

Also in this section

57 Fighting online trolls



Home births

Is there no place like home?

Where women give birth is a contentious issue across the rich world

ARISKY and self-indulgent eccentricity, or a return to natural obstetrics? A medical and political row rages between supporters of home birth, many of them midwives and expectant parents, and its detractors, many of them doctors. Start telling women where they may or may not give birth, with hints that the choice may endanger their child's life, and the gloves come off. A court in Hungary has just sentenced the country's leading proponent of home births, a midwife and obstetrician called Agnes Gereb, to two years in jail for medical negligence in a case concerning two births, in one of which the baby died. She has also been banned from practising for five years.

Stereotypes and simplifications are in rich supply. Many doctors think they are trying to curb a bunch of lental-munching fanatics who ignore the dangers of something going suddenly, and badly, wrong in childbirth, when even a few minutes' delay can be fatal. The home-birthers decry grasping, bossy doctors who turn a natural experience into a near-emergency needing medical intervention. Hospital births are more likely to end in Caesarean sections, and to involve episiotomies (cutting the vulva) and epidurals (which increase the odds that the labour will require forceps, which can tear the perineum).

Hospital game

Home births in selected European countries

Country	Home delivery index*	Reimbursed†
Belgium	1	Yes
Britain	2	Yes
Czech Republic	3	No
France	4	No
Germany	1	Yes
Hungary	3	No
Italy	1	No
Netherlands	2	Yes
Sweden	3	Yes‡

Sources: European Parliament; *The Economist*
 *1-Neutral 2-Encouraged
 3-Discouraged 4-Made difficult
 †Social security or health insurance
 ‡Only rarely

Two kinds of risk are at issue. Giving birth at home may be safe most of the time, but when things do go wrong, they are more serious. In hospital more things go wrong because intervention is more common, but the complications are less likely to be lethal or to cause permanent damage.

Views on home birth vary widely between countries. In Hungary Ms Gereb has helped at more than 3,500 home births (and attended more than 6,000 in hospital). But she was on shaky legal ground.

Regulations there have for decades restricted the work of midwives, however experienced, to the point where it was, in effect, illegal for them to attend home births. Now a change in the law from May 1st will explicitly allow home births for a restricted category of younger mothers with uncomplicated pregnancies. Ms Gereb is appealing against her sentence, which was tougher than even the prosecution wanted. Police have closed the birthing centre she founded and seized its records.

Few other regimes are as tough, but in most countries the medical establishment discourages home births and insurance schemes will not pay for them (see table). In America, where only 0.5% of births are at home, midwives like the idea but doctors are uneasy. The American College of Obstetricians and Gynaecologists "strongly opposes" them. In France red tape snares most would-be home birthers; the costs are not fully reimbursed, as they are for births in hospital. Home births are rising in New Zealand, but not in Australia. In Britain only 2.7% of births take place at home, but the government wants them to be more readily available and both doctors and midwives agree.

The big outliers are the Dutch. Though numbers have declined since the 1960s, nearly a third of mothers still choose to give birth at home. The Dutch perinatal mortality rate is one of the highest in Europe, though the cause is contested. Supporters of home births say that the numbers are still not all that high, and have to do with poor assessments of how risky pregnancies are. Nonetheless, they highlight how difficult it can be to determine whether a pregnancy is "low risk" and thus suitable for a home birth. For first-▶▶

▶ time mothers, judging the ease of birth is particularly tricky. Some complications cannot be predicted.

Nick Thorpe, a Budapest-based father of five (all delivered at home by Ms Gereb) says that Hungarian doctors have never seen a birth that did not involve significant medical intervention: episiotomies are standard and over 30% of births are by Caesarean section. There and in other countries, money may play a role, too. Grateful patients make unofficial payments to their doctors, who have a vested interest in stressing their essential role. Home births are bad for business, both among obstetricians and pharmaceutical companies.

Perhaps because of the stakes, medical research into the relative risks of home and hospital births is bitterly contested. Critics of home births cite a meta-analysis of over 500,000 births in the *American Journal of Obstetrics and Gynaecology* (AJOG) that concluded that neonatal death (a baby dying in the first 28 days after birth) was three times more likely in a home birth. But the perinatal mortality rate (the number of babies that die between the 22nd week of pregnancy and the first week after birth) was about the same.

Take a deep breath

The National Childbirth Trust, a British parenting charity, questions the data behind the study. Only one of the studies used showed a big increase in neonatal deaths. Including unplanned home births, inevitably more dangerous, may have skewed the data. Lesley Page, a professor of midwifery at King's College, London, has studied home births in Canada, where she and other researchers found that home births are just as safe as hospital ones—for healthy women expecting healthy babies, attended by a well-trained midwife, and with a hospital nearby if needed. The study compared home births only with hospital births where women were judged sufficiently low-risk to have given birth at home had they so wished.

At the end of last year Cathy Warwick, the head of the British Royal College of Midwives, which supports home birth, decried what she called a concerted and calculated backlash against home birth and midwife-led care, fuelled by a small number of doctors and a lot of poor research.

A definitive statistical answer to the relative perils of home and hospital births is unlikely. Randomised trials, which are the gold standard in medical research, will be tricky to impossible: women are unlikely to accept a researcher's arbitrary instruction about where they should give birth. As with many other aspects of child-rearing, birth will come down to parental disposition—whether for a hospital's bright lights and plentiful pain relief, or for the familiar comforts of home. ■

Also in this section

57 Fighting online trolls



Home births

Is there no place like home?

Where women give birth is a contentious issue across the rich world

ARISKY and self-indulgent eccentricity, or a return to natural obstetrics? A medical and political row rages between supporters of home birth, many of them midwives and expectant parents, and its detractors, many of them doctors. Start telling women where they may or may not give birth, with hints that the choice may endanger their child's life, and the gloves come off. A court in Hungary has just sentenced the country's leading proponent of home births, a midwife and obstetrician called Agnes Gereb, to two years in jail for medical negligence in a case concerning two births, in one of which the baby died. She has also been banned from practising for five years.

Stereotypes and simplifications are in rich supply. Many doctors think they are trying to curb a bunch of lental-munching fanatics who ignore the dangers of something going suddenly, and badly, wrong in childbirth, when even a few minutes' delay can be fatal. The home-birthers decry grasping, bossy doctors who turn a natural experience into a near-emergency needing medical intervention. Hospital births are more likely to end in Caesarean sections, and to involve episiotomies (cutting the vulva) and epidurals (which increase the odds that the labour will require forceps, which can tear the perineum).

Hospital game

Home births in selected European countries

Country	Home delivery index*	Reimbursed†
Belgium	1	Yes
Britain	2	Yes
Czech Republic	3	No
France	4	No
Germany	1	Yes
Hungary	3	No
Italy	1	No
Netherlands	2	Yes
Sweden	3	Yes‡

Sources: European Parliament; *The Economist*
 *1-Neutral 2-Encouraged
 3-Discouraged 4-Made difficult
 †Social security or health insurance
 ‡Only rarely

Two kinds of risk are at issue. Giving birth at home may be safe most of the time, but when things do go wrong, they are more serious. In hospital more things go wrong because intervention is more common, but the complications are less likely to be lethal or to cause permanent damage.

Views on home birth vary widely between countries. In Hungary Ms Gereb has helped at more than 3,500 home births (and attended more than 6,000 in hospital). But she was on shaky legal ground.

Regulations there have for decades restricted the work of midwives, however experienced, to the point where it was, in effect, illegal for them to attend home births. Now a change in the law from May 1st will explicitly allow home births for a restricted category of younger mothers with uncomplicated pregnancies. Ms Gereb is appealing against her sentence, which was tougher than even the prosecution wanted. Police have closed the birthing centre she founded and seized its records.

Few other regimes are as tough, but in most countries the medical establishment discourages home births and insurance schemes will not pay for them (see table). In America, where only 0.5% of births are at home, midwives like the idea but doctors are uneasy. The American College of Obstetricians and Gynaecologists "strongly opposes" them. In France red tape snares most would-be home birthers; the costs are not fully reimbursed, as they are for births in hospital. Home births are rising in New Zealand, but not in Australia. In Britain only 2.7% of births take place at home, but the government wants them to be more readily available and both doctors and midwives agree.

The big outliers are the Dutch. Though numbers have declined since the 1960s, nearly a third of mothers still choose to give birth at home. The Dutch perinatal mortality rate is one of the highest in Europe, though the cause is contested. Supporters of home births say that the numbers are still not all that high, and have to do with poor assessments of how risky pregnancies are. Nonetheless, they highlight how difficult it can be to determine whether a pregnancy is "low risk" and thus suitable for a home birth. For first-▶▶

▶ time mothers, judging the ease of birth is particularly tricky. Some complications cannot be predicted.

Nick Thorpe, a Budapest-based father of five (all delivered at home by Ms Gereb) says that Hungarian doctors have never seen a birth that did not involve significant medical intervention: episiotomies are standard and over 30% of births are by Caesarean section. There and in other countries, money may play a role, too. Grateful patients make unofficial payments to their doctors, who have a vested interest in stressing their essential role. Home births are bad for business, both among obstetricians and pharmaceutical companies.

Perhaps because of the stakes, medical research into the relative risks of home and hospital births is bitterly contested. Critics of home births cite a meta-analysis of over 500,000 births in the *American Journal of Obstetrics and Gynaecology* (AJOG) that concluded that neonatal death (a baby dying in the first 28 days after birth) was three times more likely in a home birth. But the perinatal mortality rate (the number of babies that die between the 22nd week of pregnancy and the first week after birth) was about the same.

Take a deep breath

The National Childbirth Trust, a British parenting charity, questions the data behind the study. Only one of the studies used showed a big increase in neonatal deaths. Including unplanned home births, inevitably more dangerous, may have skewed the data. Lesley Page, a professor of midwifery at King's College, London, has studied home births in Canada, where she and other researchers found that home births are just as safe as hospital ones—for healthy women expecting healthy babies, attended by a well-trained midwife, and with a hospital nearby if needed. The study compared home births only with hospital births where women were judged sufficiently low-risk to have given birth at home had they so wished.

At the end of last year Cathy Warwick, the head of the British Royal College of Midwives, which supports home birth, decried what she called a concerted and calculated backlash against home birth and midwife-led care, fuelled by a small number of doctors and a lot of poor research.

A definitive statistical answer to the relative perils of home and hospital births is unlikely. Randomised trials, which are the gold standard in medical research, will be tricky to impossible: women are unlikely to accept a researcher's arbitrary instruction about where they should give birth. As with many other aspects of child-rearing, birth will come down to parental disposition—whether for a hospital's bright lights and plentiful pain relief, or for the familiar comforts of home. ■