



# Home Birth: Resources for Payers and Policymakers

## *Planned Home Birth Using Established Selection Criteria is a Safe Alternative to Hospital Birth*



The safety of birth in any setting is of utmost priority. While the majority of births are uncomplicated, there is a risk of an adverse outcome in any setting.

ACNM has established clear guidelines for home birth and publishes a handbook that addresses selection criteria for home birth clients, mechanisms for medical consultation and transfer and the establishment of quality management systems for home birth.<sup>1</sup> The informed consent process for home birth includes a delineation of potential risks and benefits of each available birth site and provisions for transport if conditions require personnel and/or equipment available only in the hospital setting.

### **The Research**

In recent years, high-quality prospective controlled cohort studies and descriptive studies have established that planned home births achieve excellent perinatal outcomes.<sup>2-12</sup> Home birth is also credited with reduced use of medical interventions associated with perinatal morbidity, including narcotic or epidural analgesia, augmentation or induction of labor, and assisted vaginal births or cesarean section.<sup>13-16</sup> Recent data from a large North American prospective study compare outcomes of planned hospital births and planned home births when attended by midwives who apply consistent selection criteria, and function within an infrastructure that provides support and consultation as requested.<sup>17,18</sup> This study found that planned home birth for low risk women was associated with lower rates of medical intervention but similar mortality to that of similar hospital births.

- ❖ *ACNM urges payers, policymakers and experts in the delivery of health care services to women and childbearing families to participate in an independent, university-based multi-disciplinary consensus conference on interprofessional strategies to increase safety and access to qualified providers across all birth settings.*

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<sup>1</sup> ACNM Clinical Bulletin, Criteria for Provision of Home Birth Services (March 2003). Available at <http://www.midwife.org/memberFiles/education/ClinicalBulletinNo7.pdf>. Accessed 08/01, 2008.

<sup>2</sup> Ackermann-Liebrich U, Voegeli T, Gunter-Witt K, et al. Home versus hospital deliveries: follow up study of matched pairs for procedures and outcome. Zurich Study Team. *BMJ* 1996; 313(7068): 1313-1318.

<sup>3</sup> Cawthon. Planned home births: outcomes among Medicaid women in Washington State. Washington Department of Social and Health Services.

<sup>4</sup> Chamberlain G, Wraight A, Crowley P. Home births: Report of the 1994 confidential enquiry of the National Birthday Trust Fund. Cranforth, UK: Parthenon; 1997.

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- <sup>6</sup> Janssen PA, Lee SK, Ryan EM, et al. Outcomes of planned home births versus planned hospital births after regulation of midwifery in British Columbia. *CMAJ Canadian Medical Association Journal* 2002;166(3):315-323.
- <sup>7</sup> Janssen PA. Outcomes of five years of planned home birth attended by regulated midwives versus planned hospital birth in British Columbia. Canadian Association of Midwives 7<sup>th</sup> Annual General Meeting proceedings; Vancouver, Canada. 2007.
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- <sup>14</sup> Janssen PA, Lee SK, Ryan EM, et al. Outcomes of planned home births versus planned hospital births after regulation of midwifery in British Columbia. *CMAJ Canadian Medical Association Journal* 2002;166(3):315-323.
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- <sup>17</sup> Janssen P, Ryan E, Etches D, Klein M, Reime B. Outcomes of planned hospital birth attended by midwives compared with physicians in British Columbia. *Birth* 2007;34:140-147.
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