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Planned home births in women at low-risk pregnancy: Are they really at low risk?

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Objective: To review literature about maternal and neonatal outcomes following planned home birth (PHB) versus planned hospital birth (PHos).

Methods: A search in PubMed, EMBASE, Medline, Clinicaltrials.net, was performed to find articles that compared outcomes between PHB and PHos. Inclusion criteria: low-risk pregnancy, births assisted by midwives, data reported as proportional rates. Exclusion criteria: high-risk pregnancy, composite morbidity, non-english language publications. Maternal and neonatal morbidity and mortality, any medical interventions, and mode of delivery were collected and compared between the two groups. Odds ratio and 95% Confidence Interval (OR; 95% CI) were calculated with fixed or random models if heterogeneity was low (<25%) or high (>25%), respectively. Differences were considered statistically significant if 95% CI did not encompass 1. PRISMA guidelines were followed.

Results: There were 12,587 (30.0%) in PHB and 28,732 (70.0%) in PHos. Spontaneous delivery was significantly higher in PHB (91.5%) than PHos (87.0%) (OR: 2.197; 95% CI: 1.682-2.870), whereas operative delivery was required more frequently in PHos (8.0%) than PHB (4.6%) (OR: 0.408; 95% CI: 0.263-0.633). Women in PHos group were also more likely to undergo cesarean section (6.0%) compared with women who has PHB (5.3%) (OR: 0.608; 95% CI: 0.551-0.670). Medical interventions were performed less often in PHB than PHos. The incidence of fetal dystocia was significantly lower in PHB (2.7%) than PHos (OR: 0.287; 95% CI: 0.133-0.618). Post-partum hemorrhage was higher in PHB (10.0%) than PHos (9.6%) (OR: 0.599; 95% CI: 0.390-0.920). No difference was found between the two groups with regard to neonatal morbidity and mortality.

Conclusion: Births assisted at hospital are more likely to receive medical interventions, fetal monitoring and prompt delivery in case of obstetrical complications.

Biography

A Cristina Rossi has received her Medical Degree in 1998 and Residency in Obs/Gyn in 2003. She is an author and reviewer of peer-reviewed journals. Her interest is in prenatal diagnosis and twin pregnancy. She is a Consultant in Obs/Gyn at Ospedale della Murgia (Bari, Italy).

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