

Planning Place of Birth

21/05/2012

Author

Elena Garcia Garcia, PhD

Summary

Question

What is the best available evidence regarding the effect of giving birth in a home-like setting, compared with giving birth in a conventional hospital setting?

Clinical Bottom Line

In different countries, there is a wide variation in the location where women and their partners choose to give birth to their baby. For some, the setting is a conventional obstetric led unit, others a midwifery-led home-like birth unit within the hospital environment, and others give birth at home with an independent midwife.¹ Recently there has been more emphasis on women being given choice, but this is still largely dependent on the availability of birth settings, and healthcare providers within that model of care.²

- Evidence suggests that giving birth in a home-like setting significantly increases the chance of a spontaneous vaginal delivery, decreases analgesia/anaesthesia required during labour, increases vaginal/perineal tears, decreases episiotomy rate, increases satisfaction with care and preference to choose the same setting again, and increases breastfeeding initiation rates.¹ (Level I)
- Evidence suggests there is a statistically non-significant trend towards increased perinatal mortality in home-like birth settings.^{1,3} (Level I)
- The quality of evidence is poor related to this topic. Expert consensus suggests that giving birth is usually safe for both women and babies, and that low-risk women who choose to give birth at home should not be discouraged. A major study in the UK by the National Perinatal Epidemiology Unit, Birthplace Study is due to be released at the end of 2010, and will add further evidence to address this point.² (Level IV)
- A study undertaken in Sweden found that women who planned a home birth and women who had a caesarean section based on maternal request were significantly different groups of mothers in terms of socio-demographic background. In a birth context that promotes neither home birth nor caesarean section without medical reasons, they found that those women who had a planned home birth felt more involvement in decision making and had a more positive birth experience than those who had a requested, planned caesarean section. Women with a planned home birth had a higher level of education, were less likely to have a high body mass index and were less likely to be smokers.⁴ (Level III)
- A randomised control trial found that there were no differences between to birth on a birth

seat or birth in any other position in the number of instrumental vaginal births on nulliparous women. The study confirmed an increased blood loss 500 ml - 1000 ml but not over 1000 ml for women giving birth on the seat. Giving birth on a birth seat caused no adverse consequences for perineal outcomes and the study found that it may even be protective against episiotomies.⁵ (Level II)

- As study undertaken in New Zealand among low-risk women found that women who planned to give birth in secondary and tertiary hospitals had a higher risk of cesarean section, assisted modes of birth, and intrapartum interventions than similar women who planned to give birth at home and in primary units.⁶ (Level III)

Characteristics of the Evidence

This evidence summary is based on a structured search of the literature and selected evidence-based health care databases. The evidence in this summary comes from:

- A Cochrane systematic review including 6 trials involving 8677 women.¹
- Evidence based guidelines.²
- A systematic review.³
- A descriptive study including 797 women.⁴
- A randomized controlled trial including 1002 women.⁵
- A cohort study including 16453 women.⁶

Best Practice Recommendations

- Women should be offered the choice of where they want to give birth, whether a home birth, in a midwife-led home-like unit, or in an obstetric setting. They should be informed about the evidence for different settings, and supported with their choice. (Grade B)
- Women should be offered the choice of birth position. (Grade B)
- Women can be informed that giving birth in a home-like setting may increase the chance of a spontaneous vaginal delivery, decrease analgesia/anaesthesia required during labour, increase vaginal/perineal tears, decrease episiotomy rates, increase satisfaction with care and preference to choose the same setting again, and increase breastfeeding initiation rates. (Grade B)

References

- Hodnett ED, Downe S, Edwards N, Walsh D. Home-like versus conventional institutional settings for birth. *Cochrane Database Syst Rev.* 2005;1. (Level I)
- National Institute for Health and Clinical Excellence. Intrapartum care: care of healthy

women and their babies during childbirth. 2007.

- Hofmeyr GJ. Evidence-based intrapartum care. *Best Pract Res Clin Obstet Gynaecol.* 2005;19(1). (Level I)
- Hilldingsson I, Radestad I, Lindgren H. Birth preferences that deviate from the norm in Sweden: planned home birth versus planned cesarean section. *Birth* 2010; 37:4. (Level III)
- Thies-Lagergren L, Kvist LJ, Christensson K, hildingsson I. No reduction in instrumental vaginal births and no increased risk for adverse perineal outcome in nulliparous women giving birth on a birth seat: results of a Swedish randomized controlled trial. *Pregnancy and childbirth* 2011, 11:22. (Level III)
- Davis D, Baddock S, Tchng D, Pairman S, Hunter M, Benn C et al. Planned place of birth in New Zealand: Does it affect mode of birth and intervention rates among low-risk women? *Birth* 2011; 38:2. (Level III)