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## Project Title: Home Birthing: Analyzing the Value of Home Births to American Mothers

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# Home Birthing: Analyzing the value of home births to American mothers

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## Introduction

In the US there were 3.7 million births in 2018, and 59,000 out-of-hospital births in 2014 (Martin et. al., 2019). Even though most births occur in the hospital, out-of-hospital options are growing more popular as there was a 58% increase in these between 2004-2014 (see Figure 2). The US also has high rates of cesarean sections, along with other interventions, which has been increasing over the last 30 years (see Figure 1). At the same time, the US has an extremely high maternal mortality rate in comparison to peer countries (Figure 3), particularly among non-white women who receive c-sections at higher rates than whites. While most births are attended by physicians, midwives attend most out-of-hospital births and are also well trained for uncomplicated cases (See Table). This paper therefore investigates home birthing and midwifery in the context of the high rates of birth interventions and maternal mortality in the US.

## Background

- The maternal mortality rate in the US (# of maternal deaths per live births) was 17.4 in 2018 (Hoyert & Miniño, 2020). This rate is unacceptably high when compared to that of other comparable countries and becomes even more stark when considering that non-white mothers die at much higher rates than white mothers (see Figure 3).
- The US uses birth interventions (e.g., c-section, electronic fetal monitoring, forceps) at high rates. These can pose unnecessary risks and are linked to higher rates of maternal and neonatal morbidity in both the short and long term.
- The midwifery approach to childbirth, used in home birth, emphasizes the preservation of physiologically normal birth and maternal agency. Maternal control and agency during childbirth are critically important to a woman's experience.

Understanding that reducing the use of birth interventions and maintenance of maternal agency are central to improving women's birth outcomes and experiences are central to the investigation of home birthing.

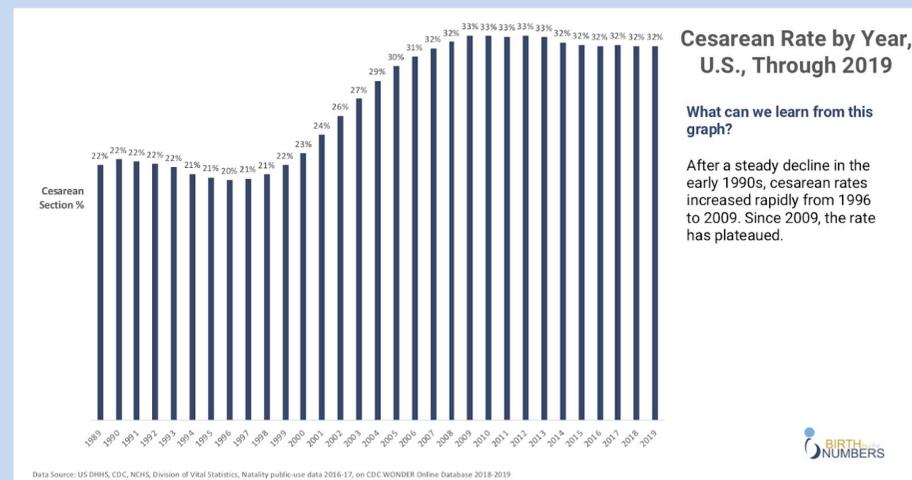


Figure 1: U.S. annual cesarean rate 1989-2019

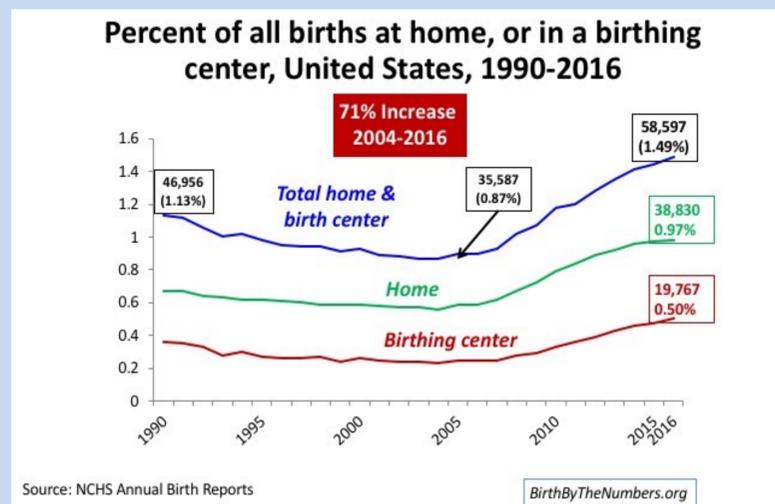


Figure 2: US rates of out-of-hospital births 1990-2016

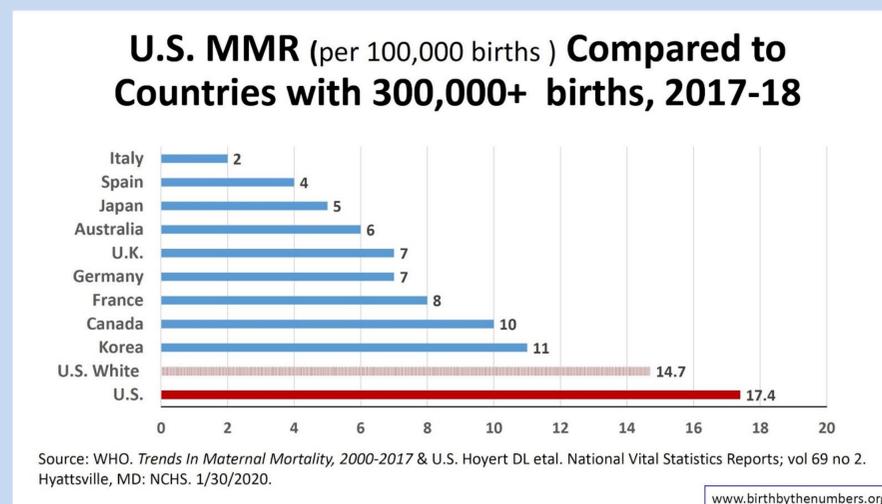


Figure 3: Maternal mortality rates of US and other comparable countries

Title	Education	Practice Location
Medical Doctor, MD	Doctor of Medicine, traditional allopathic medical school followed by a specialized residency.	Hospital/Medical Settings
Doctor of Osteopathic Medicine, DO	Doctor of Osteopathic Medicine, similar training to MD but with a more holistic approach, followed by a specialized residency.	Hospital/Medical Settings
Certified Nurse Midwife, CNM	Nurse Midwife, trained in nursing and midwifery.	Hospital, Out-of-Hospital Settings
Certified Midwife, CM	Direct-Entry Midwife, no nursing education. Have received a master's level education in midwifery care.	Out-of-Hospital Settings
Certified Professional Midwife, CPM	Direct-Entry Midwife, received training on providing the midwifery model care in homes and freestanding birth centers.	Out-of-Hospital Settings
Traditional Midwife	Midwives who hold no formal certification or license.	Out-of-Hospital Settings

## Discussion

The conducted research suggests that the increased use of the midwifery model of care and making the home a more available birth setting could improve the health outcomes of childbirth experience for some mothers.

- Home birthing practices focus on maintaining the normal physiologic birthing process, thereby intervening less and reducing unnecessary exposure to additional risk.
- This goal of using fewer medical interventions may also be reached by emphasizing the midwifery model of care which holds that pregnancy and birth are normal and natural events. This care has potential to avoid unnecessary intervention while simultaneously recognizing when additional care, possibly by an obstetrician, is the safest route.

I plan to continue studying this topic of childbirth and women's health in medical school, particularly considering how current practices may be amended to improve women's experiences and outcomes. This project has allowed me to gain valuable insight into a field that I look forward to learning about.

### Literature Cited

Hoyert DL, Miniño AM. Maternal mortality in the United States: Changes in coding, publication, and data release, 2018 (2020). *National Vital Statistics Reports*; vol 69 no 2. Hyattsville, MD: National Center for Health Statistics.  
Martin JA, Hamilton BE, Osterman MJK, Driscoll AK. (2019). Births: Final data for 2018. *National Vital Statistics Reports*; vol 68, no 13. Hyattsville, MD: National Center for Health Statistics.

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