

## AAP does not recommend home births, but offers guidance

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The AAP has released updated guidance to protect the health of infants born at home, even as the Academy does not recommend this option.

Hospitals and accredited birth centers remain the safest settings for births in the U.S.

Planned home birth in the U.S. has been associated with a two- to three-fold increase in infant mortality and an increased incidence of low Apgar scores and neonatal seizures, according to the policy statement *Providing Care for Infants Born at Home* from the AAP Committee on Fetus and Newborn.

But because some women will continue to choose a home birth, the AAP has issued the guidance — similar to a 2013 policy — to help pediatricians discuss the issue with those seeking information or counsel.

### **Rationale, risks**

“We recognize that women have different reasons for planning a home delivery, such as cultural or religious beliefs — and right now, concerns over the coronavirus pandemic,” said Kristi L. Watterberg, M.D., FAAP, lead author of the AAP policy statement, which is available at <https://pediatrics.aappublications.org/content/early/2020/04/16/peds.2020-0626> and will be published in the May issue of *Pediatrics*.

“We are providing information for physicians to share with expectant parents to help them understand the factors that increase the risks of home birth and recommend standards for newborn care,” said Dr. Watterberg. If a medical emergency does arise during birth at home, families should also be aware of the very real risk that emergency transport services could be unavailable due to the coronavirus response.”

Dr. Watterberg also said that while the Academy does not recommend planned home birth, women retain their right of autonomy. “Recognizing this, we provide guidance about factors that increase the risk of home birth, required care for the newborn and support systems that should be in place to decrease risk for the newborn.”

Potential candidates for home birth require conditions including a low-risk pregnancy, certified personnel who would attend the birth and a pre-established network in case of transfer to a hospital. In addition, the care of infants born at home must be consistent with that provided for infants born in a medical facility.

More women in the U.S. are giving birth at home, with the increase seen mostly in white non-Hispanic women. More than 2% of births to these women take place at home, although this varies across states.

Home births are not well-supported in the U.S., however. There is wide variation in state laws and regulations, lack of appropriately trained and willing providers, and lack of supporting systems for specialty consultation and timely transport to a hospital. If travel time to a medical facility exceeds 15-20 minutes, there is greater risk for adverse neonatal outcomes — even death.

Pediatric health care providers should be prepared to discuss these issues “while retaining their role as child advocates in assessing whether the situation is appropriate to support a planned home birth,” the statement notes.

### **Standards for providers**

The AAP and the American College of Obstetricians and Gynecologists support provision of care by midwives who are certified by the American Midwifery Certification Board or its predecessor organizations or whose education and licensure meet International Confederation of Midwives Global Standards for Midwifery Education.

Two care providers should be present at each delivery. At least one should have primary responsibility for the newborn and appropriate training, skills and equipment to perform full resuscitation of the infant according to the Neonatal Resuscitation Program.

This guidance also is supported by the American Heart Association.

Care of the newborn should follow the AAP *Guidelines for Perinatal Care*, 8th Edition, and the policy statement *Hospital Stay for Healthy Term Newborn Infants*, <http://bit.ly/39A7F0w>.