# Safety of Community Birth

## Education and training

- Washington State has the most rigorous training and educational requirements for Licensed Midwives (LMs) of any state in the U.S. LMs in Washington are required to attend at least 100 births prior to licensure and are the only profession of regulated obstetrical care providers (e.g. doctors, nurse-midwives) who routinely attend home births. This training and experience ensures high-quality care during pregnancy and birth.
- LMs in Washington have excellent relationships with nurse-midwives, doctors, hospitals, and ambulance personnel. These teams work together to make sure that clients have the best care possible. A recent study (Vedam et al., 2018) found that states where midwives were most integrated into the regional healthcare system had the best outcomes for parents and newborns. Washington State was #1 in these rankings.

## Midwives Model of Care

- Midwives use a "low-tech, high caring" model that centers the family and their informed choices. The Midwives Model of Care™ has been found to reduce birth injury, trauma, and surgical interventions while supporting the physical, psychological, and social well-being of pregnant and birthing people.

## Monitoring

- While it may not be obvious, LMs are constantly monitoring for early signs of complications during pregnancy and birth and are prepared to manage emergencies and refer to higher levels of care at a moment's notice.
- Each prenatal visit includes a component of risk assessment, such as screening for common infections, measuring the baby's growth, and checking blood pressure.
- During birth, midwives monitor the baby's heart rate, the parent's vital signs, and progression of labor. They help support a normal labor progression and help families decide when a transfer to the hospital may be an appropriate choice.
- LMs use intermittent auscultation (IA) to monitor babies' heart rates in labor, which means that they monitor the fetal heart rate at regular intervals, not continuously. A large meta-analysis found that IA was associated with more spontaneous vaginal births and fewer cesarean births than continuous monitoring (Alfirevic, 2017).
- Midwives are prepared for emergencies at every birth. LMs carry oxygen, medications to prevent and treat hemorrhage, suture equipment for mild-moderate tears, IV supplies, and more.

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## Research Supporting the Safety of Home Birth

Years of research has demonstrated excellent outcomes for low-risk people when births are planned at home.

- **Johnson & Daviss, 2000**: This study concluded that intervention rates were significantly lower in planned home births than planned hospital births. There was no difference in rates of perinatal death.
- **Hutton et al., 2009**: This study compared births that were attended by midwives in Ontario, Canada. Planned home births were significantly less likely to experience severe postpartum bleeding, severe tears, labor augmentation, and cesarean birth. The study found no differences in rates of perinatal death.s.
- **de Jong et al., 2009**: This very large study of planned home and hospital births in low-risk people in the Netherlands found that planned home birth was not associated with higher rates of perinatal death or increased rates of NICU admission compared to planned hospital birth.
- **Janssen et al., 2009**: This large study compared midwife-attended planned home births and planned hospital births in British Columbia, Canada. The authors found that the rates of intervention and complications were significantly less likely in the planned home birth group. Most complications for babies were less likely in those planning home birth, however, babies were *more* likely to be admitted to the hospital in the planned home birth group, usually because of jaundice. Rates of perinatal death were similar in all groups.
- **Cheyney et al., 2014**: This large study examined data from planned home births in North America. Rates of cesarean section in this study were 5.2%, compared to a 32.8% cesarean rate in hospital-based data samples. The authors concluded that for low-risk people, home birth reduces the rate of interventions without leading to increased adverse outcomes.
- **Hutton et al., 2019**: This large meta-analysis examined data from about 500,000 planned home births. Authors conclude that planned home births are associated with fewer interventions or adverse outcomes. No differences in perinatal or neonatal mortality or mortality was reported.

## The Controversy

The American College of Obstetricians and Gynecologists (ACOG) acknowledges that planned home birth is associated with fewer interventions for the parent but warns families that home birth is associated with double the rates of perinatal death. This sounds alarming, but we know that this claim is due to problematic research.

- **Pang et al., 2002**: This study examined birth certificate data in Washington State and concluded that home births are associated with about twice the rates of neonatal death. The problem is that birth certificate data includes *all* babies who were born at home, whether or not that was the plan. Furthermore, the authors used selective statistical manipulations to make their main outcomes appear statistically significant.
- **Wax et al., 2010**: This meta-analysis also concludes that planned home births are associated with higher rates of perinatal death because the Pang et al., (2002) study made up a large proportion of its data. Unfortunately, meta-analyses are considered to be at the top of the hierarchy of scientific evidence, so these conclusions are often accepted without question, even though they're based on biased research.

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