



POSITION STATEMENT

HOME BIRTH

Every family has a right to experience childbirth within a context that respects cultural variations, human dignity, and self-determination. While the majority of women in the United States choose hospital births, some families desire home births or births in an out-of-hospital birth center.

The safety of birth in any setting is of utmost priority and has been the focus of home birth research. Investigators have defined “planned home birth” as the care of selected pregnant women by qualified providers within a system that provides for hospitalization when necessary. Recently, high quality controlled trials and descriptive studies have established that planned home births achieve excellent perinatal outcomes.^{1, 3-5, 6-9, 12} Home birth is also credited with the reduced use of medical interventions that are associated with perinatal morbidity.^{1, 6, 7, 10}

Unfortunately, studies which have not differentiated between planned and unplanned home birth or attendance by qualified versus unqualified attendants, and/or that do not clearly define appropriate inclusion criteria, have been used to discredit all home birth. The evidence indicates that appropriate client selection, attendance by a qualified provider, sound clinical judgment, and transfer to a receptive environment when necessary, promote safe outcomes.

The ACNM has established clear guidelines for home birth and publishes a handbook that addresses selection criteria for home birth clients, mechanisms for medical consultation and transfer, and the establishment of quality management systems.^{18, 21} The informed consent process for home birth includes the delineation of potential risks and benefits of each available birth site and provision for transport if conditions require personnel and/or equipment available only in the hospital setting.

The home birth setting provides an unparalleled opportunity to study and learn from normal, undisturbed birth. Medical and midwifery students who understand the characteristics of normality are better equipped to recognize deviations from normal. Insights into effective care in pregnancy and childbirth may be derived from clinical experiences with home birth families or from the study of normal birth at home.

In accordance with evidence-based and ethical practice, the American College of Nurse-Midwives (ACNM):

- Supports the right of women who meet selection criteria to choose home birth.
- Recognizes certified nurse-midwives (CNMs) and certified midwives (CMs) as providers who are qualified to attend planned home births.
- Encourages the promotion of clinical experiences with home birth in education programs.
- Encourages third party payors to reimburse qualified providers for home birth services.
- Urges professional liability insurance carriers to provide coverage for qualified providers who attend home births.
- Urges all healthcare providers and institutions to collaborate in the creation of seamless systems of care when transfer is needed from the home to the hospital setting.
- Recommends that further studies focus on the characteristics and management of normal birth, markers of morbidity as they relate to birth site, and qualitative assessments of client satisfaction and experience as they relate to planned home birth.

References:

High Quality Controlled Trials, Systematic Reviews, and Observational Studies

1. Ackermann-Liebrich U, Voegeli T, Gunter-Witt K, et al. Home versus hospital deliveries: follow up study of matched pairs for procedures and outcome. Zurich Study Team. *BMJ*. 1996;313(7068):1313-1318.
2. Anderson RE, Murphy PA. Outcomes of 11,788 planned home births attended by certified nurse-midwives. A retrospective descriptive study. *Journal of Nurse-Midwifery*. 1995;40(6):483
3. Cawthon L. *Planned home births: outcomes among Medicaid women in Washington State*. Olympia, WA: Washington Department of Social and Health Services; 1996.
4. Chamberlain G, Wraight A, Crowley P. *Home births: Report of the 1994 confidential enquiry of the National Birthday Trust Fund*. Cranforth, UK: Parthenon; 1997
5. Davies J, Hey E, Reid W, Young G. Prospective regional study of planned home births. Home Birth Study Steering Group. *Bmj*. 1996;313(7068):1302-1306.
6. Janssen PA, Lee SK, Ryan EM, et al. Outcomes of planned home births versus planned hospital births after regulation of midwifery in British Columbia. *CMAJ Canadian Medical Association Journal*. 2002;166(3):315-323.
7. Johnson K, Daviss BA. Outcomes of planned home birth with certified professional midwives: large prospective study in North America. *BMJ* 2005;330;1416
8. Murphy PA, Fullerton J. Outcomes of intended home births in nurse-midwifery practice: a prospective descriptive study. *Obstetrics & Gynecology*. 1998;92(3):461-470.
9. Northern Region Perinatal Mortality Survey Coordinating Group. Collaborative survey of perinatal loss in planned and unplanned home births. *British Medical Journal*. 1996;313(7068):1306-1309.
10. Olsen O. Meta-analysis of the safety of home birth. *Birth*. 1997;24(1):4-13; discussion 14-16.
11. Olsen O, Jewell MD. Home versus hospital births. *Cochrane Database of Systematic Review*. 4, 2005.
12. Wieggers TA, Keirse MJ, van der Zee J, Berghs GA. Outcome of planned home and planned hospital births in low risk pregnancies: prospective study in midwifery practices in The Netherlands. *Bmj*. 1996;313(7068):1309-1313.

Reviews of the Literature, Reports and Commentary Regarding the State of the Science and the Demand for Out of Hospital Birth

13. DeClerq ER, Paine L, Winter M. Home birth in the United States, 1989-1992: a longitudinal descriptive report of national birth certificate data. *J Nurs Midwifery* 1995;40:474-82.
14. Harris G. Homebirth and independent midwifery. *J Aust Coll Midwives* 2000,13(2):10-6
15. Jackson ME, Bailes AJ. Home birth with certified nurse-midwife attendants in the United States. An overview. *J Nurs Midwifery* 1995;40(6):493-507
16. Schlenzka PF. *Safety of alternative approaches to childbirth* [Unpublished Dissertation]. Palo Alto, CA: Department of Sociology, Stanford University; 1999.

Home Birth

17. Vedam, S. Home versus hospital birth: questioning the quality of the evidence on safety. *Birth* 2003, 30(1), 57-63.
18. Vedam, S., Burkhardt, P. Evidence-based home birth practice. *Home Birth Practice Handbook*, 2nd ed. Washington, D.C.: ACNM Publications, May 2004.
19. Walker J. Quality of midwifery care given throughout the world report of the Fourth International Homebirth Conference March 16, 17, 18 Amsterdam, The Netherlands. *Midwifery*. 2000;16(2):161-164.
20. World Health Organization. *Care in Normal Birth: A Practical Guide*. Geneva: WHO Safe Motherhood Technical Working Group; 1996.

Legal, Policy, and Ethics

21. American College of Nurse Midwives Clinical, B. (2003). "Criteria for provision of home birth services. 2003." *Journal of Midwifery & Women's Health*. 48(4): 299-301..
22. Campbell R, MacFarlane A. Where to be born? The debate and the evidence. 2nd ed. Oxford: National Perinatal Epidemiology Unit, 1994.
23. Dimond B. Legal issues. Is there a legal right to a home confinement? *Brit J of Midwifery* 2000, 8(5):316-9.
24. Governing Council of the American Public Health Association (2001). Policy statement no. 2001-3: Increasing access to out-of-hospital maternity care services through state-regulated and nationally-certified direct-entry midwives. Washington, APHA
25. Hafner-Eaton C, Pearce LK. Birth choices, the law, and medicine: balancing individual freedoms and protection of the public's health. *J Health Polit Policy Law* 1994;19:813-35.

Studies of Women's Perception and Choice

26. Cunningham JD. Experiences of Australian mothers who gave birth either at home, at a birth centre, or in hospital labour wards. *Social Science & Medicine*. 1993;36(4):475-483.
27. Soderstrom B, Stewart PJ, Kaitell C, Chamberlain M. Interest in alternative birthplaces among women in Ottawa-Carleton. *CMAJ Canadian Medical Association Journal*. 1990;142(9):963-969.

Studies with Methodological Flaws

28. Pang J, Heffelfinger J, Huang G, Benedetti T, Weiss N. Outcomes of planned home births in Washington state: 1989-1996. *Obstetrics & Gynecology*. 2002;100(2):253-259 *Method of selection did not distinguish between the planned home births, out-of-hospital births that had no attendant, or births with unknown or unnamed attendants. Premature births occurring between 34 and 37 weeks' were incorrectly included in the initial analysis. A higher incidence of congenital heart disease in the home birth population could partially explain the higher neonatal mortality and would reflect a difference in populations. (see citation # 18)*
29. Bastian H, Keirse MJ, Lancaster PAL. Perinatal death associated with planned home birth in Australia: Population based study. *BMJ*. 1998;317(7155):384-388. *Reported outcomes of births attended by unregistered midwives, many of whom had limited training, experience, and access to resuscitation equipment. Births occurring without qualified attendants are not consistent with definitions of planned home birth in most countries.*

Home Birth

30. Burnett CA, 3rd, Jones JA, Rooks J, Chen CH, Tyler CW, Jr., Miller CA. Home delivery and neonatal mortality in North Carolina. *Jama*. 1980;244(24):2741-2745 . *Examined planned and unplanned home births in North Carolina in a demographically high-risk group of women. When unplanned home births and high-risk births were excluded, there were no significant differences in neonatal mortality between planned home and planned hospital births.*

31. Schramm WF, Barnes DE, Bakewell JM. Neonatal mortality in Missouri home births, 1978-84. *American Journal of Public Health*. 1987;77(8):930-935 *Compared planned home and planned hospital births in Missouri. Within the group of the planned home births attended by physicians, certified nurse-midwives, and licensed midwives, the differences in neonatal mortality when compared with physician-attended hospital births were not significant. Any increased relative risk shown was attributable to unskilled providers.*

* Midwifery as used throughout this document refers to the education and practice of certified nurse-midwives (CNMs) and certified midwives (CMs) who have been certified by the American College of Nurse-Midwives (ACNM) or the American Midwifery Certification Board, Inc. (AMCB), formerly the American College of Nurse Midwives Certification Council, Inc. (ACC).

Source: Board of Directors

Approved by the ACNM Board of Directors: December 2005