BIRTH SETTINGS: ANYTHING NEW SINCE ‘82?

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THE IMPORTANCE OF VITAL DATA

• All of the tabulations you have just seen come from the compilations of birth certificates and death certificates made by state vital registrars and submitted to NCHS.
• Maintenance and support of this system is critical to knowing how we are doing
• Unfortunately the public, including the medical public, is insufficiently educated in the importance of maintaining vital data systems.
ALTHOUGH AT TIMES A LOT OF IMPORTANCE IS ATTACHED TO BIRTH CERTIFICATES
THIS IS A BIRTH CERTIFICATE

CERTIFICATION OF LIVE BIRTH

STATE OF HAWAII
HONOLULU

DEPARTMENT OF HEALTH
HAWAII U.S.A.

CHILD'S NAME
BARACK HUSSEIN OBAMA II

DATE OF BIRTH
August 4, 1961

CITY, TOWN OR LOCATION OF BIRTH
HONOLULU

HOUR OF BIRTH
7:24 PM

MOTHER'S MAIDEN NAME
STANLEY ANN DUNHAM

ISLAND OF BIRTH
OAHU

SEX
MALE

COUNTY OF BIRTH
HONOLULU

MOTHER'S RACE
CAUCASIAN

FATHER'S NAME
BARACK HUSSEIN OBAMA

FATHER'S RACE
AFRICAN

DATE FILED BY REGISTRAR
August 8, 1961

This copy serves as prima facie evidence of the fact of birth in any court proceeding. [HRS 338-13(b), 338-19]

ANY ALTERATIONS INVALIDATE THIS CERTIFICATE
The Jamaica Hospital

Certificate of Birth

This Certifies that Donald John Trump
was born to Mr. and Mrs. Fred C. Trump
in this Hospital at 10:34 a.m. Friday,
the Fourteenth day of June, A.D. 1946

In Witness Whereof the said Hospital has
caused this Certificate to be signed by its duly authorized
officer and its Official Seal to be hereunto affixed.

[Signatures]

THIS IS NOT A BIRTH CERTIFICATE
KEY CHANGES SINCE 1982

- **Decreased birth rates but steady fertility rates**
  - Fertility rate has only declined 6.4% since 1982 (67.3 to 63.2)

- **Older mothers**
  - 20-24 year olds dropped to 2\textsuperscript{nd} place in 1997, to 3\textsuperscript{rd} place in 2007. 40% of mothers now > 30; Mean maternal age now 28.

- **Different populations**
  - Percent white births declined from 80% in 1982 to 54% in 2011

- **Increased interventions**
  - Operative deliveries. C-section rates now over 30%.
  - Earlier interventions in complications at earlier gestations
  - Infertility treatments leading to more multiple births

- **New information**
  - The 1989 BC revision allows us to separate births at home from births at birthing centers
KEY NON-CHANGES SINCE 1982

• **Consistent number of births**
  – Total number of births fairly consistently around 3.5 – 4 million per year, even though US population has increased 35% from 232M to 313M.
  – Fertility rate not down much, but fewer women of reproductive age as boomers age out of fertility.

• **Consistent fraction of out of hospital births**
  – Steady 1% percent out-of-hospital birth rate since 1969
  – But up for white mothers to nearly 2% since 2005

• **Still tricky to fully separate intended and unintended home births**
  – 31 states and DC (users of 2003 BC revision) now report intendedness

• **Heterogeneous birth settings**
  – Diversity of birth settings continue to make it difficult to make generalizable statements
A CLOSER LOOK AT OUT-OF-HOSPITAL BIRTHS

- 2/3 home; 1/3 birth center or other (5%)
- Nearly 90% of home births planned
- Most out-of-hospital births delivered by midwives
- Home births more likely to be premature, probably reflecting the unintended component
- Both home births and birth centers births involve mothers at generally lower risk of adverse outcomes of pregnancy:
  - Predominantly white
  - Older
  - Higher parity
  - Married
  - Non-smoking
It is with great sadness that we announce the closing of the birth center on September 30, 2012. We have been blessed to have attended over 700 births since 2003. It has been a great pleasure to work with our families and help them give birth in a safe, comfortable and supportive environment. Our belief in and support of women seeking natural childbirth in a setting of their choosing is unwavering. We are so sorry that our community will no longer have a birth center to serve those that want that option. Thank you so much for inviting us into your lives.

The Greenhouse Birth Center Staff
WHY DID THE GREENHOUSE BIRTHING CENTER CLOSE?

An Okemos, MI birth center that allows women to deliver their babies outside of a hospital using midwives instead of doctors may be closing its doors amid a legal battle with a DeWitt couple whose newborn son died following a breech delivery there last year.

LANSING STATE JOURNAL, AUGUST 14, 2012
WE SHOULD BE MONITORING PLANNED OUT-OF-HOSPITAL BIRTHS

• Use vital data to compare to hospital births in terms of:
  – Risk factors for problem births
    • prior preterm and adverse pregnancy outcomes, maternal pregnancy complications
  – Neonatal and Maternal mortality
  – Maternal morbidity
    • lacerations, transfusions
  – Neonatal morbidity
    • Ventilation, transfer, Apgar scores
SURVEILLANCE FOR SENTINEL EVENTS

• We should have state programs that identify and investigates (as we do now for all maternal deaths, and in some locations, infant deaths) individual events that should not be found in planned out of hospital deliveries, for example
  – Breech vaginal deliveries
  – Maternal and neonatal deaths
  – Intrapartum fetal deaths
WHILE AT THE SAME TIME

Assessing the cost-effectiveness and satisfaction of birth center deliveries of low risk women compared to hospital deliveries of women at similar levels of risk.