



January 1994

STATEMENT ON HOME BIRTH

In Ontario, most births occur in hospital and midwives must be available and able to attend birth in this setting. However, a number of expectant parents choose to give birth at home.^{1,2,3} The College of Midwives of Ontario (CMO) believes that midwives must continue to support this option and that for families seeking this option, normal birth at home must be encouraged and supported.

CHOICE

The CMO believes that women have the right to choose to give birth in their own homes with their families. The World Health Organization describes health as multi-dimensional.⁴ Decisions about health are based on many factors including physical, emotional, social, spiritual and cultural considerations. Women must be free to make decisions regarding birth based on all of these factors. Birth is more than a physical or medical event.

Our society allows individuals to make their own decisions regarding health and parents are recognized as the appropriate decision-makers regarding the health and safety of their children. It should be no different with birth. It is a matter of both ethics and statistics.⁵

SAFETY

The issue of the safety of home birth is important to parents and midwives. In supporting and encouraging normal birth at home, the CMO is not advocating all births take place at home. Undoubtedly there are mothers and babies who will be safer in hospital and many mothers who will choose hospital birth.

Available evidence does suggest that for low-risk women, a planned birth at home with trained attendants is a safe and viable option.

Many reviews of the literature have already examined the safety of home birth.^{6,7,8,9} These reviews indicate that studies to date have been unsuccessful in showing definitively that either home or hospital is safer. Evidence against home birth tends to be anecdotal.



The available scientific literature does not provide convincing evidence that hospital birth is safer for properly screened clients.

Risks are increased when home birth is unplanned, attended by untrained people and the system for transfer to hospital is unprepared. In a study from Australia which did show an increase in perinatal mortality, the authors attribute the increase to inappropriate screening, delayed transfer and an unreceptive environment.¹⁰

It is often assumed that a hospital setting, by virtue of immediate access to technological support, provides maximum safety.¹¹ In fact community hospitals may not provide more emergency equipment than a midwife would carry to a home birth. Furthermore, the added safety that technology seems to guarantee may be an illusion. For example, electronic fetal monitoring was widely believed to improve the safety of birth. However, to date all reliable evidence has shown that this is not the case.

As Hoff and Schneiderman point out,

Home births entail a definite small risk, of unknown magnitude. Hospital births entail a wider range of risks, whose magnitude is also unknown.¹²

POTENTIAL FOR FUTURE RESEARCH

To date, research has been unable to show the safety of one place of birth over another. Home birth offers an opportunity to explore how safety is affected by setting, caregivers, and available technology.

It is our belief and it is the observation of others that it is at home that birth is most likely to remain normal.¹³ Continuing to provide home birth services will provide an excellent opportunity to examine and promote normal birth.

RECOMMENDATIONS

To improve safety and availability of home birth, the CMO should work with other appropriate bodies to assure that:

1. Midwives are educated and competent to provide care in all settings
2. All women requesting home birth be screened appropriately,
3. All midwives be trained in the use of emergency equipment and follow guidelines regarding transfer of care to hospital,



4. Improvements be made to the existing health care system to facilitate safe transport to hospital in emergency situations,
5. Midwives have hospital privileges appropriate to their scope of practice,
6. Midwives be funded to provide care in all settings
7. Women delivering at home be eligible to receive the same services offered to early hospital discharge clients,
8. Midwives provide their clients with an outline of risks and benefits of birth place.

REFERENCES

1. Report of the Task Force on the Implementation of Midwifery in Ontario, 1987, p 108.
2. Tyson, Holliday, "Outcomes of 1001 Midwife-Attended Home Births in Toronto," *Birth* Vol 18, March 1991.
3. Soderstrom, Bobbi, Paula J. Stewart, Christabel Kaitell and Marie Chamberlain, "Interest in Alternative Birthplaces Among Ottawa-Carleton," *Canadian Medical Association Journal* 1990, Volume 142, #9, pages 963-969.
4. WHO definition of Health
5. Zander, Luke, "Home Birth, A Matter of Ethics or Statistics?"
6. Campbell, Rona and Alison Macfarlane, "Place of delivery: a review," *British Journal of Obstetrics*, Vol 96, July 1986.
7. Campbell Rona. and Alison Macfarlane, *Where to be born? The Debate and the evidence*, National Perinatal Epidemiology Unit, Oxford, 1987.
8. Hoff, Gerard Alan and Lawrence J Schneiderman, "Having Babies at Home: Is It Safe? Is it Ethical?" *Hastings Center Report*, December 1985.
9. Peat, Marwick, Stevenson & Kellogg, "Report to the Registrar - Health Disciplines," Alberta, 1991.
10. Crotty, Maria, Andrew T Ramsay, Rosemary Smart and Annabelle Chan, "Planned homebirths in South Australia 1976-1987," *The Medical Journal of Australia* Vol 153, December, 1990.
11. CMA Policy Summary, "Home Deliveries," *Canadian Medical Association Journal*, Vol 134, June 15, 1986.
12. Hoff and Schneiderman, 1985.
13. Feldman, Sheryl and Penny Armstrong, *A Wise Birth*.