Planned homebirths in Australia

Art, science...or politics?

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Obstetricians – either specialists or general practitioners – all seem to mix a little art with their science. We usually aim to keep our practices in line with recommendations from the literature, but most of us let a little art sneak in too.

Fortunately, Australia is a very safe place to have a baby and for babies to be born, so as a profession we are obviously getting the mix right most of the time.

Anybody who has picked up a newspaper or listened to a news bulletin during this year will have seen some of the very public debate that is playing out over planned homebirth in Australia. The Maternity Services Review (MSR) document, released earlier this year, recommended that support should not be provided for homebirth in this country. Although the MSR had no comment about whether planned homebirth should be considered a safe model of care for women in Australia, the lack of a recommendation actually reflected the lack of consensus between the various providers of pregnancy care that would be necessary for safe homebirth.

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The heated emotions that characterise the homebirth debate were further inflamed when Parliament considered legislation requiring that appropriate indemnity insurance be carried by all health professionals registered to provide care in Australia. The intention of this legislation was not to stop midwives from attending homebirths. However, the fact that indemnity insurance for homebirth was unavailable meant that any midwife attending a planned homebirth would have had to either relinquish registration with a nursing and midwifery board, or face the risk of penalties.

Most obstetricians seek evidence to guide them and the published literature reveals that planned homebirths in Australia are associated with a higher risk of intrapartum mortality.[1] A study published in a very recent edition of the *Medical Journal of Australia*, examining the outcomes of over 1100 planned homebirths undertaken over 15 years in South Australia, has revealed some startling findings.[2] Planned homebirths are, in general, lower risk pregnancies, yet the rate of intrapartum mortality was seven times higher than planned hospital births. Even more alarmingly, the rate of perinatal death due to intrapartum asphyxia was 27 times higher, with the differences reaching statistical significance despite the relatively small study group. After standardisation for gestation and birthweight, the perinatal mortality was more than twice that of hospital births, but because of the small number of births the differences were trends and did not reach significance.

Anybody involved in pregnancy care knows that severe adverse outcomes for babies are an unavoidable consequence of birth sometimes. The data from South Australia suggest that births planned for hospital settings are statistically less likely to result in death than those planned for homes. The other remarkable fact to come out of the study was that while the decade from 1976 to 1987 saw a halving of perinatal asphyxial death rates in South Australia, the rate for homebirths barely changed. Unsurprisingly, the rates of important interventions such as caesarean section were higher in hospitals, but the confounding effect of pre-existing risk could not be accounted for, so it is difficult to make a comment.

It is difficult to know what to do with such information. Birth is obviously less about science to many members of our communities and more about humanity. Some have argued that these poorer outcomes of homebirth, when compared to hospital birth, result from inappropriate inclusion of higher-risk pregnancies as planned homebirths. If genuinely low-risk pregnancies are cared for in home settings and care is provided by 'accredited' practitioners, so the argument goes, then things will be different. Certainly hospital-supported homebirth models have been adopted by several state-based health services.

The Australian Federal Health Minister faced highly-publicised pressure to put the MSR recommendations aside and devise a way of providing indemnity insurance, and indeed specific funding for planned homebirths. In the end, a political compromise was reached in which registered midwives were exempted from the requirement to carry indemnity insurance (as every other registered healthcare provider must), but the called-for financial support did not materialise. The political decision thus sidesteps the evidence that, as presently practised, planned homebirth is associated with increased risks of perinatal death, while acknowledging that a few Australian women will continue to aim for birth at home. The pragmatists among us will realise that it is safer that this group have care from midwives that have undertaken 'freebirthing,' as unassisted birth is known colloquially.

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Like all political compromises, nobody is really satisfied. Homebirth advocates wanted indemnity and funding and missed out.

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Opponents remain hot under the collar that professional standards appear to have been altered to appease the noisy minority. In the end, little has changed – midwives who carry no insurance continue to manage homebirth with no risk of professional penalties, provided they disclose to their clients that they are not indemnified. Yet at the same time, the evidence we have from studies of homebirth in Australia should make us uneasy. How many obstetricians would advocate managements that they know are associated with increased risks of death, then sacrifice their indemnity cover in order to be able to perform them?

Fortunately, the new arrangements include obligations to provide data to health authorities and to participate in a safety and quality scheme. This will, presumably, allow for a good quality prospective data collection (including morbidities for mothers and babies).

Over the past decades, obstetrics has cleaned up its act with regards to evidence-based practice. The symbol for the Cochrane Collaboration is derived from the forest plot that revealed the benefits of corticosteroids for fetal lung ripening. We have come a long way, moving incrementally from pure art to science (that still has a little aesthetic appeal). Let us hope that birth in Australia continues to provide the new generation with the safest possible start to life.

References can be obtained from the author upon request.

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists

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