

Is Midwifery Safe?

Contributed by Larry G. Overton

What if... just what if...

the hospital is not the very best

place to have your baby?

Read these statements and decide for yourself.

“Most of American obstetric practice in hospitals is not based on science but on myth. What obstetricians do may be the utmost in high-tech, but it is not true science. What you don’t know about modern medicine can hurt you and your baby, perhaps permanently.”

[David Stewart, PhD., in the foreword of Janet Tipton’s *Is Homebirth for You? 6 Myths About Childbirth Exposed*. Big Sandy, TX: Friends of Homebirth, 1990. David Stewart is the Executive Director of the National Association of Parents and Professionals for Safe Alternatives in Childbirth.]

“It is important to clarify that safety is measured by death (mortality) or illness (morbidity) during the labor and birth process and shortly thereafter. The United States has consistently high maternal and perinatal mortality and morbidity rates compared to other industrialized countries. In 1990 the United States was ranked twenty-third by the Population Reference Bureau, which publishes the mortality and morbidity statistics. This means that there are twenty-two other countries where it is safer for women to give birth than in the United States.”

[Barbara Harper, R.N. *Gentle Birth Choices*. Rochester, Vermont: Healing Arts Press, 1994. Page 52.]

“At the present time, 43% of all births [in Holland] remain under midwives’ care: 44% of these are delivered in the hospital and 56% at home (Tew and Damstra-Wijmenga 1991:56). Perinatal mortality for these Dutch midwife-assisted births is the lowest in the world, approximately 2/1000 (Kitzinger 1988/236).”

[Brigitte Jordan, Revised and expanded by Robbie Davis-Floyd, *Birth in Four Cultures: A Crosscultural Investigation of Childbirth in Yucatan, Holland, Sweden, and the United States*. Prospect Heights, IL: Waveland Press, Inc., 1993 (Fourth Edition). Page 48.]

So far, the largest and most complete study on the comparison of hospital birth outcomes to that of homebirth outcomes was done by Dr. Lewis Mehl and associates in 1976. In the study, 1046 homebirths were compared with 1046 hospital births of equivalent populations in the United States. For each home-birth patient, a hospital-birth patient was matched for age, length of gestation, parity (number of pregnancies), risk factor score, education and socio-economic status, race, presentation of the baby and individual major risk factors. The homebirth population also had trained attendants and prenatal care.

The results of this study showed a three times greater likelihood of cesarean operation if a woman gave birth in a hospital instead of at home with the hospital standing by. The hospital population revealed twenty times more use of forceps, twice as much use of oxytocin to accelerate or induce labor, greater incidence of episiotomy (while at the same time having more severe tears in need of major repair). The hospital group showed six times more infant distress in labor, five times more cases of maternal high blood pressure, and three times greater incidence of postpartum hemorrhage. There was four times more infection among the newborn; three times more babies that needed help to begin breathing. While the hospital group had thirty cases of birth injuries, including skull fractures, facial nerve palsies, brachial nerve injuries and severe cephalohematomas, there were no such injuries at home.

The infant death rate of the study was low in both cases and essentially the same. There were no maternal deaths for either home or hospital. The main differences were in the significant improvement of the mother’s and baby’s health if the couple planned a homebirth, and this was true despite the fact that the homebirth statistics of the study included those who began labor at home but ultimately needed to be transferred to the hospital.

[Dr. Lewis Mehl, “Home Birth Versus Hospital Birth: Comparisons of Outcomes of Matched Populations.”

Presented on October 20, 1976 before the 104th annual meeting of the American Public Health Association. For further information contact the Institute for Childbirth and Family Research, 2522 Dana St., Suite 201, Berkeley, CA 94704]

"In the U.S. the national infant mortality rate was 8.9 deaths per 1,000 live births [in 1991]. The worst state was Delaware at 11.8, with the District of Columbia even worse at 21.0. The best state was Vermont, with only 5.8. Vermont also has one of the highest rates of home birth in the country as well as a larger portion of midwife-attended births than most states. . .

"The international standing of the U.S. [in terms of infant mortality rates] did not really begin to fall until the mid-1950s. This correlates perfectly with the founding of the American College of Obstetricians and Gynecologist (ACOG) in 1951. ACOG is a trade union representing the financial and professional interests of obstetricians who have sought to secure a monopoly in pregnancy and childbirth services. Prior to ACOG, the U.S. always ranked in 10th place or better. Since the mid-1950s the U.S. has consistently ranked below 12th place and hasn't been above 16th place since 1975. The relative standing of the U.S. continues to decline even to the present." [Stewart, David, "International Infant Mortality Rates--U.S. in 22nd Place." NAPSAC News, Fall-Winter, 1993, pages 36, 38.]

"A six-year study done by the Texas Department of Health for the years 1983-1989 revealed that the infant mortality rate for non-nurse midwives attending homebirths was 1.9 per 1,000 compared with the doctors' rate of 5.7 per 1,000." [Janet Tipton (Editor), Is Homebirth for You? 6 Myths About Childbirth Exposed. Big Sandy, TX: Friends of Homebirth, 1990. The study cited in this quote is: Berstein & Bryant, Texas Lay Midwifery Program, Six Year Report, 1983-1989. Appendix VIII. Austin, TX: Texas Department of Health.]

The quotations and citations referenced above are but a sampling of the information available on the safety of homebirth. You must decide for yourself, of course, if homebirth is for you. If you would like to investigate the matter further, I would recommend a couple of additional sources. One is a web page entitled "Homebirth - Safety and Benefits." It is maintained by Ronnie Falcao, a Licensed Midwife. The URL for this page is <http://www.gentlebirth.org/ronnie/homesafe.html>. A second source of factual and well documented information is Henci Goer's new book, The Thinking Woman's Guide to a Better Birth, published by The Berkley Publishing Group, a division of Penguin Putnam, Inc., in October of 1999.

However, based upon the data presented above as well as from other sources, the conclusions drawn by homebirth and midwifery advocates across the nation are unanimous. For normal maternity care, a homebirth attended by a trained midwife is safer than a hospital birth. Or, to quote David Stewart once again:

"Every study published shows midwives to be safer than doctors. Every study. No exceptions. If your physician disagrees with this, challenge him or her to produce the data that supports otherwise. They won't be able to do it. Such data does not and never did exist. In a nutshell, that is the strength of the case for midwifery. It is unanimous. . . [O]ver and over again, throughout history, the data shows that when doctors displace midwives, outcomes get worse."

[David Stewart, PhD. (Editor), The Five Standards of Safe Childbearing. Marble Hill, MO: NAPSAC Reproductions, 1982, 1997.]

Compiled by Larry G. Overton. Used by permission.