

Recent Studies Show Homebirth Is Safe, Episiotomy Is Harmful

The Coalition for Improving Maternity Services (CIMS) finds that two recent studies about homebirth and episiotomy give additional evidence supporting the Principles and the Ten Steps of the Mother-Friendly Childbirth Initiative (MFCI). (PRWEB) August 5, 2005 -- A study in the June 18th issue of the British Medical Journal found that “planned home births for low risk women in the United States are associated with similar safety and less medical intervention as low risk hospital births.” With prospective data from more than 5000 births attended in 2000 by Certified Professional Midwives in the US, this is the largest study of its kind.

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In addition to finding that planned homebirth is safe, the study illustrates that out-of-hospital birth leads to fewer of the medical and technological interventions common in hospitals. For example, the average cesarean rate was 3.7% compared to over 24% for the US as a whole in 2000 (and over 28% in 2003). Electronic fetal monitoring, induction of labor, and stimulation of labor were all under 10% in the home births, compared to 84%, 21%, and 18% for the US as a whole. All these interventions carry risks for mothers and babies, yet they are unnecessary for the vast majority of healthy women who are capable of having normal births.

The episiotomy rate for women in this study was 2.1% compared to over 30% of women having vaginal births in the US. A recent study in the Journal of the American Medical Association shows that routine episiotomy offers no benefit and causes harm to women. Episiotomy is a surgical cut in the perineum as the baby is born to increase the opening of the vagina. In addition to increasing the need for stitching, causing pain, and extending the healing period, episiotomy is also associated with increased bowel incontinence and pain during intercourse.

The Mother-Friendly Childbirth Initiative recognizes that “Birth is a normal, natural, and healthy process.” And that “Birth can safely take place in hospitals, birth centers, and homes.” The sixth of the Initiative’s Ten Steps recommends against the routine use of a number of procedures, including episiotomy, for which the recommended goal is 5%. Clearly, that 5% goal is supported by the home birth study in which midwives who are trained in measures to support the perineum and avoid unnecessary surgery kept the Episiotomy rate even lower.

Johnson, Kenneth C., Daviss, Betty-Anne “Outcomes of planned home births with certified professional midwives: large prospective study in North America” BMJ 2005;330:1416 (18 June), doi:10.1136/bmj.330.7505.1416, full text available at <http://bmj.bmjournals.com/cgi/content/full/330/7505/1416?ehom>

Hartmann K, Viswanathan M, Palmieri R, Gertlehner G, Thorp J, Lohr KN. Outcomes of routine episiotomy: a systematic review. JAMA 2005;293:2141-8. For more information, go to http://www.maternitywise.org/jama_episiotomy_response.html.

The Coalition for Improving Maternity Services (CIMS), a United Nations recognized NGO, is a collaborative effort of numerous individuals, leading researchers, and more than 50 organizations representing over 90,000 members. Promoting a wellness model of maternity care that will improve birth outcomes and substantially reduce costs, CIMS developed Mother-Friendly Childbirth Initiative in 1996. A consensus document that has been recognized as an important model for improving the healthcare and well being of children beginning at birth, the Mother-Friendly Childbirth Initiative has been translated into over a dozen languages and is gaining support around the world.

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