



ACNM'S RESPONSE TO QUESTIONS POSED BY MEDSCAPE JULY 13, 2010

Please summarize ACNM's viewpoint on the Wax study findings.

See attached response (Statement dated 7-7-10)

What should clinicians understand as the main differences (positive or negative) between planned home birth vs. planned hospital birth?

U.S. clinicians would be entirely justified in feeling frustrated at trying to get to the "truth" about the safety of home birth. Some studies have found very positive outcomes for home birth, and others assert that home birth is dangerous.

The important concept for clinicians to recognize is the numerous similarities between planned home birth and planned hospital birth. Regardless of setting, planned home births and hospital births can provide the conditions that have been shown to result in high-quality maternity care outcomes.

Researchers with expertise in home birth have found that most of the studies asserting the dangers of home birth have taken a common misstep in failing to use the accepted definition of the word "planned." A planned home birth means that the woman and her health care provider have determined she is healthy, at low risk for complications and has the necessary resources in place to plan for a homebirth. She has adequate professional support and supplies in her home from a qualified provider and seamless access to the health care system if a transfer to the hospital is needed. By contrast, "unplanned" means that the woman has experienced a birth at home (or out of a hospital) without intending to, and without a qualified provider. This woman would not have had screening to assess her appropriateness for birth at home. She would not have access to a qualified provider who could assess maternal and fetal well-being during labor, provide equipment or medications that may be needed and facilitate hospitalization if necessary.

When we look at the research on planned home birth using the accepted definition, the preponderance of evidence supports that women who have been appropriately screened as low risk, are attended by qualified providers, and can facilitate appropriate transfer have no increased risk of negative outcomes for themselves or their infants.

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In addition, they experience far less intervention during the childbearing process. Studies that combine the outcomes from planned and unplanned home births elevate the perception of the risks associated with home births and do not help clinicians or women to determine the most appropriate birth setting.

If you feel that the selection strategy for the paper was subjective, do you have a sense as to the motivation of the authors not to be objective? (I know that is a loaded question, so if you can't comment, just say that).

It would be inappropriate for ACNM to speculate on the authors' motivations.

Please add any comments, especially those that could help clinicians advise patients who want to undergo a home birth.

Research has clearly demonstrated that labor and birth have significant physiologic components that are beneficial to the mother and baby and that interventions should be avoided unless medically or surgically indicated. Every woman deserves high quality care that supports her physiologic capacity to labor and birth.

Some women view a home birth or a birth center as their best opportunity to be provided with evidence-based practices that support a healthy vaginal birth with minimal medical or surgical intervention. For others, religious and cultural factors may be the primary drivers behind a preference for home birth. Some women are more comfortable in a hospital setting. It is important that clinicians support women in their right to choose the setting in which they believe they are best able to birth and to assure the provision of high quality care.

A number of factors have been clearly identified to contribute to the achievement of a vaginal birth. Regardless of setting, all birthing women should be guaranteed:

- prenatal screening to determine appropriate birth setting based on health status;
- a qualified midwife or physician who is skilled in supporting physiologic birth and can provide thorough assessment and support during the birth process;
- the ability to assume positions of choice during labor;
- access to nourishment during labor;
- access to hydrotherapy and other comfort measures to cope with pain;
- clinicians who have working relationships with institutions to assist in a seamless and receptive transition in the event of a transfer from home/birth center to a hospital due to complications.

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Regardless of setting, all clinicians have an important role to play in ensuring that the health care system is working effectively for mothers and babies.

We encourage clinicians, women, and their families to learn more about evidence-based childbirth practices that are most likely to result in a healthy mother and healthy baby and to work together to implement these practices in all birth settings for all women. Childbirth Connection (www.childbirthconnection.org) is an excellent resource for information on evidence-based maternity care for both clinicians and consumers.