



Caution is needed when assessing results of home birth—Authors' reply

Eileen K Hutton^{a,*}, Angela Reitsma^b, Julia Simioni^c, Ginny Brunton^d, Karyn Kaufman^b

^a McMaster University, Department of Obstetrics and Gynecology, Faculty of Health Sciences, Hamilton, Canada

^b McMaster University, Department of Family Medicine, Faculty of Health Sciences, Hamilton, Canada

^c McMaster University, Midwifery Education Program, Faculty of Health Sciences, Hamilton, Canada

^d University of Ontario Institute of Technology, Faculty of Health Sciences, Oshawa Canada

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Meta-analyses are employed when clinical equipoise exists without definitive studies to provide certainty. Such analyses include all events from each study; data are treated as a whole data set. No disadvantage results from including small studies; indeed exclusion may bias outcomes. Where larger studies exist, the inclusion of smaller studies may not contribute significantly to point estimates, but are likely to decrease variance [1]. Only 17% of 3905 meta-analyses in Cochrane Reviews in the specialty of gynecology had at least two adequately powered studies [1]. Our study includes several large studies for most outcomes [2].

When large adequately powered studies exist a rapid meta-analysis to estimate outcomes is possible [1]. Thus, because the three studies that report late neonatal mortality as an outcome are among the large and better-powered studies together they provide a reasonable estimate [1]. While no studies report outcomes after 28 days it is reassuring that few infants were admitted to NICU and admissions were less likely to occur among women planning home birth. This exceptionally rare outcome is unlikely to change overall findings of our study.

We hope this clarifies why all relevant studies are included. In contrast to the contention that we provide a fragmented picture of

infant outcomes we believe our paper assists in summarising literature. The question of how much evidence is enough remains. We support continued research on place of birth noting that despite benefits of hospital birth for low risk births never being demonstrated, the burden of proof lies on the doorstep of homes.

Declaration of Competing Interest

No conflicts of interests applies.

References

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* Corresponding author.