

# The Birthplace cohort study: key findings

The Birthplace cohort study compared the safety of births planned in four settings: home, freestanding midwifery units (FMUs), alongside midwifery units (AMUs) and obstetric units (OUs).

The main findings relate to healthy women with straightforward pregnancies who meet the NICE intrapartum care guideline criteria for a 'low risk' birth.

## Key findings

### **Giving birth is generally very safe**

- For 'low risk' women the incidence of adverse perinatal outcomes (intrapartum stillbirth, early neonatal death, neonatal encephalopathy, meconium aspiration syndrome, and specified birth related injuries including brachial plexus injury) was low (4.3 events per 1000 births).

### **Midwifery units appear to be safe for the baby and offer benefits for the mother**

- For planned births in freestanding midwifery units and alongside midwifery there were no significant differences in adverse perinatal outcomes compared with planned birth in an obstetric unit.
- Women who planned birth in a midwifery unit (AMU or FMU) had significantly fewer interventions, including substantially fewer intrapartum caesarean sections, and more 'normal births' than women who planned birth in an obstetric unit.

### **For women having a second or subsequent baby, home births and midwifery unit births appear to be safe for the baby and offer benefits for the mother**

- For multiparous women, there were no significant differences in adverse perinatal outcomes between planned home births or midwifery unit births and planned births in obstetric units.
- For multiparous women, birth in a non-obstetric unit setting significantly and substantially reduced the odds of having an intrapartum caesarean section, instrumental delivery or episiotomy.

### **For women having a first baby, a planned home birth increases the risk for the baby**

- For nulliparous women, there were 9.3 adverse perinatal outcome events per 1000 planned home births compared with 5.3 per 1000 births for births planned in obstetric units, and this finding was statistically significant.

### **For women having a first baby, there is a fairly high probability of transferring to an obstetric unit during labour or immediately after the birth**

- For nulliparous women, the peri-partum transfer rate was 45% for planned home births, 36% for planned FMU births and 40% for planned AMU births

### **For women having a second or subsequent baby, the transfer rate is around 10%**

- For women having a second or subsequent baby, the proportion of women transferred to an obstetric unit during labour or immediately after the birth was 12% for planned home births, 9% for planned FMU births and 13% for planned AMU births.

## ACKNOWLEDGEMENT

The Birthplace in England Research Programme combines the Evaluation of Maternity Units in England study funded in 2006 by the National Institute for Health Research Service Delivery and Organisation (NIHR SDO) programme, and the Birth at Home in England study funded in 2007 by the Department of Health Policy Research Programme (DH PRP). The views and opinions expressed by the Birthplace authors do not necessarily reflect those of the NHS, NIHR, NIHR SDO, DH PRP or the Department of Health.

## FURTHER INFORMATION

**NPEU website:** <https://www.npeu.ox.ac.uk/birthplace>

**Full study reports can be downloaded from the NIHR SDO website:**

<http://www.sdo.nihr.ac.uk/projdetails.php?ref=08-1604-140>

**BMJ article:**

Perinatal and maternal outcomes by planned place of birth for healthy women with low risk pregnancies: the Birthplace in England national prospective cohort study

BMJ 2011;343:d7400

[www.bmj.com/contents/343/bmj.d7400](http://www.bmj.com/contents/343/bmj.d7400)

