

Home Birth Consensus Summit



The Future of Home Birth in the United States: Addressing Shared Responsibility

The following statements reflect the areas of consensus that were achieved by the individuals who participated in the Home Birth Consensus Summit at Airlie Center in Warrenton, Virginia from October 20-22, 2011. These statements do not represent the position of any organization or institution affiliated with those individuals.

STATEMENT 1

We uphold the autonomy of all childbearing women.

All childbearing women, in all maternity care settings, should receive respectful, woman-centered care. This care should include opportunities for a shared decision-making process to help each woman make the choices that are right for her. Shared decision making includes mutual sharing of information about benefits and harms of the range of care options, respect for the woman's autonomy to make decisions in accordance with her values and preferences, and freedom from coercion or punishment for her choices.

STATEMENT 2

We believe that collaboration within an integrated maternity care system is essential for optimal mother-baby outcomes. All women and families planning a home or birth center birth have a right to respectful, safe, and seamless consultation, referral, transport and transfer of care when necessary. When ongoing inter-professional dialogue and cooperation occur, everyone benefits.

STATEMENT 3

We are committed to an equitable maternity care system without disparities in access, delivery of care, or outcomes. This system provides culturally appropriate and affordable care in all settings, in a manner that is acceptable to all communities.

We are committed to an equitable educational system without disparities in access to affordable, culturally appropriate, and acceptable maternity care provider education for all communities.

STATEMENT 4

It is our goal that all health professionals who provide maternity care in home and birth center settings have a license that is based on national certification that includes defined competencies and standards for education and practice.

We believe that guidelines should:

- allow for independent practice,
- facilitate communication between providers and across care settings,
- encourage professional responsibility and accountability, and
- include mechanisms for risk assessment.

STATEMENT 5

We believe that increased participation by consumers in multi-stakeholder initiatives is essential to improving maternity care, including the development of high quality home birth services within an integrated maternity care system.

STATEMENT 6

Effective communication and collaboration across all disciplines caring for mothers and babies are essential for optimal outcomes across all settings.

To achieve this, we believe that all health professional students and practitioners who are involved in maternity and newborn care must learn about each other's disciplines, and about maternity and health care in all settings.

STATEMENT 7

We are committed to improving the current medical liability system, which fails to justly serve society, families, and health care providers and contributes to:

- inadequate resources to support birth injured children and mothers;
- unsustainable healthcare and litigation costs paid by all;
- a hostile healthcare work environment;
- inadequate access to home birth and birth center birth within an integrated health care system; and,
- restricted choices in pregnancy and birth.

STATEMENT 8

We envision a compulsory process for the collection of patient (individual) level data on key process and outcome measures in all birth settings. These data would be linked to other data systems, used to inform quality improvement, and would thus enhance the evidence basis for care.

STATEMENT 9

We recognize and affirm the value of physiologic birth for women, babies, families and society and the value of appropriate interventions based on the best available evidence to achieve optimal outcomes for mothers and babies.



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