Why Home Births Are Becoming More Popular

Holland has a robust tradition of home births, according to Agence France-Presse. Maarten Rammeloo (depicted above) was born at home in 2007, along with a third of Dutch infants.

In the birthing world, it was big news: After a 15-year decline, home births in the U.S. rose 20 percent between 2004-2008. Though the actual numbers remain tiny — out of about 4 million births, 28,357 happened at home in 2008 — the reversal of the long downward trend is notable. So are the demographics: much of the increase was driven by highly educated white women. A full 1 percent of them decided to forgo the hospital and give birth at home, according to the new report published Friday in the journal Birth: Issues in Perinatal Care.

Boston University School of Public Health Professor Eugene Declercq, an authority on childbirth trends and one of the study authors, says he was struck by some media portrayals of these home-birthers. “They made it seem like it was these crazed, crunchy granola women,” Declercq said. “Do they even still exist?”

A widely reprinted AP story, for instance, quotes the study’s lead author, Marian MacDorman of the CDC’s National Center for Health Statistics, saying: “I think there’s more of a natural birth subculture going on with white women.”

Declercq says this “natural” subculture-y characterization misses the point. The women who gave birth at home, researchers found, were mostly white, married and in excellent prenatal health. They were, in the language of labor and delivery, low-risk. Many had a post-graduate degree. And a lot of them had already given birth to one or more children, likely at a hospital. Declercq said that while this study was conducted by analyzing birth records, not through interviews, a previous study found that the top three reasons women gave for choosing home birth were:

1. Safety.
3. Previous negative hospital experience.

So, it’s fair to guess that at least some of the healthy, degree-wielding, not-so-crunchy women in the recent analysis chose home birth to avoid the “cascade of interventions” — including labor-inducing drugs and surgery — they’d endured previously at the hospital.

Tina Cassidy is the modern home-birther. A Boston journalist, Tina had a C-section in 2004 that she believes was unnecessary. She subsequently investigated alternative methods, the history of birthing trends and how other cultures and government handled childbirth. (All this research ended up in her book, Birth: The Surprising History of How We Are Born. Her next book is about Jackie Onassis, who, according to Tina, had four C-sections.) In 2008, determined to avoid another intervention-laden, surgical delivery in the hospital, Tina gave birth to her second son at home, in the bathtub.

“I was more comfortable, and felt safer there, than in a hospital,” she said. “The research shows home births are safer for low-risk women but doctors can’t seem to get that through their thick heads.”

Indeed, a number of studies show home birth is about as safe for low-risk women as hospital birth. For this reason, and others, home births are rising in places like England and New Zealand. In the Netherlands, the rates are already high: around 24%. But in the U.S. in
particular, home birth remains controversial, mostly because the influential American College of Obstetricians and Gynecologists regularly pronounces its opposition to the practice.

Interestingly, the new study notes that the increase in home births in the U.S coincides with mounting ACOG opposition:

In 2007, the American College of Obstetricians and Gynecologists (ACOG), citing concerns about the safety of home births for mothers and infants, issued a policy statement opposing home birth, a statement supported by a resolution passed at the 2008 American Medical Association (AMA) annual meeting. A recent update to the ACOG statement also appears to discourage home birth. These attitudes may also be reflected in the very low proportion of planned home births attended by physicians. In contrast, the World Health Organization, the American College of Nurse-Midwives, the American Public Health Association, and the National Perinatal Association all support home and out-of-hospital birth options for low-risk women.

And while planned home births tend to be far cheaper than hospital births (some estimates put home births at about one-third the price) cost remains a barrier to increased use, experts say. That’s because many insurers don’t cover home births and every state and insurance company sets different rules. But that may change. Vermont, one of the top home-birth states, recently passed a law requiring private insurers to cover home births attended by a midwife. New York, New Hampshire, and New Mexico have similar laws, according to The Big Push For Midwives, a national organization promoting greater access to midwifery services and more widespread insurance coverage. (In addition to Vermont, Montana and Oregon had the most home births, according to the new study — about 1 in 50 — and Alaska was nearly that high.)

Tina says her midwife told her not to expect Blue Cross Blue Shield of Massachusetts to cover that 2008 home birth. But she submitted the paperwork anyway, and, lo, the insurer paid.

Readers: Tell us your home birth stories! Did a less than satisfying hospital experience drive your decisions? Or was it for some other reason?