## The pleasures of home birth?

Having said that "there is no indication of increased risk associated with planned home birth," the authors of your study added: "The consequences of some of the expected complications … may be more serious for women and their babies when women deliver at home."[1] Indeed, the parents of the 5 home-birth babies requiring assisted ventilation for more than 24 hours (versus none in the other groups) should wonder about their choice of home delivery, no matter how reassuring a midwife is about the lack of "statistical significance" suggesting problems with home deliveries.

The neonatal resuscitation course followed by most physicians and obstetrical nurses in rural hospitals suggests that a neonate requiring prolonged assisted ventilation should be intubated within a few minutes. Was this done by the midwives in the home? The fact that less than half the babies born with thick meconium received the indicated tracheal suctioning (versus virtually 100% in the other groups) suggests that the midwives overseeing the home births were either unable or unwilling to intubate. If this was the case, would this not affect the subsequent duration of respiratory morbidity? What are the long-term effects of the prolonged period of assisted ventilation, both respiratory and neurological?

The study stated: "The median total time from a 911 call to arrival at hospital was 37 minutes, with a range of 15–93 minutes." Oh, how this vapid statement glosses over an incredible amount of needless suffering. If it takes 90 minutes from the decision to call 911 (and that is only after the immediate attempts at resuscitation have been recognized as insufficient) until arrival at the hospital, then presumably it takes at least 40 minutes for the ambulance to arrive. What do the midwife and patient talk about while the hemorrhaging uterus is being massaged and the blood pressure drops? ("There were no differences in rates of postpartum hemorrhage … but the only 2 cases of obstetric shock occurred in the home-birth group.") Do they reassure themselves that the pleasure of delivering at home is worth the agony of waiting for an ambulance while the blood continues to gush, or the gasping/flat/blue baby continues to be bagged? What if the ambulance personnel are also unable to perform neonatal intubation, so that inadequate assisted bag and mask ventilation continues for another 30 or 40 minutes in the ambulance? Are any doubts about the home-birth process ever entertained by the participants? Judging from this article, the answer is no.

As long as statistical twisting can be used to advantage, the obvious will be ignored, and the health of mothers and their babies will be sacrificed at the altar of personal choice.

**Lawrence Fawcett**
Family Physician
Listowel, Ont.

**Reference**
1. Janssen PA, Lee SK, Ryan EM, Etches DJ, Farquharson DF, Peacock D, et al. Outcomes of planned home births versus planned hospital births after regulation of midwifery in British Columbia. *CMAJ* 2002;166(3):315-23.

How likely is it that anyone who had any significant risk opted for home birth?[1] Inconceivable. No midwife or doctor would ever suggest a home birth for a mother with a less-than-perfect situation. How could it be otherwise?

My interpretation of these results would be: the study showed a similar outcome for home births because the poorer outcomes expected of the more vigorous mothers who gave birth at home matched the better outcomes of the less healthy mothers who opted for hospital birth.

**Claudio De Lorenzi**
Plastic Surgeon
Kitchener, Ont.

**Reference**
1. Janssen PA, Lee SK, Ryan EM, Etches DJ, Farquharson DF, Peacock D, et al. Outcomes of planned home births versus planned hospital births after regulation of midwifery in British Columbia. *CMAJ* 2002;166(3):315-23.

Some of the outcomes cited in your study[1] seem to fit better under characteristics of the study populations. They look more like input (independent) variables than output (dependent) variables: pregnancy-induced hypertension, prolapsed cord and placenta previa. The absence of placenta previa in the home-delivery group, while prudent for the safety of mothers and babies, further detracts from the comparison of outcomes.

I was alerted to this important study by the CBC, whose editors might have been wise to put a question mark in their lead: "Home births safe as hospital births?: study."

**E. H. (Bert) Krikke**
Associate Professor
Family Medicine
University of Alberta
Edmonton, Alta.

**Reference**
1. Janssen PA, Lee SK, Ryan EM, Etches DJ, Farquharson DF, Peacock D, et al. Outcomes of planned home births versus planned hospital births after regulation of midwifery in British Columbia. *CMAJ* 2002;166(3):315-23.

This study's[1] stated purpose was to evaluate the safety of home births by comparing perinatal outcomes for planned home births involving regulated midwives with those for planned hospital births. However, it was not designed to detect differences affecting the most clinically significant adverse outcomes. If a study is not designed to detect clinically relevant differences, it may fail to detect a statistically significant one despite the presence of clinically important differences between the study groups.

The interpretation section states that "there are no indications of increased risk associated with planned