

Planned Home Birth is Safe for Most Mothers and Babies

**Healthy women with qualified care providers,
usually midwives, can have safe home births.**

Home birth reduces:

- the risk of infection
- risks from unnecessary interventions
- maternal morbidity rates from complications and interventions
- risks from errors in hospitals
- interference in bonding and breastfeeding from hospital policies
- risks from poor staffing levels in hospitals
- the risks of tampering with the baby

Home birth provides:

- safe, familiar and private surroundings for labor and birth
- woman-centered care during pregnancy, labor, and birth
- family-oriented birth with no strangers present
- an opportunity for immediate bonding and breastfeeding
- less disruption and stress for the whole family
- affirmation that birth is a normal and profound life event

**Research shows that
planned home birth with a qualified attendant
is safe for most mothers and babies.**

The Safety of Home Birth

The evidence is overwhelming – planned home birth is safe for healthy women

“Recognizing the evidence that births to healthy mothers, who are not considered at medical risk after comprehensive screening by trained professionals, can occur safely in various settings, including out-of-hospital birth centers and homes ...Therefore, APHA Supports efforts to increase access to out-of-hospital maternity care services...”

American Public Health Association, “Increasing Access to Out-of-Hospital Maternity Care Services through State-Regulated and Nationally-Certified Direct-Entry Midwives (Policy Statement)”. *American Journal of Public Health*, Vol 92, No. 3, March 2002.

“Several methodologically sound observational studies have compared the outcomes of planned home-births (irrespective of the eventual place of birth) with planned hospital-births for women with similar characteristics. A meta-analysis of these studies showed no maternal mortality, and no statistically significant differences in perinatal mortality risk in either direction.”

Murray Enkin, et al, *A Guide to Effective Care in Pregnancy and Childbirth*. Oxford University Press, 2000.

“It is safe to say that a woman should give birth in a place where feels is safe, and at the most peripheral level at which appropriate care is feasible an safe. For a low-risk pregnant woman this can be at home, at a small maternity clinic or birth centre, in town or perhaps at the maternity unit of a larger hospital. However, it must be a place where all the attention and care are focused on her needs a safety, as close to home and her own culture as possible.

Maternal and Newborn Health/Safe Motherhood Unit of the World Health Organization, *Care in Normal Birth: A practical guide*. World Health Organization, 1996.

“Excellent outcomes with much lower intervention rates are achieved at home births. This may be because the overuse of interventions in hospital births introduces risks or the home environment promotes problem-free labors.”

Henci Goer, *Obstetric Myths versus Research Realities: A Guide to the Medical Literature*. Bergin & Garvey, 1995.

“This study supports previous research indicating that planned home birth with qualified care providers can be a safe alternative for healthy lower risk women.”

Anderson RE, Murphy PA. “Outcomes Of 11,788 Planned Home Births Attended By Certified Nurse-Midwives. A Retrospective Descriptive Study.” *Journal of Nurse Midwifery*, 1995 Nov-Dec;40(6):483-92. (Abst)

Safety in Birth Begins With Midwives

- * RESPECTFUL TREATMENT *
- * PERSONAL ATTENTION *
- * EMOTIONAL SUPPORT *
- * CONFIDENCE IN OUR BODIES *
- * EDUCATION AND INFORMATION *

Midwives are specialists in normal birth.

Midwives recognize that *birth is a normal, healthy process*.
Midwives *focus more on women and babies as individuals* and less on technology.

A thorough knowledge of birth
allows midwives to *minimize the use of*
technology and medical interventions.

Midwives do not expose women and babies
unnecessarily to potentially harmful interventions.

**Research shows that
midwives are the safest care providers for
the majority of women
with normal pregnancies and births.**

Safety in Birth Begins With Midwifery Care

- **“In terms of quality, satisfaction, and costs, the midwifery model for pregnancy and maternity care has been found to be beneficial to women and families, resulting in good outcomes and cost savings. ... With its focus on pregnancy as a normal life event and health promotion for women of all ages, the midwifery model of care is an appropriate alternative or complement to the medical approach to childbirth.”**
American Public Health Association, “Supporting Access to Midwifery Services in the United States (Position Paper)”, *American Journal of Public Health*, Vol. 91, No. 3, March 2001.
- **“It is inherently unwise, and perhaps unsafe, for women with normal pregnancies to be cared for by obstetric specialists ... Midwives and general practitioners, on the other hand, are primarily oriented to the care of women with normal pregnancies, and are likely to have more detailed knowledge of individual women.”**
Murray Enkin, et al, *A Guide to Effective Care in Pregnancy and Childbirth*. Oxford University Press, 2000.
- **“It is the finding and vision of the Taskforce that the midwifery model of care is an essential element of comprehensive health care for women and their families that should be embraced by, and incorporated into, the health care system and made available to all women.”**
Dower CM, Miller JE, O’Neil EH and the Taskforce on Midwifery, *Charting a Course for the 21st Century: The Future of Midwifery*. San Francisco, CA: Pew Health Professions Commission and the UCSF Center for the Health Professions. April 1999.
- **“Midwives are the most appropriate primary health care provider to be assigned to the care of normal birth.”**
Maternal and Newborn Health/Safe Motherhood Unit of the World Health Organization, *Care in Normal Birth: A practical guide*. World Health Organization, 1996.
- **“Midwives attend the vast majority of births in those industrialized countries with the best perinatal outcomes...”**
Coalition for Improving Maternity Services, *The Mother-Friendly Childbirth Initiative*, 1996