

# MIDWIVES' ASSOCIATION

OF WASHINGTON STATE

**FOR IMMEDIATE RELEASE:**

**Giving birth at home or in a freestanding birth center is safe where  
midwives are well-integrated into the healthcare system**

**Seattle, WA, October 7, 2021** - A new study out of Washington state demonstrates that individuals with low-risk pregnancies who plan a community-based birth--either at home or in a freestanding birth center--can achieve better outcomes for themselves without compromising safety for their newborns. The study, *Birth Outcomes for Planned Home and Licensed Freestanding Birth Center Births in Washington State*, was an international collaboration of midwives, epidemiologists, and obstetricians. It is available in Early View in [Obstetrics & Gynecology](#) as of today and is the Editor's Pick for the November issue.

In the study, planned home births in Washington state were just as safe as home births in Canada, the U.K., and the Netherlands, where midwives and home birth are well integrated into the healthcare system. Further, there were no differences in outcomes for planned home births with a midwife and births in a state-licensed, freestanding birth center. Training, equipment, and access to medications are the same in both settings. This study is particularly timely, as midwives report an increased interest in community birth across the U.S. with the COVID-19 pandemic.

The new study included 10,609 low-risk births from 2015-2020 attended by members of the Midwives' Association of Washington State (MAWS), the state's largest, most well-established professional midwifery organization. Ninety-three percent of MAWS members in the study were licensed midwives/CPMs; the remaining 7% were CNMs. The study population included all individuals with a healthy pregnancy, no prior cesarean delivery and a single, head-down fetus, planning a community birth at term.

Over 94% of the planned home or birth center births resulted in spontaneous vaginal births. The overall cesarean rate was 4.7% and the rate of physiologic birth (with no induction, augmentation of labor, or pain medication) was 85.3%. The rate of stillbirth and neonatal death in this cohort was low (0.57 stillbirths/neonatal deaths per 1,000 deliveries), identical to the rate that ACOG has cited as a benchmark for low-risk birth, and comparable to other countries where home birth is well-integrated into the health system. Thirty percent of first-time mothers/birthing people transferred to the hospital during labor, and 11.4% had a cesarean birth. Only 4% of those who had given birth previously transferred to the hospital and fewer than 1% of them had a cesarean birth.

The American College of Obstetricians and Gynecologists (ACOG) maintains that hospitals and accredited birth centers are the safest settings for birth, while acknowledging the right of every person to make a medically informed decision about their own birth. Factors that ACOG has identified as critical to reducing perinatal mortality rates and achieving favorable birth outcomes in community settings include: “appropriate selection of candidates, the availability of a midwife whose education and licensure meet International Confederation of Midwives’ Global Standards for Midwifery Education and who is practicing within an integrated and regulated health system, and ready access to consultation and safe and timely transport to nearby hospitals when necessary.” Licensed midwifery in Washington state meets all of these standards.

Home birth remains controversial in the United States, in part, because several U.S. reports have shown higher rates of adverse neonatal outcomes among home births, compared with hospital births. However, licensure requirements for midwives, regulatory status, access to medications, and degree of midwifery integration vary widely by state. According to [a 2018 study](#), Washington state has the highest level of midwifery integration in the country.

The findings of this study suggest that other jurisdictions in the U.S. might be able to achieve similar results with comparable degrees of midwifery integration and that Washington state could serve as a model for safe community-based birth across the U.S.

Nethery, et al. **Birth outcomes for planned home and licensed freestanding birth center births in Washington State.** *Obstetrics & Gynecology*. Accepted manuscript. (Open access)

<https://journals.lww.com/greenjournal/pages/default.aspx> Embargoed until October 7, 2021 5pm EST– Planned for November 2021 Issue, online Table of Contents for upcoming issue released mid-late September 2021.