**NICE Intrapartum Guidelines (2007)**

The review included 5 observational studies and one small randomised controlled trial. These studies were from the UK, Australia, Switzerland and Canada. Some compared planned place of birth when first contacting a health professional in pregnancy and others planned place of birth at the start of labour. The authors excluded 13 studies as they were judged to be of poor quality or to contain inaccuracies.

**Results:**
The included studies suggested that women planning a home birth compared to those planning a hospital birth had:

- A decreased rate of caesarean section
- Fewer instrumental deliveries
- Epidurals for pain relief less often and required other forms of pain relief less often
- Fewer inductions of labour
- Their labour augmented less often
- Fewer episiotomies
- Fewer tears overall, but no differences in the number of 3rd and 4th degree tears (severe tears)
- Lower infection rates
- Fewer cases of fetal distress
- More labours classified as long (over 18 hours) in one study but no differences in the length of labour in another study
- No difference in the rate of severe bleeding after delivery in one study, but an increased rate in another study
- An increased rate of retained placenta
- No difference in birth complications
- An increased perinatal mortality in most of the studies, regardless of how it is measured

**Conclusion:**
The review concluded that generally giving birth is very safe for both women and their babies. When specifically considering where to give birth they concluded that overall there is a lack of good quality evidence. However the limited low quality evidence available suggests higher rates of normal birth and lower rates of intervention with a planned home birth. The evidence also
suggests a trend towards increased perinatal mortality with a planned home birth. They suggest the outcome for the mother and baby may be particularly worse if something goes unexpectedly seriously wrong during labour at home rather than in a hospital, as hospitals have direct access to specialised care. They noted however that the studies in the review were observational, so only included studies where women chose to have a home birth or a hospital birth. It is therefore impossible to rule out biases within the studies. The included studies also used different definitions for perinatal mortality and time points for when the women planned a home birth, making it difficult to compare the outcomes of the different studies. More seriously the studies also included a mixture of both healthy women with uncomplicated pregnancies and women with complications who would not be recommended to have a home birth under current UK guidance. They therefore advised that the data may be unreliable and should be interpreted with caution.

The full guideline is available from:
http://guidance.nice.org.uk/CG55/Guidance/pdf/English
The quick reference guide (summary) is available from: