

Home Births in Los Angeles County, 2004-2010

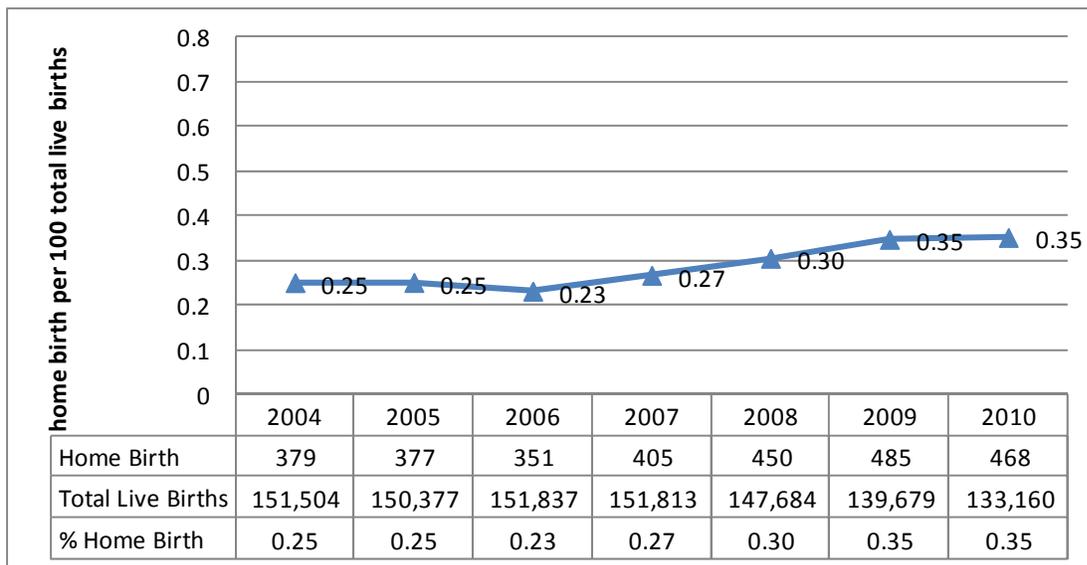
A 2012 report released by the Center for Disease Control and Prevention (CDC)ⁱ examined the recent trends and characteristics of home births in the United States from 1990 to 2009, and compared selected characteristics of home and hospital births. As indicated in the report, the US home births increased by 29% from 2004 to 2009. The percentage of all U.S. births that occurred at home increased from 0.56% in 2004 to 0.72% in 2009. This prompted the Los Angeles County Department of Public Health, Maternal, Child and Adolescent Health Program (LACDPH MCAH) to probe into whether Los Angeles County (LAC) experienced similar increase and trend as described in the CDC report.

Summary of Key Findings:

- Unlike the US, the percent of LAC home births remained fairly stable between 2004 and 2010 from 0.25 percent in 2004, increasing slightly to 0.35 percent in 2010.
- Non-Hispanic White women had the highest rate of home births, and made up the majority of the home births in Los Angeles County. In 2010, nearly 60% of all home births were delivered by Non-Hispanic White women.
- The majority of the home births were attended to by a certified nurse midwife, licensed or other midwife.
- Home births were more common among women aged 35 and over, almost twice as likely as compared to the non-home birth group; and among women with at least two years of college education.
- Source of payment for prenatal care for home births was more likely to be self-pay, and mothers were less likely to enter into prenatal care by the first trimester. This may be due to mothers choosing a more unconventional prenatal care service delivery model.
- Home births had a lower risk profile than non-home births, with fewer births to teenagers, and with fewer preterm, and low birth weight.
- In terms of maternal health profile, fewer mothers who delivered a home birth were overweight or obese before pregnancy, had pregnancy or labor/delivery complications compared to mothers who had a non-home birth.

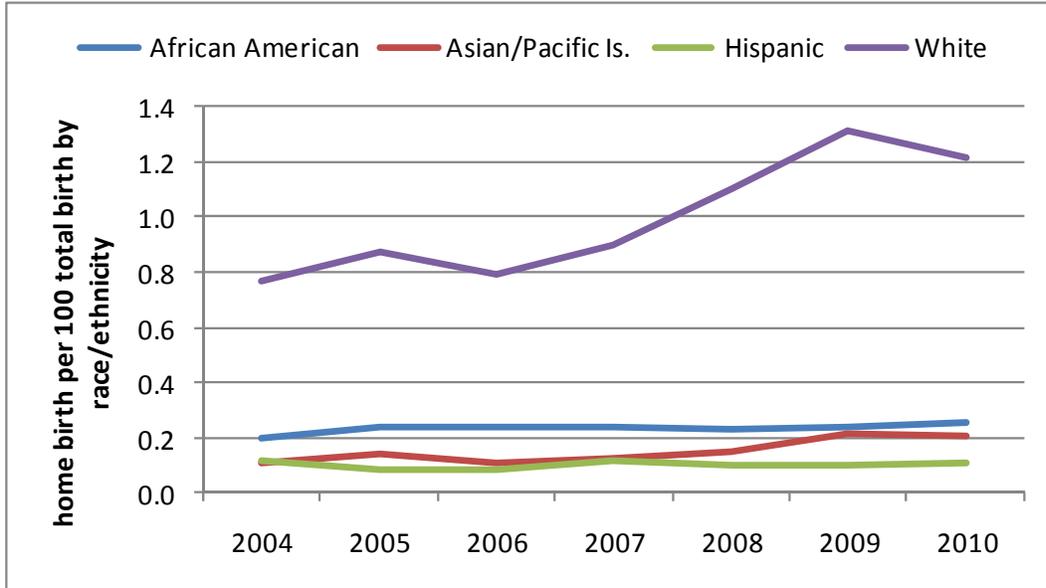
Los Angeles County home birth trend remained fairly stable between 2004 and 2010

Figure 1. Home birth trend, Los Angeles County Residence, 2004 to 2010



Non-Hispanic Whites have the highest rate of home birth.

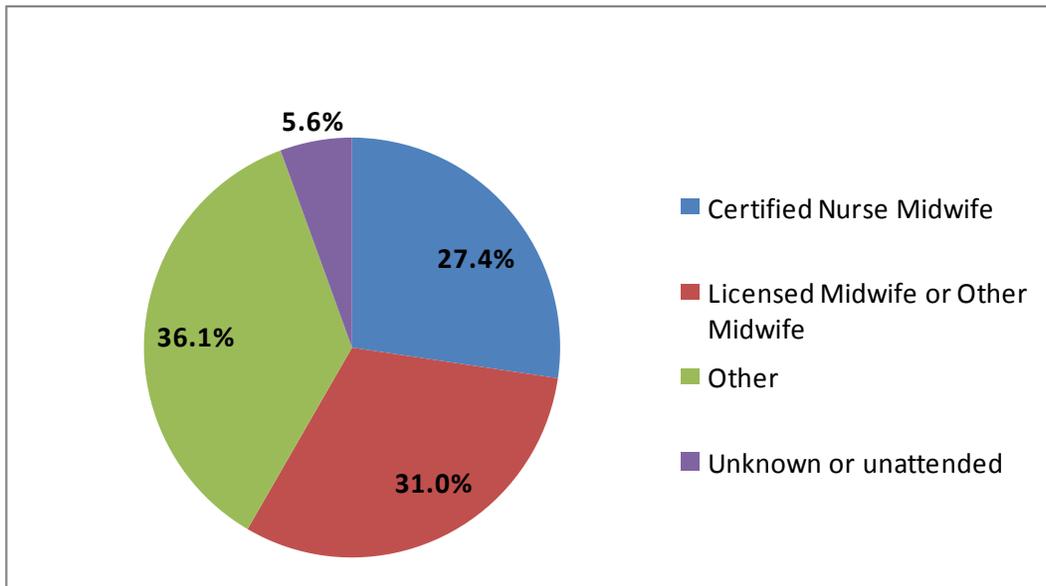
Figure 2. Home birth trend by mother's race/ethnicity, Los Angeles County residence



Between 2004 and 2010, home birth rate among Non-Hispanic White mothers increased from 0.77% to 1.21%, and the number increased from 207 to 278. In 2010, nearly 60% of all home births were delivered by Non-Hispanic White women.

Certified Nurse Midwife, Licensed or Other Midwife Attended to Majority of the Home Births.

Figure 3. Home birth by type of attendants, Los Angeles County Residence, 2010



Home Births vs. Non-Home Births by Selected Maternal & Infant Characteristics

Table 1. Home Birth vs. Non-Home Birth by Selected Maternal & Infant Characteristics, Los Angeles County Residence, 2010

	Home Births n = 468	Non-Home Births n= 132,692
Selected Characteristics (%)		
<i>Mother's Race/Ethnicity</i>		
African American	5.6	7.7
Asian Pacific Islander	6.8	11.7
Hispanic	18.6	61.3
White	59.4	17.0
<i>Mother's Age</i>		
Less than 20	0.9	8.9
20 to 24	6.2	20.4
25 to 34	56.2	50.8
35 and over	36.8	19.9
<i>Mother's Years of Education</i>		
0 to 8	1.1	7.9
9 to 11	5.3	18.6
12	10.9	25.5
13 to 16 years (2 to 4-year College)	60.0	37.2
17 years and more (Post-baccalaureate or higher)	19.7	8.3
<i>Source of Payment for Prenatal Care</i>		
Medi-Cal	10.9	53.8
Private Insurance	25.4	40.1
Self Pay	60.5	2.4
<i>Preconception Health</i>		
Underweight before Pregnancy	7.5	3.9
Overweight or Obese before Pregnancy	21.2	42.8
<i>Parity</i>		
1	35.7	39.8
2	35.0	30.9
3	17.1	17.0
4	6.6	7.5
5+	5.3	4.7
<i>Maternal Health/Risk Behavior</i>		
Non-Smoker	98.1	97.4
First Trimester Entry into Prenatal Care	75.2	83.0
No Pregnancy Complication	95.9	50.3
No Labor Complication	98.9	44.7
<i>Infant Health</i>		
Low Birth Weight	3.2	7.3
Preterm	4.1	10.2
Note: A home birth is defined if "home" or "residence" was listed in the birth place field in the birth record.		
Chi-square analyses showed statistical significance for all listed characteristics with the exception of parity and smoking status		
Source: California Department of Public Health, Center for Health Statistics, OHIR Vital Statistics Section 2010.		

Comments from Mothers from the Los Angeles Mommy and Baby Project

Although the numbers were small, there were a few comments from mothers who indicated home delivery in the 2010 Los Angeles County Mommy and Baby Survey (LAMB). These comments should be interpreted with caution as most mothers who chose to undergo a natural birthing process at home tended to be healthier, with fewer risks as compared to those that did not.

- *“I went out of my way to read and learn about my health, nutrition, and my birth options. Home birth was the most attractive option for us, but it was a challenge to access this information and care. It would save the state a lot of money and save a lot of women and children from unnecessary intervention to make this more accessible.”*
- *“I had a great experience with prenatal visits with my midwife. I switched to her care in the 3rd trimester. I had 1 hr long appointments and we talked about everything - especially nutrition and feelings. I do not think that the care I received at the OB doctor's office was a thorough. + I had a great experience giving birth to my daughter @ home.”*
- *“I chose to have a home birth early on and am very glad that I did. I had one of the most experienced midwife in the state. Every time I went for a prenatal visit I only saw the midwives, no assistants. They were extremely attentive to all of my needs. I also had a back up doctor at St. Joseph's medical. I got an ultrasound outside of the midwife's office. My birthing experience was amazing. The best part was that I never had to step foot in a hospital, and my husband was with me the entire time.”*
- *“I sought treatment with 2 local OB's and was extremely dissatisfied (very impersonal visits of 5 minutes or less). I transferred to a midwife and opted to have our baby at home. Even though I have health insurance, they were very uncooperative. I had a wonderful birth experience and great prenatal care. I wish midwife care had more support.”*
- *“My home birth experience was a very positive one and I plan on having my next birth @ home as well.”*
- *“I felt very taken care of and educated about birth so that I would not fear it but only because I used midwives as my prenatal caretakers. They gave me an hour at each visit. If I had gone to my OB, I would have gotten no more than 15 minutes at each visit as he had too many patients to spend any more time with me. I felt like women today aren't given enough time w/ their doctors and are rarely encouraged to have a natural birth.”*

Data Source:

California Department of Public Health, Center for Health Statistics, OHIR Vital Statistics Section, 2004-2010.

Los Angeles County Department of Public Health, Maternal, Child and Adolescent Health Programs, Los Angeles Mommy and Baby Project

Acknowledgement

This report could not be possible without the collaboration and assistance from the LACDPH Office of Health Assessment and Epidemiology.

Definitions

Home birth: A place of birth is defined as home birth if "home" or "residence" was listed in the birth place field in the birth record.

Percentage of home births: The number of home births divided by the total number of births (regardless of place of delivery) times 100.

Percent of non-home births: The number of births not delivered at home divided by the total number of births

Overweight before pregnancy: Overweight before pregnancy is defined as Body Mass Index (BMI) greater than or equal to 25 and less than 30 before pregnancy.

Obese before pregnancy: Obese before pregnancy is defined as Body Mass Index (BMI) greater than or equal to 30 before pregnancy.

Parity: Parity is defined as the number of pregnancies resulting in live births to a woman.

Non-smoker: Non-smokers are defined as those who did not smoke any cigarettes three months before pregnancy, and during the first, second and third trimester, as indicated in the birth record.

Low birth weight: Infant weighing less than 2,500 grams at birth.

Preterm birth: Preterm live birth is defined as live births occurring at less than 37 weeks and greater than or equal to 17 weeks of gestation.

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ⁱ MacDorman MF, Mathews TJ, Declercq E. Home births in the United States, 1990–2009. NCHS data brief, no 84. Hyattsville, MD: National Center for Health Statistics. 2012.
<http://www.cdc.gov/nchs/data/databriefs/db84.htm>