

Sunday Review | LETTERS

How Safe Is Home Birth?

MAY 7, 2016

Readers discuss midwifery and why some mothers opt not to give birth in a hospital.

To the Editor: Re “American Home Birth Is Dangerous,” (Sunday Review, May 1): Amy Tuteur refreshingly addresses problems in the American system of home birth. She teases out differences among midwives and issues a rallying cry to make this practice safe. For this, I applaud her. But what is missing in these conversations about home birth is why women would want one in the first place. There is a woeful lack of introspection among obstetricians as to why the experience of hospital birth is so abhorrent to some women. As an anesthesia resident at a large academic center in New York, I saw firsthand why.

The number of cesarean sections hovered around 30 percent most days, well above the World Health Organization recommendation of 10 to 15 percent, but some days it was 75 percent. I saw women bullied into epidurals by their nurses, who would tell them, “You will never get through this without one.” And special, extraordinary scorn was reserved for women who chose to have a home birth. “Crazy,” “irresponsible” and “child abuse” were terms I heard in the staff break room.

When given the choice between a home birth and a hospital birth rife with

paternalistic interactions and a real loss of patient autonomy, some women choose home birth. While I agree we need to make this practice safe, I dream of a hospital that makes the choice irrelevant.

MEREDITH KATO

Portland, Ore.

The writer is an anesthesiologist.

To the Editor: The essay about home birth by Amy Tuteur raised concerns about midwifery that warrant further discussion. It's important for women, as they are planning childbirth, to trust that their birthing team is qualified to give them the best possible care. That's why the American College of Nurse-Midwives and the American College of Obstetricians and Gynecologists are working to address basic educational competencies to practice midwifery in the United States in line with international standards at the same time that we improve integration of midwives into the obstetric care team through the U.S. Midwifery Education, Regulation and Association work group. In countries where integrated models of midwifery care exist, as delineated by the International Confederation of Midwives, both maternal and newborn outcomes improve.

Our organizations believe that women in every state in the United States deserve the same confidence in receiving safe, high-quality care as women in other parts of the world.

GINGER BREEDLOVE

MARK S. DeFRANCESCO

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Dr. Breedlove, a certified nurse midwife with a Ph.D. in nursing, is president of the American College of Nurse-Midwives. Dr. DeFrancesco is

president of the American College of Obstetricians and Gynecologists.

To the Editor: As a woman who enjoyed midwifery care during two pregnancies and birthed both babies at home, I found much of your home birth article in direct conflict with ever-growing research affirming home birth as a safe choice for women with low-risk pregnancies.

The World Health Organization and the American Public Health Association both recommend expanded use of midwives as primary maternity care providers. Certified professional midwives meet the North American Registry of Midwives' standards for certification and provide evidence-based care. The midwife's skills and education, the mother's values and desires and sound clinical research are taken into consideration during patient care and all decision-making processes.

America has a higher maternal mortality rate than many countries, and prenatal and postnatal care are often lacking. Midwives can provide more personalized and comprehensive care throughout pregnancy, birth and the postpartum period than most obstetricians. Women deserve honest information about prenatal care and birth options so they can make the best choice for themselves and their families.

SARAH FARR

Silver Spring, Md.

To the Editor: As a practicing obstetrician for more than 20 years, I too have seen unexpected emergencies that would have cost the life of the woman or her infant if she were at home. So I share Amy Tuteur's concern about the risk of home birth. But the obstetric community cannot ignore that the number of women who choose home birth is growing, and that we all must be at the table to find a way to make home birth as safe as possible. My home state of Illinois is trying. We do not currently license certified professional midwives in our state, so home birth is an unregulated, underground practice.

But we have worked closely with the C.P.M. community on new legislation that incorporates what we felt was essential to make home birth safer: C.P.M. training must meet international standards, home birth is only for low-risk women (we all agree that it is not safe to deliver twins at home), conditions that require transfer to the hospital are discussed, and a review board is established that would review all unexpected outcomes. With this type of legislation we can approach the safety of home birth in other countries. This is not an easy discussion, with well-intended passion on all sides, but we need to work together to help make childbirth safe.

MAURA QUINLAN

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The writer is an assistant professor of obstetrics and gynecology at Northwestern University School of Medicine and chairwoman of the Illinois Section of the American College of Obstetricians and Gynecologists.

To the Editor: The complexity of the American maternity care system results in *all* births in America being more dangerous than they should be, for both mother and baby, and blaming the certified professional midwife credential is a straw man argument. Americans giving birth often cannot access the safest care for themselves and their babies because of hospital bans on vaginal births after cesareans, rigid hospital policies mandating non-evidence-based interventions, routine mother-baby separation and the prevalence of “obstetric violence,” including performing procedures against the patient’s wishes and other physically or emotionally abusive practices.

The midwifery model of care is capable of addressing and mitigating many of these risks. But when home birth is forced underground by the false perception that it is inherently dangerous, combined with a paternalistic attitude that women can’t be trusted to make their own decisions, we fail to create an integrated system in which obstetricians and midwives freely collaborate for the safety of their patients.

Amy Tuteur is sowing distrust by feeding a “witch hunt” mentality against C.P.M.s. This distrust creates more, not less, danger for mothers and babies.

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The writer is a birth doula.

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