatal and maternal outcomes by planned place of birth for healthy women with low risk pregnancies: the birthplace in England national prospective cohort study. BMJ 2011;343. https://doi.org/10.1136/bmj.d7400.

[11] Combellick J, Shin H, Shin D, Cai Y, Hagan H, Lacher C, et al. Differences in the fecal microbiota of neonates born at home or in the hospital. Sci Rep 2018;8:15660.

[12] Keag O, Normal J, Stock S. Long-term risks and benefits associated with cesarean delivery for mother, baby, and subsequent pregnancies: systematic review and meta-analysis. PLoS Med 2018;15(1):e1002494. https://doi.org/10.1371/journal.pmed.1002494.

[13] Scarf V, Catling C, Viney R, Homer C. Costing alternative birth settings for women at low risk of complications: a systematic review, Plos One 2016 https://doi.org/10.1371/journal.pone.0149463. Open access, Midwifery. 2018 Jul;62:240-255. doi: 10.1016/j.midw.2018.03.024. Epub 2018 Apr 3.

[14] Dahlen HG, Hazard B, Schmied V. Birthing outside the system: the canary in the coal mine in press. London: Routledge; 2019.

[15] Gabrysch S, Nesbitt RC, Schoo A, Hurt L, Soremekun S, Edmond K, et al. Does facility birth reduce maternal and perinatal mortality in Brong Ahafo, Ghana? A secondary analysis using data on 119,244 pregnancies from two cluster-randomised controlled trials. The Lancet 2019;7(8):e1074-e87.