

February 5, 2014

To: ACNM Members

The following is ACNM's preliminary statement in response to the recent abstract *Term neonatal deaths resulting from home births: An increasing trend* to be released at the Society for Maternal-Fetal Medicine (SMFM) annual meeting, The Pregnancy Meeting, on February 7.

ACNM's national office has been closely following the conversations on this listserv and media reports about the abstract titled *Term neonatal deaths resulting from home births: An increasing trend* by Drs. Grunebaum and Chervenak scheduled to be released at the Society for Maternal-Fetal Medicine (SMFM) annual meeting, The Pregnancy Meeting, on February 7. Typically, ACNM reviews an entire study before providing comment, but due to the elevated amount of discussion on the topic, we decided to make preliminary observations on the abstract at this time.

First, there are serious questions about the accuracy of the vital statistics data upon which this study is based. Birth certificates are not always completely filled out, nor are they always filled out by the provider attending the birth. The data are not always accurate, when compared to medical charts filled out by the attending provider. (See this study from the CDC for further reference: http://www.cdc.gov/nchs/data/nvsr/nvsr62/nvsr62_02.pdf).

Additionally, it is not possible to determine, from the birth certificate data, who the woman intended to receive care from, nor the intended location of birth, nor is it possible to follow intrapartum transfer information from home to hospital.

Further, the birth certificate data do not allow researchers to accurately separate out planned vs. unplanned home births. We know that mortality rates are higher for unplanned home births, as they are more likely to involve emergency or urgent situations. The inability to distinguish between the two casts doubt on the findings.

All birth certificates also have a field for specifying whether a birth was attended by a "CNM/CM" or "other midwife." There is no way to determine the credentials, education, or licensure status of a person referred to as "other midwife."

One final observation on this abstract: ACNM believes it's important to focus on a seamless, integrated process for transfer of care so that women who have chosen, and will continue to choose, a home birth setting for childbirth, have access to the appropriate level of safe, respectful care at all times.

ACNM is pleased that a study of nearly 17,000 planned home births, based on the MANA dataset and published last week in *JMWH*, found that the vast majority of women who had planned home births had good outcomes – both for themselves and their babies. This study was based on the more reliable, comprehensive medical records of the attending providers, not on birth certificate data. Overall, it's

helpful to have this robust planned home birth data, as there is little other accurate data currently available, despite the rise in the number of US home births.

ACNM has had the long-standing position that women should have access to reliable information and be fully informed, have access to quality health care providers and the appropriate birth setting of their choice – home, birth center, or hospital.

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