

New study finds home birth safe

18 September 2009, by Laura Thompson

(PhysOrg.com) -- A new study by McMaster University researchers has found low-risk women who have midwives in attendance during birth have positive outcomes regardless of where the delivery takes place.

Since their integration into the provincial health-care system in 1994, Ontario midwives have been providing care for expectant [mothers](#) in both home and hospital settings.

Now a new study by McMaster University researchers has found low-risk [women](#) who have midwives in attendance during birth have positive outcomes regardless of where the delivery takes place.

The study, published in the print and online editions of the journal *Birth*, concludes that home birth is as safe as hospital delivery.

The McMaster study examined nearly 6,700 planned home births in Ontario and found that [newborns](#) and mothers were no more likely to suffer complications than their counterparts in a clinical setting.

"Home birth has been hugely debated over the last 40 to 50 years," said Eileen Hutton, the lead investigator of the study and assistant dean of midwifery at McMaster University.

"As birth made its way into hospital without any clear evidence that it was a safer place to be, home birth has become more and more discouraged. I think for women who want to make that choice, it's important to have good information about those aspects of care."

Using an electronic database of midwifery care compiled by the Ontario Ministry of Health and Long-Term Care, Hutton and a team of researchers examined records of women who had planned home or hospital births between 2003 and 2006.

The study compared 6,692 home birth women with 6,692 hospital birth women. Both groups were at low risk for complications. The researchers found that the risk of death was very low for mother and child in both the hospital and home settings. In both instances, the mortality rate was one per 1,000 live births. There were no maternal deaths in either group.

The study found serious complications - death, the need for medical care immediately after birth, neonatal resuscitation, admission to a pediatric intensive care unit and low birth weight - were lower in the home birth group (2.3 per cent) compared to the hospital group (2.8 per cent), as were rates for all interventions (5.2 per cent home birth vs. 8.1 per cent hospital), including cesarean section.

The authors concluded that variations between the hospital and home birth groups are likely due to the differences between women who make the choice to give birth at home compared to those who choose the hospital.

"Women who plan a home birth are often more motivated to avoid interventions such as epidurals, which reduce the potential for other interventions," said Hutton.

"It is also plausible that the setting itself influences the outcomes. Being in one's own home environment may go beyond mere comfort and enhance the very process of labour and birth."

Provided by McMaster University ([news](#) : [web](#))

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