



December 22, 2006

Douglas W. Laube, MD, MEd  
President, American College of Obstetricians and Gynecologists  
University of Wisconsin  
Department of Obstetrics and Gynecology  
1 S Park Street, Suite 555  
Madison, WI 53715

Dear Dr. Laube:

As leaders of national organizations focused on health care quality and interests of health care consumers, we are writing to express our concern about the ACOG Executive Board's recent policy statement, "Out-of-Hospital Births in the United States."

First, we are concerned that this new statement will undermine women's right to informed consent, a legal entitlement that we strongly support and that is enshrined in ACOG's *Ethics in Obstetrics and Gynecology* (2004).

Further, the new statement fails to provide any evidence that hospital birth is safer or more effective for healthy low-risk mothers and babies. It also fails to recognize the large prospective multi-site North American studies of birth in out-of-hospital settings that have reported exceptional results in the most prestigious medical journals: CPM 2000 home birth study (Johnson and Daviss, *BMJ*, 2005, p.1416ff) and the National Birth Center Study of 84 freestanding centers (Rooks et al., *NEJM*, 1989, pp.1804-11). The 5,418 CPM 2000 mothers and the 11,814 NBCS mothers who began labor in these out-of-hospital settings experienced in both cases a remarkable 4% cesarean rate (in contrast to the 2005 U.S. rate of 30.2% that the National Center for Health Statistics has just reported). The studies also reported impressively low rates of labor induction, IV infusions, third- and fourth-degree lacerations, instrumental delivery and many other interventions, and high rates of spontaneous birth, breastfeeding and maternal satisfaction. There were no maternal deaths in either study. In reviewing intrapartum and neonatal deaths and comparing results to the experience of low-risk women in hospitals, there was no indication in either case that the conservative practice style or the out-of-hospital settings were associated with increased risk.

The two large prospective North American studies of out-of-hospital birth met standards identified in the new policy statement for involvement of professionals based in obstetrics departments and approval by research review committees. These major studies set a standard for what is attainable among healthy low-risk pregnant women in North America and raise troubling questions about current practice trends. Care in these settings should be emulated rather than denigrated.

The general results of these major North American studies have been confirmed in systematic reviews of home birth (Olsen, *Birth*, 1997, pp.4-13) and birth in freestanding

birth centers (Walsh and Downe, *Birth*, 2004, pp.222-9). Both reviews concluded that available research provided no evidence of adverse outcomes relative to hospital birth and no a priori basis for denying out-of-hospital care. By contrast, both reviews found that standard hospital care involves avoidable interventions and morbidity. The stronger studies of the safety and outcomes of planned out-of-hospital birth support making this option available to healthy low-risk women.

We are also concerned that the new policy statement applies to out-of-hospital birth a standard that few ACOG obstetrics recommendations meet. In a recent analysis of ACOG practice bulletins, Chauhan and colleagues (*Am J Obstet Gynecol*, 2006, pp.1564-75) report that just 23% of obstetrics recommendations are Level A ("based on good and consistent scientific evidence"), whereas 35% are Level B ("limited or inconsistent scientific evidence") and fully 43% are Level C ("based primarily on consensus and expert opinion"). Furthermore, a mere 10% of the references in support of ACOG obstetrics practice bulletin recommendations have been published in leading weekly general medicine journals, whereas both major North American studies of out-of-hospital birth were published in leading general medical journals.

The new policy statement was ostensibly issued out of concern for the safety of mothers and babies. However, we are concerned that it will endanger mothers and babies in two important ways. First, in clarifying that "ACOG does not support programs or individuals that advocate for or who provide out-of-hospital births," the policy statement could jeopardize appropriate physician back-up for the considerable number of women who will continue to desire and choose out-of-hospital births. All health professionals need to be able to call on other professionals for specialized services beyond their expertise and scope of practice. Obstruction of such professional collaboration is of grave concern.

The new policy could also endanger mothers and babies by enforcing current questionable hospital standards on all mothers. Many healthy mothers prefer a 4% chance of giving birth by major abdominal surgery to current institutional rates of 30% or more. Widespread bans on access to vaginal birth after cesarean and continuing documentation of hazards of repeated cesareans increase the importance of avoiding unnecessary surgery. Many healthy women prefer a 2% chance of episiotomy and any unintended sequelae (as CPM 2000 mothers experienced) to the current national rate of 25% among vaginal births. Many prefer a choice of labor pain relief methods, positions for laboring and giving birth, oral fluids and nourishment during labor, non-separation of mothers and newborns, genuine support for women's inherent capacity to give birth and breastfeed, and other conditions that are often difficult to obtain in hospitals. By contrast, autonomy, individualized care, and informed choice are hallmarks of out-of-hospital birth. Enclosed is a copy of *Listening to Mothers II*, Childbirth Connection's new national survey report describing childbearing experiences of nearly 1,600 women who gave birth in U.S. hospitals in 2005. Survey results underscore the importance of access to alternatives to current hospital maternity care standards.

Finally, we are concerned that the new policy statement conflicts with extensive, well-established regulatory, reimbursement, and other state, federal, and corporate policies in support of women who give birth in out-of-hospital settings and professionals who practice in those settings. The statement will undoubtedly contribute to confusion and controversy throughout the health care system.

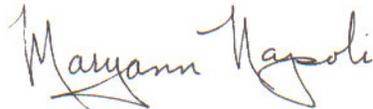
On behalf of mothers, babies and families, we urge your Executive Committee to withdraw the new policy and to ensure that ACOG policies provide genuine support for women's informed choice and safe, effective, evidence-based maternity care. We

welcome the opportunity to meet with you and other ACOG representatives to discuss these issues and will follow-up to schedule a meeting.

Sincerely,



Maureen Corry  
Executive Director  
Childbirth Connection



Maryann Napoli  
Associate Director  
Center for Medical Consumers



Ron Pollack  
Executive Director  
Families U.S.A.  
organizational name provided for identification purposes



Debra L. Ness  
President  
National Partnership for Women and Families



Cynthia A. Pearson  
Executive Director  
National Women's Health Network



Judy Norsigian  
Executive Director  
Our Bodies Ourselves

cc: Ralph W. Hale, MD, Executive Vice President, ACOG