

Out-of-Hospital Midwifery Care: Much Lower Rates of Cesarean Sections for Low-Risk Women

Studies with Certified Nurse Midwives and Certified Professional Midwives have found that intended home and birth center births for low-risk women have significantly lower cesarean rates than do comparable low-risk women in hospitals with equally low infant mortality.

Citizens for Midwifery asks:

Since out-of-hospital midwives can help healthy low-risk women give birth safely to healthy babies with only 3 to 4% cesarean sections, why do hospital-based obstetricians find it necessary to perform cesarean sections on 19% or more of healthy low-risk women?

Studies of Low Risk Healthy Women in Home, Birth Center and Hospital Birth Settings *	Cesarean Section Rate
Certified Nurse Midwives ¹ in Freestanding Birth Centers Nationwide 11,814 births (Rooks et al. 1989)	4.4%
Certified Nurse Midwives in Homebirth Practices ¹ Nationwide 11,788 births (Anderson and Murphy 1995)	3.0%
Homebirths with Certified Professional Midwives ¹ Nationwide 5,418 births (Johnson and Daviss 2005) **	3.7%
Low-Risk Hospital Births² California 806,402 births (Schlenzka 1999)	22.9%
Low-Risk Hospital Births Nationally in 2000³ 3,360,868 births (Johnson and Daviss 2005 from National Vital Statistics)	19.0%

¹ In all the studies, outcomes of transfers during labor and/or after delivery to hospital care from intended home and birth center births are reported in the home and birth center categories, not the hospital category.

² Schlenzka (1999) developed a complex model of risk factors to derive a matched study population to more accurately compare safety in out-of-hospital and hospital birth settings for low-risk women from California birth certificate and discharge data from 1989 and 1990. www.cfmidwifery.org/resources/

³ Low-risk is classified as a singleton, vertex, at 37 or greater weeks gestation birth. Derived from National Vital Statistics Birth Certificate Data, this subset of women would generally be low-risk but would include a small percentage of higher risk women who would require more medical intervention. Cited from Johnson and Daviss (2005).

*Some caution should be taken in direct comparison between studies because exact study methodologies differ. Table is presented for general comparison purposes.

** Summary of findings from Johnson and Daviss can be found at <http://www.cfmidwifery.org/pdf/CPM2000.pdf>

Intrapartum and neonatal mortality rates excluding lethal congenital anomalies were very low for all the cited studies, ranging from 0.6 (Rooks et al. 1989) to 1.9 (Schlenzka 1999) per 1000 births.

Anderson, Rondi E., CNM, MS and Patricia Atkins Murphy, CNM, DrPH. 1995. "Outcomes of 11,788 Planned Home Births Attended By Certified Nurse Midwives: A Retrospective Descriptive Study." *Journal of Nurse Midwifery* 40:483-492.

Johnson, Kenneth C. and Betty-Anne Daviss. 2005. "Outcomes of Planned Home Births with Certified Professional Midwives: Large Prospective Study in North America." *BMJ* 330:1416-1421.

Rooks, JP, NL Weatherby, EKM Ernst, S Stapleton, D Rosen, and A Rosenfield. 1989. "Outcomes of Care in Birth Centers: The National Birth Center Study." *New England Journal of Medicine*:1804-1811.

Schlenzka, Peter F. 1999. "Safety of Alternative Approaches to Childbirth." Department of Sociology, Stanford University, Palo Alto, CA.