

## AAP: Babies born at home must receive same standard of care as in medical facility

by **Alyson Sulaski Wyckoff** • Associate Editor

The care of newborn infants after delivery should follow the same protocols whether they are born in a hospital, birthing center or at home, according to a new AAP policy.

*Planned Home Birth*, published in the May issue of *Pediatrics* (2013; 131:1016-1020; <http://pediatrics.aappublications.org/cgi/doi/10.1542/peds.2013-0575>), also calls for improved communication among all participating health care professionals.

The policy emphasizes that while hospitals and birthing centers are the safest settings for U.S. births, the Academy respects the right of women to make a medically informed decision about the location for delivery. These recommendations concur with a recent statement of the American College of Obstetricians and Gynecologists.

### Discuss risks, standards

The AAP policy can help pediatricians counsel women seeking their advice on home birth. In their discussions, pediatricians should communicate the risks and obstacles of home birth, as well as the standard of care for newborns based on the *Guidelines for Perinatal Care* (see Resources) from the AAP Committee on Fetus and Newborn and the College's Committee on Obstetric Practice.



Dr. Watterberg

“We think it’s very important that wherever babies are born, they get care that adheres to the same standards that the AAP has set forth that should happen in hospitals,” said Kristi Watterberg, M.D., FAAP, lead author of the policy from the AAP Committee on Fetus and Newborn. The

policy makes special mention of standards for 1) resuscitation and evaluation of the newborn right after birth and 2) essential elements of care and follow-up for the healthy term newborn, including:

- transitional care (first four to eight hours),
- monitoring for group B streptococcal disease,
- glucose screening,
- eye prophylaxis,
- vitamin K,
- hepatitis B vaccination,
- assessment of feeding,
- screening for hyperbilirubinemia,
- universal newborn screening,
- hearing screening and
- follow-up care.



A new AAP policy can help pediatricians communicate the risks and obstacles of home birth, as well as the standard of care for newborns and the information required by the follow-up physician. The Academy does not support the provision of care by midwives who are not certified by the American Midwifery Certification Board.

### By the numbers

Planned home birth appears to be associated with a two- to threefold increase in neonatal mortality — a risk increase of about one death per 1,000 births, according to the policy statement. Infants born at home in this country also have an increased incidence of low Apgar scores and neonatal seizures.

Only about 1% of all U.S. births take place at home. However, after 14 years of decline, the percentage of home births has increased 29% since 2004, according to a 2012 data brief from the National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention. Most women who deliver at home are non-Hispanic white, age 35 and older and already have several children. Home births are more frequent in the northwestern United States.

In general, women say they chose a home birth because they were seeking a more family-friendly setting, increased control over the birthing process, decreased obstetric intervention and lower cost.

The policy statement includes a table outlining who is a potential candidate and the systems needed for a planned home birth.

### Improving safety

The Academy and the College do not support the provision of care by midwives unless they are certified by the American Midwifery Certification Board. Yet, of individuals attending U.S. home births

in 2009, only 19.5% had obtained this certification, according to NCHS data reported in 2012. There is a confusing array of midwife designations, as well as differences in state licensing requirements.

During a home birth, it is critical to have a designated health care professional present for the baby and another for the mother, the AAP policy states.

“That’s our position for in-hospital or birthing center births, and we feel it’s so important for the babies to have their own individual provider,” said Dr. Watterberg. While simultaneous emergencies are rare, someone must be there to answer to both situations if they occur, she noted.

Reflecting pediatricians’ concerns about home birth, “Monitoring the Outcomes of Home Births” ranked No. 7 on the 2013 Annual Leadership Forum’s Top 10 list of resolutions (see article on page 8). While such monitoring may be difficult to implement, the effort could be helped by a move toward a uniform birth certificate being accepted by more states, Dr. Watterberg noted. The U.S. Standard Certificate of Live Birth, revised in 2003, documents home births, including whether a home birth was planned.

The AAP policy specifies the information to be communicated to the follow-up physician regarding a home birth.

“There are a lot of individual silos and different systems not necessarily talking to each other as much as they should,” said Dr. Watterberg. “So we wanted to emphasize the best possible outcomes for babies will happen when the systems taking care of them are trying to be collaborative, respectful and professional.”

## RESOURCE

Members can receive a free electronic copy of *Guidelines for Perinatal Care* (seventh edition) at AAP Online Services, <http://eweb.aap.org/myaccount>. In the Member Center section, click *Guidelines for Perinatal Care* to get an access code to redeem at AAP eBooks, [www.aapebooks.org](http://www.aapebooks.org).