Birth Settings in America: Outcomes, Quality, Access, and Choice

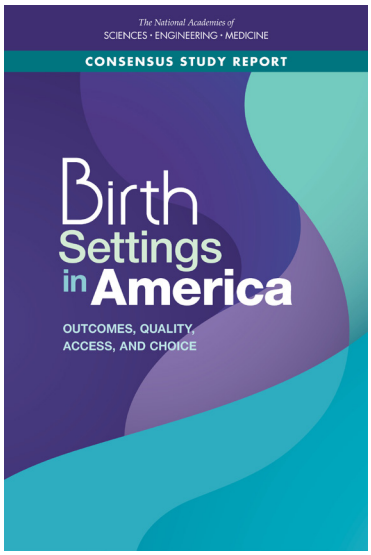
IMPLICATIONS OF INTERNATIONAL EXAMPLES

Childbirth services play a critical role in the provision of American health care. But, while the United States spends more on childbirth than any other country in the world, it has worse outcomes than other high-resource nations, in terms of maternal and infant deaths, illness, and injury.

Birth Settings in America: Outcomes, Quality, Access, and Choice (2020), a report from the National Academies of Sciences, Engineering, and Medicine, examines one crucial component of U.S. maternity care: the settings in which childbirth occurs. Drawing lessons from international examples and pockets of high-performing care in the United States, the report identifies ways to improve childbirth services in hospital settings—where the vast majority of pregnant people[1] in the United States experience childbirth—and in birth centers and for home births. This brief discusses these international findings in detail.

CHILDBIRTH OUTCOMES BY BIRTH SETTINGS INTERNATIONALLY

The report reviews studies from Australia, Canada, the Netherlands, and the United Kingdom. These countries provide useful comparisons to the United States because they are similarly high-resource nations that track data on birth settings and outcomes. All four countries provide universal health coverage and access, require advanced training for midwives and other maternity care providers, use risk assessment to determine appropriate birth settings, and have systems for transfer of the pregnant person or infant between settings.



For home births, studies from these four countries found lower levels of intervention-related morbidities, such as postpartum hemorrhage, when compared to hospital births. Studies comparing birth center births to hospital births similarly found higher levels of vaginal birth and lower rates of interventions in the birth center setting. International evidence generally showed no increase of newborn injury or death for low-risk, planned home or birth center births versus low-risk hospital births. However, notable exceptions, particularly in the Netherlands, were found.

LESSONS FROM INTERNATIONAL EXAMPLES

Taken together, evidence from international studies suggests that home and birth center births may be as safe as hospital births for low-risk pregnant individuals and that infant risk can be substantially reduced **if** certain system-level features are in place. These features are summarized below.

1. **Home and birth center births are part of an integrated, regulated system.** The four countries reviewed share a commitment to integration of care across maternity care providers and systems. Integrated and regulated maternity care systems promote communication, collaboration, and coordination among health services providers and across care settings, and include ready access to safe and timely consultation, seamless transfer across settings, and appropriate risk assessment and risk selection. These systems are not currently widespread in the United States.

[1]Intersex people and people of various gender identities, including transgender, non-binary, and cisgender individuals, give birth and receive maternity care. Thus, we use the terms "pregnant prople" or "pregnant individuals" in place of "pregnant women."

2. **Multiple provider options across the continuum of care are covered.** Each of the four countries provides universal access to primary and maternity care, including access to different provider options—such as midwives and physicians—during pregnancy and birth. Universal access to care, including preconception care, means individuals receive health care coverage prior to pregnancy and this care continues after birth. In the United States, many pregnant people do not have access to adequate prenatal or postnatal care because of a lack of insurance coverage.
3. **Providers are well qualified and have the knowledge and training to manage first-line complications.** In Australia, the Netherlands, and the United Kingdom, midwives provide a large percent of care for low-risk individuals, while in the United States most pregnant people are cared for by an obstetrician. In these countries, all midwives are trained through postsecondary education programs and prepared to handle first-line complications.
4. **Transfer is seamless across settings.** The health care systems in all four countries provide for collaboration, consultation, transfer, and transport when access to an obstetrician is needed. In the United States, barriers to efficiently transfer care, such as a lack of hospital privileges for some providers, may contribute to poor outcomes.
5. **Appropriate risk assessment and risk selection occur across settings and throughout pregnancy.** All four countries use evidence-based guidelines, informed by a culture of respect for maternal autonomy, for clinical decision making. The national guidelines include information on appropriate risk selection and assessment, as well as home and birth center birth options.

In addition to the five system-level features listed above, each of the four countries provides additional social and welfare supports, such as paid parental leave. Such supports are not universally available in the United States, contributing to higher levels of health disparities and inequity among childbearing people in the United States.

CONCLUSION

Research on childbirth outcomes in Australia, Canada, the Netherlands, and the United Kingdom illustrates that when professionals collaborate on decision making and coordination of care is seamless, fewer preventable newborn and maternal deaths occur during pregnancy and birth. Lessons from the international experience, thus, can inform discussions in the United States aimed at improving outcomes in each setting and making birth safer for all pregnant people.

***Birth Settings in America: Outcomes, Quality, Access, and Choice* (2020)**

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