When it comes to what's best for you and your baby, you can consider a midwife-assisted home birth as safe an option as birthing in a hospital or free-standing birth center. At a home birth, your privacy will be respected and you can enjoy birthing in an intimate, family atmosphere. By birthing at home, you'll be treated like a woman going through a natural process. Too often in hospitals, birthing women are made to feel more like patients with a dangerous condition.

Homebirth midwives carry the same equipment and medications found in a birth center. These includes hand held Dopplers and state-of-the-art machines for continuous monitoring of the baby's heart rate, if necessary. Midwives also bring suctioning equipment and an oxygen tank to every birth, in the rare event they are needed. Anti-hemorrhagic medications will be on hand to prevent postpartum hemorrhaging, as will suturing equipment in case you tear.
In fact, midwives practicing in homes or independent birth centers can do everything that a midwife in a hospital could do. A 2009 Canadian study compared safety rates for planned home births and planned hospital births attended by the same cohort of midwives. They also evaluated the safety of planned physician-attended hospital births for a matched population of low-risk women who could have opted for home birth or hospital-birth midwives. Of the three groups, the home birth group had the highest safety statistics, including the lowest rate of interventions, serious perineal tearing and hemorrhaging. Babies born at home required resuscitation less often than those born in the hospital, and were less likely to experience meconium aspiration. Thus, the study indicated that home births were not only safer for low-risk mothers than any other birthing environment, but that they also called for less medical intervention.

One key difference is that professional midwives, in whichever setting they practice, work to recognize problems that could potentially interfere with a safe birth, and seek to correct them before they become major problems. They are also trained to handle life-threatening emergencies that can occur suddenly during a birthing, such as shoulder dystocia, postpartum hemorrhage or placental problems. Interestingly, each one of these emergencies occurs beyond the point when a cesarean section is still an option.

During the hours leading up to a birth, if a cesarean becomes necessary, there is a safety margin of 30 to 75 minutes in which to assemble a surgical team. For this reason, many midwives recommend that women labor within 30 minutes of a hospital as their emergency backup plan. This provides the same safety margin as women birthing in hospitals.

A landmark study on home birth safety was published in the British Medical Journal in June 2005. Like the 2009 study, this study showed that home births and hospital births had similar overall safety rates, but that there were fewer interventions and fewer complications for the home births. This prospective study with a rigorous research design is was most comprehensive North American study regarding birthing location options. A suite of home birth safety studies from the United Kingdom in 1996 also showed home to be as safe as or safer than a hospital for low- and moderate-risk women. In a 1999 review of all the literature on the relative safety of different birthing locations, childbirth researchers Luke Zander and Geoffrey Chamberlain concluded, “No evidence exists to support the claim that a hospital is the safest place for women to have normal births.”
Safety Begins at Home

There are several reasons why midwife-attended home births are safer than hospital births for most women. The first is that birth is a natural bodily process that works best without interference. A home birth with a midwife attending assures you that risky medical intervention will be kept to a minimum. (For example, Pitocin and epidural anesthesia, routinely administered in hospitals, introduce significant risks to both mother and baby.) Most problems that arise at home can be corrected with position changes or by providing the mother with food or better hydration—safe and helpful tools which are, ironically, often forbidden in many hospitals.

The second reason that home birth is safer is that the infection rate at home births is less than half that of hospital births. There are several reasons for this. First, the baby is born with the mother’s antibodies, passed through the placenta. These include immunity to the family’s household germs. Hospitals are notoriously germ-infested, and a mother isn’t able to offer herself or her baby the same degree of immunity from that environment. Second, homebirth midwives know not to wash off the protective, antibacterial vernix covering the baby’s skin. Third, because mothers and babies are never separated, the baby’s immature immune system is able to function optimally, without the stress and disruption of the baby being taken from its mother. Furthermore, the continuous mother-baby interaction fosters successful breastfeeding, which is the baby’s best protection against infection from the moment of birth. Midwives provide continuity of care and comprehensive mother/baby care at a level impossible in the assembly-line nature of hospitals.

Many women wonder whether they’ll be able to give birth at home without drugs; in fact, most women do just fine. Many women who have had babies both at home and in the hospital assert that birthing is much less painful at home, in familiar surroundings, with birth attendants who could cater to every need.

Childbirth classes teach about the fear-tension-pain cycle, whereby fear increases tension, causing the cervix to constrict rather than dilate, which in turn increases pain. It’s a process that’s counterproductive to birthing. When fear is absent from the birthing environment, the opposite cycle can play out: confidence-relaxation-comfort. That is, the more confident you are, the better able you are to relax, and the more comfortable you’ll be. This allows your body to
secrrete endorphins, which are the natural pain relief intended by nature for the mother’s body during natural childbirth.

As a laboring woman’s body produces more oxytocin to increase the effectiveness of her contractions, she also produces an equivalent level of endorphins for pain relief. (These endorphins aren’t produced if the mother is under stress or feeling afraid.) It is not uncommon for women to become increasingly relaxed as labor progresses, due to their endorphin levels climbing as the intensity increases. It’s easy to imagine how being in your own home can increase your confidence and ability to relax. A birthing tub provides even greater comfort, immersing the mother in the warm weightlessness of water.

Water birthing offers the woman the option of laboring and birthing in a tub. When a baby is born in water, the baby continues to receive all of its oxygen through the placenta until it is above water and using its lungs successfully. Thus, there is no risk of drowning, even if the baby crowns slowly over several contractions. The buoyancy provided by the water seems to help the mother and baby find the optimal position for birthing. In addition, the warm water increases blood flow to the uterus, which not only provides the necessary oxygen to the baby, but facilitates cervical dilation and reduces pain. Babies born in water are usually in excellent condition, and they are easily comforted by the familiarity of warm water.

The experience of birth for the baby at home is usually very gentle. We know that babies recognize voices during late pregnancy, so it is believed that the baby recognizes the midwife’s voice as someone nonthreatening and familiar. Homebirth midwives don’t use any devices that go inside the uterus or might be uncomfortable for the baby, and women are encouraged to birth in a position they choose. Positions chosen by the mother, such as an upright position, or on her hands and knees, tend to minimize stress on the baby and facilitate an easier birth.

Many homebirth couples choose to catch their own baby, and the assessment of baby’s well-being right at birth can be easily done with the baby still in the mother’s arms. Some midwives don’t ever hold the baby until the mother feels ready to have the baby weighed. Most parts of the newborn exam can be performed with the baby in the arms of the mom or dad. And because there is no rush to cut the cord, the baby receives all of its nutrient-rich cord blood, as nature intends.

Families who already have a little one at home appreciate how much easier it is for the older sibling to adjust to a new baby when their mom doesn’t mysteriously disappear for a few days. It
may be wise to have a special family friend or a professional child doula there to care for the older child during the birth, but many siblings happily participate during the birth or sleep right through the excitement.

**Easier Than You Think**

The logistics of planning a home birth are often not as complex as couples assume. Babies born at home get a birth certificate and social security number, just like hospital born babies. (Your midwife can provide the necessary paperwork.) Birth kits with disposable supplies can be easily purchased online. Even larger items, such as birthing tubs, can be affordably purchased or rented.

Home birth is legal, and because it is far less expensive than hospital birthing, in some states insurance companies will cover the cost or even negotiate an in-network rate for out-of-network providers. In California, for example, even some HMOs cover home birth. Insurance coverage for home birth varies tremendously from state to state and from one health-insurance carrier to the next, so it is important to contact your own insurance company for more information. When you do so, you can tell them that the savings associated with home birth as the norm are estimated to be around $15 billion annually.

On an individual level, if you’re paying out of pocket for your birth, you may end up spending $2000 to $5,000, depending on where you live and the services you get. (For example, many home birth midwives will include well-care newborn check-ups for several weeks after the birth, right in your home.) Hospital births range from $8,000 to more than $30,000 for vaginal births, and can run as high as $50,000 for cesarean births, which involve additional days in the hospital for mother and baby as a result of the major surgical procedure.

Home birth provides an opportunity for a safe and satisfying birth experience, putting the needs of the baby first. She’s the most important person during the event: Shouldn’t she be treated like it?
About the Author:

Ronnie Falcão, LM, MS, is a home birth midwife practicing for twelve years in and around Mountain View, California. A direct-entry midwife trained through a home birth apprenticeship and a residential internship at Casa de Nacimiento birth center in El Paso, Texas, she was licensed in 1997 under the California Challenge Process through the Seattle School of Midwifery. Ronnie is editor of the Midwife Archives at gentlebirth.org/archives. Her personal web page is gentlebirth.org.