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Out-of-hospital births: a small but growing phenomenon in high income countries: A Viewpoint

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For many of the readers in South Asia of the *Journal of Asian Midwives*, birth at home without a skilled birth attendant is associated with remote rural areas and/or poverty. For example, in India it was observed two decades ago that women who give birth in hospital felt that they belong to a modern, learnt society, unlike some of their peers [1]. Whilst in neighbouring Nepal the most recent national demographic health survey shows that out-of-hospital births were associated with women with lower education levels and of lower caste (Ministry of Health & Population [2].

Therefore, it may seem even more remarkable that a growing number of people in high-income countries are opting to give birth out of hospital without a trained midwife, or sometimes without any health professional. There are different types of out-of-hospital births (OOHB): those happening in a dedicated birth facility (e.g. midwife-led units, birth houses), those happening at home supported by a midwife, and unaccompanied births by choice (also called free births). Not included are those which occur unplanned in ambulances or private cars on the way to hospitals.

During the COVID-19 pandemic, OOHB were a way to avoid Public Health regulations and lockdown constraints, and to guarantee the presence of a partner at the birth. We think the pandemic is not at the origin of the trend, but more of a catalyst. Advocacy groups, maternity-service users' groups, the media, and midwifery organisations in several high-income countries have in recent years underlined the growing criticism of existing maternity care and midwifery services and a long-term shortage of midwives. This is in addition to a longstanding trend of closing community-based hospitals, including small, free-standing midwife-led units.

As researchers with a collective experience of decades in this field we summarised some of the underlying reasons for choosing an OOHB in high-income countries (Table 1).

Table 1 Reasons for opting for an out-of-hospital birth

1. opposition to medicalization/a medicalized birth
2. previous birth trauma, previous experience of gynaecological and/or obstetric violence in hospital; previous experience of discrimination in healthcare (e.g. racialized population groups, sexual and gender minorities groups);
3. obstacles in hospital to adhering to cultural practice (i.e. traditional indigenous approaches to birth);
4. access difficulties, whether geographical, economic or social (e.g. closure of maternity units and emergence of so-called 'medical deserts');

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5. fear of giving birth (tokophobia has come to the fore as a mental health issue in the last 20 years);
6. free birthing ideology;
7. regarding birth as a personal / intimate and family experience;
8. affirmation, empowerment, taking back control;
9. Ideological return to maternalist feminist ideas about nature and birth.

An overarching issue in Table 1, is the opposition to the medicalization of birth. For over a century childbirth has moved slowly from a social model, in which it is regarded as a physiological event to a much more medical model [3]. As a reaction to this trend there is an increasingly visible demand from women who want to regain control over their bodies. This includes the wish to have a low-intervention birth that is easier to attain during an OOHB than in hospital. They perceive themselves as the protagonists of their childbirth without being subjected to medical staff and techniques, articulating a desire to transform childbirth into a human or family event, rather than just a technical or medical one. The World Health Organization [4] noted nearly a decade ago, that many "experience disrespectful and abusive treatment during childbirth in facilities worldwide, *which* not only violates the rights of women to respectful care, but can also threaten their rights to life, health, bodily integrity, and freedom from discrimination. This statement calls for greater action, dialogue, research and advocacy on this important public health and human rights issue."

One of the reasons for writing this Viewpoint is to alert midwives, midwifery leaders, maternity service managers, and health policymakers about a phenomenon that may make its way to the educated elite in South Asian main cities. We argue that it is important for women to have the choice of where, with whom and how to give birth, and those choices should be based on true informed consent, including clear information on intervention rates, the training and scope of various practitioners, etc.

We would like to see as many women as possible enabled to give birth in a variety of settings of their choice and to have a positive birth experience as advocated by the WHO. For this to happen, maternity service providers may need to support the expansion of the birthing landscape with evidence-based less medicalised options, to enable people to make real choices.

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