

The safety of home birth has been well documented and the outcomes for women who give birth with midwives have been shown to be the best and safest form of maternity care.

Many articles and studies have been published to support the superior outcomes in the births that are supervised by midwives; The World Health Organization has considered the practice of midwifery and in 1966 made the following statement:

“A midwife is a person who is qualified to practice midwifery. She is trained to give the necessary care and advice to women during pregnancy, labor and the postpartum period, to conduct normal deliveries on her own responsibility and to care for the newborn infant. At all times she must be able to recognize the warning signs of abnormal and potentially abnormal conditions which necessitates the referral to a doctor, and to carry out emergency measures in the absence of medical help. She may practice in hospitals, health units or domiciliary (home) services. In any one of these situations she has the important task of health education within the family and the community

As the essential basis it must be recognized that pregnancy and birth is and always has been a normal and natural process rather than a medical problem. And although even no-risk pregnancies can give rise to complications, up to 90 % of all pregnant women will have a completely uncomplicated pregnancy and birth and a healthy newborn baby without the need of any medical intervention at all.

It has also become obscure that medical intervention and hospital births, in and of themselves, can turn a perfectly normal , uncomplicated and low risk pregnancy and birth into one of high risk with iatrogenic(physician caused) abnormalities and complications.

The key elements of midwifery include continuity of care, good nutrition, a natural birth without intervention unless absolutely necessary, birth within the home, breastfeeding and the uninterrupted contact of the mother with the newborn infant and family members, and a moral respect for every woman's' need and right to be in control and retain the central role in all aspects of the birth process, including the place and manner of birth and who shall be present.

In contrast physicians are trained in pathology rather than normality. They are committed to a “do something” approach with routine intervention through the use of drugs, clinical and surgical procedures and technological devices. Physicians have medicalized pregnancy and birth to a point that they no longer know what a normal birth is, They are trained to deliver babies exclusively within a hospital setting with no training in homebirth whatsoever, and it is today the rare and severely peer sanctioned physician who has ever seen a homebirth during his or her practice.

It must be clarified that here has never been a single scientifically valid study which shows that the hospital is safer than the home for low risk women. Anything in print to the contrary is simply not true.

It is not physicians, hospitals, machines or medicines that give birth. Only the mother and child can do that. This requires everything a woman has and is. She must remain unaltered and fully aware if at all possible, and all maternity care systems must reflect this fact and be planned to “assist” the woman as she carries out the profound social and biological act of giving birth to another being.

The role of women in defining, planning, evaluating and choosing their care and place of giving birth are also indispensable to the further improvement of services surrounding birth.”

This article was taken from and rewritten in part from one written by Marsden Wagner MD, European director of the World Health Organization for the publication “Friends of HomeBirth”.

There are many, many articles and personal testimonies on the benefits of HOMEBIRTH. Please feel free to ask your local midwives for references.

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