



Effective Health Care

Midwife-led Birthing Centers versus Conventional Hospital Obstetrics Care

Nomination Summary Document

Results of Topic Selection Process & Next Steps

- Midwife-led birthing centers versus conventional hospital obstetrics care is not feasible for a full systematic review due to the limited data available for a review at this time.
- This topic could potentially be considered for new research projects within the Effective Health Care (EHC) Program.

Topic Description

Nominator: Individual

Nomination Summary: The nominator is mainly interested in a comparison of midwife-led independent birthing centers for prenatal care as well as labor, delivery, and early pediatric care compared to the conventional obstetrician-led hospital setting.

Staff-Generated PICO:

Population(s): Childbearing women and their children up to 6 years of age

Intervention(s): Midwifery model of care in an independent birthing center

Comparator(s): Conventional hospital obstetric care

Outcome(s): Cost; legal liability issues; patient outcomes; childbirth education and preparation; rates of ultrasound use, induction, amniotomy, intrapartum analgesia and augmentation, instrument delivery, surgical birth, preterm birth, sustained breast feeding; maternal morbidity and mortality; long-term pediatric outcomes (e.g., developmental delays and disorders such as autism); maternal and familial satisfaction

Key Questions from Nominator:

1. For childbearing women, including those on Medicaid, will independent, woman-centered 'boutique' birthing centers on the midwifery model, with provider-consistent prenatal, birth, lying-in, and early pediatric care, provide outcomes better than, or as good as, conventional hospital obstetrics, at lower cost and with fewer legal liability issues?

Considerations

- The topic meets EHC Program appropriateness and importance criteria. (For more information, see <http://effectivehealthcare.ahrq.gov/index.cfm/submit-a-suggestion-for-research/how-are-research-topics-chosen/>.)

- Birth centers are considered a choice for pregnant women who are deemed to be at low risk for pregnancy complications. Birth centers can be freestanding units, which require a woman to be transported to a hospital if additional medical assistance is required. However, birth centers are increasingly becoming integrated into the facilities of health systems/hospitals as an alternative to the conventional maternity wards within a hospital. International literature has provided some guidance on intrapartum care provided in a birth center compared to a conventional hospital obstetrics unit, but it is not clear whether this experience can be extrapolated to the US, which operates under a very different healthcare system. From a scan of the recently published literature, it appears that US-based research is too limited at this time for a full systematic review. This topic may benefit from new US-based research.

- The need for new research in this area is supported by the 2009 Institute of Medicine (IOM) report that identified this topic as a comparative effectiveness research (CER) priority. The IOM calls for new research in the form of a randomized controlled trial to compare the effectiveness of birthing care in freestanding birth centers and usual care of childbearing women at low and moderate risk.
 - More information about the IOM CER priorities is available at:
<http://www.iom.edu/Reports/2009/ComparativeEffectivenessResearchPriorities.aspx>