



No place like home for safe, happy birth

It's time the uninformed scaremongering stopped, says **Clover Lewis**.

BIRTHING at home is chosen by Australian families for a number of reasons including the familiarity of their surroundings, being able to birth their baby the way they want, fear of hospitals and believing that this is the safest place to birth their baby.

With the looming shortage of country-based obstetricians and with many women already being forced to travel long distances to birth in hospitals (*Herald* 19/10), there are pressing reasons why more Hunter women should be considering homebirths as an option.

In many other countries homebirths represent a larger percentage of births than in Australia. Here about 1 per cent of women give birth at home, whereas in New Zealand 6 per cent and in Holland 30 per cent of women birth their babies at home.

It has been shown that for women in low-risk groups with no maternal or foetal complications, birth at home is a safe and viable alternative to a hospital birth.

Much of the opposition to birth at home is unfounded and due to the fact that it is uncommon; people fear what they don't know. However, as the philosopher Montaigne observed, familiarity is an absurd criteria to judge what is good or, for that matter, safe.

A landmark study published in June this year in the *British Medical Journal* has found that giving birth at home may be better than in hospital. It shows that healthy low-risk

women who planned to give birth at home attended by a certified midwife achieved the same levels of safety as women birthing in hospital.

However this safety was achieved with dramatically lower rates of medical interventions during their labours and births while maintaining the same good outcomes.

The study is the largest prospective study done to date. It was undertaken with more than 5400 planned home births in the United States and Canada.

Only 3.7 per cent of all women required caesarean section. The outcomes for babies born at home were as safe as those for babies born in hospital.

This study demonstrates that opposition to homebirth has not been based on sound scientific evidence. This study confirms what the weight of evidence of other well-done studies on homebirth have shown: that hospital birth, while popular, does not increase safety. It may in fact put the mother at risk of more intervention, which may not always be necessary.

One concern that people have surrounding the safety of homebirth is that should complications arise and they need transferring to hospital, how long will this take?

A paper published in the *British Medical Journal* in 2004 investigated the significance of time delay from the decision to delivery by caesarean section and showed that a time delay of up to one hour and 15 minutes did not alter the outcomes for mothers and babies. Most transfers during homebirth are due to prolonged labour during which there is plenty of time to transfer, well within the limits of safety described in this study.

The effectiveness of antenatal screening and the safety of midwifery care in birth are clearly demonstrated by a midwifery-led birth centre in Nunavik, an isolated Inuit community in remote, ice-bound northern Canada. The community is five hours' flying time to a hospital able to perform caesarean sections. Transfers during labour are not possible, however careful screening and skilled care by midwives has been effective in ensuring that the perinatal mortality rate is comparable to the national average while returning maternity services to the community.

Screening, transfer and midwifery care during labour and birth are proving to be safe in a variety of urban, rural and remote locations, which demonstrate that safe homebirth is achievable for the majority of Australian families.

There are clear biological reasons why the safest place for a baby to be born is the place where the mother feels safest. For many women this is home. In order to achieve the best possible outcomes for mothers and babies research-based practice needs to be utilised and scaremongering amongst uninformed people, including health professionals, needs to cease.

Evidence from numerous studies has demonstrated that birth at home for low-risk women with a skilled midwife is a safe alternative for women and their babies.

Clover Lewis is a member of the Hunter Home and Natural Birth Support group (4942 8602) and is a midwife with over nine years' experience in the UK, New Zealand and Australia.

