

Comments on Utah Home Birth Study

I have an uncomfortable premonition that the paper by Cameron, Chase, and O'Neal¹ will be cited as evidence that women having home births are "no different" but simply fail to receive prenatal, postpartum, and newborn medical care because of "hostility from health professionals." The authors emphasize these points in their summary and in their discussion section.

Their findings are surprising and disturbing—and largely unsupported. The authors provide only a statement—a single sentence—indicating that Salt Lake County women having planned home births in 1975 "were similar" to the 1973 state childbirth population "in age, race, marital, and socioeconomic status and years of education." Perhaps the authors would supply the actual data on which they base their statement.

The finding that "hostility from health professionals" placed these women at "unnecessary risk" is supported by uncollated anecdote and allusion. Women "reported great difficulty in finding a health care provider"; the number involved was "some." The authors also mention two women who had trouble ordering themselves a Rhogam shot at a community hospital.

The question of "provider hostility" is complex; but one should at least consider the ramifications of "consumer hostility" in the development of the state of "high risk" discovered by these authors.

The authors are obviously sympathetic with the women they studied. But on the question of whether these women acted "responsibly" the data speak for themselves: Rate of eye prophylaxis was only 85 per cent in the 1971-72 group, falling to 71 per cent or less in 1975. And while 9 of 48 infants born at home had been partially immunized, 28 of 48 had had no immunizations whatsoever.

The authors have a clear point of view. (I presume they are nurse practitioners or nurse midwives.) My attitudes, as such, may not be that dissimilar to theirs. Home birth is becoming increasingly popular in this area,

and I have many patients who have had, or who are planning, home births (which I do not attend). It is my impression that these women have slightly lower family incomes, are less likely to be black, and are more likely to be older and better educated, compared to women having hospital births locally. Thus it was with some personal interest that I read the authors' report; and I only wish they had sought a more restrictive fit between their conclusions and their data.

*Rodney C. Bryant, MD, MA
306 West Main
Woodbury, TN 37190*

REFERENCE

1. Cameron J, et al: Home birth in Salt Lake County, Utah. *Am J Public Health*, 69:716-717, 1979.

Professor Cameron's Response

Unfortunately, Journal space limitations did not permit a full description and discussion of the data. Table 1 (below) documents the similarity of the Salt Lake County home birth population and the state of Utah, and Table 2 summarizes the socioeconomic status of the study groups.

In no way was a causal relationship intended between obtaining prenatal, postpartum and newborn medical care and the reported occurrence of some professional hostility. Rather, the intent was to report the experience and stated concerns of those women in the study who avoided seeking additional

health services after being made to feel badly by a health care provider.

Twenty-three of the 105 women in the 1975 group (22 per cent) reported difficulty in finding a health care provider. Many of those who reported no problems were seen by a naturopathic physician (now deceased) who did home births. Twelve women utilized some combination of medical physicians, e.g., general practitioners or obstetricians, public health clinics, nurse-midwives, a health maintenance organization, or an emergency room to obtain prenatal care. Some women were refused prenatal care by physicians when their plans for a home birth were made known. At least one physician in the area who conducted home births was threatened by the medical staff with loss of his hospital privileges, if he continued. Two women went to two different area hospitals to receive Rhogam ordered by their physicians and reported being lectured extensively and made to feel very uncomfortable.

This descriptive report was intended to describe an issue which needs further study. Obviously a balance between professional and consumer values is also called for. The full report of the study is available for the cost of reproduction and mailing (\$4.00) from the senior author.

*Joyce Cameron
Associate Professor
College of Nursing
University of Utah
25 South Medical Drive
Salt Lake City, UT 84112*

TABLE 1—Comparison of Age, Race, Marital Status and Education in the Home Birth Group and the State of Utah

	Salt Lake County Home Birth Group		State of Utah ¹	
	1972 N=62	1975 N=105	1973	1975
Median Maternal Age (Years)	26	25	25	25
Race (Per cent White)	100	98	97	97
Marital Status (Per cent Out-of-Wedlock)	1.6	3.8	4.3	4.2
Education (Per cent with high school or above)	83 ²	85 ³	83	85.4

1) 1973, 1975 Utah Vital Statistics Report

2) N=61

3) N=103