



Criteria for Provision of Home Birth Services

This Clinical Bulletin was developed under the direction of the Division of Standards and Practice, Sections on Home Birth and Clinical Standards and Documentation of the American College of Nurse-Midwives (ACNM) as an educational aid to members of the ACNM. This Clinical Bulletin is not intended to dictate an exclusive course of management nor to substitute for individual professional judgment. It presents recognized methods and techniques on clinical practice which midwives may consider incorporating into their practices. The needs of an individual patient or the resources and limitations of an institution or type of practice may appropriately lead to variations in clinical care.

ACNM POSITION ON HOME BIRTH

Every family has the right to a safe, satisfying childbirth experience, with respect for cultural variations and human dignity, and the right to freedom of choice and self-determination. In the United States, less than 1% (23,843 in 2000) of women choose to give birth at home each year.^{1,2} Decisions about birth site are based on many factors and include physical, emotional, social, spiritual, and cultural considerations. Midwives practice in a variety of settings including hospitals, homes, and birth centers. The American College of Nurse-Midwives (ACNM) supports the choice of families to birth at home, with midwives in attendance.

SAFETY

Safety of birth in any setting is of utmost priority. Safety has been the primary focus of home birth research. Investigators in the United States and around the world have reported excellent perinatal outcomes for planned home births.³⁻¹³ In a meta-analysis of six controlled studies, which included 24,092 planned home births, Olsen¹⁴ concluded that "home birth is an acceptable alternative to hospital confinement for selected pregnant women and leads to reduced medical interventions." After reviewing recent controlled trials in Europe, Springer and Van Weel¹⁵ concluded that planned home birth is "safe in selected women and with adequate infrastructure and support." The Netherlands, where 30% to 40% of all births occur at home, has the lowest perinatal mortality and morbidity rates in the world.^{7,12,16} Weigers et al.¹² describe the Dutch system for safe care in the home as resulting in "maximal outcomes with minimal intervention." In a prospective descriptive study of home births in U.S. nurse-midwifery practices, Murphy and Fullerton⁸ concluded, "home birth can be accomplished with good outcomes under the care of qual-

ified practitioners and within a system that facilitates transfer to hospital care when necessary." As a result of these and other studies, expert advisory panels in various nations,¹⁷⁻²³ including the Governing Council of the American Public Health Association, recommend that a woman's informed choice to birth at home must be respected and appropriate home birth maternity services be made available.

COMMUNITY STANDARDS

It has been shown that appropriate client selection, sound clinical judgment, and prompt transfer to a receptive environment contribute to good perinatal outcomes in home settings.^{8,24} In the United States, access to home birth care as well as accepted perinatal management and screening criteria regarding birth site selection varies greatly by state, city, hospital, and health care provider teams. Hence, multiple factors may influence the application of home birth selection guidelines. These include community standards and attitudes; the quality and availability of medical consultation, collaboration, and/or referral; the comfort, experience, and the skill levels of midwives and consultant physicians; and the medicolegal environment.²⁵

GUIDELINES

The midwife brings experience, educational preparation, professional accountability, and linkages to the extended maternity care team as an invited guest at a home birth. The client, her family, and the midwife all participate in decision making and responsibility sharing.²⁶ Although shared decision making is the goal, the midwife is a health care professional who is accountable for applying selection criteria to promote safe outcomes for the mother and her baby. Clinical judgment, standards for practice, and professional ethics will all affect these decisions. A strong midwife-client relationship can facilitate the appropriate application of screening criteria. The selection process for home birth includes the full informed consent of the client delineating potential risks and benefits of each available birth site. Provision for referral or transport is made if conditions require personnel and equipment that are available only in the hospital setting.²⁵

The goal of selection criteria in a home birth midwifery practice is to identify the client who, by all current scientific, medical, and midwifery knowledge and standards, has an excellent prognosis for a normal, healthy

pregnancy, birth, and postpartum course. The screening process includes the evaluation of medical, obstetric, nutritional, environmental, and psychosocial factors, as well as evaluation of the midwife-client relationship.²⁵ Birth site selection is an ongoing process throughout pregnancy, labor, and the postpartum period. There are certain criteria that are unique to home birth screening and others that assume greater significance when considering a home birth.

Client responsibilities include the following:

- Shared responsibility for care
- Adequate social support network for the perinatal course
- Commitment to birth without pharmacologic analgesia or anesthesia
- Understanding of and agreement to the screening criteria specific to home birth
- Preparation of participants and the birthing environment
- Maintenance of good general health and a healthy pregnancy
- Open and clear communication with the midwife

Midwife responsibilities include the following:

- Commitment to the concept that pregnancy, labor, birth, and postpartum are normal physiologic processes
- Commitment to a low intervention model of care
- Informed consent regarding selection of the home setting for birth
- Assessment and appropriate management of the baby's health during the fetal, transitional, and newborn periods
- Ongoing vigilance for indications of potential or emergent maternal and/or fetal/neonatal complications
- Appropriate interventions when deviations from the expected norm present
- Midwifery practice according to ACNM professional standards
- Provision for consultation, collaboration, and/or referral
- Open and clear communication with the client
- Knowledge of the current research and evidence base regarding risk assessment for the safe conduct of birth in the home environment

RISK ASSESSMENT FOR HOME BIRTH

The objective of risk assessment in home birth midwifery practice is to determine the relative safety of birth settings for each woman. The current evidence base regarding the safety of home birth refers to the use of selection criteria as a precursor to achieving safety for both the mother and her newborn.³⁻¹⁵ "Low risk" is relative to the potential for a spontaneous birth with optimal maternal and fetal outcomes. Countries with standardized risk criteria for selection of the birth environment and/or delineation of the course of action with respect to consultation and transfer for common obstetric events have demonstrated optimal perinatal outcomes in the home setting.^{4,5,7,12,18,23} To date, the United States does not have universal guidelines for midwives, physicians, and hospitals regarding home birth

practice. Hence, the potential for optimal outcomes must be based on the evidence to date and individual consultation between the midwife, physician, and the woman seeking a home birth. The midwife, the client, and their physician consultants will determine the responsibilities for aspects of care.^{15,19,21,26-28}

Evidence suggests that certain medical conditions and obstetric complications require hospital resources to promote optimal outcomes during childbirth (e.g., prematurity, fetal intolerance of labor, substance abuse, multiple gestations, and insulin-dependent diabetes). Other conditions can be managed collaboratively with the midwives, clients, and physician consultants jointly making a plan for birth site selection and perinatal management (e.g., postdates). Evidence from the medical literature is based primarily on outcomes in a hospital setting where management may differ (e.g., pitocin induction and/or augmentation of labor) from the home birth setting. However, the potential catastrophic risks of selected conditions (e.g., VBAC, breech) must be recognized even if the evidence base is limited.

The risks, potential benefits, and potential for alterations in the management plan are all components of the informed consent the midwife provides to the woman regarding the selection of the home setting for birth. In many cases, the woman can alter or address specific risk factors to improve her opportunities for an optimal outcome (e.g., smoking, anemia, and preparation of environment). However, it must also be recognized that emergent conditions can occur and catastrophic events may result. Emergent situations are stabilized and, if necessary, hospital transport is arranged. The use of low-risk selection criteria minimizes this risk. Intrapartum criteria for risk assessment for home births and changes in birth site assume adequate time to initiate consultation, transfer, and or possible referral.

While it is the intent of the midwife and the woman to sort through applications of risk assessment and to mutually determine, with full, informed choice, what course of action can be taken, mutual agreement on birth site may not be possible. The midwife may need to withdraw from care if the woman insists on a home birth that the midwife considers unsafe. Likewise, the woman may choose to go to another care provider.

RESEARCH OPPORTUNITIES

Home birth practice offers an ongoing opportunity to examine the way safety is affected by setting, caregivers, and available technology.^{20,29} Appropriate selection criteria can be assessed. Normal birth in the home setting provides an excellent venue for investigations of elements of perinatal management. Clinicians and educators have also noted a paucity of qualitative research regarding birth setting and feminist perspectives in care.²⁹ Finally, research, both in the United States and internationally, supports the conclusion that home birth is a cost-effective

health care alternative that warrants further attention in the context of rising health care costs.^{19,30}

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