

Highlights of research paper

Outcomes of care for 16,984 planned home births in the United States

The MANA Stats registry contains data based on the gold standard the medical record instead of birth certificate data, which has been demonstrated to be unreliable for studying intended place of birth and newborn outcomes. Although this descriptive study was not able to make direct comparisons with a matched hospital cohort of women with similar risk, we are able to look at some of our outcomes in the context of the international literature and aggregate national data from the CDC.

For the large number of women described in this study (N16,924), the findings included:

- low rates of cesarean birth (5.2% for planned home vs a national average of 31% for term infants)
- low rates of birth assisted by forceps or vacuum (1.2% for planned home vs. a national average of 3.5%)
- low rates of episiotomy (1.4% for planned home vs a national average of about 25%)
- less need for oxytocin to speed labor (4.5% for planned home vs national average of 40% for labor induction & augmentation in term pregnancies)
- less use of epidural analgesia (4% for planned home vs a 67% national epidural rate)

Among these women who planned a home birth with a midwife, their babies were at very low risk for:

- Being born prematurely (2.5%)
- Being born too small (<1%)
- Having a low 5-minute Apgar score (1.5%)
- Requiring a transfer to a hospital after being born at home (1%)
- Not being breastfed (0.4% planned home vs 24% planned hospital at hospital discharge)

Many studies use the outcomes of intrapartum and neonatal death as the ultimate indicator of safety. In this study, we looked at these indicators in two ways:

Intrapartum deaths of babies – national data not available

- *Intrapartum Deaths that occurred in the entire sample, regardless of risk factors.* When all deaths were examined (excluding babies with lethal congenital anomalies, but including higher-risk factors), approximately 1.3 babies per 1000 planned home births died in labor;
- *Intrapartum Deaths that occurred among low risk women* .85 per 1000

Neonatal Deaths

- 0.4 babies per 1000 live births died in the first week of life; National data 0.46/1000
- 0.35 babies per 1000 live births died in the first month of life. ; national data 0.33/1000

While these neonatal death rates are similar to population based observational cohort studies with reliable inclusion criteria, and slightly better than the overall national statistics for term births, the intrapartum rate is slightly higher. We hypothesized that this may be due to the fact that there are some higher-risk pregnancies and births in this sample, as outlined above, that are not included in the other studies to which we are comparing.

	MANA Stats 2004-2009	CDC, 2010 - term births (37-41 weeks)
Cesarean rate	5.2%	31.1%
Pitocin induction/ augmentation	4.5%	40% (24% induced + another 16% augmented)
Early neonatal mortality (birth thru 7 days of life)	0.41/1000	0.46/1000
Late neonatal mortality	0.35/1000	0.33/1000
Breastfeeding rates	98% at 6 weeks postpartum	76%* at hospital discharge

* Hospital discharge breastfeeding data available for 31 states reporting.

Data sources:

Cheyney M, et al. (2014). Outcomes of care for 16,984 planned home births in the United States: The Midwives Alliance of North America Statistics Project, 2004-2009.

CDC/National Center for Health Statistics. (2010). National vital statistics system. Data available at: <http://www.cdc.gov/nchs/VitalStats.htm>