

# Homebirth Position Paper

As Adopted by the Midwives Alliance Board  
and Membership September, 2012



## Respect for the Nature of Birth

Pregnancy and birth are expressions of wellness in a healthy woman. Finely tuned physiological processes guide safe passage for the mother and infant through the experience of labor, birth, and bonding.<sup>1-3</sup> A woman's health and wellness are sustained by access to healthy food, safe housing, loving support, and quality health care that addresses her needs.

Birth works best when a woman is inspired to be confident in her abilities, well informed about her choices, and supported and affirmed throughout labor. A significant transformative experience for women, babies, and families, birth is best supported when it takes place in quiet, undisturbed surroundings.<sup>4,5</sup> Midwives have reverence for the individual woman, are responsive to the complex factors that affect pregnancy and the unique unfolding of labor, and are patient and attentive to each woman during birth. Homebirth midwives are experts in supporting the maternal well-being that fosters normal birth. Midwives provide thorough, personalized care throughout the childbearing cycle and protect the period of intimate bonding that is at the center of the experience for mother, baby, and family.

## Woman's Autonomy

Homebirth is an expression of a woman's autonomy and a process in which her autonomy and privacy are assured. A woman has the right and responsibility to choose the place and care provider for pregnancy, birth, and postpartum and to make decisions based on her knowledge, intuition, experiences, values, and beliefs.<sup>6-9</sup> When a midwife encourages a woman to gather information, explore options, and make decisions,

the woman is empowered to face the challenges of birthing, parenting, and living her life with greater confidence.

Midwives listen carefully, affirming a woman's attunement to her body, her pregnancy, and the child growing within her. Midwives know that women are able to care for themselves and recognize that mothers are the primary caregivers to their unborn and newborn children.

Every woman has the right to be fully involved in all aspects of decision making for her own and her child's well-being, and to receive respectful, sensitive care during pregnancy and birth, regardless of her color, race, ethnicity, religion, culture, class, sexual orientation, health challenges, need for specialized care, or hospitalization.

## Significance of Place

The Midwives Alliance recognizes that place of birth affects how labor unfolds, how women experience and cope with labor, and how those attending a birth relate to women. In the familial setting of the home, women are able to labor according to their unique rhythms, to be surrounded and supported by family and friends of their choosing, and to receive continuous care from their midwives. As an invited guest in someone's home, the midwife has the responsibility to notice as much, interfere as little, and behave as unobtrusively as possible, performing necessary procedures with permission and ceremony.

Homebirth contributes to comfort, mobility, ability to cope, and sense of confidence.<sup>10-12</sup> Reflecting a woman's family and cultural traditions, the homebirth setting enables her to follow the innate wisdom of her body to direct the course of labor and birth. At home a laboring woman is free to be guided

instinctively to birth her baby in whatever position feels right, in or out of water, as she desires. Bonding occurs naturally in the homebirth setting as mother and baby meet face to face and embrace skin to skin. The heightened senses of the new mother and baby are stimulated by uninterrupted closeness and familiar voices rather than being disrupted by the jarring lights, noises, and separations that so often occur in an institutional setting. Welcomed with love and reverence, the newly born is home.

Nursing the newborn in the first hours is undisturbed in the homebirth setting. Mother-baby closeness, motivation, encouragement, and knowledgeable guidance contribute to high success rates of breast-feeding for homebirth families.<sup>13, 14</sup>

### **Safety of Homebirth**

The Midwives Alliance recognizes the safety of homebirth for healthy women with a skilled midwife and timely access to medical care when needed. Childbirth has inherent risks,<sup>15-18</sup> as does all of life. Each birth setting carries a particular set of risks and benefits. Each woman must evaluate which set of risks and benefits are most acceptable to her and most in keeping with her belief system and her family's best interests.<sup>19</sup> There is no significant statistical difference in outcome in terms of maternal or perinatal mortality between hospital and out-of-hospital birth; however, there is increased morbidity in the hospital.<sup>13, 20-22</sup> Complications for mothers and babies associated with the unacceptably high rates of inductions, cesarean sections, and other overused interventions in U.S. hospitals are well documented and cause for concern.<sup>23</sup>

### **Relationship**

Throughout recorded history, women have assisted other women in giving birth.<sup>25-27</sup>

Midwives enter into a relationship of equality with women that constitutes the foundation of midwifery care and contributes significantly to the safety of homebirth,<sup>20, 21</sup> low rates of intervention,<sup>13, 22, 27-29</sup> and satisfaction with the experience.<sup>30</sup>

Because the relationship is the cornerstone of quality care, homebirth midwives spend generous amounts of time with women to foster familiarity, comfort, and mutual trust. Through open communication, deep listening, and respect for the woman's culture, self-knowledge, intuition, and values, the midwife honors each woman's journey. Individualized care by her midwife helps a woman address issues early and make changes to enhance her health.<sup>31</sup> Good communication, honesty,

and personal knowledge of a woman's life facilitate effective problem solving during pregnancy, labor, birth, and postpartum.

### **Informed Decision Making**

The Midwives Alliance recognizes the basic human right of women and families to make informed decisions regarding maternity and newborn care and to accept personal responsibility for these decisions.<sup>32-34</sup> True informed decision making is predicated on women being fully informed about the risks, benefits, and alternatives for all prenatal, labor, and postpartum procedures.<sup>35-37</sup> Midwives promote both informed consent and informed refusal in health-care decision making. Informed decision making requires direct access to accurate and unbiased information that is readily understood. While respecting the unique needs and cultural considerations of each family, honest and frank discussions that explore the risks and responsibilities associated with choice of caregivers, settings for birth, and perinatal interventions and technology, along with their potential outcomes, are essential components of homebirth midwifery care.

### **Midwifery Knowledge, Evidence-Based Practice, and Homebirth Care**

Midwifery practice is rooted in an extensive body of knowledge and collective wisdom about pregnancy and birth that have developed over generations and across cultures.<sup>38</sup> It continues to grow as research, often conducted by midwives, has refined understanding of the physiology of birth and the factors that contribute to the health of women and promote natural birth.

Both informed and substantiated by high-quality research, the best midwifery practice is also shaped by a critical evaluation of relevant scientific evidence that takes into account the limitations of various research methodologies and the appropriate application of the findings.<sup>39, 40</sup> Evidence-based midwifery practice involves informing women about research findings so that each woman can use this information as she makes decisions about her pregnancy and labor.<sup>41, 42</sup>

Homebirth preserves skills, knowledge, and ways of knowing in relationship to birth and midwifery practice that are uniquely possible in the home setting,<sup>43</sup> where birth unfolds naturally without routine interference and with only judicious use of technology appropriate to that setting. Guided by each woman's journey through labor and birth, homebirth midwives gain an understanding of subtle variations and the wide range of what

may be considered normal. This is more difficult for caregivers practicing in institutions with restrictive protocols and many routine interventions.<sup>44, 45</sup> The midwife's wealth of experience combined with extensive knowledge and training enables quick decision making and effective action.

### Consultation and Collaborative Care

Ideally, in an integrated maternity system, women choosing homebirth and the midwives who provide care for them consult and collaborate with other professionals who value client autonomy and informed decision making and who relate to midwives and women as equal partners in care.<sup>46, 47</sup>

Homebirth midwives employ appropriate knowledge, skills, and equipment to handle emergencies and unforeseen labor challenges. Sometimes transfer of care to a hospital with maternity services is necessary. Collaboration with obstetrical and neonatal personnel is integral to the provision of seamless care that is in the best interests of all mothers and babies.<sup>13, 48, 49</sup>

Obstetrical expertise and technological support need to be readily accessible and provided in a direct, respectful manner. To assure safe and efficient care, homebirth midwives remain with women throughout the transfer process and birth to provide valuable information to hospital staff and continuity of care to the mother, baby, and family.<sup>50</sup>

### Cost-Effectiveness

While the safety of homebirth for a healthy woman with a skilled attendant is well established, the cost-effectiveness of this option is also compelling.<sup>51, 52</sup> A woman who chooses homebirth is much less likely to be subjected to costly and often unnecessary interventions than her healthy counterpart in the hospital.<sup>53</sup> A 2007 review in Washington State found that the cesarean rate with licensed homebirth midwives was 11.9%, compared to the statewide cesarean rate of 24% for low-risk women in hospital care, which saved the state Medicaid program an estimated \$2.7 million over two years.<sup>54</sup> The US cesarean rate of 32.9% in 2009<sup>55</sup> is more than double the World Health Organization's recommended maximum cesarean rate of 15%,<sup>56, 57</sup> adding at least \$2.5 billion to the national health-care bill, according to a conservative estimate published in a Milbank Report.<sup>41</sup> Clearly homebirth is a judicious and cost-effective option for healthy women and communities.

### Homebirth Midwifery and National Maternity Care

The United States faces serious and costly problems in maternity and family health care,<sup>58-61</sup> including disparities in outcome,<sup>62-65</sup> lack of access to primary care,<sup>66, 67</sup> and lack of access to pre-determinants of health, such as adequate nutrition and adequate housing.<sup>64, 68</sup> Added to these challenges are litigation,<sup>69, 70</sup> unacceptably high cesarean rates,<sup>71</sup> and increasing maternal mortality,<sup>72, 73</sup> premature birth,<sup>65</sup> developmental disabilities,<sup>74</sup> and childhood obesity.<sup>75, 76</sup>

Labor and birth that begins, proceeds, and concludes as nature designed is rare in institutional settings.<sup>23</sup> The majority of maternity care providers have never seen it and are not trained to accommodate it,<sup>45, 77</sup> thus women must go outside an institution to achieve it. As cost-effective primary maternity care providers,<sup>78</sup> homebirth midwives focus on promoting optimal well-being, encouraging healthy lifestyle choices, avoiding unnecessary interventions, facilitating successful breast-feeding, and engaging in education and political advocacy,<sup>79</sup> making midwives an important part of the solution to the maternity care crisis facing the United States.<sup>68</sup> Attentive, loving midwifery care is critical to improving maternal and infant health and achieving equity in pregnancy outcomes for all communities.

Research on homebirth has produced a body of knowledge about normal labor and birth, as well as the conditions and practices that enable women to birth successfully and that contribute to infant well-being. Increasingly, scientific research has validated this knowledge and the principles of care underlying homebirth midwifery practice. These principles can inform and improve health care in the United States. Evidence-based practice with informed choice leads to less litigation, fewer drugs and procedures, lower costs, and greater client satisfaction. When applied to maternity care, the results include fewer interventions such as labor inductions, pain medications, episiotomies, and cesarean sections, fewer low birth-weight infants, lower rates of infection, stronger parent-infant bonding, higher rates of breast-feeding success, greater satisfaction for women and families, and many long-term physiological and emotional health benefits to mothers, babies, and families.

Regional,<sup>13, 21, 30</sup> national,<sup>27, 80</sup> and international<sup>20, 22, 49, 81-83</sup> studies show that healthy women who choose homebirth with skilled attendants have excellent outcomes for themselves and their babies. The benefits afforded by a trusting relationship, the familiarity and privacy of the home setting, individualized,

woman-led, and time-intensive care, and informed decision making--all hallmarks of homebirth midwifery care--extend well beyond the childbearing year.<sup>84-86</sup>

To offer women true informed decision making in maternity care, birth professionals must collaborate within an integrated maternity care system. Every woman has a right to birth in a community in which maternity caregivers consult, cooperate, and collaborate directly and freely in order to provide full-spectrum, high-quality childbirth options for all mothers, infants, and families. True support of a woman's right to choose homebirth includes federal and state programs to eliminate disparities in underserved and marginalized communities, funding of multiple routes to homebirth midwifery education, legalization of homebirth midwives in all states, and public and private insurance coverage for homebirths and homebirth midwives.

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## REFERENCES

1. American College of Nurse Midwives, Midwives Alliance of North America, and National Association of Certified Professional Midwives. 2012. Supporting Healthy and Normal Physiologic Childbirth: A Consensus Statement by ACNM, MANA and NACPM. <http://www.midwife.org/index.asp?bid=1269>.
2. Goer, Henci, and Amy M. Romano. 2012. *Optimal Care in Childbirth: The Case for a Physiologic Approach*. Seattle: Classic Day Publishing.
3. Romano, Amy M., and Judith A. Lothian. 2008. "Promoting, Protecting, and Supporting Normal Birth: A Look at the Evidence." *Journal of Obstetric, Gynecologic, & Neonatal Nursing* no. 37 (1):94-105.
4. Lothian, J.A. 2004. "Do not disturb: the importance of privacy in labor." *The Journal of Perinatal Education* no. 13 (3):4.
5. Odent, M. 2001. "New reasons and new ways to study birth physiology." *International Journal of Gynecology & Obstetrics* no. 75 (Supp 1):S39-S45.
6. Hafner-Eaton, C., and L.K. Pearce. 1994. "Birth choices, the law, and medicine: balancing individual freedoms and protection of the public's health." *Journal of Health Politics, Policy and Law* no. 19 (4):813-835.
7. Young, Diony. 2008. "Home Birth in the United States: Action and Reaction." *Birth* no. 35 (4):263-65.
8. Annas, George. 2004. *The Rights of Patients*. 3rd ed. New York: New York University Press.
9. Childbirth Connection. 1996. The Rights of Childbearing Women. <http://www.childbirthconnection.org/rights>.
10. Janssen, Patricia A., Angela D. Henderson, and Saraswathi Vedam. 2009. "The Experience of Planned Home Birth: Views of the First 500 Women." *Birth* no. 36 (4):297-304.
11. Jouhki, Maija-Riitta. 2011-in press. "Choosing homebirth - The women's perspective." *Women and Birth*.
12. Lindgren, Helena, and Kerstin Erlandsson. 2010. "Women's Experiences of Empowerment in a Planned Home Birth: A Swedish Population-based Study." *Birth* no. 37 (4):309-317.
13. Hutton, Eileen K., Angela H. Reitsma, and Karyn Kaufman. 2009. "Outcomes Associated with Planned Home and Planned Hospital Births in Low-Risk Women Attended by Midwives in Ontario, Canada, 2003-2006: A Retrospective Cohort Study." *Birth* no. 36 (3):180-189.
14. van Rossem, Lenie, Anke Oenema, Eric A. P. Steegers, Henriette A. Moll, Vincent W. V. Jaddoe, Albert Hofman, Johan P. Mackenbach, and Hein Raat. 2009. "Are Starting and Continuing Breastfeeding Related to Educational Background? The Generation R Study." *Pediatrics* no. 123 (6):e1017-e1027.
15. Bryers, Helen MacKenzie, and Edwin van Teijlingen. 2010. "Risk, theory, social and medical models: A critical analysis of the concept of risk in maternity care." *Midwifery* no. 26 (5):488-496.
16. Weir, Lorna. 2006. *Pregnancy, Risk and Biopolitics*. New York: Routledge.
17. Lyerly, Anne Drapkin, Lisa M. Mitchell, Elizabeth M. Armstrong, Lisa H. Harris, Rebecca Kukla, Miriam Kuppermann, and Margaret Olivia Little. 2007. "Risks, Values, and Decision Making Surrounding Pregnancy." *Obstetrics & Gynecology* no. 109 (4):979-984.
18. Smith, Valerie, Declan Devane, and Jo Murphy-Lawless. 2012. "Risk in Maternity Care: A Concept Analysis." *International Journal of Childbirth* no. 2 (2):126-135.
19. Lindgren, Helena E., Ingela J. Rv•destad, Kyllike Christensson, Kristina Wally-Bystrom, and Ingegerd M. Hildingsson. 2010. "Perceptions of risk and risk management among 735 women who opted for a home birth." *Midwifery* no. 26 (2):163-172.

20. Birthplace in England Collaborative Group. 2011. "Perinatal and maternal outcomes by planned place of birth for healthy women with low risk pregnancies: the Birthplace in England national prospective cohort study." *BMJ* no. 343.
21. Johnson, Kenneth C, and Betty-Anne Daviss. 2005. "Outcomes of planned home births with certified professional midwives: large prospective study in North America." *BMJ* no. 330 (7505):1416.
22. Lindgren, Helena E., Ingela J. RÅDestad, Kyllike Christensson, and Ingegerd M. Hildingsson. 2008. "Outcome of planned home births compared to hospital births in Sweden between 1992 and 2004. A population-based register study." *Acta Obstetrica et Gynecologica Scandinavica* no. 87 (7):751-759.
23. Wagner, Marsden. 2006. *Born in the USA: How a Broken Maternity System Must Be Fixed to Put Women and Children First*. Berkeley: University of California Press.
24. Trevathan, Wenda R. 1987. *Human Birth: An Evolutionary Perspective*. New York: Aldine De Gruyter.
25. Davis-Floyd, Robbie, and Melissa Cheyney. 2009. "Birth and the Big Bad Wolf: An Evolutionary Perspective." In *Childbirth across Cultures: Ideas and Practices of Pregnancy, Childbirth, and the Postpartum*, edited by Helaine Selin and Pamela K. Stone, 1-22. Springer Netherlands.
26. Trevathan, Wenda R. 1997. "An Evolutionary Perspective on Authoritative Knowledge About Birth." In *Childbirth and Authoritative Knowledge*, edited by Robbie Davis-Floyd and Carolyn Sargent, 80-90. Berkeley: University of California Press.
27. Durand, A.M. 1992. "The safety of home birth: the farm study." *Am J Public Health* no. 82 (3):450-453.
28. Janssen, Patricia A., Lee Saxell, Lesley A. Page, Michael C. Klein, Robert M. Liston, and Shoo K. Lee. 2009. "Outcomes of planned home birth with registered midwife versus planned hospital birth with midwife or physician." *Canadian Medical Association Journal* no. 181 (6-7):377-383.
29. Leslie, Mayri Sagadi, and Amy M. Romano. 2007. "Appendix: Birth Can Safely Take Place at Home and in Birthing Centers." *The Journal of Perinatal Education* no. 16 (1, Supplement):81S-88S.
30. Janssen, Patricia A., Angela D. Henderson, and Saraswathi Vedam. 2009. "The Experience of Planned Home Birth: Views of the First 500 Women." *Birth* no. 36 (4):297-304.
31. Beldon, Annemarie, and Suzanne Crozier. 2005. "Health promotion in pregnancy: the role of the midwife." *The Journal of the Royal Society for the Promotion of Health* no. 125 (5):216-220.
32. American College of Nurse Midwives. 2008. ACNM Code of Ethics with Explanatory Statements. [http://www.midwife.org/siteFiles/descriptive/Code\\_of\\_Ethics\\_with\\_Explan\\_Statements08.pdf](http://www.midwife.org/siteFiles/descriptive/Code_of_Ethics_with_Explan_Statements08.pdf).
33. Midwives Alliance of North America. 2010. MANA Statement of Values and Ethics. <http://mana.org/about-us/statement-of-values-and-ethics>.
34. American College of Obstetricians and Gynecologists. 2009. ACOG Committee Opinion: Informed Consent. (239), [http://www.acog.org/~media/Committee Opinions/Committee on Ethics/co439.pdf?dmc=1&ts=20120704T0637438529](http://www.acog.org/~media/Committee%20Opinions/Committee%20on%20Ethics/co439.pdf?dmc=1&ts=20120704T0637438529).
35. Dancy, Rahima Baldwin, and Judith T. Fullerton. 1995. "Preparing Couples for Home Birth." *Journal of Nurse-Midwifery* no. 40 (6):522-528.
36. Simpson, Kathleen R. 2011. "Informed Consent in the Perinatal Setting." *The American Journal of Maternal Child Nursing* no. 36 (3):208.
37. Spindel, Peggy Garland, and Suzanne Hope Suarez. 1995. "Informed Consent and Home Birth." *Journal of Nurse-Midwifery* no. 40 (6):541-554.
38. Davis-Floyd, Robbie, and Carolyn Sargent. 1997. *Childbirth and Authoritative Knowledge: Cross-Cultural Perspectives*. Berkeley: University of California Press.
39. Vedam, Saraswathi. 2003. "Home Birth versus Hospital Birth: Questioning the Quality of the Evidence on Safety." *Birth* no. 30 (1):57-63.
40. Wright, J.D., N. Pawar, J.S.R. Gonzalez, S.N. Lewin, W.M. Burke, L.L. Simpson, A.S. Charles, M.E. D'Alton, and T.J. Herzog. 2011. "Scientific Evidence Underlying the American College of Obstetricians and Gynecologists' Practice Bulletins." *Obstetrics & Gynecology* no. 118 (3):505.
41. Sakala, Carol, and Maureen Corry. 2008. *Evidence-Based Maternity Care: What It Is and What It Can Achieve*. New York: Milbank Memorial Fund.
42. Spiby, Helen, and Jane Munro. 2010. *Evidence Based Midwifery: Applications in Context*. West Sussex, U.K.: Wiley-Blackwell.
43. Cheyney, Melissa. 2011. "Reinscribing the Birthing Body: Homebirth as Ritual Performance." *Medical Anthropology Quarterly* no. 25 (4):519-542.

44. Davis-Floyd, Robbie. 2003. *Birth as an American Rite of Passage*. 2nd ed. Berkeley: University of California Press.
45. Wagner, M. 2001. "Fish can't see water: the need to humanize birth." *International Journal of Gynecology & Obstetrics* no. 75, Supplement 1 (0):S25-S37. doi: 10.1016/S0020-7292(01)00519-7.
46. Home Birth Consensus Summit. 2011. The Future of Home Birth in the United States: Addressing Shared Responsibility. <http://www.homebirthsummit.org/>.
47. Transforming Maternity Care Symposium Steering Committee. 2010. "Blueprint for Action: Steps Toward a High-Quality, High-Value Maternity Care System." *Women's Health Issues* no. 20 (Supplement):S18-S49.
48. Davis-Floyd, Robbie. 2004. "Home Birth Emergencies in the United States: The Trouble with Transport." In *Unhealthy Health Policy: A Critical Anthropological Examination*, edited by Arachu Castro and Merrill Singer, 329-350. Lanham, MD: AltaMira Press.
49. De Jonge, A., BY Van der Goes, ACJ Ravelli, MP Amelink, Verburg, BW Mol, JG Nijhuis, J.B. Gravenhorst, and SE Buitendijk. 2009. "Perinatal mortality and morbidity in a nationwide cohort of 529 688 low-risk planned home and hospital births." *BJOG: An International Journal of Obstetrics & Gynaecology* no. 116 (9):1177-1184.
50. Midwives Alliance of North America. 2011. MANA Core Competencies for Basic Midwifery Practice. <http://mana.org/about-us/core-competencies>.
51. Anderson, Rondi E., and David S. Anderson. 1999. "The Cost-Effectiveness of Home Birth." *Journal of Nurse-Midwifery* no. 44 (1):30-35.
52. Henderson, J., and S. Petrou. 2008. "Economic implications of home births and birth centers: a structured review." *Birth* no. 35 (2):136-46.
53. Tracy, S. K., and M. B. Tracy. 2003. "Costing the cascade: estimating the cost of increased obstetric intervention in childbirth using population data." *BJOG: An International Journal of Obstetrics & Gynaecology* no. 110 (8):717-724.
54. Health Management Associates. 2007. Midwifery Licensure and Discipline Program in Washington State: Economic Costs and Benefits. [http://www.washingtonmidwives.org/assets/Midwifery\\_Cost\\_Study\\_10-31-07.pdf](http://www.washingtonmidwives.org/assets/Midwifery_Cost_Study_10-31-07.pdf).
55. Martin, Joyce A., Brady E. Hamilton, Stephanie J. Ventura, Michelle J.K. Osterman, Sharon Kirmeye, T. J. Mathews, and Elizabeth Wilson. 2011. "Births: Final Data for 2009." *National Vital Statistics Reports* no. 60 (1).
56. Althabe, F, and JF Belizan. 2006. "Cesarean Section: The paradox." *The Lancet* no. 369 (368).
57. World Health Organization. 1985. "Appropriate technology for birth." *Lancet* no. 2:436-37.
58. American College of Obstetricians and Gynecologists. 2008. 2008 Socioeconomic survey of ACOG Fellows. [http://www.acog.org/About\\_ACOG/ACOG\\_Departments/Practice\\_Management\\_and\\_Managed\\_Care/2008\\_Socioeconomic\\_Survey\\_of\\_ACOG\\_Fellows](http://www.acog.org/About_ACOG/ACOG_Departments/Practice_Management_and_Managed_Care/2008_Socioeconomic_Survey_of_ACOG_Fellows).
59. Andrews, Roxanne M. 2008. The National Hospital Bill: The Most Expensive Conditions by Payer, 2006. Agency for Healthcare Quality and Research.
60. Grumbach, Kevin, L. Gary Hart, Elizabeth Mertz, Janet Coffman, and Lorella Palazzo. 2003. "Who is Caring for the Underserved? A Comparison of Primary Care Physicians and Nonphysician Clinicians in California and Washington." *The Annals of Family Medicine* no. 1 (2):97-104. doi: 10.1370/afm.49.
61. American College of Obstetricians and Gynecologists. 2011. Workforce Shortages. *ACOG Today*.
62. Krieger, Nancy. 2012. "Methods for the Scientific Study of Discrimination and Health: An Ecosocial Approach." *American Journal of Public Health* no. 102 (5):936-944. doi: 10.2105/ajph.2011.300544.
63. Bryant, Allison S., Ayaba Worjolah, Aaron B. Caughey, and A. Eugene Washington. 2010. "Racial/ethnic disparities in obstetric outcomes and care: prevalence and determinants." *American Journal of Obstetrics and Gynecology* no. 202 (4):335-343.
64. Centers for Disease Control and Prevention. 2011. "CDC Health disparities and inequalities report - United States, 2011." *MMWR* no. 60(Suppl):1-116.
65. MacDorman, Marian F. 2011. "Race and Ethnic Disparities in Fetal Mortality, Preterm Birth, and Infant Mortality in the United States: An Overview." *Seminars in Perinatology* no. 35 (4):200-208. doi: 10.1053/j.semperi.2011.02.017.
66. Agency for Healthcare Research and Quality. 2011. National Healthcare Disparities Report. <http://www.ahrq.gov/qual/qdr11.htm>.
67. Institute of Medicine. 1993. Access to health care in America. Washington, DC: National Academy Press.

68. Amesty International. 2010. *Deadly Delivery: The Maternal Health Care Crisis in the USA*. London: Amesty International Publications.
69. Abuhamad, A., and W.A. Grobman. 2010. "Patient safety and medical liability: current status and an agenda for the future." *Obstetrics & Gynecology* no. 116 (3):570-577.
70. Coco, Andrew, Donna Cohen, Michael Horst, and Angela Gambler. 2009. "Trends in prenatal care settings: association with medical liability." *BMC Public Health* no. 9 (1):257.
71. MacDorman, M., E. Declercq, and F. Menacker. 2011. "Recent trends and patterns in cesarean and vaginal birth after cesarean (VBAC) deliveries in the United States." *Clinics in perinatology* no. 38 (2):179-192.
72. King, Jeffrey C. 2012. "Maternal Mortality in the United States - Why Is It Important and What Are We Doing About It?" *Seminars in Perinatology* no. 36 (1):14-18. doi: 10.1053/j.semperi.2011.09.004.
73. Callaghan, William M. 2012. "Overview of Maternal Mortality in the United States." *Seminars in Perinatology* no. 36 (1):2-6.
74. Boyle, Coleen A., Sheree Boulet, Laura A. Schieve, Robin A. Cohen, Stephen J. Blumberg, Marshalyn Yeargin-Allsopp, Susanna Visser, and Michael D. Kogan. 2011. "Trends in the Prevalence of Developmental Disabilities in US Children, 1997-2008." *Pediatrics* no. 127 (6):1034-1042.
75. Ogden, Cl, MD Carroll, BK Kit, and KM Flegal. 2012. "Prevalence of obesity and trends in body mass index among us children and adolescents, 1999-2010." *JAMA: The Journal of the American Medical Association* no. 307 (5):483-490.
76. Ogden, Cynthia L., Sarah Connor Gorber, Juan A. Rivera Dommarco, Margaret Carroll, Margot Shields, and Katherine Flegal. 2011. "The Epidemiology of Childhood Obesity in Canada, Mexico and the United States." In *Epidemiology of Obesity in Children and Adolescents*, edited by Luis A. Moreno, Iris Pigeot and Wolfgang Ahrens, 69-93. Springer New York.
77. Reime, Birgit, Michael C. Klein, Ann Kelly, Nancy Duxbury, Lee Saxell, Robert Liston, Frédérique Josephine Petra Maria Prompers, Robert Stefan Willem Entjes, and Victor Wong. 2004. "Do maternity care provider groups have different attitudes towards birth?" *BJOG: An International Journal of Obstetrics & Gynaecology* no. 111 (12):1388-1393.
78. O'Brien, Beverley, Sheila Harvey Harvey, Susan Sommerfeldt, Susan Beischel, Christine Newburn-Cook, and Don Schopflocher. 2010. "Comparison of Costs and Associated Outcomes Between Women Choosing Newly Integrated Autonomous Midwifery Care and Matched Controls: A Pilot Study." *J Obstet Gynaecol Can* no. 32 (7):650-656.
79. Citizens for Midwifery. 2001. Midwives Model of Care. <http://cfmidwifery.org/mmoc/define.aspx>.
80. Murphy, Patricia Aikins, and Judith Fullerton. 1998. "Outcomes of Intended Home Births in Nurse-Midwifery Practice: A Prospective Descriptive Study." *Obstetrics and Gynecology* no. 92 (3):461-470.
81. Fullerton, Judith T., Ana M. Navarro, and Susan H. Young. 2007. "Outcomes of Planned Home Birth: An Integrative Review." *The Journal of Midwifery & Women's Health* no. 52 (4):323-333.
82. Olsen, Ole. 1997. "Meta-analysis of the Safety of Home Birth." *Birth* no. 24 (1):4-13.
83. Olsen, Ole, and JA Clausen. 2012. "Planned hospital birth versus planned home birth." *Cochrane Database of Systematic Reviews* (9):Article No: CD000352.
84. Hoddinott, P., D. Tappin, and C. Wright. 2008. "Breast feeding." *BMJ: British Medical Journal* no. 336 (7649):881.
85. Oakley, Ann, Deborah Hickey, Lynda Rajan, and Alan S. Rigby. 1996. "Social support in pregnancy: Does it have long-term effects?" *Journal of Reproductive and Infant Psychology* no. 14 (1):7-22.
86. Oddy, Wendy H., Garth E. Kendall, Jianghong Li, Peter Jacoby, Monique Robinson, Nicholas H. de Klerk, Sven R. Silburn, Stephen R. Zubrick, Louis I. Landau, and Fiona J. Stanley. 2010. "The Long-Term Effects of Breastfeeding on Child and Adolescent Mental Health: A Pregnancy Cohort Study Followed for 14 Years." *The Journal of Pediatrics* no. 156 (4):568-574.

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