New figures from the Netherlands on the safety of home births


Dutch researchers looked at a nationwide cohort of 529,688 low-risk women in primary midwifery care who gave birth between 1 January 2000 and 31 December 2006. Previous studies into home births have been limited by their small sample sizes and this is the largest study of its kind to date.

To access the study, click here.

The findings show 321,307 (60.7%) women had planned to give birth at home. 163,261 (30.8%) intended to give birth in hospital. There was no data on place of birth for 45,120 (8.5%) women. Researchers found that more women who planned to have home births were 25 years and older, of Dutch origin and of medium to high socio-economic status. They were also more likely to have had two or more children previously and to give birth at 41 weeks gestation.

Researchers examined the perinatal mortality rate during the first 24 hours of delivery and during the first week after delivery and found no significant differences between women who gave birth at home with those who had a planned hospital birth.

Babies of women who had planned a home birth were equally likely to be admitted into a neonatal intensive care unit (NICU) when compared to women who had a hospital birth.

The risk of poor outcomes was found to be higher in women who were primiparous (women having their first child), gave birth at 37 or 41 (compared with 38-40) weeks of gestation, were 35 years or older, were younger than 25 years old, and of non-Dutch origin. These factors were taken into account in the comparison between planned home and planned hospital birth.

Lead researcher Professor Simone Buitendijk, Head of the Child Health Programme at the Netherlands Organisation for Applied Scientific Research, (TNO) in Leiden said, “Since 1993, the official policy in the UK has been to give women more choice in their place of birth. In the Netherlands, about 30% of women give birth at home. So far, it has been unclear whether giving birth at home is safe.

“In our research, we studied more than half a million women in primary care and compared planned home births with planned hospital births. The number of babies that died or were admitted to a neonatal intensive care unit was the same in both groups, namely, seven per 1,000. We conclude that women can safely choose where they want to give birth, provided the maternity care system is well equipped for homebirths.”

Professor Philip Steer, BJOG editor-in-chief said “Evaluating the safety of homebirths is difficult because very few studies randomise the place of birth, and thus even after excluding obvious risk factors, women who choose birth at home may differ systematically from women who choose hospital birth. Nonetheless, this large retrospective cohort study is reassuring about the relative safety of planning home births if women are low risk.

“It must be noted that maternity services in the Netherlands are set up to meet the demand for home births, transport is good, and distances short if emergency transfer to hospital is needed. The same advantages are not available in all places in the UK, so the safety of home birth has to be considered in the context of the availability of local services.

“We look forward to the Birthplace in England study presently being conducted by the National Perinatal Epidemiology Unit (NPEU) as their data will give us a reasonably accurate picture of the relative safety of homebirths in the UK for the first time.”

The RCOG have released a statement in response to the study, to read the statement click here.