



RCOG STATEMENT ON 'MATERNAL AND NEWBORN OUTCOMES IN PLANNED HOME BIRTHS VS PLANNED HOSPITAL BIRTHS: A METAANALYSIS'

A meta-analysis in the American Journal of Obstetrics & Gynecology (AJOG) published today looks at the maternal and neonatal outcomes of planned home and hospitals births.

The maternal outcomes for planned home births were fewer medical interventions such as the use of epidural analgesia and births resulting in operative deliveries. The rates of lacerations, haemorrhage and infections were also lower for women who gave birth at home. However, neonatal outcomes show that planned home births were associated with a tripling of the neonatal mortality rate, mostly as a result of respiratory distress and failed resuscitation.

Researchers also found that perinatal death from intrapartum anoxia in hospitals decreased over the last two decades. Speculatively, this may be down to the increased use of ultrasound, electronic fetal heart rate monitoring, induced labour and caesarean deliveries.

Royal College of Obstetricians and Gynaecologists (RCOG) President Professor Sir Sabaratnam Arulkumaran said, "So far we haven't got a clear picture of how safe are home births in comparison to hospital births because it isn't easy to conduct a randomised control trial on the place of birth.

"This meta-analysis shows that planned home births result in fewer interventions for the mother, something which we are already aware of. The finding that the consequences for the baby are more severe needs to be carefully considered by women, policy makers and care providers. Certainly, the move towards offering women a choice in their place of birth in the UK needs to be weighed against such evidence.

"The selection process for home delivery should exclude mothers with high-risk pregnancies to avoid intrapartum related morbidity and mortality. Midwifery practices differ from country to country. For example, at delivery, in some countries, there may be two midwives present – one to look after the mother, the other to care for the baby after birth. In addition, midwives providing home birth services need to have good resuscitation skills which will also influence the outcome for the newborn.

"With the above systems in place and provided women receive one-to-one midwifery care, planned home births for low-risk women are a viable option. However, birth can be unpredictable and these women should also have quick access to obstetric care if and when an emergency occurs."

Previous research from Scotland has shown that 30% of first-time mothers required intrapartum transfer to an obstetric unit for medical attention¹. In such situations, timing is crucial and factors such as geographical distance to the nearest maternity unit, the availability of an ambulance for transport and traffic flow are important considerations.

The RCOG looks forward to the results of the Birthplace study by the National Perinatal Epidemiology Unit (NPEU) which will provide data on the safety of home births. Results are due out at the end of the year.

1 July 2010

Notes

For more information about the NPEU's Birthplace, please click here.

¹ SPCERH, 'Audit of care provided and outcomes achieved by community maternity units in Scotland 2005', Final report (February 2005). To view, click here.

Reference

Wax JR, Lucas FL, Lamont M, et al. Maternal and newborn outcomes in planned home birth vs planned hospital births: a metaanalysis. Am J Obstet Gynecol 2010;203:x.ex-x.ex.