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Obstetricians Use Dubious Method In Attempt to Discredit Homebirth—

Motives Questioned by Parents, Midwives, and Public Health Researchers

For the last six months, the American College of Obstetricians and Gynecologists (ACOG) has widely publicized a new study from Washington State that, prior to review by the wider scientific community, made homebirth appear unsafe. New analyses in the latest issue of *Obstetrics and Gynecology* confirm suspicions that major flaws in the study likely skewed the results. Parents, researchers, and midwives' associations across North America are concerned that, in spite of warnings about the inaccuracies, a prestigious medical organization promoted and continues to misrepresent the results of a poor study.

Long opposed to homebirth, ACOG has been unable to identify solid evidence that supports their position. With increasing numbers of studies using appropriate methods and enough births to make comparisons, it has become evident that proper care of healthy low risk women produces similar outcomes, whether they choose to give birth in home or hospital.

The new study, "Outcomes of Planned Home Birth In Washington State" (Pang, J. et al, *Obstet Gynecol*. 2002 August; 100(2): 253-9), was intended to compare neonatal outcomes for "planned" home births with those of planned hospital births. However, the study depends on birth certificate data that did not include information on the *intended* place of birth. The authors admitted that an unknown number of unplanned and unattended home births might have been included. Thus there were questions from the beginning about how reliable the study would be.

In the issue of *Obstetrics and Gynecology*, January 2003, letters to the editor compare the Washington study to other studies that used more sophisticated methods. These studies show that typically 8% to 10% of women who have planned home births attended by midwives move to the hospital during their labor. These transports are rarely considered emergencies. Statistics demonstrate they usually occur because of interest in speeding up the delivery with pain or hormonal medication and occasionally because of signs of potential fetal distress.

In contrast to the other studies, the Washington study reported only a 4.5% transport rate, much lower than expected with planned homebirth. This strongly indicates that the so-called "planned home births" included a large number of *unplanned* and *unattended* home births. These births are statistically more prone to bad outcomes, since there is no one trained to perform necessary procedures or recognize other care is needed in a timely fashion.

Although given opportunity, the investigators in Washington failed in their "Reply By The Authors" to respond to criticism about their abnormally low rate of transfer or to concerns about their misrepresentation of the homebirth literature. While the Washington study's conclusions are not likely valid even for Washington State, they definitely cannot be generalized beyond that state's borders.

Since the 1980s, researchers in the field have known the importance of distinguishing home births that are "planned" with a skilled attendant from those that occur at home by accident, without basic knowledge or equipment. In the Washington study, babies born in taxis, prematurely, or to mothers unaware or unable to access needed help could be included in the study as "planned" homebirths.

Licensed midwives in Washington State had brought flaws in the study design to the attention of the investigators prior to the initial presentation of the results. Among other indiscretions, they pointed out that a physician often signs the birth certificate when a baby who was born at home, without an attendant, is subsequently transferred to hospital. Thus the birth certificate data gives the false impression that the physician attended the home birth.

The midwives' appeal to accurately represent the information was ignored. The press was given the story before publication in a medical journal, a protocol not normally followed in science circles. As a result, misleading headlines reached the public before the study's methodology could be evaluated.

In contrast to the ACOG position, the American Public Health Association passed a resolution in 2001 to increase access to out-of-hospital birth attended by credentialed direct entry midwives. They based their decision on the weight of evidence about home birth demonstrated in the home birth studies carried out with better methodologies than were used in the Washington study.

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Fact Sheet

"Planned" Home Birth Study* Misrepresented in the Press

*The American College of Obstetricians and Gynecologists **(ACOG)** has publicized the Pang study* with a press release that **misrepresents the study, misleads the public** about the actual conclusions and **omits mention of the study's serious flaws.***

The authors themselves concluded that their study **should not be used to advise consumers** about the safety of planned home birth: "More light needs to be shed on this controversial topic before practitioners and expectant parents can be fairly counseled about the safety of planned home births."

- The Pang study was based on birth registry data (birth certificates). Because birth certificate data does not include any information about the **intended site of birth**, the authors made **inappropriate assumptions** about which births were "planned" home births.
- **No member of the research team had direct knowledge or experience with home birth**, and **they did not consult** with a single home birth expert or practitioner, so the authors **failed to consider** fundamental differences between home and hospital.
- The authors admit that unplanned and unattended **births were wrongfully included** as "planned home births."
- The authors attributed to "planned home birth" perinatal deaths unrelated to the site of birth, and **failed to demonstrate any causal relationship between neonatal mortality and intended birth site.**
- The authors **neglected to explain why their results contradict** every other study that has examined the safety of planned home births, a basic requirement of scientific studies.

➢ *The Pang study does not change the well-documented fact:* ***For a healthy low risk woman, a planned home birth attended by an experienced midwife (or physician) is as safe or safer than a doctor-attended birth in a hospital.***

*Pang, JWY, et al "Outcomes of Planned Home Birth In Washington State," Obstetrics & Gynecology, 2002 Aug;100(2):253-259

See other side for quotes from this study.

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Can We Trust the Pang Study's Results?

Here is what the authors say about their own study*:

"Because Washington State birth certificates do not identify which home births are planned, we defined planned home births …." (Materials and Methods)

"This study has several limitations that are related to the reliance on birth certificate data. These include the potential for misclassifying unplanned home births … and for misclassifying various outcomes and co-variates. In addition, data were missing for some potential confounders and effect modifiers." (Discussion)

"…misclassification of any unplanned home births as planned home births … would result in inflated risk estimates of neonatal mortality and other outcomes for planned home births." (Discussion)

"Several of the outcomes in this study may have been misclassified, namely respiratory distress requiring assisted ventilation for more than 30 minutes, prolonged labor, and postpartum hemorrhage." (Discussion)

"The likelihood of misclassification might be greater in a home setting than in a hospital … the magnitude and direction of any such bias cannot be predicted and so caution should be used when interpreting the results for these outcomes." (Discussion)

"Nonetheless, more light needs to be shed on this controversial topic before practitioners and expectant parents can be fairly counseled about the safety of planned home births." (Discussion)

*Pang, JWY, et al "Outcomes of Planned Home Birth In Washington State," Obstetrics & Gynecology, 2002 Aug;100(2):253-259

A basic literature review of previous studies,
including one conducted in Washington State, demonstrates that

HOME BIRTH IS SAFE FOR MOTHERS AND BABIES.

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Citations are listed in reverse chronological order by publication date within the geographical settings.
A complete list of citations, including abstracts, is available at http://www.cfmidwifery.org
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Obstetricians Use Dubious Method to Discredit Homebirth —
How Do the Numbers Stack Up?

For the last six months, the American College of Obstetricians and Gynecologists (ACOG) has widely publicized a new study from Washington State that makes homebirth appear unsafe. Unfortunately, ACOG promoted *"Outcomes of Planned Home Birth In Washington State"* (by Pang et al, 2002) before it could be reviewed by the wider scientific community. A closer look reveals major flaws in the study skewed that the results.

The great majority of studies of healthy women who choose home-based birth services under the care of an experienced birth attendant document safe outcomes for both mothers and their babies. This newest study from Washington State was intended to compare neonatal outcomes for "planned" home births with those of planned hospital births. However, it used birth certificate data which did not include information on the *intended* place of birth. The authors admitted that an unknown number of unplanned and unattended home births may have been included. This and other factors make the study's conclusions unreliable.

US total births per year: 4 million (Martin, Joyce, et al, "Births Final Data for 2001," *National Vital Statistics Reports*, Vol 51, No. 5, December 18, 2002, p. 1)
Washington study total births: 16,726

National neonatal mortality: about 2 per 1,000 live births for home, hospital or birth centers (excluding congenital anomalies, including births ending in c-sections). (Rooks JP. Meta-analysis of the safety of home birth. Birth 1997;24:4-13)
Neonatal mortality in the Washington Study:
Total for home and hospital groups: 38
Total excluding congenital anomalies: 19
Home birth cohort: 12, or 1.95/1000 live births (including births ending in c-sections)
Hospital cohort: 7, or 0.7/1000 live births (NOT including births ending in c-sections)

National Cesarean /operative rate: 30%
WA study home birth cohort total Cesarean /operative rate: less than 4%
WA study hospital cohort total Cesarean /operative rate: none – these births were excluded from the study

Home to hospital transport rates reported in most home birth studies: 8 to 10%
Home to hospital transport rates reported in WA Study: about 4%, suggesting a substantial number of unplanned, unattended home births were included in the home birth cohort. (Johnson KC. Letter to the Editor. Obs & Gyn. 2003;101:1)

- The Washington Study neonatal mortality numbers are extremely small. Just one or two mistaken or misclassified cases could change the results.
- No chart reviews were conducted to clarify or verify the birth certificate data or determine any causal relationship between neonatal outcome and intended place of birth.
- The study design ignored the increased cost and maternal complications caused by the very high rate of medical interventions associated with "planned hospital birth", such as Pitocin-accelerated labors, narcotics, episiotomies, forceps and 20 percent-plus Cesarean section rate.
- The hospital and home birth cohorts were not comparable since the results of intended hospital births that ended in Cesarean sections were not included, but intended home births that ended in Cesareans sections were included.
- Cesarean deliveries are riskier for mothers and babies and can result in maternal-infant mortality in subsequent pregnancies.

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