

INFORMATION SHEET

Home Births and Birth Centres

expert care for women

Birth is a natural process and women give birth all over the world every minute of every day.

In Australia we are fortunate to have a very high standard of obstetric care and a world class health system to support women during birth and manage complications during the birth process so that both mother and baby are likely to enjoy a safe birth experience. Due to the medical care in Australia the mortality rates for both mother and baby are very low. Even within ten years the risk of a baby dying during late pregnancy and the first 30 days of life (perinatal mortality) has decreased from 1.07% in 1992 to 0.8% in 2002.

While there are clear advantages of modern medicine, some women choose not to give birth in a hospital surrounded by medical care and prefer to remain in the comfort of their home. It is important that women who choose to give birth without medical care available understand the associated risks to them and their baby.

What is a birth centre?

A birth centre is staffed by midwives and generally aims to creating a home-like environment where women can give birth. Some birth centres are within hospitals and others are stand alone facilities.

Stand alone birth centres may be a considerable distance from medical care, requiring the woman and baby to be transferred if complications occur. Many state government health services are allowing maternity units to remain open without medical support being available on site due to workforce and infrastructure constraints. Increasingly health services are unable to provide obstetricians and infrastructure such as operating theatres and newborn intensive care in metropolitan district hospitals, much less in rural and remote locations. It is important for women giving birth in these facilities that they are aware of the restrictions and lack of medical support available to them.

Who can use a birth centre?

Women who are assessed as being low risk are able to book into a birth centre. Women who have risk factors

associated with the pregnancy or birth are generally not accepted and referred to a hospital where more appropriate care can be provided.

Unfortunately an issue with risk assessments during pregnancy is that more than 70% of women who develop complications have no risk factors during their initial assessment.

What are the risks associated with birth centres and home births?

A recent report by the Western Australian Department of Health in 2010 showed that the death rate of babies born at home was almost four times higher than those delivered in hospitals. It also found the risk of babies dying because of lack of oxygen was 33 times greater in planned home births.

Associate Professor David Mountain, who is the Australian Medical Associations Western Australian President, said in a hospital setting these babies could have been saved by performing a caesarean section or delivering the baby by vacuum extraction or forceps, operative procedures midwives are unable to perform.

Another study in the Netherlands, published in the British Medical Journal in 2010, showed low risk women whose primary health care providers were midwives at home or in hospital had a higher risk of their baby dying compared to women who were cared for by obstetricians.

This result is surprising, considering high risk women inherently have more risks of their baby dying than low risk women.

Of most concern was that women who were transferred from midwifery care to obstetric care during labour had a more than 3.5 fold higher risk of their baby dying compared with women who started their care with an obstetrician. They also had a 2.5 fold increased risk of their baby needing admission to a Newborn Intensive Care Centre (NICU).

The study from the Netherlands is statistically significant considering approximately 30% of all births there are

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home births, compared to only 2% in the UK or 1% in Australia.

An Australian study in 2004, known as the Cochrane Review, found evidence of higher risk of perinatal death in birth centres by a factor of 3 to 7, with only modest reductions in some medical interventions. Stand alone birth centres and home births have as great, or greater risks, as transfer to another location is required with the inherent delays of transportation of a woman in labour by ambulance.

The authors of the study observed "the trend toward higher rates of perinatal mortality... raises important questions. A focus on normality may have a negative impact on carers and childbearing women to detect, act upon and/or receive assistance with complications."

Recommendation:

Due to the inherent risks of labour and birth for both the mother and baby NASOG does not recommend home birth or stand alone birth centre birth. For women who do want a home-like birth, it encourages them to consider a birth centre within a tertiary hospital, where they have quick access to medical care if required.