

Outcomes of Planned Out-of-Hospital Birth in Oregon

Planned out-of-hospital birth in Oregon is safe for mothers and babies. The most recent years of data available are 2015 to 2017 and neonatal outcomes were on par with those in much better integrated midwifery systems such as Canada and the UK.

- The 2015-2017 term perinatal mortality rate for Oregon planned out-of-hospital births with midwives was 0.72/1,000 *
- The 2015-2017 term perinatal mortality rate for Oregon overall was 1.48/1,000

*The perinatal mortality rates in the 2018 OHA report on planned-out-of-hospital birth are not the correct rates for midwifery care as they include the births and deaths associated with unattended planned-out-of-hospital births where no midwife is present. All of this information is publicly available in the tables in the following links. For each year you will have to look at three tables (2-38, 7-19, and 7-20) and subtract the planned-out-of-hospital births with attendant type “other” and combine the term fetal deaths and early neonatal deaths to calculate the total perinatal mortality rate.

<http://www.oregon.gov/oha/PH/BirthDeathCertificates/VitalStatistics/annualreports/Volume2/Pages/index.aspx>

<http://www.oregon.gov/oha/PH/BIRTHDEATHCERTIFICATES/VITALSTATISTICS/ANNUALREPORTS/VOLUME1/Pages/index.aspx>

Safety of Out-of-Hospital Birth

Research, including systematic review and meta-analysis consistently shows that planned out-of-hospital birth with a midwife is safe for low-risk mothers and babies. Research on planned out-of-hospital birth in the US shows no difference in outcomes by type of midwife. CPMs and CNMs both have excellent outcomes. Studies on Freestanding Birth Centers in the US show excellent outcomes for mothers and babies. Further, integration of all types of midwives in a state is shown to improve maternal and infant health outcomes for the state overall. There is also clear documentation that birth centers and midwifery care provide significant short and long-term cost-savings to payers and health systems.

Maternal and perinatal outcomes by planned place of birth among women with low-risk pregnancies in high-income countries: A systematic review and meta-analysis. Scarf, Vanessa L et al. Midwifery, April 2018, Volume 62, 240 - 255

[https://www.midwiferyjournal.com/article/S0266-6138\(18\)30097-4/fulltext](https://www.midwiferyjournal.com/article/S0266-6138(18)30097-4/fulltext)

Outcomes of Care for 16,924 Planned Home Births in the United States: The Midwives Alliance of North America Statistics Project, 2004 to 2009. Cheyney, Melissa et al. Journey of Midwifery and Women’s Health, January 2014, Volume 59, 17-27

<https://doi.org/10.1111/jmwh.12172>

Outcomes of Care in Birth Centers: Demonstration of a Durable Model. Stapleton, S. R., Osborne, C. and Illuzzi, J. 2013, Journal of Midwifery & Women’s Health, 58: 3-14

<https://doi.org/10.1111/jmwh.12003>

Strong Start for Mothers. Preliminary data from a Centers for Medicare & Medicaid Services, and Center for Medicare & Medicaid Innovation study. Expected publication: 2018

https://www.birthcenters.org/page/preliminary_data?

Mapping integration of midwives across the United States: Impact on access, equity, and outcomes. Vedam S, Stoll K, MacDorman M, Declercq E et al. PLoS ONE, February 2018, 13(2): e0192523

<https://doi.org/10.1371/journal.pone.0192523>