

For low-risk pregnancies home births do not increase risk of complications

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For women with low-risk pregnancies who plan to give birth at home with the help of a midwife, there is no increased risk of harm to the baby, compared with a planned hospital visit, according to new research in *CMAJ* (*Canadian Medical Association Journal*).

The study compared 11 493 planned home births and 11 493 planned [hospital births](#) in Ontario, Canada's largest province, over 3 years to determine the risk of stillbirth, [neonatal death](#) or serious events among low-risk women. They included both first-time mothers (35%) and women who had previously given birth (65%).

"Among women who intended to birth at home with midwives in Ontario, the risk of stillbirth, neonatal death or serious neonatal morbidity was low and did not differ from midwifery clients who chose hospital birth," writes Dr. Eileen Hutton, Department of Obstetrics and Gynecology and the Midwifery Education Program, McMaster University, Hamilton, Ontario, with coauthors.

In Ontario, about 10% of births are attended by midwives, and about 20% of these are at home.

In the study group, about 75% of the women who planned to give birth at home were able to, and about 97% of those who planned to give birth in hospital had their [babies](#) there. For the planned [home birth](#) cohort, 8% needed emergency medical services, as did 1.7% in the planned hospital group. Women in the hospital group were more likely to have interventions such as labour augmentation, assisted vaginal births or cesarean deliveries. The incidence of stillbirth or neonatal death was 1.15 per every 1000 births in the planned home birth group compared with 0.94 per 1000 in the planned hospital birth group.

"Compared with women who planned to birth in hospital, women who planned to birth at home underwent fewer obstetrical interventions, were more likely to have a spontaneous vaginal birth and were more likely to be exclusively breastfeeding at 3 and 10 days after delivery," write the authors.

"As more women choose home birth and as the midwifery profession grows in Ontario, it will be interesting to see whether the lower intervention rates that have been consistently observed to date among women who plan home births are sustained."

More information: *Canadian Medical Association Journal*, www.cmaj.ca/lookup/doi/10.1503/cmaj.150564

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