

HOME BIRTH STATISTICS 1990

The 1990 year has seen the passing of a milestone - the number of home births for the year has passed a thousand. To date 1037 forms have been received, an increase of 119 over the 918 forms for 1989. It is expected some late forms will boost the increase further.

Some planned hospital births are included in the above figures for 1989 and 1990. These have been excluded from the analysis, as have 18 forms that arrived too late to be included. Unfortunately, one midwife duplicated 49 forms and these were not discovered until after the tables were run. For this reason 1046 births are shown, but the 18 late forms and 49 births counted twice only very slightly affect the results below.

This year the statistics will focus on first births. As with most things, giving birth is usually more difficult the first time, and therefore mother and baby are at increased risk. The figures here show the amount of extra risk.

Parity is the term used for previous live births, and therefore a woman giving birth for the first time is parity zero. There were 208 first births and 3 women having their ninth child (parity 8):

Parity	0	1	2	3	4	5	6	7	8	unknown	total
	208	348	218	108	37	13	4	7	3	100	1046

because of the small number of women with more than four children, parities five to eight have been grouped together. In each table I also show percentages. These compare the women having their first baby with all those having subsequent births. As is usual, the percentages are calculated in each table excluding women for whom information is unknown.

DETAILS OF MOTHERS

Parity	0	1	2	3	4	5-8	Total	%	%1-8
Marital status.									
married/defacto	183	314	201	98	36	20	852	91.5	95.2
single/unmarried	17	7	8	2	0	2	36	8.5	2.7
separated	0	7	1	2	1	0	11	0	1.6
divorced	0	1	1	1	0	0	3	0	0.4
widowed	0	0	1	0	0	0	1	0	0.1

It can be seen that three times as many first time mothers (primiparas in medical terminology) are single - 8.5% as compared to 2.7. This may have an effect on the amount of support available to them in pregnancy and birth.

Parity	0	1	2	3	4	5-8	Total	%	%1-8
Highest Education.									
primary	0	0	1	0	0	0	1	0	0.1
secondary 1-2 years	2	8	7	6	3	5	31	1.0	4.2
secondary 3 years	20	55	33	24	8	5	145	10.0	18.0
secondary 4+ years	46	70	60	23	9	3	211	23.0	23.7
undergraduate	70	100	55	21	6	5	257	35.0	26.9
graduate or equiv.	62	100	52	26	5	5	250	31.0	27.1

Two things can be seen from this table. The first is the general high

level of academic achievement of home birth mothers, over half having tertiary qualifications of some kind. The second is that the first time mothers are, slightly, the better educated group. This may be a case of deferring a family in favour of education. It may also be that education permits a questioning of the established childbirth methods.

THE PREGNANCY

Parity	0	1	2	3	4	5-8	Total	%	%1-8
Smoking.									
never in pregnancy	184	305	194	95	33	25	836	88.9	89.8
0-5 cigarettes/day	17	27	13	7	0	1	65	8.2	6.6
6-20 (1 pack)/day	6	9	7	5	3	1	31	2.9	3.4
over 1 pack/day	0	1	0	0	0	0	1	0	0.1

It can be seen that the number of smokers, as well as the level of smoking, is low. The table does not show those who are noted on the form as giving up during pregnancy. These are predominantly light smokers who, having smoked in pregnancy, fall into the category of 1-5 cigarettes per day.

Parity	0	1	2	3	4	5-8	Total	%	%1-8
Procedures in pregnancy.									
none	84	164	115	51	21	21	456	41.0	51.4
ultrasound	116	174	95	55	13	6	459	56.6	47.4
amniocentesis	17	16	11	6	1	0	51	8.3	4.7
other	4	3	2	0	1	0	10	2.0	0.8

In this table the figures for amniocentesis are less accurate than the others. This is a feature of form design where amniocentesis was classified as before or after 20 weeks of pregnancy. Sometimes one of these was circled referring to the time of an ultrasonic scan. This has been corrected in the revised form.

It should also be noted that since it is possible to have more than one procedure, the total procedures shown here may exceed the number of people. Percentages however are of people, eg 56.6 percent of primiparas had an ultrasound scan. Use of ultrasound has grown rapidly over the last few years, with about half of home birth women now having this procedure.

LABOUR AND DELIVERY

Parity	0	1	2	3	4	5-8	Total	%	%1-8
Place of birth.									
home	125	316	206	102	37	26	812	60.1	93.3
hospital	83	31	11	5	0	1	131	39.9	6.5
other	0	1	0	0	0	0	1	0	0.1

It can be seen there is a much higher rate of transfer to hospital of women having their first baby. The figure is higher than the usual one of around 30%.

Onset of labour									
spontaneous	200	335	211	130	36	27	912	97.1	97.7
medically induced	4	3	2	2	1	0	12	1.9	1.1
surgically induced	2	7	1	0	0	0	11	1.0	1.2

These figures reflect the low rates of intervention in the home.

Parity	0	1	2	3	4	5-8	Total	%	%1-8
Presentation									
vertex	189	330	212	105	37	27	900	92.2	97.1
pop	11	8	4	1	0	0	24	5.4	1.8
breech	3	8	0	0	0	0	11	1.5	1.1
other	2	0	0	0	0	0	2	1.0	0
Type of delivery									
spontaneous cephalic	162	330	208	105	36	27	868	78.3	96.7
breech	1	6	0	0	0	0	7	0.5	0.8
forceps	18	4	0	0	0	0	22	8.7	0.5
ventouse	7	0	1	0	0	0	8	3.4	0.1
elective caesarian	1	0	0	0	0	0	1	0.5	0
emergency caesarian	18	7	6	0	0	0	31	8.7	1.8

The one case of elective caesarian above presumably is an error in filling out the form since these statistics relate only to unplanned hospital births. The higher risk of first births can be seen in both these tables, however even the risk of a caesarian section is quite low.

Parity	0	1	2	3	4	5-8	Total	%	%1-8
Complications of labour									
none	120	298	189	95	34	25	761	58.3	87.8
foetal distress	21	8	10	6	1	0	46	10.2	3.4
prolonged labour	60	11	5	1	0	0	77	29.1	2.3
retained placenta	3	6	1	0	0	0	10	1.5	1.0
anteartum haemorrhage	0	2	1	0	0	0	3	0	0.4
postpartum haemorrhage	9	16	3	5	1	0	34	4.4	3.4
cord prolapse	0	0	2	0	0	0	2	0	0.3
other condition	14	10	8	4	1	2	39	6.8	3.4

Complications of the puerperium									
none	162	315	192	101	31	27	828	83.1	92.5
urinary infection	1	2	2	1	0	0	6	0.5	0.7
genital infection	9	3	3	1	0	0	16	4.6	1.0
breast infection	8	12	6	4	4	0	34	4.1	3.6
venous thrombosis	0	0	1	0	0	0	1	0	0.1
secondary pop	1	0	0	0	0	0	1	0.5	0
postnatal depression	1	2	1	0	0	0	4	0.5	0.4
other condition	15	6	7	0	0	0	28	7.7	1.8

A generally low rate of complications is evident, and although the new mothers have a slightly higher incidence of problems, these are not great.

Parity	0	1	2	3	4	5-8	Total	%	%1-8
Postnatal care of mother									
Baby born at home:									
remained at home	122	299	200	101	36	26	784	59.5	90.6
hospital treatment	2	9	3	1	0	0	15	1.0	1.8
hospital for baby	1	3	0	0	0	0	10	0.5	1.2
Baby born in hospital:									
normal discharge	78	29	8	4	0	1	120	38.0	5.7
prolonged treatment	2	2	3	0	0	0	7	1.0	0.7

DETAILS OF BABIES

Sex of babies: male 542 (52.5%) female 491 (47.5%) unknown 13

Parity	0	1	2	3	4	5-8	Total	%0	%1-8
Postnatal care of baby									
Baby born at home:									
remained at home	122	299	194	101	37	26	779	59.5	90.6
hospital treatment	2	4	9	5	0	0	18	1.0	2.2
hospital for mother	2	6	1	0	0	0	9	1.0	1.0
Baby born in hospital:									
normal discharge	74	25	7	4	0	1	111	36.1	5.1
prolonged treatment	5	5	3	0	0	0	13	2.4	1.1

The above figures confirm that mothers having their first baby are at higher risk than those having subsequent children. However, in putting figures to this extra risk, it can be seen that the great majority of first births remain trouble free. Even of those who transfer to hospital about 3% require intensive or prolonged treatment.

There does of course remain some risk. In 1990 there were six deaths before four weeks of age - five still births and a baby who drowned at three and a half weeks. Two of the still births were siamese twins of fairly low birthweight - 1350 and 3800 grams. (Two other sets of twins were born at home without problems). In over 1000 births these deaths translate to a still birth rate of under five per thousand births - 4.8 per thousand if the death free 18 late forms are included. Similarly the neonatal rate of deaths under four weeks of age works out at 0.96 per thousand.

Because these rates are small and lower than the usual hospital rates they show that birth at home is generally safe. Furthermore, in demonstrating a low level of procedures, they show the women are much safer from the interventions that disrupt human biological birthing behaviour.

However, they do not answer the question of whether low risk women and their babies are actually safer from birth trauma and death at home. This is because hospital births include low birthweight and other high risk women who are excluded from home delivery. Recent work in Australia indicates that homebirth babies are at higher risk than their counterparts of equivalent weight in hospital.

It is not known whether the same situation applies in New Zealand. Because the data is available, finding out is largely a matter of computation - and the accompanying time and cost. A feature of home birth families is their responsibility for their own health. Further elucidation of these risks would give better information on which to make decisions, and possibly improve both home and hospital maternity services.

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 May 1991.