



College Statement

Title	Home births
Statement No.	C-Obs 2
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Statement

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) does **NOT** endorse home birth.

RANZCOG is aware of differing attitudes in the community regarding pregnancy and its management and accepts that the aspirations of parents vary considerably. Recognising that a small number of women have chosen, and will continue to choose, a domiciliary environment in which to give birth to their babies, the College makes the following recommendations:

1. Women seeking home birth should be
 - Informed regarding the increased risks of home birth in comparison to hospital birth for women and their babies, as demonstrated by available evidence
 - Counselling regarding the significance of these risks as applied to their own obstetric condition
 - Urged to consider giving birth in a suitable hospital environment such as a Birthing Centre.
2. Women choosing home birth should be cared for by both an experienced medical practitioner and a registered midwife, each of whom has agreed to participate.
3. It is recommended that women considering home birth should seek information from their home birth provider about the provider's experience in home birth, their contingency plan in the event of an emergency including options for hospital transfer. Details of medical indemnity cover should also be ascertained.
4. All women booked for home birth should be recorded by the relevant Health Authority. The Health Authority and care provider must ensure adequate and compulsory documentation so that meaningful data can be obtained for quality assurance.

5. Health professionals caring for women having home birth have **an obligation to ensure** a system for immediate transfer to an obstetric hospital in the event of an emergency.
6. Individuals conducting home birth have the same responsibility as other maternity carers to engage in multidisciplinary peer review and audit of practice.

References

1. Sullivan P. Perinatal death associated with planned home birth in Australia. Home births are not justified in Australia. *BMJ*. 1999 Feb 27;318 (7183):605-6; discussion 606.
2. Bastian H, Keirse MJ, Lancaster PA. Perinatal death associated with planned home birth in Australia: population based study. *BMJ*. 1998 Aug 8;317 (7155):384-8.
3. Crotty M, Ramsay AT, Smart R, Chan A. Planned homebirths in South Australia 1976-1987. *Med J Aust*. 1990 Dec3-17;153 (11-12):664-71.
4. Howe KA. Home births in south-west Australia. *Med J Aust*. 1988 Sep 19;149 (6):296-7, 300, 302.
5. Bloomfield L. Homebirths—is this a suitable matter of legislation? *Australias Nurses J*. 1981 Nov;10 (11):23-4.
6. Janssen P, Lee SK, Ryan EM, Etches DJ, Farquharson DF, Peacock D, Klein MC. Outcomes of planned home births versus planned hospital births after regulation of midwifery in British Columbia. *Canadian Medical Association Journal (CMAJ)* 2002;166(3):315 – 323.
7. Johnson KC, Daviss B-A. Outcomes of planned home births with certified professional midwives: large prospective study in North America. *BMJ* June 2005;330;1416-
8. Hodnett ED, Downe S, Edwards N, Walsh D. Home-like versus conventional institutional settings for birth. *Cochrane Database of Systematic Reviews* 2005, Issue 1. Art. No.: CD000012. DOI: 10.1002/14651858.CD000012.pub2.
<http://www.mrw.interscience.wiley.com/cochrane/clsysrev/articles/CD000012/pdf fs.html>

Links to other related College Statements

Nil

Disclaimer:

This college statement is intended to provide general advice to Practitioners. The statement should never be relied on as a substitute for proper assessment with respect to the particular circumstances of each case and the needs of each patient.

The statement has been prepared having regard to general circumstances. It is the responsibility of each Practitioner to have regard to the particular circumstances of each case, and the application of this statement in each case. In particular, clinical management must always be responsive to the needs of the individual patient and the particular circumstances of each case.

This College statement has been prepared having regard to the information available at the time of its preparation, and each Practitioner must have regard to relevant information, research or material which may have been published or become available subsequently.

Whilst the College endeavours to ensure that College statements are accurate and current at the time of their preparation, it takes no responsibility for matters arising from changed circumstances or information or material that may have become available after the date of the statements.