Some women choose home birth to avoid cesarean delivery

Although I believe Dr. Tracy's comments on home birth are justified, and her heart is sincere, I also believe she left out a huge piece of the puzzle: the over-use of cesarean section.

I have experienced cesarean deliveries, although my babies were never distressed—in fact, they were born with perfect Apgar scores. I was forced to have one cesarean section because my baby was not born within the doctor's desired time frame.

In two of my cesarean deliveries, I was damaged in ways that could have justified a lawsuit, if I were the suing type. In one, a main artery was accidentally nicked. I bled a lot, was given two transfusions, and had to stay in the ICU all night. I was not even told about the problem until I asked why there was "red stuff" in my IV.

The other injury involved my intestines, which were somehow manipulated during the surgery. After the operation, I had a bulge like a water balloon below my navel. Both of these operations were forced upon me as "safe and necessary."

Doctors are scaring women into staying home to have their babies! But not every woman's body can deliver a baby "on schedule." As long as everything is going fine, there is no reason to intervene in the woman's natural process of giving birth.

Please make the same effort you did to warn women about attempting home birth to warn doctors that they are the biggest reason this is happening. Any woman in her right mind would choose to be in a hospital "just in case" there was an emergency, especially those who desire vaginal birth after cesarean delivery. Believe me, I am one of those women.

Angela Prowant
Adams, Tenn

Skill of attendant is critical in home birth

I appreciated Dr. Tracy's comprehensive article on home birth. As someone who has attended many home births in a rural situation, I agree that the training, skill, and experience of the attendant are the most important variables. Because the selection of patients for home birth is dependent on the attendant's experience in obstetrics, the so-called Certified Professional Midwife classification should be eliminated and only well-trained Certified Nurse Midwives should be allowed to attend home births.

Henry Bramanti, MD
Palm Beach, Fla

›› Dr. Tracy responds:

Lack of randomized, controlled data is a problem

The literature on home birth is flawed and often involves limited outcome measures. There is only one randomized, controlled trial of the practice—and it is very small.[1] As for the articles referenced in the letter from the Midwives Alliance of North America, they aren't necessarily generalizable to the US population. The study by de Jonge and colleagues, for example, involves women in the Netherlands, where home-delivery practices are clearly outlined.

In the Netherlands, home birth requires:

- *qualified, well-trained attendants*
- *strict transfer criteria*
- *formal collaborative arrangements between providers*
- *close geographic proximity to local health-care facilities*
- *strict exclusion criteria (including the presence of meconium).*

None of these variables apply to the US population.

In the United States, geographic challenges are real. (The skill of attendants will be discussed a little later.) Many midwives practice with no formal transfer arrangements with specific institutions or providers, and there are no defined, universally accepted criteria for transfer or exclusion from home delivery.

The Johnson and Daviss article is often heralded because this study of 5,418 women resulted in no maternal fatalities. The maternal-fatality rate in this country is 8 in every 100,000 women.[2] The zero mortality rate found by Johnson and Daviss is therefore not surprising. This study was also underpowered to detect any meaningful change in neonatal mortality. One would also hope that women who are deemed to be at low risk of complication would have better outcomes and less need for medical intervention than those who self-select to seek physician care.

CPM training is insufficiently rigorous

In regard to the CPM credential, the presence of a certifying examination doesn't replace the need for adequate clinical training. Only experience and volume enable providers to learn to recognize obstetric complications and provide appropriate treatment. Exam-

Instant Poll Results

When to avoid intrauterine contraception

Of the populations and conditions listed in the question on page 10, only **acute pelvic infection** and **severe distortion of the uterine cavity** are contraindications to intrauterine contraception