The Safety of Homebirth

The following citations from various sources indicate research outcomes that point to the safety of birth at home under the care of midwives.

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)

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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)

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The international standing of the U.S. (in terms of infant mortality rates) did not really begin to fall until the mid-1950's. This correlates perfectly with the founding of the American College of Obstetricians and Gynecologists (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-1950's 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)

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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 VIIIf, Texas Department of Health, 1 100 West 49th St., Austin, TX 78756-3199.)

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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)

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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)

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Of the 3,189 midwife-assisted deliveries studied, episiotomies were done on 5% of 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)

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In the five European countries with the lowest infant mortality rates, midwives preside at more than 70% of 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)
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Mothering Magazine has calculated that using midwifery care for 75% of 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) This article gives a clear history of how the profession of midwifery in the U.S. was almost obliterated by obstetricians despite statistical evidence that the midwives were having better outcomes than the physicians. The author shows that the same problems with rural and indigent care existed then as they do now and points clearly to direct entry midwifery as the solution. (The Statistical Case for Elimination of the Midwife: Fact versus Prejudice, 1890-1935 by Neal Devitt, B.A. [now M.D.], Women and Health, Volume 4, 1979) This study compares matched populations of homebirths attended by non-nurse midwives with hospital births attended by physicians. It concludes that the midwife sample has significantly better maternal and neonatal outcomes and attributes this fact to physicians high rate of intervention. (Evaluation of Outcomes on Non-Nurse Midwives. Matched Comparisons with Physicians, by Lewis Mehl, M.D. et al. Women and Health, Volumn 5, 1980)

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What is the relative safety of homebirth compared with hospital birth? Ole Olsen, a researcher from the University of Copenhagen, recently examined several studies of planned homebirth backed up by a modern hospital system compared with planned hospital birth. A total of nearly 25,000 births from five different countries were studied. The results: There was no difference in survival rates between the babies born at home and those born in the hospital. However, there were several significant differences between the two groups. Fewer medical interventions occurred in the homebirth group. Fewer home-born babies were born in poor condition. The homebirth mothers were less likely to have suffered lacerations during birth. They were less likely to have had their labors induced or augmented by medications or to have had cesarean sections, forceps or vacuum extractor deliveries. As for maternal deaths, there were none in either group. (Birth 1997 Mar;24(1):4-13; discussion 14-6)

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Outcomes of planned home births with certified professional midwives: large prospective study in North America - BMJ Volume 330, pp 1416-9, June 2005

This study found planned home births for low risk women in the United States are associated with similar safety and less medical intervention as low risk hospital births. In the largest study of its kind internationally to date, researchers analyzed over 5000 home births involving certified professional midwives across the United States and Canada in 2000. Outcomes and medical interventions were compared with those of low risk hospital births.

Rates of medical intervention, such as epidural, forceps and caesarean section, were lower for planned home births than for low risk hospital births. Planned home births also had a low mortality rate during labour and delivery, similar to that in most studies of low risk hospital births in North America. A high degree of safety and maternal satisfaction were reported, and over 87% of mothers and babies did not require transfer to hospital.

"Our study of certified professional midwives suggests that they achieve good outcomes among low risk women without routine use of expensive hospital interventions," say the authors. "This evidence supports the American Public Health Association's recommendation to increase access to out of hospital maternity care services with direct entry midwives in the United States."
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Society's alarming ignorance of childbirth

Katie Dickson, 7/31/08

Most of the United States suffers from a strange fetishism: a near-worship of the Western model of biomedicine, a complete and bottomless trust in the symbol of the white lab coat. Part of this worship is understandable—when it comes to fixing problems and curing pathologies, America is hard to beat. Pregnancy, however, is neither a problem nor a pathology, and the high level of medical intervention insisted upon by most US hospitals does little to aid the natural, biological process of childbirth. In fact, in lots of cases, it hinders, even harms.

According to the United Nations, the US is ranked 163 in world-wide infant mortality rates, at 6.3 per 1,000 births, and our maternal mortality rate is not much better at 17 per 100,000 (Iceland, by comparison, is 0; Austria is 4). Our citizens believe in our status symbols (wealth, technology, science, schools) and that those symbols enhance our level of health and heath outcomes. Why, then, are we 163?

More babies die at birth in the US than in New Zealand, Cuba, and even Slovenia. We're behind Cuba and Ireland and even the Channel Islands. You have better chances of delivering a healthy baby in South Korea, Singapore, Switzerland, and the Czech Republic than you do on our own soil, and there's no place more enticing for an expectant mother than Iceland, the first place winner, with a mere 2.9 deaths per thousand. The national rate of C-section is over twice the WHO condoned rate, at 31%. We induce; we monitor; we inject; we cut. Sometimes, the data shows, we kill.

And now here, potentially, is the scariest statistic of all: a group of Mayans in Mexico practice midwifery in the home for nearly all their births, and although their midwives are trained to refer problems to nearby hospitals, they rarely do. Their infant mortality rate is 4 per 1,000. Babies are born with dad and female relatives in attendance, with a folk-trained midwife with basic skills (disinfect the blade you cut the cord with, and that sort of thing) administering massage. There are no fetal monitors or epidurals or episiotomies, and certainly no inducement of labor when a woman doesn't deliver by her entirely arbitrary guesstimate of a due date. More babies live. The !Kung San, a hunter/gatherer tribe of the Kalahari who practice solitary birth (ideally with no midwives or attendants) have a maternal mortality rate of 4 in 1,000. While that's significantly higher than the US, it's also in astounding defiance of Western stereotypes about 'primitive' birth practices.

Of course, women in the US, even women inclined towards natural childbirth, birthing centers, midwives, or home births, have one nagging question: What if Something Goes Wrong? It's a legitimate worry, of course, and with it comes the guilt and blame associations often attached to hippie-dippie mothers who 'irresponsibly' choose home births, even those mothers who have healthy babies to show for it. Midwives, of course, are also interested in the Something Going Wrong, and data from the University of Michigan shows that Wrong is Relative: midwives generally deliver with lower instances of C-sections, neonatal death, and low birth weight than doctors do. When there are real problems and high-risk pregnancies, midwives are "effective in screening... and referring those clients to obstetricians," according to Barbara Graves at Bay State Health. No one ever said that by choosing a midwife, childbearing women forfeit the opportunity for high-tech medical care. And yet that seems to be the public impression.

Women are biologically capable of giving birth without any help from white lab coats, IVs, and C-sections. It's nice to know we've got the option, of course, but the AMA seems to think it's our only option. When the midwifery bills come up for consideration in several state legislatures over the next year, physicians, midwives, and legislators alike should take a good look at the hard data and remember the Hippocratic tradition: "First, do no harm."

Is a home birth unsafe?

Is giving birth at home any more dangerous than giving birth in hospital?

Home births are controversial and some people, including doctors, are convinced they're a riskier option than giving birth in a hospital. But a growing body of research - including some in B.C. - suggests, when done properly and attended by a midwife, it can be just as safe as delivering in a hospital.

In 2002, Patricia Janssen, a perinatal epidemiologist at UBC, published a study comparing 800 planned home births in B.C. to about 1,300 births in hospital. The two groups of women were carefully matched, to ensure both involved low-risk pregnancies and women of similar economic backgrounds.

What Janssen found was home births were no more risky, either for women or their babies, than delivering in a hospital. In fact, the risk of some complications and interventions was actually lower among women who gave birth at home.

For example, just 6.4 per cent of home births resulted in a C-section (after transfer to hospital), compared to 11.9 per cent for hospital births attended by a midwife and 18.2 per cent for hospital births by a physician. Just 3.8 per cent of home births involved an episiotomy, compared to 10.9 per cent for midwife-attended hospital births and 15.3 per cent for doctor attended hospital births. And the risk of infection, while small in both cases, was five times higher in hospital: 35 per 1,000 births compared to seven per 1,000 for home births.

Since the 2002 study was published, Janssen and her colleagues have been working on a follow-up, looking at all 3,000 planned home births in B.C. between 2000 and 2004. The results have not yet been published. But Janssen said the data appears to confirm the earlier study: home births in B.C. are no more dangerous than those in hospital. "What we know... is that planned home birth with a regulated midwife does not carry excess risk compared to a planned hospital birth," she said. Janssen said it's important to stress the safety of home births in B.C. is due in large part to the fact midwives here are well-trained and regulated.

They also rigorously pre-screen women, to ensure those with high-risk pregnancies are denied home births and sent to hospital instead. In fact, home births can even be called off because of bad weather since it could make it difficult to transfer a woman or her baby to hospital. Transfers take place in about one quarter of home births, some during labour and others after. "Our midwives practice cautiously," said Janssen. "So, if in doubt, they transfer."

The focus on regulation in B.C. is important, because studies in places with less rigorous regulation of midwives have found home births can be more dangerous than giving birth in hospital. One study in Australia, for example, found infant death rates for home births were higher than the national average, something the study blamed in large part on the failure to screen out high-risk pregnancies, such as twins or breech births.

In contrast, studies done in countries with well-regulated home birth programs, such as the United Kingdom and the Netherlands, have found similar results to Janssen's study. One of the chief criticisms of home births is, if something does go wrong, the mother and her baby are far from expert help in hospital.

"The fact is that rare, bad things happen in childbirth," said Dr. Paul Thiessen, a clinical professor of pediatrics at UBC. "And if you're having [the birth] in the comfort of your own home ... are you more or less likely to have a good outcome compared to expert people available at your immediate beck and call?" Janssen agreed hospitals have the advantage of speed when problems with a pregnancy are discovered. But the fact that rates of injury and death are no higher for B.C. home births suggests something else must be going on.

One possibility, said Janssen, is that because home births are supervised by two midwives, problems are identified more quickly than they are in hospital, making the increased delay in getting to hospital a wash.

"In a home birth you have the focused and undivided attention of an experienced practitioner who may be able to pick up complications very early as opposed to being in a crowded hospital where there's a mix of both experienced and new practitioners who have other responsibilities," said Janssen.

10 Homebirth Facts No One's Telling You

1. In studies comparing home vs. hospital births, homebirths supervised by a "trained attendant" indicate fewer deaths, injuries and infections. Respiratory distress in newborns was 17 times higher in the hospital than at home. (1)

2. The US has the highest obstetrical intervention rates of any country. (1) The US is currently ranked 28th for infant mortality (that means 27 other countries have a better rate of infant survival than we do). (5, 33)

3. The superior outcomes seen in homebirths are not because the women are at lower risk or in any way special or different from women planning hospital births. (2)

4. You are very likely to have a c-section if you chose a hospital birth. The WHO concluded that there is no reason for any region of the world to have a cesarean rate of more than 10-15%. As of 2009, the US cesarean rate was 32.9% (Here is a state by state list of c-section rates) (3) C-section infants also are four times more likely to die than those born vaginally. (5, 31)

5. The newest study, done in 2005 and published in the British Medical Journal showed homebirth with a CPM (Certified Professional Midwife) to be as safe as hospital birth. The rates of medical intervention at home were lower, and the study showed a high satisfaction rate for mothers. (4)

6. The vast majority of women is up to 6 times more likely to die if their babies are delivered in the hospital. (5, 25)

7. If your baby is born at home with a midwife, instead of in a hospital with an OB, he is six times more likely to survive his first year. (5, 29)

8. The longer your second stage of labor, the more likely you are in to receive a c-section when at the hospital. At home, there will likely be no time limit on your pushing stage unless there is a real problem. (5, 46)

9. When your birth is attended by a midwife, your chances of hemorrhaging and/or continuing to hemorrhage are significantly reduced. (5, 58)

10. A study published in the November 2003 of The Lancet found that c-sections double the rate of stillbirth before labor begins, in women who have had a previous c-section (and most likely a hospital birth). (5, 105)

"The first intervention in natural childbirth is the one that a healthy woman does herself when she walks out the front door of her own home in labour."- Michael Rosenthal, OB/GYN (from Midwifery Today E-news 7:24)

Sources:

1. From Is Homebirth for you? 6 Myths about Childbirth Exposed
2. Goer, Henci. The Thinking Woman's Guide to a Better Birth.
3. ICAN (International Cesarean Awareness Network)
4. MANA.org
5. Doubleday, Jock. Spontaneous Creation: 101 Reasons Not to Have Your Baby in the Hospital

Home Birth and Out-of-Hospital Birth: Is it Safe?
How Safe is that Hospital Anyway?

Information compiled by Jennifer L. Griebenow 4/97

In the past, most Americans were born at home with lay midwives attending. The mortality rate for both mothers and babies was higher in 1900, at 700 maternal deaths per 100,000 births, than it is now. Babies also died at a significantly higher rate at that time, which decreased to 28.9 births per thousand by 1960. Obstetricians tend to emphasize that many women used to die in childbirth, implying that we should be grateful for current obstetric practice. However, even in 1900, the percent of women who died giving birth was only 7/10ths of one percent! One has to wonder how this percentage compares with our country's current cesarean section rate of 22%. Are the surgeries performed on these mothers actually saving them from imminent death? Maternal and infant mortality are lower now than they were 40 years ago. But the assumption that hospital birth is safer for mother and baby has never been supported. Prenatal care, better nutrition, antibiotics and blood transfusion have played more of a part in the relative safety of birth now.

- Sheila Kitzinger, British childbirth expert, states that planned home birth with an experienced lay midwife has a perinatal death rate of 3-4 babies per 1,000 births. Hospital births, by contrast, carry a perinatal mortality rate of 9-10/1,000. [Perinatal death rates include fetal deaths on and after 28 weeks gestation, whereas neonatal mortality rates only include deaths occurring in the first 28 days after
- A study in Australia found a perinatal mortality rate of 5.9/1,000 out of 3400 planned home births.
- Joseph C. Pearce states in his landmark book *Evolution's End* that homebirthed babies have a six to one better chance of survival than a hospital-birthed child.
- A study in the Netherlands done in 1986 on women who were having their first babies showed these results: out of 41,861 women who delivered in the hospital, the perinatal mortality rate was 20.2/1,000. Of 15,031 women who delivered at home with a trained midwife, the rate was 1.5/1,000 . I know, I thought it must be a typo too.
- Marsden Wagner, M.D., formerly of the World Health Organization, states that every country in the European Region that has infant mortality rates better than the US uses midwives as the principal and only attendant for at least 70% of the births. He also states that the countries with the lowest perinatal mortality rates in the world have cesarean section rates below 10%. How does this compare with the US rate? Miserably.

Cesarean section and hospital birth is not doing for women and their newborns what doctors and hospitals claim it is! Ask for statistics and studies when your doctor claims hospital birth is safer than planned (not accidental, unattended) home birth. He will be unable to provide them. If your doctor says, "That's common knowledge," you would be wise to seek another health care provider. If you can find studies that claimed hospital birth is safer, you will find that they included deaths occurring in unplanned, unattended births that occurred at home, rather than comparing normal, low-risk women. And more often than not, the study will have been funded by (guess who?) ACOG (The American College of Obstetricians & Gynecologists).

Other studies:

- Dr. Lewis Mehl did a study comparing home and hospital birth with mothers from California and Wisconsin with matched populations of 2,092 mothers for each group. Midwives and family doctors attended the homebirths; OB-GYNs and family doctors attended hospital births. Within the hospital group, the fetal distress rate was 6 times higher. Maternal hemorrhage was 3 times higher. Limp, unresponsive newborns arrived 3 times more often. Neonatal infections were 4 times as common. There were 30 permanent birth injuries caused by doctors.
- Dr. Mehl did another study comparing 1,046 home births with 1,046 hospital births. The groups were matched for age, risk factors, etc. There was no difference in infant mortality. None! However the hospital births caused more fetal distress, lacerations to the mother, neonatal infections and so on. There was a higher rate of forceps and C-section delivery and nine times as many episiotomies.
- Robert C. Goodlin reported in the Lancet on 1,000 births, half occurring in a hospital, half in a birth center. There were no IVs, monitors or anesthesia used in the birth center, but the babies were born in better condition. Besides that, three times as many cesareans were performed in the hospital.
- In 1982, Anita Bennett and Ruth Lubic evaluated 2000 births that had happened in 11 freestanding birth centers. The neonatal death rate was 4.6/1,000. The authors were denied information on low-risk women delivering in hospitals. One wonders why....

- A British research statistician, Marjorie Tew, did long term studies of the safety of birth in various settings during the 1980s. She found that among a sample of 16,200 births, the perinatal mortality rate was lower for out-of-hospital births, even for very high-risk mothers! At a relatively high-risk level, perinatal mortality was three times higher in hospital. Tew then expanded her research by using information from the Netherlands, a nation where both obstetricians and midwives practice. The perinatal mortality rate was ten times higher in the hospital births there, even though the risk status of the mothers at the time of delivery was not much higher than that of mothers who chose midwives.
- In the Netherlands, which has a significantly lower infant mortality rate than ours, the C-section rate is 7%. The episiotomy rate is 6%, whereas ours is as high as 90%. Midwives attend most of the births in the Netherlands. (Midwives tend to allow time for the woman's tissues to stretch and to use perineal massage, warm compresses, and good head flexion to avoid both episiotomies and tearing; hence the lower Netherlands rate.)
- In 1988, the US ranked 19th among industrialized nations for low infant mortality rates. By comparison, Sweden, where all mothers receive midwifery care, even when they are high risk and may also require physician care, ranked second.
- Between 1978 and 1985, licensed midwives in Arizona had a perinatal mortality rate of 2.2/1,000 and a neonatal mortality rate of 1.1/1,000.
- In Madera County Hospital in California, where there is a transient, high-risk population, midwives did the best job. In 1959, when doctors did the deliveries the neonatal mortality rate was 23.9/1,000. During 1960-1963, midwives had a rate of 10.3/1,000. When OBGYNs took over again in 1964, the rate skyrocketed to 32.1/1,000.

Carl Jones says, and I concur, "No one can tell a mother she is perfectly safe giving birth at home. Whether she is safer at home than in a hospital, however, is another question". There is always going to be some risk when giving birth, as in all of life, and women should be carefully screened for any health problems that could be dangerous during labor and delivery. For certain women in rare instances, obstetric care is essential. However, for most women, better, healthier results are seen when mothers choose birth centers or home births. As far as the risk of home birth goes, Our Bodies, Ourselves states, "The times when hospital care unexpectedly becomes instantaneously necessary are rare". In A Good Birth, A Safe Birth, Diana Korte and Roberta Scaer quote Tew, the research statistician, who says, "The danger of home as a place of birth does not lie in its threat to the healthy survival of mothers and babies, but in its threat to the healthy survival of obstetricians and obstetric practice".

Another factor that is important in making the choice about where to give birth may surprise you. It makes common sense, but has also been documented by several studies. Women who give birth in a hospital are much more likely to experience postpartum depression or even post-traumatic stress disorder. Kitzinger states that the more interventions a woman experiences, the more likely she is to be depressed, with C-sections obviously carrying the greatest risk of depression. She quotes 5 or 6 studies documenting the effects of this "institutional violence."

Aidan McFarlane, a British physician, notes that while 68% of hospital mothers experience postpartum depression, only 16% of home birth mothers do. On The Farm, a self-contained, alternative lifestyle community in Tennessee, the rate of postpartum depression was .03 percent. Almost all mothers on the Farm had both a homebirth and a supportive, loving community of women to assist them postpartum. Avoiding depression, in itself, would be a major reason for mothers to consider giving birth in their own homes, if that is where they are most comfortable, especially if they had previously experienced postpartum depression and thus were at high risk for a repeat episode.

Aspects of hospital birth that may strongly contribute to the incidence of postpartum depression in our country are the way the moment of birth is handled and the routine separation of baby and mother. In a study that appeared in the New England Journal of Medicine in 1972, Marshall Klaus, the "bonding" expert, found that holding the baby close released "dormant intelligences" in the mother and caused "precise shifts of brain functioning and permanent behavior changes". In other words, bonding is not just an emotional thing that only mothers think happens. It is a biochemical process that forever changes the mother, so that she knows more instinctively how to relate to her baby. In the hospital, baby cannot see mom with all the bright lights and is often inspected and observed for several hours before mother can hold it for any length of time. This is not to say love can't make up for this loss, but motherhood might come easier if we had those natural body changes to help us. Then babies are still routinely kept in the nursery, if not most of the time, at least part of the time. The routine separation of mom and infant makes baby frightened and mom depressed. This may be why postpartum depression and difficult adjustments are so common in the US and rare elsewhere. Japan moved from midwifery to obstetrical handling of births approximately 25 years ago. When older Japanese recently asked Joseph Pearce why their mothers no longer "know what to do with their children," one has to wonder how much the new hospital setting has to do with it.

Most homebirth studies also show a significantly lower rate of C-section than hospitals have. Most stats show a rate between 1-5% for planned homebirths, with the above-quoted lower mortality rates as well. Cesarean sections themselves carry a far

greater risk of additional illness or death than most people realize. They have become so routine in our society that everyone feels "It's no big deal." However, C-sections carry a 2 to 4 times greater risk of death than do vaginal deliveries (Boston Women's Health Book Collective).

Several studies on the risk of death from the surgery alone (i.e. factoring out the conditions the surgery was done for) have shown varying, yet consistently depressing, results. Errard and Gold found with eleven years of statistics that the risk of death from cesarean section was 26 times greater than from vaginal birth. Cohen and Estner also cite a study done in Georgia showing a maternal death rate of 59.3 per 100,000 women who had cesarean section versus 9.7/100.000 for women who delivered vaginally. A California study showed a maternal death rate 2-3 times greater from C-section. Korte and Scaer state that obstetricians admit a maternal death rate four to six times higher with cesareans, and add that many believe the rate is higher, giving 1 in 1,000 as the true odds of death for a c-section mother. You should also be aware that death is not the only complication caused by cesareans; mothers commonly experience infection after a section. Infertility problems, organ damage, and paralysis from anesthesia complications are rare but possible risks. The pain at the incision site is no picnic either.

Another thing to think about is how a surgery like this will affect you, your child, and your society in the long run. When mothers "fail" to give birth naturally in hospitals, as they so often do these days, their self-image is harmed despite well-meaning friends telling them it doesn't matter how baby came out. Especially if mothers are not certain their sections were absolutely necessary, there is often a hidden anger that can't be overtly expressed in our culture. Mothers may take this unacceptable anger out on the only people they can--their children. "In 1979, the government of California funded the first scientific study ever made of the root causes of crime and violence. Their first report three years later stated that the first and foremost cause of the epidemic increase of violence in America was the violence done to infants and mothers at birth". The "little things" really do matter, just as a small pebble thrown in a pond makes ripples that travel a long, long way.

If you are a woman with no health problems or contraindications to safe labor and delivery, consider very carefully your place of birth. Your chance of having major surgery is one in four if you choose a hospital, regardless of your current health status. Those are very good odds. If you had the opportunity to buy a million dollar lottery ticket with odds that good, you would, wouldn't you? Don't assume that it won't happen to you. Since the risks to you and your baby are lower at home, and your risks of having surgery are greater if you go to a hospital, please consider homebirth as an option.

Wherever you decide to give birth is up to you; just remember that you can make the decisions that need to be made when you have true information. It is your body, your baby, your money, and your life on the line, not the doctor's or anyone else's. You have the right to accurate information and the right to decide what is best for your baby. Don't let anyone tell you otherwise. Also, when you ask for information, beware of health care providers who say they judge each case individually, so they can't really give you their statistics. It probably means either they don't know or they don't want you to know. You will have to live with the consequences of decisions made during your labor, for better or worse. For more information or support, call me at 606/625-0185 or email me at griebenow@iclub.org

The author disclaims any liability resulting from the use of this information, and strongly urges you to use your own mind.

Advantages of Homebirth

- Childbirth has the potential to be a profound, life-transforming experience for the woman, one which may facilitate emotional healing, strengthen and deepen her relationships to all aspects of herself--with far reaching effects to her children, her mate and family members.

- She is not subjected to routine procedures such as continuous electronic fetal monitoring, IVs, and episiotomy.

- She can eat, drink, walk, and rest freely, working with her own natural body rhythms.

- She has continuous care with the same attendant throughout the prenatal, labor, delivery and postpartum periods, facilitating trust and competent decision-making based on process as an individual.

- She is more likely to deliver without drugs, vacuum extractors or cesarean section when supported by caregivers who feel that birth is a normal physiological function.

- She is free to explore a variety of creative birthing options such as waterbirth, birthing stools, delivery positions like squatting or hands and knees, and may utilize comfort measures like candles, incense, inspiring music, and aromatherapy.

- The woman and baby have less risk of infection in her own home.

- She is less likely to experience postpartum depression when she has not been separated from her baby.

- In addition, when childbirth takes place at home, it becomes an integral part of family life, with father and/or siblings able to participate in as complete and appropriate a manner as possible. This assists postpartum adjustment for all family members.

- The baby's experience at birth can be made as gentle and loving as possible, and routine procedures such as deep suctioning, bright lights and artificial warming can be avoided unless medically necessary.

- The healthy baby remains with the mother, preserving the mother-infant bonding so crucial to the development of attachment parenting.

- The baby is more likely to be born vaginally without breathing difficulties so often associated with anesthetics and cesarean birth.

- Breastfeeding is easier to establish when the baby can nurse on demand, and the mother is given immediate encouragement and instruction in proper technique.

- Baby is less likely to develop an infection at home.