



# REGULATING HOMEBIRTHS

Why we should consider this and what it means

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# KEY PRINCIPLES

**Choice** - place of birth has become culturally important as choice of place of birth has become available.

**The act of choosing** - women may choose homebirth for a number of reasons – told it is safer, as nature intended, how women have always done it, hospitals are actually dangerous/bad

**What choice does to decision making-** with choice, responsibility arises.

**What knowledge does to decision making** - impacts the responsibility for the choice made.

**Birth is dynamic** – can have a plan – birth may not go the way planned.

# KEY PRINCIPLES

**Knowledge and known risks and choice** - Can we therefore reasonably allow women to choose home birth when they are known to have a higher risk than other women

**Stay focused on the end game** - Focal point is optimal outcome for both mother and baby

**Our argument** - In some instances, hospitals must come to be supported as the only responsible and socially supported option for the place where women choose to give birth.

## IMPORTANT CLARIFICATION

We are talking about homebirths – **not free birthing.**

Homebirths in this context are births planned to occur at home with a credentialed health care professional/s present (usually midwife/wives).

Freebirthing – the intention to birth unattended - not with medical or midwifery attendants.



## CHOICE OF PLACE OF BIRTH

Choosing WHERE to birth  
matters to women and  
their partners/loved ones



YE OLDE  
ELLENSBURG  
HOSPITAL



**WASH THOSE  
HANDS!!!!**



VIEWING TIMES –  
HOSPITALS ARE  
SYSTEMS – THEY  
LIKE TO  
CONTROL  
THINGS





# WHY CHOOSE HOMEBIRTH?





## HOME VS. HOSPITAL

- Idea of home suggests it is less medical – less technical.
- Rejection of the hospital and choice of home can be a rejection of technology;
- Can be a purposeful act of rebellion against the medicalisation and technological imbuing of birth.
- Suggests that nature is ‘good’, thus home is good.
- Technology is seen as ‘bad’, thus hospitals are bad.





- Nature is not always good
- When there are foreseeable risks – who becomes responsible when these are realized
- Is the place to birth (as a choice) more important than the idea of being in situ where medical care which is perceived as likely to be needed
- Disability that could be avoided is burdensome in a number of ways



## EASY RESCUE

- Most reasonable people SHOULD do something that entails small cost
- Benefit to others is sizeable
- Moral duty to comply
- Consider herd immunity
- In homebirths – argument is that where there are foreseeable risks, the duty to comply should influence decision making

# THE DECISION

johnrock

## SHARED DECISION MAKING

- Procreative beneficence – work towards minimizing disability, but simultaneously support those with disability
- Minimising harm ensures resources available to support those who need them.
- Could argue homebirth should be discouraged for at risk women because of these principles.
- Decision making should be shared.
- Women and her health care team.

## REGULATING HOMEBIRTH OR PROTECTING FROM HARM

- Arguing for regulation in the context of clear and transparent decision making regarding homebirths
- This is not meant to be a reduction in agency for birthing women – rather the opposite.
- It is however a foil to the idea that all that is natural is good and will go well.
- Birth is complicated, as is healthcare. Combined, it's treacherous

## REGULATING HOMEBIRTH OR PROTECTING FROM HARM

- In essence, should cultural mores about the place of birth take precedence over the possible and somewhat foreseeable outcome of a child who may have life-long injury because of delay to accessing medical/higher level care?
- Cultural mores should not determine outcomes for health and wellbeing for those with no agency.