Home births and clinical intervention, is there a happy medium?: A case report

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Introduction

- Home births present difficulties in harmony between obstetrician and patient choices.
- Evidence suggests home births have similar outcomes to those in hospital[1], however are at higher risk of morbidity and mortality in the event of devastating complications[2].
- Supporting women's choices, and providing the best patient care are optimal in shared care practice, this is challenging in the home birth scenario.

Patient case

- A 29-year-old primiparous woman at 43 weeks gestation, requesting minimal medical intervention
- She had previously refused suggested post dates interventions such as induction and caesarean from 41 weeks
- The patient was counselled accordingly regarding risks of post-dates delivery. However, through the negativity of her experience, the patient was further driven to disagree and delay her delivery.
- Her labour resulted in an emergency caesarean for failure to progress, intra partum sepsis, pre eclampsia and neonatal sepsis.
- Her pregnancy was otherwise uncomplicated.

Follow up

- The patient was placed on IV antibiotics, anti hypertensives, and made a full recovery
- The neonate required an admission to the Special care nursery for respiratory assistance and IV antibiotics, with ongoing respiratory issues in the community.
- Following a debriefing; suggestion to provide a private midwife (for support and continuity), revision of negative language when consenting and creating a less sterile environment for these patients may create better patient-doctor relationships and more favourable outcomes in the home birth population.

Discussion & Conclusion

- Although rare, severe complications can occur in low risk pregnancies in the home birth environment, such as post partum haemorrhage and shoulder dystocia[3].
- When higher risk situations such as post-dates deliveries arise, medical management is paramount, however may create disruption to patient-doctor relationships, as the birth plan is no longer as planned.
- In this case, the process of counselling and explaining risks was perceived as negative and prejudiced by the patient. This influenced maternal choice and may have affected the outcome.
- Should we consider workshops based around the way in which we speak to women considering little intervention? We open the discussion as to whether this may prevent future obstruction to care when faced with an emergency situation.

Take Home points

- In women considering home deliveries, should we advise early support of a private midwife for continuity, support and education?
- Revision of language-should we educate our hospital staff about negative language regarding patient choices?
- Creating a less sterile environment in hospital may create better patient-doctor relationships

References

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