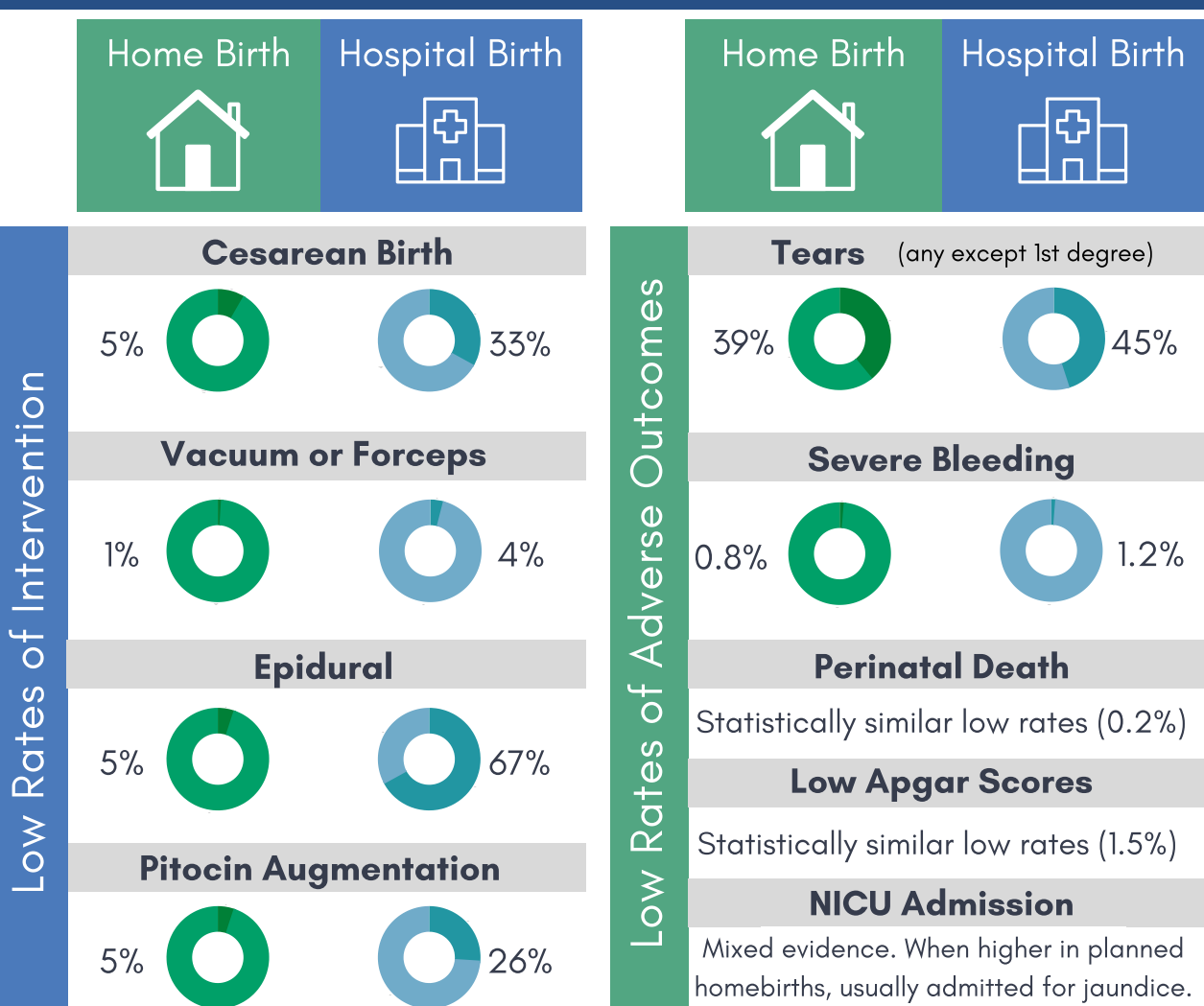
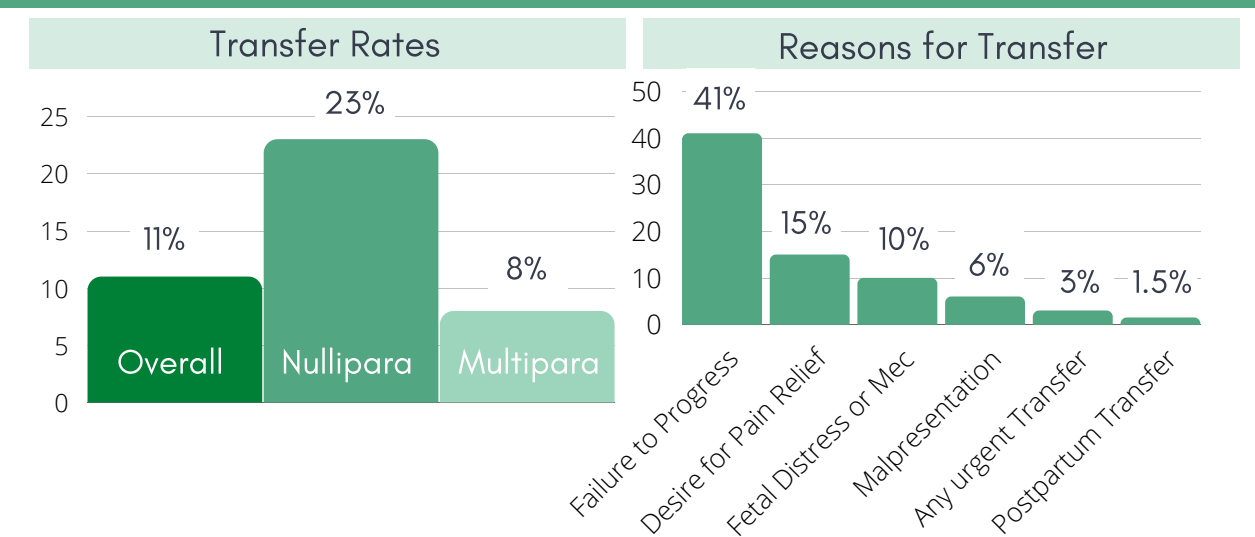


Safety of Home Birth






BIRTH OUTCOMES BY PLANNED PLACE OF BIRTH*



TRANSFER FROM HOME TO HOSPITAL*



HOW DO MIDWIVES CONTRIBUTE TO HEALTHY OUTCOMES?

-  The Midwives Model of Care™ uses an evidence-based “low-tech, high caring” model that centers the family and their informed choices.
-  Integration into regional healthcare systems leads to the best outcomes for parents and babies. Washington State is #1 in this!
-  Midwives monitor throughout pregnancy, birth, and postpartum to make sure both parent and baby remain healthy and low-risk.
-  Compared to continuous electronic fetal monitoring, intermittent auscultation of fetal heart rate is associated with fewer cesareans.
-  Midwives are prepared for emergencies. Midwives in Washington carry first-line emergency medications, IV supplies, and oxygen for emergencies and are highly trained in neonatal resuscitation.

TAKE-HOME MESSAGES

-  For low-risk people, home birth reduces rates of interventions without leading to increased adverse outcomes
-  The best choice of birth location is ultimately wherever you will feel most safe and supported!

GLOSSARY

- Apgar Scores:** A quick evaluation of the wellbeing of a newborn
- Epidural:** Pain medication that is inserted into the space around the spinal cord
- Malpresentation:** Any fetal position other than head-down
- Mec:** Meconium, baby's first stool. Passing meconium before birth can sometimes indicate fetal distress.
- Multipara:** One or more previous births
- Nullipara:** No previous births
- Perinatal Death:** The death of a fetus or baby between 20 weeks gestation and 7 days of life
- Pitocin Augmentation:** Using medication to make contractions stronger

*All data are statistically significant

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