Home Birth Safety

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ABSTRACT

In this column, the editor of *The Journal of Perinatal Education* introduces two key articles that discuss the current controversy regarding the safety of home birth versus hospital birth. The editor also describes the contents of this issue, which offer a broad range of resources, research, and inspiration for childbirth educators in their efforts to promote, support, and protect natural, safe, and healthy birth.

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Editor

A recent article in *The New England Journal of Medicine* (NEJM; Snowden et al., 2015) reporting on planned out-of-hospital birth and birth outcomes has reintroduced the ongoing controversy of its safety. This current analysis is noteworthy because as the authors state, “The value of studies assessing the perinatal risks of planned out-of-hospital versus hospital birth has been limited by cases in which transfer to a hospital is required and a birth that was initially planned as out-of-hospital birth is misclassified as a hospital birth.” To overcome this limitation, the authors performed a population-based, retrospective cohort study of all births that occurred in Oregon during 2012 and 2013 using data from the newly revised Oregon birth certificates that allowed for the disaggregation of hospital birth in the categories of planned in-hospital births and planned out-of-hospital births that took place in the hospital after a women’s intrapartum transfer to the hospital. The authors concluded that although perinatal mortality was statistically higher with planned out-of-hospital birth than with planned in-hospital birth,

the absolute risk of death was low in both settings, less than half a percent. Findings from this study prompted discussion and commentary from leading experts in the field. In this issue, we will share commentary from several leading experts.

IN THIS ISSUE

In this issue of *The Journal of Perinatal Education*, we are extremely fortunate to present a feature article by Henci Goer entitled, *Dueling Statistics: Is Out-of-Hospital Birth Safe?* In this article, Goer compares the findings from the recent NEJM article with another recent article that had different findings. She critically appraises both studies highlighting the possible reasons for differences in the findings related to

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We invite readers to respond to the contents of this journal issue or share comments on other topics related to natural, safe, and healthy birth. Responses will be published as a letter to the editor. Please send comments to Wendy Budin, Editor-in-Chief (wendy.budin@nyu.edu).

home birth. In addition, the findings of both studies add to the body of knowledge that suggests that there are risks associated with hospital birth.

As a follow-up article to our feature article, "Understanding Recent Home Birth Research," an interview with medical anthropologist and midwife Melissa Cheyney, PhD (OSU), and epidemiologist Jonathan Snowden, PhD (OHSU), both coauthors of NEJM article. Cheyney and Snowden discuss what this important study may mean for providers, families, and the U.S. maternity care system.

In this issue's "Celebrate Birth!" column, Mueller describes the vaginal birth of her twin daughters. Despite impending complications in the last weeks of her pregnancy that might have required a cesarean, this mother was committed to doing everything possible to give birth naturally. With the support of her husband as well as the obstetrician and the nurse, she was able to give birth to her daughters vaginally.

Swedish authors Berlin and colleagues investigated parents' experiences of parental education groups at antenatal and child health-care centers. Parents expressed both satisfaction and dissatisfaction with the content, presentation of content, and the leader's role. They reported that social contact with other parents was important, that parenthood topics were covered less frequently than child and childbirth-related topics, and that group activities were less frequent than lectures.

In another article about perinatal education, Congden describes an innovative perinatal education and support program, *Baystate's New Beginnings*, modeled after education from the 2011 California Baby Behavior Campaign and The Secrets of Baby Behavior that combines newborn behavior education and maternal support in the first 3 months postpartum to improve maternal role transition.

Using a cross-sectional, internet-based survey design where participants were recruited from childbirth-related blogs, Dekker, King, and Lester describe how people use social media to find and disseminate information about evidence-based maternity care. Participants answered questions about how they find, use, and share evidence-based maternity information using social media. Overall, women in this study were highly engaged in using social media to find and share maternity information. Most respondents were very interested in reading evidence-based maternity care articles online.

The majority intend to use this information that they found, despite the fact that a substantial percentage had no intentions of discussing this information with their childbirth educators or physician.

Canadian authors Turenne, Héon, Aita, Faessler, and Doddridge present the development and evaluation of an educational intervention aiming at an evidence-based practice of skin-to-skin contact at birth among nurses of a maternity care unit. Based on the Iowa Model of Evidence-Based Practice to Promote Quality Care, four educational sessions were developed according to an active-learning pedagogy. A preintervention and postintervention evaluation showed some positive results, such as a longer duration of skin-to-skin contact immediately after birth, delivery of some routine care directly on mothers' chest, and improved parent education. The educational intervention seems to have enacted some evidence-based nursing practice changes regarding skin-to-skin contact at birth.

Postpartum discharge instructions are a crucial part of a mother's birth experience. Finding the method to provide those discharge instructions in a manner that increases the mother's satisfaction with her hospital experience is important. In their quasi-experimental study, Wagner and Washington examined the relationship between new mothers' interaction with nurses providing postpartum instructions by the traditional and class methods and their satisfaction with discharge teaching. The results indicated new mothers were satisfied with both methods of discharge teaching; however, they were more likely to report stronger agreement with overall satisfaction with the traditional method of discharge teaching than with attending the discharge class.

REFERENCE

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