

Home Birth in Salt Lake County, Utah

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Abstract: In Salt Lake County, Utah in 1972 and 1975, 167 women had planned home deliveries. Birth certificate data indicated they did not differ from the total population in age, marital, and socioeconomic status. Eighty-four women were interviewed and reported hostility from health professionals which may have placed them at unnecessary risk. (*Am J Public Health* 69:716-717, 1979.)

For several years, health professionals have been aware of an increasing interest in home births. Newspapers, popular magazines, and professional journals have all commented on the phenomenon of planned home deliveries.¹⁻⁹

Some health professionals are sympathetic to this development, while others feel that home births are unsafe; still others dismiss the movement as associated with counter-culture groups and/or too small and temporary to be significant.

The need for information about the people who choose to give birth in their homes led to a study of home birth in Salt Lake County, Utah in 1972 which was replicated with some additions in 1975.* Although the actual incidence of home births is low, the information gained is useful and highlights several areas of concern.

Method

The total study population consisted of 167 women who had a planned home delivery in 1972 and 1975. Deliveries were considered planned or unplanned by judging the attendant and place of delivery. Twenty-nine non-hospital deliveries were eliminated from consideration because the attendant was a paramedic or an obstetrician known not to participate in home births or the delivery was enroute to hospital. A sample of seven such women were interviewed and confirmed the fact that the home delivery was unplanned. Birth certificate data were compared with 1973 Utah Vital Statistics and 1970 records from the census districts in which the women resided.^{10, 11}

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*A more complete research report is available from the senior author.

An attempt was made to interview the entire home birth population. Fifty-seven (34 per cent) could not be located, and 16 (10 per cent) were known to have moved. Eighty-three of the 94 women still living in Salt Lake County were very willing to share their opinions and experiences with the interviewers. The interviews occurred 2-15 months after the birth (mean 7.9 months, median 7 months).** Two women had home births in both of the study years.

Results

In 1975, home births occurred in 46 per cent of the Salt Lake County census tracts. Nine per cent of the 80 home births with Salt Lake County residences occurred in low SES census tracts where only 3 per cent of the population resided in 1970 while 35 per cent (28) occurred in high SES tracts where 52 per cent of the population resided. Nevertheless, the 105 women with home births in 1975 were similar to the Utah 1973 childbirth population in age, race, marital, and socioeconomic status and years of education, when birth certificate data were compared.

Three indices of prenatal care were obtained from 1971 and 1975 birth certificates: month in pregnancy care began, total number of prenatal visits, blood tests for serology and Rhesus factor.

Nineteen per cent had inadequate prenatal care as defined by no care, less than five prenatal visits and/or care begun after the first six months of pregnancy. Only 5 per cent of the 1973 Utah childbirth population had inadequate prenatal care by the above definition.

Eighty-five per cent of the women were tested for syphilis in 1972, 76 per cent in 1975; the comparable figures for Rh testing were 84 per cent and 91 per cent. Statewide comparative figures are not available. Rh incompatibility was a definite possibility for 10 women in the 1975 study. Six of the 10 were interviewed and only three reported having titers drawn during pregnancy. Two women received RhoGAM at a community hospital and reported problems with hostile staff.

The most frequent attendants listed on the birth certificates were a naturopathic physician or the husband. Other attendants listed included physician, chiropractor, and other family members.

All infants except four weighed over 2500 grams. One birth injury and one congenital malformation were reported on the birth certificates in 1975; neither mother was among those interviewed.

**Comparison of birth certificate information on interviewed and non-interviewed women suggests no important differences between the two groups.

TABLE 1—Infant Health Care in the Home Birth Group, Salt Lake County, Utah

Measure	1971-72	1975***
Eye Prophylactic at Birth:*		
Yes	53	70
No	9	29
Not Recorded	—	7
PKU Test:*		
Yes	56	89
No	6	10
Missing Data	—	7
Medical Health Services:**		
Well Baby and Illness Care	Data Not Obtained	21
Illness Care Only		21
No Care		13
Immunization:**		
Completed to Date		11
Partial	Data Not Obtained	9
None		28
Missing Data		7

*Birth Certificate Data—comparative information for Salt Lake County, not available.

**Interview Data

***One Set of Twins

During the interview, the women were asked, "How did you come to think about home delivery rather than delivery in a hospital?" The five basic elements identified as reasons are rank ordered as follows: 1) control over one's experience; 2) a family-centered experience; 3) non-interference with normal processes; 4) personalized care; and 5) low cost.

Women with previous hospital birth experiences made adverse comments regarding anesthesia, drugs, frequent examinations, isolation, inadequate care, rigid and impersonal atmosphere, attempts to hurry up the delivery, other medical interference in the natural process, discouragement of breast feeding, not enough rest, and not being permitted to go home when they felt ready to do so.

Some women reported great difficulty finding a health care provider. They utilized a variety of sources and usually did not divulge their plan to have a home birth because of past experience with hostile health professionals. As one woman stated, she just played the game to get what she needed from the medical care system.

The majority of respondents reported relatively short duration of labor (mean 9.2 hours). Over 93 per cent of the women rated their delivery as either a positive or a peak experience. Despite reports that 33 per cent experienced great-

er than moderate pain in labor and 25 per cent did so at delivery, none received or felt they wanted pain relieving medication.

Fifty-one per cent of the 55 interviewed mothers in 1975 stated they had no problems with the baby in the neonatal period. The three most common problems reported were colic (18 per cent), poor weight gain (13 per cent), and jaundice (9 per cent). Two infants were hospitalized, one for hernia repair and one for jaundice. A majority of the children had received no preventive health care at the time of the interview (Table 1).

Discussion

Home births are by no means restricted to the poor and uneducated in Salt Lake County. Most of the women electing home birth do so responsibly yet their decision appears to have adversely influenced their ability to receive adequate prenatal, postpartum, and newborn health services. While there were no disastrous outcomes, some of the problems identified placed some women and babies at high risk, and potentials for prevention and management of problems and needs were not realized. On the other hand, the potential for iatrogenic damage, a concern of a number of women, was minimal. The proper consumer/professional balance between the two extremes⁹ of a highly technological hospital delivery and an essentially unattended home birth remains to be worked out.

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