

Hjemmefødsler ... er det overhovedet farligt?

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Forskningsenheden for almen praksis, København

Roskilde sygehus, tirsdag, 10. april 2018

Planned hospital birth versus planned home birth (Review)

Olsen O, Clausen JA



This is a reprint of a Cochrane review, prepared and maintained by The Cochrane Collaboration and published in *The Cochrane Library* 2012, Issue 9

<http://www.thecochranelibrary.com>



Inden jeg gentager mig selv ...

- Hvor mange af jer har læst
 - Cochrane reviewet?
 - Abstractet i Cochrane reviewet?
 - (andre Cochrane reviews?)
 - Intet læst om evidensen?

Abstract - BACKGROUND

- Observational studies of increasingly better quality and in different settings suggest that planned home birth in many places can be as safe as planned hospital birth and with less intervention and fewer complications.

2009

- de Jonge et al. *BJOG*
 - a nationwide cohort (Netherlands)
 - 321,307 planned home births
- Hutton et al. *Birth*
 - Ontario, Canada
 - 6,692 planned home births
- Janssen et al.
 - British Columbia, Canada
 - 2889 planned home births

2009

- Hendrix et al. *BJOG*
 - a new RCT (Netherlands)
 - 1 (one!) woman randomized

de Jonge, 2009

- “No significant differences were found between planned home and planned hospital birth (adjusted RRs and 95% CIs) intrapartum death and neonatal death up to seven days 1.00 (0.78 to 1.27)”
- Did not report specific morbidity outcomes

Hutton, 2009

- “All measures of serious maternal morbidity were lower in the planned home birth group as were rates for all interventions including cesarean section (5.2% versus 8.1%; RR [95% CI]: 0.64 [0.56, 0.73])”

AUTHORS' CONCLUSIONS

- **Implications for practice**
 - This review shows that there is no strong evidence to favour either planned hospital or planned home birth for selected, low-risk pregnant women.
 - ...
 - The lack of strong evidence from RCTs and an autonomy-based ethical perspective lead to the conclusion that all countries should
 - consider establishing home birth services with collaborative medical back up and
 - offer low-risk pregnant women information about
 - the available evidence and
 - the possible choices.

FIGO & ICM

- There is strong evidence that out of hospital birth supported by a registered midwife is safe, and a preferred experience for many mothers.

*Media release
8 March 2012*

AUTHORS' CONCLUSIONS

Implications for research

- Clinicians who are uncomfortable with the quality of the evidence
- may consider setting up or getting involved in trials.

NICE i Nordjylland

Ole Olsen

statistiker, seniorforsker

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Aalborg, 9. december 2015

Intrapartum care for healthy women and babies

Clinical guideline

Published: 3 December 2014

[nice.org.uk/guidance/cg190](https://www.nice.org.uk/guidance/cg190)

- Advise low-risk **multiparous** women that
 - planning to give birth
 - at home or
 - in a midwifery-led unit (freestanding or alongside)
 - is **particularly suitable** for them because the rate of interventions is lower and the outcome for the baby is no different compared with an obstetric unit.

- Advise low-risk **nulliparous** women that
 - planning to give birth
 - in a midwifery-led unit (freestanding or alongside)
 - is particularly suitable for them because the rate of interventions is lower and the outcome for the baby is no different compared with an obstetric unit.
 - Explain that if they plan birth at home there is a small increase in the risk of an adverse outcome for the baby.

Table 4 Outcomes for the baby for each planned place of birth: low-risk nulliparous women (source: [Birthplace 2011](#))

	Number of babies per 1,000 births			
	Home	Freestanding midwifery unit	Alongside midwifery unit	Obstetric unit
Babies without serious medical problems	991	995	995	995
Babies with serious medical problems*	9	5	5	5

* Serious medical problems were combined in the study: neonatal encephalopathy and meconium aspiration syndrome were the most common adverse events, together accounting for 75% of the total. Stillbirths after the start of care in labour and death of the baby in the first week of life accounted for 13% of the events. Fractured humerus and clavicle were uncommon outcomes – less than 4% of adverse events. For the frequency of these events (how often any of them actually occurred), see [appendix A](#).

Carsten U. Henriques
OUH



Forskningstræning Region Øst

Hold 34

v/ Forskningsenheden for Almen Praksis i København

Velkommen



PICO-

- Patient
- Intervention(exposure)
- Comparison
- Outcome

UK Birthplace study

- Some "community midwives providing home births, ... attended very few births each year",
- "appeared to be less integrated ... and some reported a sense of isolation and exposure when attending births at home"
- "commitment to multi-disciplinary training" seemed insufficient. (*Executive Summary*)
 - *Birthplace qualitative organisational case studies: How maternity care systems may affect the provision of care in different birth settings. Birthplace in England research programme.*
 - *Final report part 6. NIHR Service Delivery and Organisation programme; 2011.*

Æbler og pærer ...

- "England er England og ikke Danmark. Det er som at sammenligne pærer og bannaner."

*Thomas Larsen, formand for DSOG
DSOG's Facebook, juni 2017*



de Jonge, 2009 + 2015

- de Jonge et al., 2009, *BJOG*
 - a nationwide cohort (Netherlands)
 - 321,307 planned home births
- de Jonge et al., 2015, *BJOG*
 - a nationwide cohort (Netherlands)
 - 466,112 planned home births

de Jonge, 2015

RESULTS:

- Intrapartum + neonatal death rates up to 28 days after birth were
 - for nulliparous women, adjusted odds ratio (aOR)
 - 0.99, 95% confidence interval (95% CI) 0.79-1.24
 - for parous women, aOR
 - 1.16, 95% CI 0.87-1.55.

CONCLUSIONS:

- No increased risk of adverse perinatal outcomes for planned home births among low-risk women.
- Our results may only apply to regions where home births are well integrated into the maternity care system.

Hutton, 2009 + 2016

- Hutton et al., 2009 *Birth*
 - Ontario, Canada
 - 6,692 planned home births
- Hutton et al., 2016, *CMAJ*
 - Ontario, Canada
 - 11,493 planned home births

Hutton, 2016

INTERPRETATION

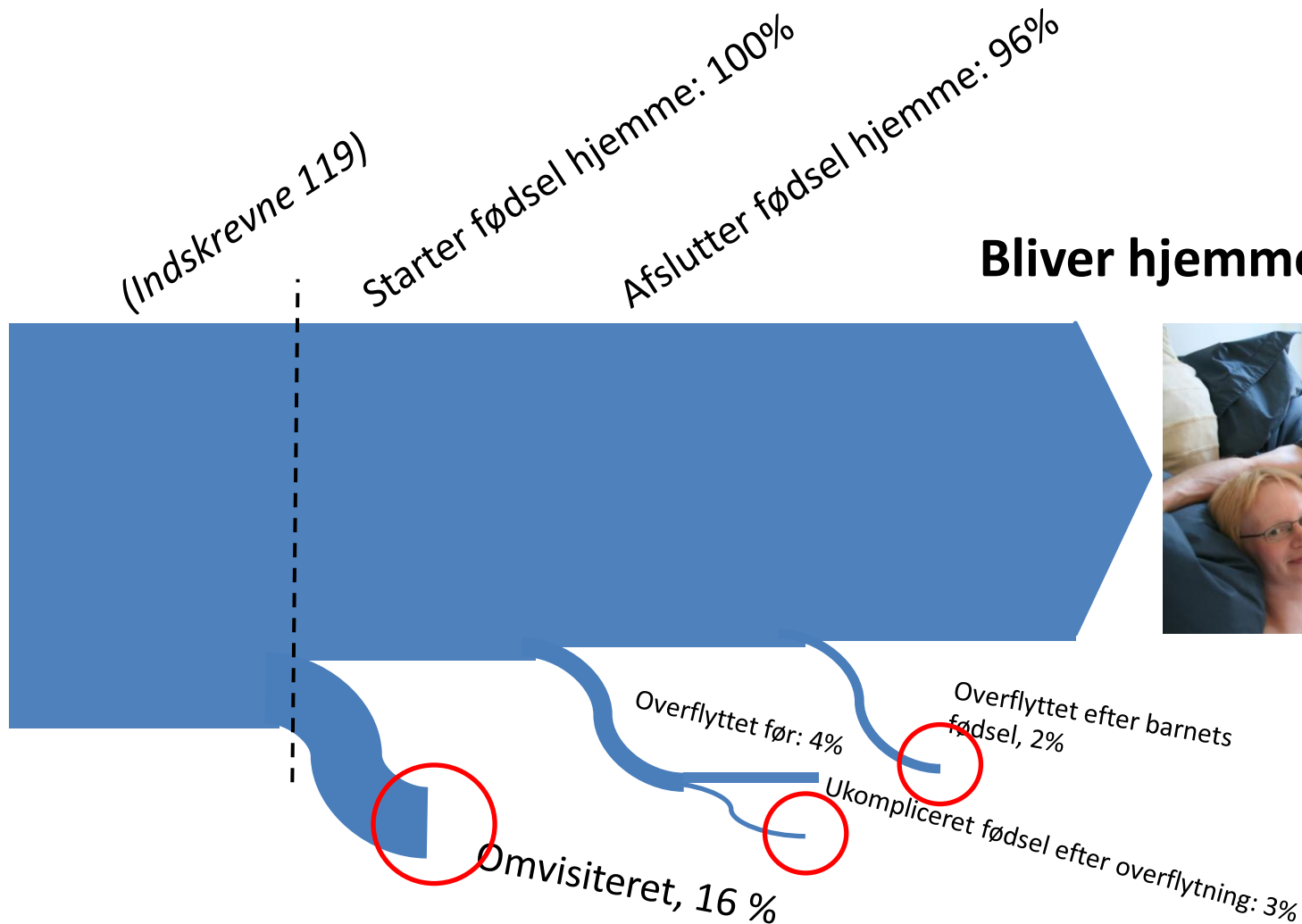
- planned home birth attended by midwives
- in a jurisdiction where home birth is well-integrated into the health care system was
- not associated with a difference in serious adverse neonatal outcomes
- but was associated with fewer intrapartum interventions.

RESULTS:

- These findings held true for both
 - nulliparous (RR 1.04, 95% CI 0.62-1.73) and
 - multiparous women (RR 1.00, 95% CI 0.49-2.05)

“... well-integrated ...”

Flergangsfødende, HOS



Hjemmefødsler. Er det overhovedet farligt?



Ikke hvis de er “well-integrated”



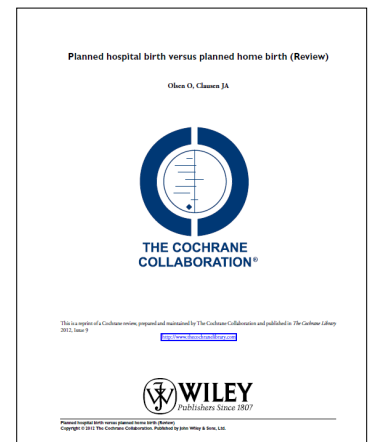
**Evidence,
experiences,
emotions**

– among GPs

AUTHORS' CONCLUSIONS

Implications for research

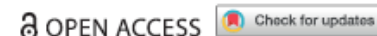
- it might be worthwhile to use qualitative methods
 - to investigate how clinicians think
 - about home birth
 - in relation to the available evidence.



Evidence – and some reactions

- Cochrane review, 2012
- Månedsskrift for almen praksis, 2012
- Three qualitative studies of
 - 50 GPs: An **exploratory ethnographic** study
 - NCGP 2013 – Published in *SJPHC*, Nov 2017
 - 7 GPs tape recorded : a **qualitative** study (*with Anja*)
 - NCGP 2015, *paper in review*
 - 200 GPs in training: **qualitative** study of what they say
 - WONCA 2016

RESEARCH ARTICLE



When general practitioners meet new evidence: an exploratory ethnographic study

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ABSTRACT

Objective: To explore how general practitioners (GPs) think and act when presented with new evidence in relation to planned home birth and a proposal to change information practices.

Design: Exploratory ethnographic study of GPs. The GPs were encountered one or more times during a two-year period, 2011–2013, while the author tried to set up formal focus group interviews. Dialogues about the evidence, personal experiences, values and other issues unavoidably occurred. Field notes were written concomitantly.

Setting: Danish GPs, primarily in Copenhagen.

Subjects: Fifty Danish GPs.

Results: The GPs reacted very differently, both spontaneously and later. Spontaneous reactions were often emotional involving private and professional experiences whereas later reactions were more influenced by rational deliberations. Approximately half the GPs ($n = 18$) who were asked whether they would personally hand out the local information leaflet about home birth were prepared to do so. The time lag between presentation of the evidence and the GPs' decision to hand out the leaflets was up to one and a half year.

Conclusions: A significant number of GPs were prepared to change their information practices. However, for many GPs, the new evidence challenged previous perceptions, and ample time and resources for dialogue, deliberations and adaptation to local circumstances were required to accommodate change.

Implications: Changing information practices on a larger scale will require a systematic approach involving key stakeholders.

KEY POINTS

Current awareness

- Patients and pregnant women should receive evidence-based information about possible choices of care – also in relation to place of birth.

Most important results

- Doctors often find the new evidence supporting planned home birth counterintuitive and spontaneously react emotionally rather than rationally to the evidence.
- The new evidence challenging previous views elicits fast, emotional reactions, later deliberate reflections, perhaps cognitive dissonance and, finally, for some, change in clinical practice.

Significance for the readers

- The findings may be applicable to other fields where an evidence-based choice between an interventionist and a conservative approach is relevant.

ARTICLE HISTORY

Received 30 August 2016

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KEYWORDS

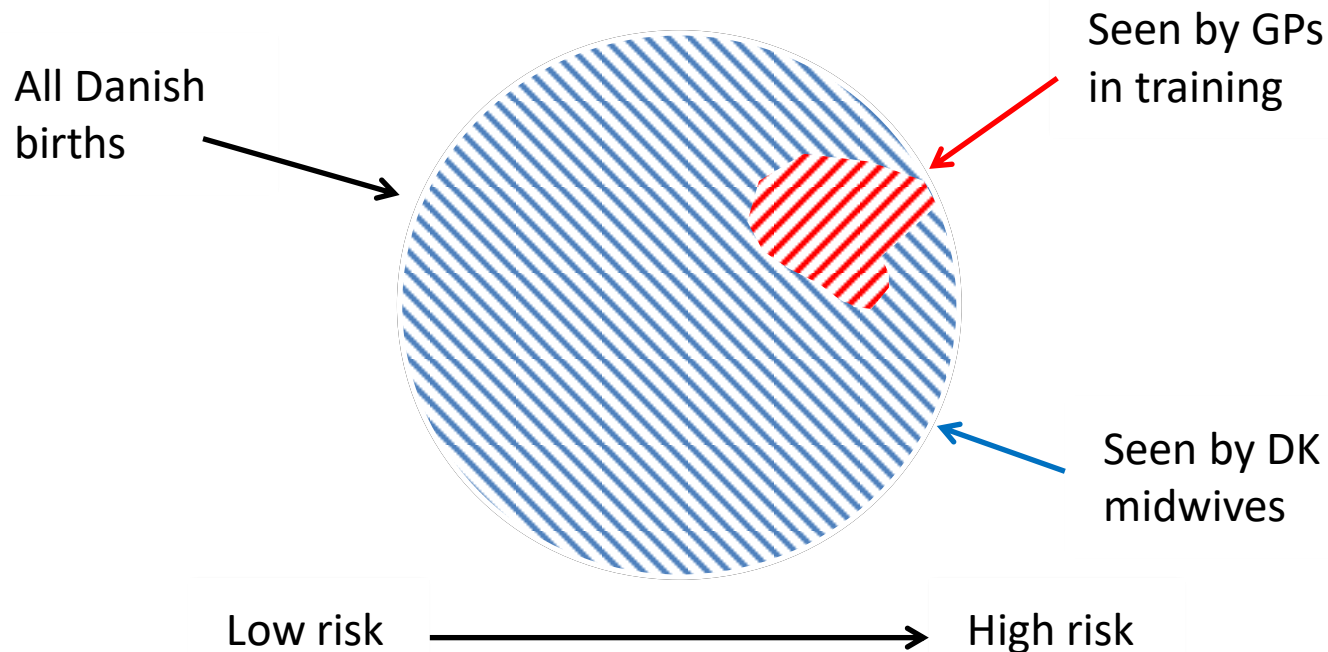
Evidence-based medicine; decision-making; patient–physician communication; interdisciplinary communication; home childbirth; family practice; qualitative research

What doctors say about home birth

Extremely brief summary of (more than) three studies

- "I would NEVER do it myself!"
- "... I realize that this is irrational"
- "But what if ...?"

Discussion: Evidence or experience?



48% of pregnant midwives plan a home birth

Tidsskrift for Jordemødre 2016;2 (+correction)

Fraction of homebirths among Danish midwives vs midwives' age

