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Caution is needed when assessing results of home birth

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We commend Hutton et al. [1] for their attempt to improve our understanding of the never ending medical and ethical dilemma of home birth.

Serious complications of low risk pregnancies are rare events. The meta-analysis by Wax et al. [2] concluded that a reasonable estimate of the excess neonatal mortality by planned home births would be one death per 1333 births. Hence, the benefit of including underpowered studies in the analysis by Hutton et al. [1] is of questionable value. This applies, among others, to the research by Hiraizumi with 291 participants [3]. More importantly, only three studies out of fourteen looked not only at perinatal mortality but also to late neonatal mortality; and no one of these studies collects data on infant mortality beyond day 28 of life, i.e. until discharge from the neonatal unit.

In all the studies women intending to give birth at home are significantly less likely to suffer obstetric interventions [4]. Conversely, evidence regarding neonatal outcomes related to home birth seems inconclusive and remains so after reading the systematic review by Hutton et al. [1], yet the perinatal mortality rate may obscure significant differences between asphyxia and intra-partum death resulting from home birth [5].

In summary, strong opinions both for and against home birth are clearly present. It is important to stress that in order to reach beyond the polarised debate on risks of home birth, we cannot rely on the current fragmented picture of infants' long-term outcomes.

Declaration of Competing Interest

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