

# Planned home and birth center birth presents little risk where midwifery is well-integrated into healthcare systems

SEATTLE, WASHINGTON, USA, October 11, 2021 /EINPresswire.com/ -- A new study out of Washington State reports that people with low-risk pregnancies who plan a community-based birth have similar outcomes to people who plan community births in countries where midwifery care is integrated into the healthcare system, and that outcomes are similar whether they plan

to birth at home or in a freestanding birth center. This news is particularly welcome at a time when, due to the COVID-19 pandemic, there has been increased interest in community-based birth.



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*Elizabeth Nethery*

Researchers from Bastyr University (Kenmore, WA) and the University of British Columbia (UBC) arrived at these conclusions after analyzing outcomes of more than 10,000 community births attended by members of the Midwives Association of Washington State (MAWS) between 2015 and 2020, using data submitted to the Obstetrical Care Outcomes Assessment Program (OB COAP). OB COAP is

an ongoing quality improvement collaborative of the Foundation for Health Care Quality that examines outcomes for births across all settings – those in hospitals, birth centers, and homes.

The study analyzed data from 10,609 planned home and birth center births that met Washington's eligibility criteria and regulatory standards for birth center births. This included individuals with healthy term (>37 weeks) pregnancies with no history of cesarean delivery, and whose baby was presenting head-first.

The research team of midwives, epidemiologists, and obstetricians published the findings Thursday in *Obstetrics & Gynecology*.

"The birth setting had no association with increased risk for either parent or baby," said Elizabeth Nethery, a PhD candidate at UBC's school of population and public health who was lead author of the study. "Our findings show that when a state has systems to support the integration of community midwives into the healthcare system as Washington has done, birth centers, and

homes are both safe settings for birth."

Home birth remains controversial in the U.S. The American Association of Obstetricians and Gynecologists (ACOG) has stated that birth is safest at a hospital or an accredited birth center. They recommend against home birth because of studies that show higher rates of neonatal death among home births across the entire U.S.

However, states vary widely in their licensing requirements, regulatory status, and access to medications for midwives. These variations might contribute to differences in outcomes at the state level that are reflected in nationwide numbers. "Washington state's professional association guidelines, as published by MAWS, are likely important for patient selection in community birth and midwifery practice in Washington. Participation in an active midwifery organization like this may be important for safety." Said Dr. Vivienne Souter, an obstetrician-gynecologist who is also a co-author on the study.

Washington has done more than most other states to integrate midwifery into the healthcare system. It has one of the highest rates of community birth in the U.S., with at least 3.5 per cent of all births (approximately 3,000 per year) occurring with midwives either at home or at a state-licensed birth center. Additionally, MAWS, as the state's largest, most well-established professional midwifery organization, has committed to ongoing benchmarking of their outcomes side by side with those in the hospital setting through their membership in OB COAP.

The result is a low rate of 0.57 perinatal deaths per 1,000 births, which is comparable to other countries such as Canada, the United Kingdom and the Netherlands, where home birth is well-integrated into the health system. It's also identical to the ACOG's benchmark for low-risk birth.

The findings of this study suggest that other jurisdictions in the U.S. might be able to achieve similar results with comparable degrees of midwifery integration and that Washington state could serve as a model for safe community-based birth across the U.S.

Vivienne Souter, MD  
Foundation for Health Care Quality  
+1 206-375-0234  
[email us here](#)

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