

ACOG's MOMS Campaign
Ensuring the Best Care for Our Nation's Moms and Babies

Did You Know?

*High quality evidence on the safety of home birth is limited;
international data cannot be generalized to the US*

Each year in the US, approximately 25,000 (0.6%) of all live births occur at home according to data from the National Center for Health Statistics. Of these, approximately one fourth are unplanned or unattended. In March 2010, the Centers for Disease Control and Prevention reported a 5% increase in home births in the US in 2005.¹

Did you know? Advocates for home birth often cite studies from the Netherlands² and Canada³ in support of their position. But these studies are not applicable to the United States for numerous reasons.

- In the Netherlands, 30% of all births are planned to be at home. Whereas here in the US, about 0.6% of births occur at home and in about one fourth of these, the mother either did not intend to deliver at home or did not have a caregiver.
- In the Netherlands, home birth is organized in a continuum with hospital care and provided by midwives who have clinical experience and training as part of an integrated healthcare system. The Netherlands is also a small, very densely populated country where the average distance to a hospital is relatively short.⁴ These attributes do not apply in the US, especially in rural areas.
- Canadian and Dutch midwives actively consult with hospital-based and privileged physician consultants. They have clear protocols for expeditious referral and transfer of care to a physician as well as emergency transport to a hospital for the laboring patient.

Did you know? Studies from other developed countries that suggest that planned home births are safe involved only healthy pregnant women.

- Canada and the Netherlands have strict criteria for selecting appropriate low-risk candidates for planned home birth.
- These include: no pre-existing maternal disease; no disease arising during the pregnancy; singleton fetus; cephalic presentation; gestational age greater than 36 weeks and less than

¹ Centers for Disease Control and Prevention. National Center for Health Statistics. VitalStats. <http://www.cdc.gov/nchs/vitalstats.htm>. MacDorman MF, Menacker F, Declerq E. Trends and characteristics of home and other out-of-hospital births in the United States, 1990-2006. Natl Vital Stat Rep. 2010;58:1-14, 16. Available at: http://www.cdc.gov/nchs/data/nvsr/nvsr58/nvsr58_11.PDF

² Johnson KC, Daviss BA. Outcomes of planned home births with certified professional midwives: large prospective study in North America. BMJ. 2005;330:1416.

³ de Jong A, van der Goes BY, Ravelli AC, et al. Perinatal mortality and morbidity in a nationwide cohort of 529,688 low-risk planned home and hospital births. BJOG. 2009;116:1177-1184.

⁴ Amelink-Verburg MP, Verloove-Vanhorick SP, Hakkenberg RM, Veldhuijzen IM, Bennebroek Gravenhorts J, Buitendijk SE. Evaluation of 280,000 cases in Dutch midwifery practices: a descriptive study. BJOG. 2008; 115:570-578.

41 completed weeks of pregnancy; labor that is spontaneous or induced as an outpatient; mother has not been transferred from a hospital.

Did you know? Although in Canada women with one previous cesarean section delivery are considered candidates for home birth, Canadian studies do not provide details of the outcomes of women attempting a vaginal birth after cesarean (VBAC) at home.⁵

- Because the risks associated with trial of labor after cesarean, uterine rupture and other complications are not predictable, ACOG considers a prior cesarean delivery to be an absolute contraindication to planned home birth.⁶
- The National Institutes of Health 2010 Consensus Development Conference on VBAC summarized an imposing list of life threatening complications to both mother and baby that will be encountered even in women who undertake a “safe” trial of labor in a high-volume, fully staffed Labor and Delivery Unit. NIH recommends that VBAC should be done in well-equipped facilities ready to perform an emergent cesarean delivery with surgeons, anesthesia personnel, surgical nurses, operating rooms, blood transfusions and post-operative care.⁷

Did you know? Here in the US, most home births are attended by midwives who lack the formal education, clinical training, and collaborative practice philosophy of midwives in other developed countries.

- Certified professional midwives (CPMs) attend 73.3% of home births in the US.⁸ The clinical training and education requirements of CPMs are minimal. Half are trained using an apprentice-based model with no formal accredited educational curriculum.⁹
- Certified Nurse-Midwives (CNMs) and Certified Midwives (CMs) attend 26.7% of home births in the US.¹⁰ CNMs and CMs have extensive clinical exposure and formal education requirements above the baccalaureate level.
- CPMs, by their lack of training and lack of hospital-based experience, are the least qualified to attend a home birth, especially if there is no requirement for them to work collaboratively with hospital-based obstetrical care providers or under state practice guidelines.

Definitions

⁵ Janssen PA, Saxell L, Page LA, Klein MC, Liston RM, Lee SK. Outcomes of planned home birth with registered midwife versus planned hospital birth with midwife or physician. *CMAJ* 2009;181:377-83. Hutton EK, Reitsma AH, Kaufman K. Outcomes associated with planned home and planned hospital births in low-risk women attended by midwives in Ontario, Canada, 2003-2006: A retrospective cohort study. *Birth* 2009;36:180-9.

⁶ American College of Obstetricians and Gynecologists. Vaginal birth after previous cesarean delivery. *ACOG Practice Bulletin*, Number 115, August 2010.

⁷ National Institutes of Health Consensus Development Conference Statement, “Vaginal Birth After Cesarean: New Insights,” March 8-10, 2010. http://consensus.nih.gov/2010/images/vbac/vbac_statement.pdf

⁸ Wax JR, Pinette MG, Cartin A. Home versus hospital birth – process and outcome. *Obstet Gynecol Surv.* 2010;65:132-140.

⁹ Tracy EE. Does home birth empower women, or imperil them and their babies? *OBG Management.* 2009;21:45-52.

¹⁰ Centers for Disease Control and Prevention. National Center for Health Statistics. VitalStats. <http://www.cdc.gov//nchs/vitalstats.htm>

Certified Nurse–Midwife (CNM) & Certified Midwife (CM): CNMs and CMs are educated in university-affiliated and accredited institutions at the post-baccalaureate level. Beginning in 2010, a graduate degree is a requirement for practice. The standards for education and certification are identical for CNMs and CMs although CNMs are educated in the two disciplines of nursing and midwifery as registered Nurses (RNs), while CMs are educated only in the discipline of midwifery.

CNMs are licensed to practice in all 50 states and the District of Columbia. CMs are licensed in only three states: New Jersey, New York and Rhode Island. New York had the first CM training program and was the first state to recognize the CM credential. It is the only state which has one unified framework for licensing all midwives.

The American College of Nurse–Midwives (ACNM) is the professional organization that sets national education and practice standards for CNMs and CMs. The American Midwifery Certification Board (AMCB) develops and administers the national certification examination for CNMs and CMs. www.acnm.org

Certified Professional Midwife (CPM; also LM, LDM, and RM): These midwives do not meet the professional standards of the American College of Nurse-Midwives or the global standards of the International Confederation of Midwives. www.internationalmidwife.org

The certified professional midwife credential was developed in the mid-1990s by the Midwives Alliance of North America (MANA), the North American Registry of Midwives (NARM), and the Midwifery Education Accreditation Council (MEAC). www.mana.org; www.narm.org; www.meacschools.org

There is no single standard for education and both apprentice-only trained midwives and midwives who undergo a university-affiliated training use the title CPM. A CPM can learn through a structured program, through apprenticeship, or through self study. Another route to the credential is current legal recognition to practice in Britain. CPMs must pass a written and practical exam for certification.

According to MANA, 24 states recognize the CPM credential as the basis for licensure or use the NARM written exam. Some of these states use a different nomenclature. For example, licensed midwife (LM) is used in California, Idaho, Oregon and Washington; licensed direct-entry midwife (LDM) is used in Utah; and registered midwife (RM) is used in Colorado.

Recommendations

1. State legislatures should license only those midwives who meet the professional standards of ACNM and are certified by AMCB.
2. Federal and state governments should set minimum requirements for midwife participation in Medicaid and other government subsidized programs for pregnant women that include certification by AMCB.
3. Federal and state health policies should support the maternity care team and collaborative practice by obstetrician-gynecologists, certified nurse-midwives (CNMs) and certified midwives (CMs).