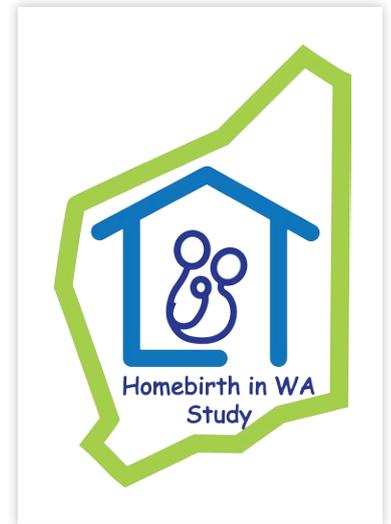


Planned Home Birth in Western Australia

Research overview

Home birth is not a mainstream option for childbirth in Australia, and remains a sensitive and controversial topic in Australia and internationally. Home birth is the chosen option of less than 1% of pregnant women in Australia through either publicly funded home birth programs offered in most Australian states including Western Australia (WA), or with independently practicing midwives who provide pregnancy care outside of the publicly funded programs. Women who plan a home birth in Western Australia receive all their antenatal care, antenatal education, intrapartum care and postnatal care from the same midwife or her back up midwife. This continuity of care is one of the hallmark characteristics of the planned home birth.

Current evidence, mostly based on international studies, indicates that home birth for women at low risk at onset of labour, leads to neonatal and maternal outcomes similar to those observed in low-risk women with planned hospital birth. However, these outcomes are achieved with considerably less interventions in labour. The main concern about home birth in WA relates to the increased perinatal mortality reported by the Western Australian Perinatal and Infant Mortality Committee in their consecutive reports from 2007, 2010 and 2014.



Research highlights

The study aims to compare perinatal outcomes between planned home birth and planned hospital birth in WA that occurred between 2002 and 2013. The analysis of the results is currently ongoing and we are examining morbidity associated with planned home birth via comparisons with hospital births to identify the pivotal risk factors associated with morbidity in planned home birth. As part of the study we also examined the outcomes among women who required a transfer to a hospital during labour for obstetric interventions. We also recruited pregnant women who planned home birth and asked about their reasons for choosing home birth during pregnancy and about their experience of home birth or an intrapartum transfer if an intrapartum transfer into a hospital was required. Over 90% of women reported two main reasons for planning home birth; the wish to avoid unnecessary intervention, and the wish to birth in the comfort and familiarity of their home. Three out of four women who planned home birth achieved a homebirth. Women who did not require intrapartum transfers into a hospital were more satisfied with their birth experience.

The results obtained in this study will provide evidence on outcomes for planned home birth in WA from which recommendations can be formulated for a process of ongoing evaluation of home birth in WA.

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