Out-of-Hospital Births Pretty Safe, Study Finds

By ACSH Staff — December 31, 2015

Out-of-hospital births, whether at home or at a birthing center, have gained in popularity in the past decade. In 2004, home births accounted for 0.6 percent of all births, which increased to 0.9 percent by 2012. While this practice is still rare, there has been a similar trend in the use of free-standing birthing centers (an increase from 0.2 to 0.4 percent over the same period). An important question about out-of-hospital (or OOH) births is whether or not OOH sites can provide the same safety for mother and baby as do hospitals.

To investigate this question, Dr. Jonathan M. Snowden from the Oregon Health and Science University in Portland and colleagues examined data from Oregon birth certificates. Unlike previous studies, the group focused on births that had been planned, rather those that had been supposed to occur in a hospital. For example, earlier studies did not distinguish between births that were planned to be OOH but ended up in a hospital anyhow because of delivery problems, and those which had been planned to occur in a hospital.

The sample of births examined in this study included nearly 80,000 deliveries in Oregon in 2012 and 2013. Of these, about 76,000 women planned to deliver in a hospital and did so, while about 3,200 planned and completed an OOH delivery. There were some demographic differences between these groups. Those who planned OOH births were more likely to be white, to have private insurance, to pay out-of-pocket or were older than those who planned in-hospital births. The planned OOH group also was less likely to have pregnancy-related medical conditions such as gestational diabetes or preeclampsia.

The results showed that there was no significant difference between rates of fetal death for the planned in-hospital versus OOH births (2.4 vs. 1.2 deaths per 1,000 deliveries). Rates of perinatal (includes time just before and after delivery) and neonatal (in the first month of life) death were significantly higher in the OOH group 3.9 vs. 1.8 perinatal deaths per 1000 deliveries, respectively.

For mothers, the investigators found significantly greater occurrence of obstetrical interventions such as labor induction and augmentation of labor in women who had planned a hospital delivery. But serious adverse events for mothers were rare in all birth settings.

The authors noted that while OOH birth remains controversial in the U.S., “Studies from Europe
have shown that out-of-hospital birth can be a safe option for women and their babies when the risk of complications is low."

They further stated, "serious adverse fetal and neonatal outcomes are infrequent in all the birth settings we assessed, and the absolute differences in risk that we observed between planned birth locations were correspondingly small."

Whether or not these results from the Oregon data are generalizable to other populations remains to be determined. But these results do support the practice of giving women their choice of delivery sites, in the absence any known medical risks, of course.

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