

home birth.” This is dangerously misleading: rates for perinatal mortality and assisted ventilation were both higher in the home-birth population.

Although the authors acknowledge that the rates of some adverse outcomes were too low to provide statistical comparisons, they still suggest no difference in adverse outcomes. Clearly, one preventable episode of perinatal mortality or requirement for assisted ventilation is one too many. Given that this study is not large enough to detect a clinically relevant difference in these major outcomes, the authors have no basis to make this claim.

Unfortunately, the claims have already made it into the popular press, with the CBC stating: “Home births with a midwife are as safe as births in a hospital with a doctor.” Once again, a medical publication has played a hand in misinforming the public.

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**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.

As a family physician who has provided obstetric services in rural British Columbia for over 20 years, I am upset by the implied safety attached to home births.<sup>1</sup> Statistically significant or not, in the study group involving 862 home births there were 3 times as many perinatal deaths compared with the cohort group involving 1314 in-hospital births. As well, 5 infants in the study group required prolonged ventilatory support versus none in the cohort group, and the only 2 cases of hemorrhagic shock occurred in the study group.

If, as the authors state, 7 to 8 years of data collection are required to compare perinatal death rates accurately, why did they then feel compelled to state that “there are no indications of increased risk associated with planned

home births attended by regulated midwives”? The lay press has concluded that home births have been shown to be as safe as, if not safer than, in-hospital births. If we look at serious complications, this is clearly not the case.

If nothing else, the study should raise legitimate concerns regarding the safety of home births. Unfortunately, these concerns have not been conveyed to expectant mothers trying to make an informed choice.

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**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<sup>1</sup> contained significant biases. The groups were not like for like<sup>2-5</sup> because members of the hospital specialist group were shorter, more likely to have had a previous cesarean section, weighed more and were less likely to be multiparous. Hence, they were more prone to dystocia than members of the home-birth group.

As well, comparisons were made for induction of labour and epidural/spinal analgesia, but these interventions are usually unavailable during home births.<sup>3</sup> Are the authors implying that they are available at home in British Columbia? The overall transfer rate of about 22% was high. What were the major indications for transfer prepartum and intrapartum?

This article is too biased to allow us to draw any meaningful comparisons between home and hospital births. Moreover, the conclusions are not justified by the evidence presented.<sup>6</sup> The first step would be to compare like for like — a randomized selection of appropriate patients for home or hospital birth.<sup>1,4</sup>

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**References**

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.
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3. Chamberlain G, Wraight A, Crowley P. Birth at home. *Pract Midwife* Jul-Aug;2(7):35-9.
4. Wieggers TA, Keirse MJ, van der Zee J, Berghs GA. Outcome of planned home and hospital births in low risk pregnancies: prospective study in midwifery practices in The Netherlands. *BMJ* 1996;313:1309-13.
5. Woodcock HC, Rad AW, Bower C, Stanley FJ, Moore DJ. A matched cohort study of planned home and hospital births in Western Australia 1981-1987. *Midwifery* 1994;10:125-35.
6. Olsen O, Jewell MD. Home versus hospital birth [Cochrane Review]. In: *The Cochrane Library*; 2000. Oxford: Update Software.

Janssen and colleagues<sup>1</sup> present data on a variety of adverse events and outcomes associated with childbirth. Although they compare home births attended by midwives, hospital births attended by midwives and hospital births attended by physicians, their primary focus is on the outcomes in births assisted by midwives. Those delivering at home would be expected to be at lower risk of medical interventions than those delivering in hospital. However, it might have helped to understand the results had they used a composite score of outcomes. The outcomes, taken from their data, are in my view important (see Table 1).

Comparing home delivery to hospital delivery attended by midwives (thus evaluating site of delivery and possibly selection criteria) eliminates the issue of different caregivers. A composite outcome variable of the need for obstetri-

**Table 1: Births attended by midwives**

Outcome	Home births n = 862	Hospital births n = 571
Obstetric shock	2	0
Blood transfusion	3	1
Ventilation		
> 24 hours	5	0
Perinatal death	3	1
Total no. of women	11*	2

\*13 events