Disclosure

CEO and Founder
EHR and HIT Platform for Maternity Care
Home Birth in the US

- Polarized
- Marginalized
- Disruptive
- Racialized
- Politicized
Wax Analysis: (mis)conclusions

- Disparities in sample size and inclusion criteria for neonatal and perinatal death rates
- Causation of low morbidity/intervention in home birth erroneously linked to mortality
- Questionable cohort for neonatal death drives widely influential ACOG published opinion

“In an era of evidence-based medicine, it is incomprehensible that medical society opinion can be formulated on research that does not hold to the most basic standards of methodological rigor.”

-Michal, Janssen, Vedam, Hutton, de Jonge
ON THE GROUND. Legal Status by State of Certified Professional Midwives (CPMs)

Certified Professional Midwives: LICENSE FIRST® | PushForMidwives.org
Why do women choose home birth?

- Safety
- Control of environment & process of care
- Privacy
- Cultural Congruency
- Comfort and Convenience
- Spiritual Accommodation
- Self-Determination
- Low Intervention
- Family Involvement
- Relaxed and peaceful

Why do women choose home birth?

“Comfortable setting, we can make decisions without pressure from staff”
— 1st baby born in hospital

“I want to feel safe and comfortable. I have confidence in myself to have a natural birth. I like the one on one attention I will receive using a midwife.
—1st born in a birth center

I think that I will be able to relax in a home setting and not feel pressured by time constraints”
— Expecting 1st baby
Home Birth Safety
Olsen and Clausen, Cochrane 2012

❖ Conclusions:
❖ Only one trial (n=11) met rigorous criteria, but quality of observational studies greatly increased
❖ “..there is no strong evidence to favor either planned hospital or planned home birth for selected, low risk pregnant women”
❖ Recommend all countries facilitate evidence-based integration of home birth services for low-risk women

“For an autonomy-based ethical perspective the only justification for practices that restrict a woman’s autonomy and her freedom of choice, would be clear evidence that these restrictive practices do more good than harm.”
Best Observational Data

❖ de Jonge, et al, 2009

❖ 529,688 women - Netherlands (2000-2006)
❖ Planned home births: 321,301 (60%)
❖ Planned hospital births: 163,261 (31%)
❖ No significant differences between home and hospital for any of the main outcomes including perinatal death

❖ Janssen, 2009

❖ Prospective five-year matched cohort study - British Columbia
❖ midwife-attended planned home birth (N=2802)
❖ physician attended hospital birth group (N=5985)
❖ midwife attended hospital birth group (N=5984).
❖ Similar or reduced rates of adverse outcomes with significantly fewer intrapartum interventions


Making home birth as safe as possible

- Access to qualified care providers with appropriate equipment
- Appropriate risk assessment
- Respectful communication/collaboration that maintains continuity and relationship
- Integrated transfer of data
- Fully implemented QI measures
- Mechanisms to address unprofessional conduct. (Licensure)
- Reimbursement, including Medicaid
Risk Assessment

❖ Home Birth is a safe choice for “essentially healthy women”.

❖ What factors should influence choice of birth setting, and which factors have no bearing on that choice?

❖ Perceptions of risk and safety linked to medical perspective. (Bryers, 2010)

❖ Recognize impact of imposing limitation of scope in one setting on demand for services in another.

“Risk equals probability times consequence. Safety is the level of acceptable risk”
— Ron DuPlain, Private Practice-Maternity, Systems Engineer
Access

- Research should address lack of access to birth services using same criteria identified by home birth opponents:
  1. Safety
  2. Patient Satisfaction
  3. Cost
  4. Ethics
Mutual Accommodation

❖ How can we develop mutual respect and understanding between providers with different approaches to care?
❖ How can we optimize the expertise of providers in each setting?

“Instead of a maternity system based on fear and misinformation, we need a system based on collaboration and mutual respect.”
— Melissa Cheyney, PhD, LM, CPM

http://www.huffingtonpost.com/melissa-cheyney/post_812_b_709215.html
Intrapartum Transport

Develop standards to improve quality and safety during non-emergent and emergent transfers of care
Human Rights and Birth Choices

“Is it not the opposite of autonomy to support only those choices which increase the woman’s reliance upon the physician?”
— Lauren A. Plante, MD, MPH, FACOG

- Choice of Birth Setting
- Shared Decision Making
- Patient Autonomy
Suggestions for Comparative Effectiveness Research

1. Include birth setting in review of low-risk cesarean rates (Harmann 2012)


3. Patient derived data in EHR and other HIT innovations to address patient satisfaction and shared decision making. (Dhanireddy, S 2012; Leveille, S 2012, Del Banco, T 2010)

Home Birth-Like

- Woman-centered, family friendly, community based
- Pregnancy and birth are treated as a unified process of care that includes social, emotional, physical, cultural and spiritual accommodation
- A resolute environment for undisturbed, physiologic birth
Factors that Disturb Birth

Joint Normal Physiologic Birth Statement (2012)

- Unsupportive environment, i.e., bright lights, cold room, lack of privacy, multiple providers, lack of supportive companions
- Time constraints, including those driven by institutional policy and/or staffing
- Separation of mother and infant
- Any situation in which the mother feels threatened or unsupported
- Nutritional deprivation, e.g., food & drink
- Opiates, regional analgesia, or general anesthesia
- Episiotomy
- Operative vaginal (vacuum, forceps) or abdominal (cesarean) birth
- Immediate cord clamping
- Induction or augmentation of labor
Benefits of physiologic labor and birth

Value of Home Birth

❖ Reduces likelihood of fetal compromise
❖ Reduces instrumental or surgical intervention.
❖ Improves physical & mental health – mother and baby
❖ Maintains delicate hormone physiology
❖ Increased confidence and capacity to mother
❖ Enhanced infant growth & development
❖ Mother-infant attachment
❖ Diminished incidence of chronic disease
❖ Epigenetic impact of childbirth

References:
The Hormonal Physiology of Childbearing (Buckley, Childbirth Connection; 2013-draft)
Thank You

Brynne Potter, CPM
Provider Perspectives:
Midwives and Home Birth
March 7, 2013