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The homebirth debate in Australia — a clash of philosophies?

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The decision to homebirth is controversial, particularly in Australia. This controversy revolves around the evidence of the risks involved, notions of power and control, fears about who makes the decision to homebirth, and whether homebirthing should be publicly funded.

The divergent views of different professional groups have polarised the debate. For example, the Australian Medical Association[1] and the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG)[2] do not support homebirth, while the Australian College of Midwives[3] and obstetric and midwifery colleges in other countries (for example, the UK)[4] do. The UK government explicitly endorses birth at home as an option for low-risk women,[5] whereas the Australian government does not. The main issues in Australia centre around the risks to the baby, with higher perinatal mortality rates reported in some homebirth studies.[6] Concerns about planned homebirth are often cited as the result of accepting findings from flawed studies.[7]

This article discusses the current debate about homebirth, including the evidence around safety, and highlights recent political and legislative developments. Homebirth is defined as a birth taking place within a woman's home, attended by health professionals who are registered to provide care during labour and birth (midwives and/or doctors). There are instances of women giving birth at home without appropriate health professionals present. This is known as 'freebirthing'.[8] As freebirthing is difficult to justify on safety grounds, it is not covered in this paper.

HOMEBIRTH AS A CHOICE OF BIRTH PLACE

In Australia, almost all births (97 per cent) occur in hospitals, usually in conventional labour-ward settings. Two per cent of women give birth in birth centres. Planned homebirths and other births, such as those occurring unexpectedly before arrival at hospital or in other settings, accounted for 0.8 per cent of births in 2007.[9] Homebirth services are provided predominantly by independent practising midwives who work in the community and do not have professional indemnity insurance. The health system also employs midwives to provide homebirth services through a number of programs in Australia.[10] These midwives have professional indemnity insurance through vicarious liability.

The pro-homebirth lobby says that it is a woman's choice where she gives birth and that homebirth, for appropriately selected women who have access to the care of a professional midwife, is safe.[11] The slogan 'Our bodies, our babies, our right to decide' featured strongly in the recent campaign for public funding for homebirth.[12] The anti-homebirth lobby argues that women do not have the right to make this choice as two lives are at stake in childbirth, and that home, irrespective of the safeguards put in place, will never be as safe as hospital.[13] This side of the debate may suggest that 'hospitals are best', 'doctors are best' and that 'women cannot be trusted to make the decision in relation to place of birth'. Media headlines such as 'A home birth is not a safe birth' add fuel to the fire.[14]

Women choose homebirth for complex reasons, including the desire for increased control, continuity of care, to avoid intervention and a dislike or fear of hospitals.[15] Women with a negative hospital experience may often choose homebirth for their next birth.[16] Negative experiences typically include dissatisfaction with protocols, attendants, excessive intervention and the lack of control, communication and information. The experience of homebirth for many women is one of safety, satisfaction and a sense of being in control and empowered by their birth experience in an environment

of their choosing, surrounded by those they have chosen to be present.[17]

SAFETY OF HOMEBIRTH

The evidence supporting the safety of homebirth is extensive,[18] although large randomised controlled trials have not been undertaken. Reviewing the evidence, homebirth is safe for low-risk women when conducted within an appropriate healthcare system. Large, well-conducted studies in the USA,[19] Canada[20] and the Netherlands[21] support the safety of homebirth for women at low obstetric risk when there are back-up systems of hospital care in place. These three studies included more than half a million women of whom more than 300,000 planned a homebirth. In the UK, the current policy directing maternity care states that, based on the available evidence, women should have a choice of place of birth – home, hospital, or free-standing midwifery unit.[22] In The Netherlands, homebirth for low-risk women is common practice.

Most studies of homebirth in other countries have not found statistically significant differences in perinatal outcomes between home and hospital births for low-risk women.[23] Studies in Australia to date have raised concerns about higher perinatal mortality rates in homebirths; however, the methods of these studies have been less than ideal. Most have included women with more complex risk factors (twins, breech birth, medical complications), making it difficult to draw conclusions about outcomes for women at 'low risk' of complications.[24]

There are two main Australian studies. The much-quoted Bastian et al[25] paper from the 1990s highlighted that homebirth was safe for women without known risk factors but that there were high rates of adverse outcomes for women with risk factors. One of the key points raised in the paper was that '[w]hile homebirth for low-risk women can compare favourably with hospital birth, high-risk homebirth is inadvisable and experimental'.[26] The authors themselves recognised that the study had limitations and one could argue that even they would not see it as providing 'strong evidence'. For example, the study was retrospective, included births by unregistered midwives and used a number of different methods to collect the data, including searching newsletters for death notices. More recently, a study was published that aimed to establish baseline data prior to evaluating the impact of the homebirth policy introduced in South Australia.[27] The study compared the outcomes for 287,192 planned hospital births in South Australia between 1991 and 2006 with those of 1,141 planned home births. This latter group was defined as any birth intended to occur at home at the time of antenatal booking; about 30 per cent actually ended up occurring in hospital. Over the 16 years, there were nine perinatal deaths in the planned homebirth group and 2,440 deaths in the group with a planned hospital birth. Planned homebirths had a perinatal mortality rate similar to that for planned hospital births (7.9 v 8.2 per 1,000 births). There was, however, a sevenfold higher risk of intrapartum death and a 27-fold higher risk of death from intrapartum asphyxia, although the absolute numbers in these sub-groups were very small (two and three deaths respectively in the planned homebirth groups) with very wide confidence intervals. The authors themselves urge caution, noting that 'small numbers with large confidence intervals limit interpretation of these data'.[28]

One of the significant limitations of most previous studies of homebirth and birth centres is a lack of data about women planning homebirth at the onset of labour and about differing levels of risk.[29] Many homebirth studies measure the 'exposure'; that is, women who planned homebirth at the commencement of pregnancy care (which is around 12-16 weeks) even if, for whatever reason, the woman does not ultimately plan a homebirth. Complications and risk factors that develop during pregnancy can mean that when a woman actually goes into labour (at around 40 weeks) she may not be planning a homebirth at all. Analysing women according to planned place of birth at the first visit does not help answer the question about the safety of planned place of birth at the onset of labour. Researchers in this field now recommend that 'to address the comparative safety of planned homebirth for women at low risk of complications, women who transfer in pregnancy should be excluded; studies should recruit women at the start of labour'.[30] Studies with this intention are currently being undertaken in England and New Zealand. In Australia, such studies have not been undertaken as yet.

HOMEBIRTH IN THE SPOTLIGHT AND RELATED LEGISLATION

In Australia over the past few years, the subject of homebirth has attracted considerable publicity[31] and debate within the professional literature[32] and among maternity care-providers, consumers and policy-makers.[33] RANZCOG has reiterated its opposition to homebirths in a recent Guideline.[34] The industrial union for doctors in Australia, the Australian Medical Association (AMA), continues to oppose homebirth.[35]

In 2008-2009, the Australian government established the *National Maternity Services Review*.[36] The review included written submissions and a series of roundtable consultations with professionals and consumers on specific topics; for example, models of care. Over 60 per cent of the 900 submissions to the review were from women advocating homebirth and requesting government funding for this option. When the final report was released, homebirth as a mainstream option was not supported.[37]

The release of the *National Maternity Services Review*, together with a series of recent legislative changes to bring about national registration of health professionals,[38] has caused the homebirth debate to become even more heated. Professional indemnity insurance and homebirth are now a political as well as a clinical challenge. The regulatory reforms will mean national regulation of 10 health disciplines, including midwifery, in mid-2010.[39] The national legislation for the scheme is being implemented in three stages. The final stage is currently in progress, involving each state and territory introducing Bills (known as Bill C) into their Parliaments to adopt the national law as a law of that jurisdiction.[40]

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One of the requirements of the new national regulation is that, in order to be registered, health professionals must hold professional indemnity insurance.[41] Midwives in private practice (independent practising midwives), who predominantly provide homebirth services in Australia, have been unable to access professional indemnity insurance since 2001, due to the international insurance crisis post-9/11 and because the pool of midwives who would seek a policy has not been large enough to make it commercially viable.

Alongside these legislative changes is the Health Legislation Amendment (Midwives and Nurse Practitioners) Bill 2009 (Cth). This was introduced to support the Australian government's 2009-2010 Budget measures by facilitating new arrangements to enhance and expand the role of nurse practitioners and midwives, allowing them to take a greater role in providing quality healthcare. Supporting collaborative care arrangements with other health professionals, the Bill is intended to amend the *Health Insurance Act* 1973 (Cth) and the *National Health Act* 1953 (Cth) to enable nurse practitioners and appropriately qualified and experienced midwives to request appropriate diagnostic imaging and pathology services for which Medicare benefits may be paid. It will also allow these health professionals to prescribe certain medicines under the Pharmaceutical Benefits Scheme (PBS). The 2009-2010 Budget measure also provides for the creation of new Medicare items, and referrals under the Medicare Benefits Schedule (MBS) from these health professionals to specialists/consultant physicians.[42] These legislative changes have been met with much enthusiasm by the midwifery community, although the issue of homebirth has remained vexed.

After a considerable amount of lobbying on both sides in relation to the provisions of the Health Legislation Amendment (Midwives and Nurse Practitioners) Bill 2009 and two related Bills concerning national registration and homebirth, the legislation passed to the Australian Senate. The Senate referred the issue to the Community Affairs Legislation Committee for inquiry, which generated considerable interest. The Committee received nearly 2,000 submissions, primarily from midwives who provided homebirth services and parents who described their experiences with, and support for, homebirth.[43]

The Committee's conclusion was that the Bills did not remove any current rights and that none of them made homebirth unlawful, and therefore they should be passed. Interestingly, a *Minority Report* from the two Coalition (opposition) senators was published as part of the main report. This stated that 'expecting parents should have a right to choose where their child is born and … Parliament must not allow the practice of homebirthing to go underground'.[44] They recommended a 'full inquiry into homebirthing in Australia'.[45] A further *Dissenting Report* was produced by the senator from the Greens Party, which supported homebirth and recommended changes to enable homebirth to continue, with access to professional indemnity insurance for midwives. Despite the evidence, and the number of women wanting access to homebirth, the federal government has not thus far supported access to public funding for homebirth for Australian women.

In March 2010, the Health Legislation Amendment (Midwives and Nurse Practitioners) Bill 2009 was passed in the Senate in what was lauded as 'A Landmark Day for Australian Nurses and Midwives'.[46] Homebirth remains a silent issue.

HOMEBIRTH IN THE COURTS

Despite the debates, challenges and concerns about homebirth from health professionals, the media and government, it is difficult to find examples of legal cases relating to homebirth. Anecdotally, I know of a handful of cases where midwives have been reported to the regulatory authority in the relevant state or territory. In the majority of cases, the complaint has been made by the hospital to which women are referred when hospital-based care is required.

Health Care Complaints Commission v Evans[47] concerned a complaint against a midwife who had failed to note complications that arose during a homebirth. The Tribunal commented that the case was a 'stark and regrettably tragic example of the grave responsibilities that independent midwives undertake when they provide birthing services to women who wish to have their children born at home,

particularly those women who are fearful of or unwilling to use the birthing services associated with hospitals or the services provided by hospital maternity wards'.[48] The issues in the case included a lack of following consultation and referral guidelines, the lack of back-up for the midwife, limited formal relationships between the independent midwife and the referring hospital, differences of opinion in the calculation of the baby's due date and a lack of clear and comprehensive documentation. The midwife did not call upon, or lacked support from, other experienced midwives and did not seek medical advice in a timely manner. This highlights the systemic problems present in homebirth in Australia, where the lack of formal recognition means that the relationships and systems between homebirth midwives and hospital systems are often inadequate, leading to problems with effective consultation, referral and transfer.

In their final determination, the Tribunal considered that the facts proved against the midwife amounted to a very serious example of unsatisfactory professional conduct, but not professional misconduct. This case highlights the need to have clear formal arrangements for women who choose homebirth.

HOMEBIRTH AS A CLASH OF PHILOSOPHIES

Women who choose homebirth do so usually after careful consideration of the risks and benefits. It is not a decision that is generally taken lightly, or without long discussions about risks, benefits and the possible need for transfer. Independent practising midwives disclose to families that they do not have professional indemnity insurance. The level of communication and information-sharing between midwives and women is usually very high and women often report feeling in control and involved in decision-making processes.[49] Women want the best for their baby, their family and themselves and, in my experience, they carefully weigh up the risks and benefits for their babies. Most women prepare for the birth carefully, often after researching the options available.[50] For example, women who want to use water in labour and birth may visit their local maternity units and, if this is not available, may choose a homebirth.[51] Equally, homebirth with an independent practising midwife may be the only way for women to have continuity of caregiver during their labour and birth.[52]

Much of the homebirth debate seems to be driven by fear, often expressed (consciously or unconsciously) by health professionals.[53] Perhaps the debate is also fuelled by different notions of risk mediating the fear. A recent study from the US found deeply conflicting perceptions of risk and models of birthing care between hospital staff and homebirth midwives.[54] Health professionals also have divergent ways of expressing risk, reflecting fundamental differences in philosophy. For example, when faced with a risk that is cited as 1:1,000 births, some will frame this as one negative event in 1,000 births while others will frame it as 999 positive events in 1,000 births.[55] Hospital-based health professionals probably have a view of homebirth that is predominantly negative, as the only homebirth women they see are those who are transferred to hospital. This means that hospital staff tend to form opinions on the safety of homebirth from anecdotal experience and perception rather than on the evidence.[56]

The writer Mary-Rose MacColl uses a similar approach to describing different philosophies in the Australian maternity system. She has coined the terms 'mechanics' and 'organics' to represent health professionals at each end of a spectrum.[57] The mechanics – usually but not exclusively doctors, and mostly men – stress the need for access to technology to deal with the unforeseeable risks of pregnancy and birth. In contrast, the organics are mostly midwives and women, who see birth as a normal life event that does not fit well into a hospital setting. Mechanics have been in control of maternity care for more than a century in Australia. The organics, historically an oppressed group, are now fighting back. Homebirth is the most visible ring in which this battle is currently taking place.[58]

CONCLUSION

For as long as women choose to give birth at home, and caregivers choose to provide them care, the philosophical and political debates will continue. Women should not be the proverbial 'meat in the sandwich' in a battle between the disciplines of birth or the extremes of the political spectrum, where evidence is left on the margins. Providers, policy makers, government and consumers need to chart a way through these troubled and murky waters to find a balance >>

that does not forget that birth is an incredibly significant event for women, their partners and families. The focus of birth must be on the needs of the woman, her baby and her family, not the needs of the health professionals or the organisation. This is the challenge for the future.

Homebirth will not go away. It has, does and will exist in every country on earth. So we have two options – bury our heads in the sand and hope it disappears (it won't) or put in place responsive, evidence-based systems of care (we haven't). This is the challenge for maternity services in this country. ■

Notes: **1** Australian Medical Association, *AMA Submission to the Maternity Services Review* (Australian Medical Association, Canberra, 2008). **2** RANZCOG, *College Statement: Home Births* (RANZCOG, Melbourne, 2009). **3** ACM, *Maternity Services Review Submissions: Submission 380 – Australian College of Midwives* (Department of Health and Ageing, Canberra, 2008). **4** RCOG and RCM, *Homebirth: Joint Statement No.2*, April 2007 (Royal College of Obstetricians and Gynaecologists/Royal College of Midwives, London, 2007). **5** Department of Health (UK), *Maternity Matters: Choice, Access and Continuity of Care in a Safe Service* (UK Department of Health, London, 2007). **6** H Bastian, MJ Keirse & P Lancaster, 'Perinatal Death Associated with Planned Home Birth in Australia: Population Based Study' (1998) 317 *BMJ* 384-388; R Kennare, M Keirse, G Tucker & A Chan, 'Planned Home and Hospital Births in South Australia, 1991-2006: Differences in Outcomes' (2010) 192 *Medical Journal of Australia* 76-80. **7** V Vedam, P Janssen & R Lichtman, 'Science and Sensibility: Choice of Birth Place in the United States' in *Medscape Ob/Gyn & Women's Health* (Medscape, 2010) also available at http://www.medscape.com/viewarticle/717516. **8** L Newman, 'Why Planned Attended Homebirth Should Be More Widely Supported in Australia' (2008) 48 *Australian and New Zealand Journal of Obstetrics and Gynaecology* 450-3. **9** P Laws & E Sullivan, *Australia's Mothers and Babies 2007: Perinatal Statistics Series No. 23, Cat. no. PER 48* (AIHW National Perinatal Statistics Unit, Sydney, 2009). **10** J McMurtrie et al, 'The St. George Homebirth Program: An Evaluation of the First 100 Booked Women' (2009) 49 *Australian and New Zealand Journal of Obstetrics and Gynaecology* 631-6; C Homer & M Nicholl, *Review of Homebirths in Western Australia Undertaken for the Department of Health WA* (Department of Health, WA, Perth, 2008). **11** Newman, see above n 8. **12** Anonymous, 'National Day of Action: Our bodies, Our Babies, Our Right to Decide' (2010) 14 *Birth Matters* 20-21. **13** A Pesce, 'Planned Home Birth in Australia: Politics or Science?' (Editorial) (2010) 192 *Medical Journal of Australia* 60. **14** M Devine, 'A Home Birth Is Not a Safe Birth', *Sydney Morning Herald*, 15 April 2009 (Fairfax Press, Sydney, 2009). **15** K Viisainen, 'Negotiating Control and Meaning: Home Birth as a Self-Constructed Choice in Finland' (2001) 52 *Social Science & Medicine* 1109-21; W Neuhaus, C Piroth, P Kiencke, U Gohring & P Mallman, 'A Psychosocial Analysis of Women Planning Birth Outside Hospital' (2002) 22 *J Obstet Gynaecol* 143-9. **16** B O'Sullivan, T Bushati & T Ho, 'Homebirth Transfers at Lismore Base Hospital: A Retrospective Review' (2009) 11 *O & G* 31-3. **17** C Benn, 'A Midwife's Perspective on Homebirth in New Zealand' (2009) 11 *O & G* 34-5. **18** P Janssen et al, 'Outcomes of Planned Home Birth with Registered Midwife versus Planned Hospital Birth with Midwife or Physician' (2009) 181 *Canadian Medical Association Journal* 377-83; K Johnson & B Daviss, 'Outcomes of Planned Home Births with Certified Professional Midwives: Large Prospective Study in North America' (2005) 330 *BMJ* 1416-22; A de Jonge et al, 'Perinatal Mortality and Morbidity in a Nationwide Cohort of 529,688 Low-Risk Planned Home and Hospital Births' (2009) 116 *BJOG* 1177-84; O Olsen & D Jewell, 'Home Versus Hospital Birth' *Cochrane Database of Systematic Reviews* 1998, Issue 3. Art No.:CD000352.DOI: 10.1002/14651858.CD000352. **19** Johnson & Daviss, see above n18. **20** Janssen et al, see above n18. **21** de Jonge et al, see above n 8. **22** Department of Health (UK), see above n5. **23** K Benson, 'Home Birth Program that Delivers', *Sydney Morning Herald*, 12 January 2010 (Fairfax Press, Sydney, 2010); M Sweet, 'Science and Headlines in the Home Birth War' (2010) 340 *BMJ* c826; A Pesce, 'Planned Homebirth in Australia: Art, Science or Politics?' (2009) 11 *O & G* 29-30. **24** Kennare, Keirse, Tucker & Chan, see above n 6; O'Sullivan, Bushati & Ho, see above n 16. **25** Bastian, Keirse & Lancaster, see above n6. **26** *Ibid* p387. **27** Kennare, Keirse, Tucker & Chan, see above n6. **28** *Ibid* p79. **29** D Ellwood, 'The Debate About Place of Birth' (2008) 48 *Australian and New Zealand Journal of Obstetrics and Gynaecology* 449. **30** *Ibid* p934. **31** Devine, see above n14; M Sweet, 'More on the Homebirth Study Fracas – Some Indepth Reading' (Croakey.com, 2010) available at http://blogs.crikey.com.au/croakey/2010/03/02/more-on-the-homebirth-study-fracas-some-indepth-reading; Benson, above n23. **32** Newman, see above n 8; Sweet, 'Science and Headlines in the Home Birth War', see above n23. **33** Pesce, 'Planned Homebirth in Australia: Art, Science or Politics?', see above n 23; Ellwood, see above n 29; H Dahlen & C Homer, 'More Critique of the Homebirth Study and its Reporting by the Media' (Croakey.com, 2010) available at http://blogs.crikey.com.au/croakey/2010/01/20/more-critique-of-the-homebirth-study-and-its-reporting-by-the-media. **34** RANZCOG, *College Statement: Homebirths* (RANZCOG, Melbourne, 2008). **35** Pesce, 'Planned Home Birth in Australia: Politics or Science?', see above n13. **36** Commonwealth of Australia, *Improving Maternity Services in Australia: A Discussion Paper from the Australian Government* (Commonwealth of Australia, Canberra, 2008). **37** Commonwealth of Australia, *Improving Maternity Services in Australia: Report of the Maternity Services Review* (Commonwealth of Australia, Canberra, 2009). **38** COAG, *Intergovernmental Agreement for a National Registration and Accreditation Scheme for the Health Professions* (Commonwealth of Australia, Canberra, 2008). **39** See *Health Practitioner Regulation National Law Act* 2009 (Qld). **40** AHPRA, *Australian Health Practitioner Regulation Agency Website: Legislative Framework* (Australian Health Practitioner Regulation Agency Melbourne, 2010). **41** NMBA, *Consultation Paper on Registration Standards and Related Matters* (Nursing and Midwifery Board of Australia Melbourne, 2009). **42** Health Legislation Amendment (Midwives and Nurse Practitioners) Bill 2009. **43** The Senate, *Community Affairs Legislation Committee Health Legislation Amendment (Midwives and Nurse Practitioners) Bill 2009 and Two Related Bills* (Commonwealth of Australia, Canberra, 2009). **44** *Ibid* p21. **45** *Ibid* p28. **46** N Roxon, *A Landmark Day for Australian Nurses and Midwives* (Media Release) (Department of Health and Ageing, Canberra, 2010). **47** [2007] NSWNMT 12 (26 October 2007). **48** *Ibid* [59]. **49** H Dahlen, L Barclay & C Homer, 'Reacting to the Unknown: Experiencing the First Birth at Home or in Hospital in Australia' (2010) 26 *Midwifery* 53-63. **50** *Ibid*. **51** H Dahlen, L Barclay & C Homer, 'Preparing for the First Birth: Mothers' Experiences at Home and in Hospital in Australia' (2008) 17 *Journal of Perinatal Education* 21–32. **52** Homer & Nicholl, see above n10. **53** H Dahlen, 'Undone by fear? Deluded by trust?' (2010) 26 *Midwifery* 156-62. **54** M Cheyney & C Everson, 'Narratives of Risk: Speaking Across the Hospital/Homebirth Divide' (2009) 50(3) *Anthropology News* 7-8. **55** Dahlen, see above n53. **56** Cheyney & Everson, see above n54. **57** M MacColl, *The Birth Wars* (University of Queensland Press, St Lucia, 2009). **58** *Ibid*. MacColl recognises that making such distinctions polarises the debate and that there are mechanic midwives and organic obstetricians. But, whatever the context, these divergent philosophies lead to ideas about risk and safety being articulated differently.

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