

Birth Settings

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There are a few options for pregnant women and their families to choose from for their birthing location in the United States. These settings usually include inpatient hospitals, birthing centers, and in-home births. There are many risks and benefits that can be considered for all locations. Although it is ultimately the mother's decision, there are many conflicting arguments on what setting is considered the best and the safest for the mother and baby.

The United States has the highest maternal mortality rate among developed countries and continues to increase yearly. The maternal mortality rate for 2020 was 23.8 deaths per 100,000 live births, compared with a rate of 20.1 in 2019 (Centers for Disease Control and Prevention, 2022). This problem is very concerning and stresses the importance of how birth settings may impact maternal and infant health.

Potential birth settings are of interest to pregnant mothers and their families. Expecting mothers should have the education available to assist with their decision-making process. The healthcare team must explain the nature of and reason for birth in each setting, together with the likely risk (Zanchin, 2019). Providing the women with adequate information allows the expecting mothers to make an informed decision that they feel is right for their current situation. Women have the right to choose to give birth in their desired setting without biased influences impacting their line of thinking.

Hospitalization is the most thought of setting when expecting mothers give birth. In fact, birth is the most common reason for hospitalization in the United States, resulting in four times more admissions than the next most common reason for hospitalization. (Clark & Lake, 2021). While there are various reasons for mothers to choose inpatient hospitalization, many of them are for a good reason. Having accessibility to healthcare services in case complications arise is a

primary reason for someone to select inpatient care instead of out-of-hospital settings.

Hospitalization of pregnant women in labor allows for strict monitoring of maternal and fetal wellbeing, reduces the risk of infection, and ensures medical intervention, ranging from amniorrhexis to cesarean delivery (Rossi & Perfumo, 2018). This monitoring is crucial for ensuring fetal well-being and the safety of expecting mothers as it allows for immediate intervention as soon as an issue arises. Most hospitals have highly certified staff with various skill sets and are ready for situations that may occur when mothers give birth. Hospitals' guidelines and safety features may assist in improving outcomes for admitted patients.

While hospital settings have many upsides for maternal care, there are also downsides associated with this style of care. A significant drawback is that a large portion of hospitals have poor spontaneous vaginal birth rates (Clarke & Lake, 2021). When complications arise, hospitals will lean heavily on alternative methods to have the birthing process proceed. This often includes interventions such as a possible cesarean section, forceps-assisted birth, vacuum-assisted birth, and episiotomies. The high usage of these interventions is concerning as it can cause further complications. Furthermore, the national average spending per vaginal birth in 2016-2017 was \$12,235 whereas a cesarean section was \$17,004 (Johnson et al., 2020). This can be concerning for many families and may push them to look into alternative options. Equally important is an environment that provides spiritual comfort, hospitality-based service, and homelike privacy for patients. In childbirth settings, physical surroundings can affect the performance of staff as well as the mother's perception of how easy or difficult it is to give birth (Breedlove & Rathbun, 2019). The surrounding environment can often influence the patient's mentality, and most hospitals do not provide a comfortable environment, making the child birthing process challenging to cope with for some individuals. Hospitals were not designed with patients'

comfort in mind and instead focus on the clinical environment. Stress can be amplified with large amounts of equipment being hooked up and placed on the patient during admission. The required use of invasive technology coupled with images of a sterile environment may make the hospital setting undesirable for many patients (Breedlove & Rathbun, 2019). These various reasons often lead expecting mothers to seek additional options such as home births or birthing centers to allow them to feel more comfortable and safe while in a more familiar environment.

Birth centers are growing in numbers across the United States. Interest is being driven by the consumer looking for a calm, familiar environment that is an alternative to the high-tech birth experience in US hospitals today (Breedlove & Rathbun, 2019). Birthing centers can usually meet patients' needs in the middle by providing a more comfortable experience while still having minimal medical interventions available. While these facilities often offer a more relaxed environment, they are specialized and held to a high standard. One-hundred and nineteen freestanding birth centers are accredited according to national standards established by the American Association of Birth Centers. Accredited birth centers conduct an ongoing assessment to ensure pregnant patients meet specified eligibility criteria (Lang et al., 2021). Birth centers are often staffed with highly trained individuals who can assist with more of the patient's needs, making these facilities safe to use and providing the expecting mothers with ease of mind as they move forward in their birthing process. Hospitals and accredited birth centers remain the safest places to give birth. Physicians, certified nurse-midwives and certified midwives, and the entire health care team will work to ensure that precautions are taken to make labor and delivery safe, supportive, and welcoming for their patients (American College of Obstetricians and Gynecologists, 2020). Furthermore, birth centers may be more affordable for some families. Fees vary with the services provided in birthing centers but typically are less than or equal to those

charged by local hospitals. Several third-party payers, as well as Medicaid and the Civilian Health and Medical Programs of the Uniformed Services (TRICARE/CHAMPVA), recognize and reimburse these centers (Lowdermilk et al., 2019). This is a very important factor to take into consideration for most families because having a child can often cause unforeseen expenses.

While birthing centers provide a comfortable environment with trained staff, some disadvantages are involved. Births in United States freestanding births centers are associated with an increased risk of several important adverse neonatal outcomes such as neonatal deaths, neonatal seizures, and low 5-minute Apgar scores compared with hospital deliveries by either midwives or physicians (Grünebaum et al., 2022). While these facilities do have trained staff and limited medical equipment meant to assist the patients, they can also be a risk when complications arise. This may lead to patients having to be transported to a hospital to receive additional care. Transfer to hospital care may be indicated in planned out-of-hospital birth for a variety of reasons, up to one-third of nulliparous patients require transfer to the hospital. Patients who are transferred are more likely to have medical or obstetric risk factors (Lang et al., 2021). Furthermore, while the interest in utilizing birthing centers is growing, they are still limited in number as compared to their hospital counterparts. Currently, there are fewer than 400 known birth centers licensed in 42 states (Lang et al., 2021). They are not available countrywide, this can cause limitations on where patients can access them and cause them to be used less frequently. Overall, birthing centers have restrictions on their accessibility and may not be able to provide the interventions that some patients may require.

Home births can create a more positive birthing experience for many expecting mothers. When choosing to give birth at home, women expect to have a degree of control and autonomy over the environment, thus enhancing comfort, privacy, and dignity and facilitating optimal

physiological functions, and thereby encouraging normal birth. Other beneficial factors include the freedom to adopt a different position and move around, eat, drink, listen to music, immerse in water, and express themselves, e.g. cry, pray and hug (Zanchin, 2019). The usual audience for home births are mothers who are considered low-risk. A pregnant woman is defined as low risk when she is in good general health and has an uncomplicated medical and obstetric history. Planned home birth may present fewer risks to uncomplicated pregnant women (Zanchin, 2019). Home births usually lack major medical interventions, however, they are often seen as being a more comfortable setting to be in while giving birth. This type of birthing process usually has midwives who are certified and trained to assist them. These professionals are there to support and assist the mothers through the birthing process and help to provide the mother and her infant with a safe environment. Midwives, who also believe in the innate capability of women to birth their babies, see childbirth as a normal physiological phenomenon. Midwives should be able to inform and support a woman's decision to birth at home, endeavoring to conserve parturient and fetal health while providing safe, holistic, evidence-based care (Zanchin, 2019).

The hospital environment is not a setting that all expecting mothers wish to be in, and some prefer a more relaxed approach to their birthing experience. While the hospital does boast many medical interventions and life-saving equipment, many individuals may wish to birth their child more naturally with little interference from medical facilities. The environment can provide less stress for the patient and even promote good health through the use of familiar and safe surroundings. Women who plan a home birth are generally more motivated to deliver with assistance, therefore reducing the potential for interventions compared to other women (Zanchin, 2019). Mothers who have had previous children may have different opinions than those who have yet to give birth to their first child. A safe and productive delivery can often reinforce the

birthing process with mothers after their first experience. Women who had a positive experience with previous births were more likely to choose home birth, whereas those who had negative experiences preferred a hospital birth (Zanchin, 2019). Overall, home births can provide a much more inclusive environment for the mother and her infant.

Home births have many positive influences on mothers; however, they are not without risks. Most planned home births in the United States (US) are not low risk, and the significantly increased perinatal mortality in US planned home births is likely due to a greater risk profile of US planned home births. The most important factors of the significantly increased risks of neonatal deaths among US midwife-attended home births are labor and delivery issues (Grünebaum et al., 2020). Along with the lack of staff for home births, there is also less equipment available for use by the patient. Some pieces of medical equipment can provide invaluable information to help assist in predicting any possible future complications that may occur. Attempting a safe breech vaginal delivery requires an ultrasound, electronic fetal monitoring, and immediate access to cesarean delivery or specified maneuvers and analgesia, all of which are unavailable at home births (Grünebaum et al., 2017). These critical pieces of equipment are vital to ensuring that the infant and mother have the best possible care that they can obtain and ensure that both can have a higher chance of not having any complications occur. While there are pros and cons to the home birthing process, mothers will continue to make their decision based on what they feel is best for them and their baby.

In conclusion, the birth setting that expecting mothers choose comes down to many factors that they would have to consider, whether it's the comfort of the surroundings or the safety of their experience. Additional factors that may influence individuals' decisions include associated costs, cultural beliefs, or previous experiences. While hospital births still make up the

majority of where mothers choose to go, out-of-hospital births have been increasing in the United States (MacDorman & Declercq, 2019). Patients can still utilize midwives as a resource in any environment as they can provide much-needed care and information that can be used during the birthing process. The United States is one of the few countries that do not utilize midwives for most pregnancies. Instead of a system in which the dominant focus is on the potential risks of childbirth, society might be better served by a maternity care system in which mothers, wherever they give birth, feel empowered, engaged, and safe. In such a system the emphasis is less on the place of birth and much more on how best to serve the needs of mothers, infants, and families (MacDorman & Declercq, 2019).

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