

# The Advantages of an Out-Of-Hospital Birth

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Have you ever considered having your baby at home or in a birthing center? Although out-of-hospital birth is growing in popularity all over the world, many mothers-to-be in the United States don't know much about it. Here are some of the advantages to having your baby at home or in a birthing center versus in a hospital.

## Out-Of-Hospital Birth is Safer than Hospital Birth

Yes, that's right, *safer*. Scientific studies from around the world show birth outside a hospital with a competent midwife to be the *safest* way for normal, healthy pregnant women<sup>1</sup>. When women birth at home or in birthing centers, fewer babies and mothers die, and fewer suffer permanent injury. John Blockert, director of the Utah State Health Department Bureau of Vital Records,<sup>2</sup> presented a report to the Utah Midwives Association in 1995 comparing neonatal death rates<sup>3</sup> of planned home births with those of hospital births. He looked at two time periods, 1989-1990 and 1991-1992, which together cover the entire time records were available. He found:

### Neonatal Death Rates in Utah

Deaths of infants during birth and through 28 days postpartum per 1000 live births

	Hospital Births	Planned Home Births
1989-1990	2.3	1.3
1991-1992	1.9	0.0

<sup>1</sup> Note I said "normal healthy pregnant women." There are some conditions which would make it safer to deliver in a hospital, including significant health problems (such as heart disease or uncontrolled diabetes) or complications of the pregnancy (such as prematurity or severe toxemia). Your midwife will interview you to ensure you don't have any of these risk factors before beginning your care, and will watch for developing complications during the pregnancy. Contrary to common belief, the mother's age (either old or young) and number of previous babies (either none or many) are *not* significant risk factors.

<sup>2</sup> The Bureau of Vital Records of the Utah State Department of Health is the government agency that issues birth certificates and keeps official statistics on births and deaths in Utah.

<sup>3</sup> The *neonatal death rate* is the number of babies who die during the birth process or in the first 28 days thereafter, per 1000 live births.

Note that the neonatal death rate of home births was roughly *half* that of hospital births for 1989-1990, and that while the rate for hospitals remained at about 2 per 1000 births in 1991-1992, it dropped to *zero* for births at home.

In a follow-up study for the years 1992-2005, The Utah Department of Health reported:

*'Complications of labor and delivery, as collected in birth certificate data, were far less common in home births than all births...Lower rates of adverse birth outcomes were observed among home birth newborns compared to all newborns. Homebirth newborns were much less likely to be found in either the low birth weight (<2,500 grams) or preterm (<37 weeks gestation) categories. Both one-minute and five minute Apgar scores [a measure of newborn well-being] were higher among newborns born at home than among all newborns.'*<sup>4</sup>

In another study<sup>5</sup>, Lewis Mehl compared a group of 1046 planned home births with 1046 hospital births. The mothers involved were matched for every variable known at the time to influence maternal and newborn outcomes. Here are the results:

Negative Outcomes	Analysis
Shoulder dystocia (baby's shoulders get stuck in the pelvis)	8 times HIGHER in the HOSPITAL
Fetal distress	6 times HIGHER in the HOSPITAL
Babies requiring resuscitation	3.7 times HIGHER in the HOSPITAL
Birth injuries (to newborns)	Only OCCURRED in HOSPITAL (0 at home, 30 in the hospital)
Infection rates in newborns	4 times HIGHER in the HOSPITAL
Meconium aspiration pneumonia in newborns	2.5 times HIGHER in the HOSPITAL

<sup>4</sup>Utah Department of Health, *Utah Health Status Update: Home Birth Trends in Utah, 1992-2005*, December 2006.

<sup>5</sup> Mehl LE et al. Outcomes of elective home births: a series of 1,046 cases. *J Reprod Med* 1977;19(5):281-290.

Respiratory distress in newborn	17 times HIGHER in the HOSPITAL
Apgar scores (measures newborn well-being)	Significantly WORSE in the HOSPITAL
Maternal high blood pressure	5 times HIGHER in the HOSPITAL
Meconium staining (indicator of fetal distress)	3.5 times HIGHER in the HOSPITAL
Maternal postpartum hemorrhage	3 times HIGHER in the HOSPITAL
Cesarean Rate	3 times HIGHER in the HOSPITAL (2.7% at home, 8.2% in the hospital)
Episiotomy Rate	9 times HIGHER in the HOSPITAL (9.8% at home, 87.4% in the hospital)
Rate of 3rd degree tear (into the anal sphincter)	3 times HIGHER in the HOSPITAL
Forceps rate	21.4 times HIGHER in the HOSPITAL (1.6% at home, 35% in the hospital)

Other out-of hospital facilities for birth (like birthing centers) offer similar safety advantages over hospital birth. See the end of this article for a list of other studies.

How can this be? Isn't it safer to have all that technology and expertise right there in case something goes wrong? No, actually, it isn't. One clear message of studies comparing in- and out- of hospital birth is that fewer complications occur outside the hospital. Many complications result from interference with the birth process. Often, one intervention causes a problem which results in another intervention, and so on, causing a chain reaction of complications in birth. For example, since it is difficult for a laboring mother to move around during her labor in a hospital (she usually has both an IV line and fetal monitor attached, effectively eliminating all movement), she has trouble coping with the pain. Eventually she needs an epidural. The epidural eases the pain, but causes her labor to slow or stop (a very common occurrence with epidurals). She is then given pitocin to stimulate her labor, which causes abnormally long and hard contractions which reduce the blood supply to the baby. The baby goes into distress, and is delivered shortly thereafter by cesarean section. Had this

mother been at home or in a birthing center, the complications never would have occurred. Every intervention has risks, and every intervention used in your labor increases the chances that something will go wrong.

Another reason out-of-hospital birth is safer than hospital birth is that there is a much lower risk of infection. Think about it; where do all the people with bad germs go? To the hospital. Despite valiant efforts to keep things clean and sterile, there is no way to completely control all those microorganisms. Many bugs in the hospital are drug resistant, so if you catch them you might have great difficulty recovering. Your newborn has an immature immune system and is extremely vulnerable to such infections. In a hospital, you and your baby will be cared for by a parade of people, who each bring his or her own set of germs to the scene. At home or in birthing suites you will be cared for by a very small set of people (usually two), and they aren't working with any other people at the same time. This greatly reduces the chance they might transfer an infection to you or your baby.

*"60,000 people die each year in U.S. hospitals from infections they didn't have when they entered. 'And each year...the number grows as patients lose the battle against drug-resistant superbugs that did not even exist a generation ago.'"*<sup>6</sup>

But what if something does go wrong? A midwife is an expert in normal birth. She is trained to keep things normal, and if complications do occur, to recognize and correct them. All the most common complications in birth can be safely handled outside the hospital setting. In the rare case that a complication arises she cannot correct, your midwife will quickly get you to a hospital where you can get medical attention. A good midwife has working relationships with a variety of health care providers and knows when to transfer your care to one of them.

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<sup>6</sup> From 'Coming Plague' Offers Food For Thought, a review by Tony Scott of a documentary showing April 20 & 27, 1997 on TBS. The review was written for Reuters Ltd. and distributed through the PointCast Network via the Internet on April 19, 1997.

### **You are in Control**

When you birth at home or in birthing suites, you are in control of what happens to you, and what happens to your baby. There are no hospital policies to deal with. You decide what will and won't be done. You are in charge at home or in birthing suites. Hospitals have protocols their providers must follow. They simply can't be as sensitive to your needs and wishes as can your midwife outside the hospital. At home or in birthing suites, no one will take your baby anywhere, or do anything to him or her that you don't want.

### **You are More Comfortable**

In the hospital you are on their schedule. Outside the hospital, they are on yours. There are no machines and beeps. No pokes and prods just when you want to sleep. No one to come into your room without asking. No bathroom shared with a stranger. No hospital food. No hospital rules. Just your own comfortable room and bed, with the people you love around you.

### **You Get Exclusive Attention and More Support**

In the hospital your doctor or nurse-midwife may stop in a few times during your labor, but most of the time there will only be nurses attending you. Nurses are busy people. If you are struggling with the pain of labor, it is up to you and your partner to deal with it, because hospital staff can't be with you 100% of the time (or even most of the time). At home or in the birthing suites, your attendants are there the whole time, with nothing to do but help you with your labor. They will rub your back or feet, make sure you have food and drink, and provide many ideas to help ease your labor. They are there *for you* 100% of the time.

What good is your doctor if he or she isn't even there? Many people want to rely on a physician's expertise, but the physician only comes when the nurse calls, and then you have to wait for him or her to get there. Continuous monitoring by a skilled human being is the best care you can get, and you can only get that outside a hospital with a midwife.

### **You Can Choose Your Laboring and Birthing Positions**

In a hospital there is only one way to

birth--on a bed--either flat on your back in stirrups or in a semi-sit. Although the raised break-away bed is most advantageous for the attendant, it is likely *not* the best position for you or your baby. Many other positions allow more room for the baby to come out, gravity to assist, and an easier negotiation of the birth canal for the baby. Most are less painful. At home or in birthing suites you can adopt any position (and will be encouraged to do so) to help get the baby out. You can try hands and knees, side-lying, squatting, a birthing stool<sup>7</sup>, and many others. You can adopt whatever position is best and most comfortable for you, not for your care provider.

One of the best ways to relieve pain in labor is to move around--walk, sit, rock, get on hands and knees, move any way your body feels comfortable. In a hospital it is difficult and awkward to really move the way you need to. Have you ever walked a public hallway in a hospital gown that only ties at the top? In addition, in the hospital you will have an IV line to drag around with you, and if you have an internal fetal monitor attached, you won't even be able to get out of bed. At home or in birthing suites you have total freedom to move and adopt any position. There is no public to watch you, no IV line to drag around, no internal electronic fetal monitor (unless you need one--the baby is monitored just as effectively using a stethoscope or hand-held Doppler intermittently throughout labor.<sup>8</sup>)

### **You Get Better Natural Pain Relief**

The safest (and usually most rewarding) way to have a baby is naturally, without drugs to interfere with the birth process and the body chemistry of you and the baby. In the hospital there is very little natural pain relief available. No one is available to provide counter pressure on your back or other pressure points (a

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<sup>7</sup> A birthing stool is a seat specially designed for birthing which simulates a squat without tiring your legs, and which is not available in a hospital but is available at home.

<sup>8</sup> Fetal Heart Rate Patterns: Monitoring, Interpretation, and Management. *ACOG Technical Bulletin* Number 207--July 1995. As stated in this bulletin: "Well-controlled studies have shown that intermittent auscultation of the FHR is equivalent to continuous electronic monitoring in assessing fetal condition..."

highly effective form of natural pain relief), and usually the staff is unskilled in the many other ways to reduce pain or help you handle it without drugs. It is difficult to move around. And some methods of pain relief are simply unavailable in a hospital. For example, laboring (or even giving birth) in water is extremely helpful in reducing pain. Although some hospitals have labor tubs, they have strict rules about who can use them and when. (If your water has broken, you are out of luck.) In contrast, you can use a portable birthing tub at home or a jetted tub at the birthing suites whenever you want it.

### **It is Much Less Expensive**

An uncomplicated, unmedicated hospital birth averages about \$8000. If your labor is long, if you can't manage the pain and need an epidural, or if you have complications, it can run much higher. There are nursery charges, labor and delivery charges, recovery room charges, and the list goes on and on. They even charge you for the toothpaste they give you (even if you brought your own). A home birth with a midwife runs anywhere from \$1500 to \$2000 dollars, a birthing suite runs \$2500-3000, with better results. If you are paying the bill yourself, that's a big difference! Many insurance companies cover home birth. Ask your midwife about this option.

### **Your Midwife Really Knows You**

Birth is an intimate experience, and is of tremendous social importance for you and your family. You need to trust your care provider and know that he or she understands and will abide by your wishes. Unlike some busy obstetricians, your midwife doesn't have to look at your chart to remember your name. Many doctors schedule appointments every five or ten minutes, and their staff does most of the routine tasks during the visit. That doesn't leave much time to talk. Your midwife, however, schedules 30 minutes to an hour for each appointment. She has plenty of time to talk and answer questions. As a result she knows you, your partner, and usually your children. And she certainly knows your desires for your birth.

### **You Know Who Will Deliver Your Baby**

No doctor or nurse-midwife can be on call every day, 24 hours a day. Most

practice in groups so they can have some well-deserved time off. Unfortunately for you, that means the doctor or midwife you want and expect to deliver your baby may not be there at all. What if you get "the one you don't like," or worse yet, someone you don't even know? A midwife who delivers out of hospital limits her practice so she can commit to delivering your baby whenever it is born. She can be on continuous 24-hour call because she doesn't get called so often. She has fewer clients (she doesn't call them patients), and she really devotes her time and attention to you. If you are her client, you *know* who will be delivering your baby.

In a hospital, you are cared for most of the time by the nursing staff. You never know which nurses will be working when you go into labor, and you likely haven't met them anyway. Just as you are getting comfortable with them their shift may change, and you may have to start all over again. If you are having a hospital birth, you will be cared for by complete strangers for the vast majority of your labor, even if "your care provider" is actually on call. In contrast, out-of-hospital you will have gotten to know your midwife during those long prenatal appointments she will care for you your entire labor.

### **A Better Experience**

Birth is an important experience for a woman. It will change the way you feel about yourself for the rest of your life. When you are in control of your birth, and you deliver your baby with your own efforts, you will realize there is nothing you can't do. You will gain a new and profound respect for yourself. Give yourself the very best chance to have a normal, natural birth, exactly the way you want it. Have your baby at home or in birthing suites with a midwife.

### **Scientific Research Documenting the Safety of Out-Of-Hospital Birth**

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