



The Safety of Homebirth...

Compiled by Michael J. Stark, Ph.D. for the Maryland Friends of Midwives

The following citations from various sources indicate research outcomes that point to the safety of birth at home under the care of midwives. Since Dr. Stark developed this list, several more studies reinforce the findings for homebirth safety, while none refute it.

Every study that has compared midwives and obstetricians has found better outcomes for midwives for same-risk patients. In some studies, midwives actually served higher risk populations than the physicians and still obtained lower mortalities and morbidities. The superiority and safety of midwifery for most women no longer needs to be proven. It has been well established. (*Madrona, Lewis & Morgaine, The Future of Midwifery in the United States, NAPSAC News, Fall-Winter, 1993, page 30*)

In the U.S. the national infant mortality rate was 8.9 deaths per 1,000 live births in 1991. The worst state was Delaware at 11.8, with the District of Columbia even worse with 21.0. The best state was Vermont, with only 5.8. Vermont also has one of the highest rates of home birth in the country as well as a larger portion of midwife-attended births than most states. (*Stewart, David, International Infant Mortality Rates U.S. in 22nd Place, NAPSAC News, Fall-Winter, 1993, page 36*)

The international standing of the U.S. (in terms of infant mortality rates) did not really begin to fall until the mid-19950s. This correlates perfectly with the founding of the American College of Obstetricians and Gynecologist (ACOG) in 1951. ACOG is a trade union representing the financial and professional interests of obstetricians who has sought to secure a monopoly in pregnancy and childbirth services. Prior to ACOG, the U.S. always ranked in 10th place or better. Since the mid-1950s the U.S. has consistently ranked below 12th place and hasn't been above 16th place since 1975. The relative standing of the U.S. continues to decline even to the present. (*Stewart, David, international Infant Mortality Rates U.S. in 22nd place, NAPSAC News, Fall-Winter, 1993, page 38*)

The Texas Department of Health's own statistics show that midwives in Texas have a lower infant mortality rate than physicians. (*Texas Lay Midwifery Program, Six Year Report, 1983-1989, Berstein & Bryant, Appendix VIII, Texas Department of Health, 1 100 West 49th St., Austin, TX 78756-3199.*)

Mehl and his colleagues (1975, 1977) reviewed the medical records of 1,146 home births attended by home delivery services in northern California between 1970 and 1975. These investigators provided detailed descriptions of demography (e.g. urban or rural), attendants, populations served, process of care, outcomes, and complication. The incidents of various events among home births was compared to the incidence of similar events in the birth populations of the state of California or as reported in the literature. No maternal deaths were noted, and the perinatal mortality rate of 9.5 per 1,000 births was lower than the California



average. (*Research Issues in the Assessment of Birth Settings, Institute of Medicine, National Academy Press, Washington, 1982, page 76*)

From the same source (Figure 1, page 175): In the state of Oregon from 1975-1979, there were approximately 3-4 neonatal deaths per 1,000 births in homebirths attended by midwives, as opposed to approximately 9-10 deaths per 1,000 births for all residents. The same figure indicates approximately 5 infant deaths per 1,000 births in homebirths attended by midwives as opposed to approximately 12 deaths per 1,000 births for all residents. (*Research Issues in the Assessment of Birth Settings, Institute of Medicine, National Academy Press, Washington, 1982, page 175*)

Of the 3,189 midwife-assisted deliveries studied, episiotomies were done on 5% the women, the Cesarean section rate varied from 2.2% to 8.1%, and perinatal mortality (the number of babies who die during or shortly after birth) averaged 5.1 per 1,000. Compare these numbers to those for New Mexico obstetricians and physicians during the same period: Nearly routine use of episiotomies in many hospitals, a Cesarean rate that varied from 15% to 25% and a perinatal mortality rate of 11.3 per 1,000. Looking at these numbers, Rebecca Watson, the maternal-health program manager at the New Mexico Department of Health commented, "I sometimes wonder why (we bother compiling statistics on midwives), since their statistics are so much better than everyone else's". (*Sharon Bloyd-Peshkin, Midwifery: Off to a Good Start, page 69, Vegetarian Times, December 1992*)

Records kept from 1969-73 in England and Wales indicate still birth rates of 4.5 per 1,000 births for home deliveries as opposed to 14.8 per 1,000 births for hospital deliveries. (*The place of Birth, Sheila Kitzinger & John Davis, eds., 1978 Oxford University Press, pages 62-63*)

In the five European countries with the lowest infant mortality rates, midwives preside at more than 70% all births. More than half of all Dutch babies are born at home with midwives in attendance, and Holland's maternal and infant mortality rates are far lower than in the United States... (*Midwives Still Hassled by Medical Establishment, Caroline Hall Otis, Utne Reader, Nov./Dec. 1990, pages 32-34*)

Mothering Magazine has calculated that using midwifery care for 75% the births in the U.S. would save an estimated \$8.5 billion per year. (*Madrona, Lewis & Morgaine, The Future of Midwifery in the United States, NAPSAC News, Fall-Winter, 1993, page 15*)