

## Summary For Out Of Hospital Births (2019)

Since 1999 results of a nationwide survey of births at home and in midwife-led stand-alone birth centres<sup>1</sup> are published on a yearly basis. This survey of preferably all out-of-hospital births in Germany takes place in correlation to the clinical data collection. In Germany the out-of-hospital birth rate lies at about 1.3%.

The history of quality assessment of out-of-hospital midwifery is closely connected to the Association for Quality in Out-of-Hospital Birth, Germany (QUAG e.V.) and can be read up on the webpage [www.quag.de](http://www.quag.de). All publications of recent years back to 1999 can be found there.

Since data collection started the number of submitted births rose yearly and reached, even before a contracted regulation, a very high level. Midwife-led stand-alone birth centres are taking part in an obligational external quality assessment since 2008. Since October 2015 all midwives practicing in an out-of-hospital birth setting are obliged to participate at QUAG e.V.'s yearly survey<sup>2</sup>.

For 2019 data of births which have either started or successfully been completed in an out-of-hospital environment was submitted to QUAG e.V. by midwives taking part in the yearly survey. In 2019 a total count of 14485 collected births was achieved (see to table 1). Information on singleton births can be found in detail in the main chapter of this report. Information on 3 twin births and their mothers can be found in the appendix. There will be less information on these births for data protective reasons. In the appendix of this report information on all 151 births which took place unplanned out-of-hospital can be found. As the circumstances of these births are completely different, the midwifery care given cannot be compared to a planned out-of-hospital birth. Furthermore 9 births that took place abroad are not part of the evaluation.

**Therefore, the total number of documented births evaluated in this report counts 14319. This includes all singleton births that were planned and had started out-of-hospital.**

On this basis significant statistical results for out-of-hospital birth in Germany can be presented. If not specifically explained, the percentage mentioned is in relation to the total number of all planned and started out-of-hospital births for all diagrams in this report.

Table 1 Summary of all collected births of newborns in the year of the report

Year 2019	Quantity
Number of newborns	14 485
→ Singletons	14 479
→ Twins	6
All Singletons	14 479
→ born abroad	9
→ born in Germany	14 470
All singletons born in Germany	14 470
→ unplanned out-of-hospital	151
→ <b>planned and started out-of-hospital</b>	<b>14 319</b>

<sup>1</sup> This term combines stand-alone birth centres and "Entbindungsheime", a birth centre that includes postnatal care for a few days

<sup>2</sup> See to quality agreement in the framework contract about the provision with midwife-care §134a SGB V (german code of social law number 5)

For all 14319 home births and stand-alone midwife led births centres that started in the planned environment relevant outcomes are shown in table 2 and 3.

Table 2 Essential outcome for mothers with planned out-of-hospital births in 2019, despite the actual place of birth

Outcome mothers	Number	Percentage
Spontaneous birth	13 189	92.1
Delivery at planned place of birth	12 087	84.4
Most chosen birth position: all fours position	3 876	27.1
2 <sup>nd</sup> midwife present at birth	8 656	60.5
Caesarean section after transfer to hospital	735	5.1
Assisted birth	395	2.8
No birth injuries (no tears or episiotomy) at vaginal birth	5 992	41.9
Episiotomy at vaginal birth	419	2.9
3 <sup>rd</sup> or 4 <sup>th</sup> degree tear at vaginal birth	136	1.0
No complications post-partum /after birth	13 498	94.3
Transfer to hospital antepartum/ during birth	2 232	15.6
Transfer to hospital postpartum/ after birth	564	3.9
Maternal mortality <sup>3</sup>	0	0.0

Percentage in relation to all singleton births started out-of-hospital (N=14319)

Table 3 Outcome for singleton newborns in 2019, despite the actual place of birth

Outcome for singleton newborns	Number	Percentage
No problems after birth / APGAR 8 to 10	13 461	94.01
Heartbeat, breathing, skin colour, reflexes, muscle tone 5 minutes after birth were good or very good (relates to an APGAR $\geq$ 7)	14 213	99.26
Main cause of newborn morbidity (by classification system ICD-10 <sup>4</sup> ,P22): breathing complication	163	1.14
Transfer to neonatal unit/children's hospital within first 6h of birth	240	1.68
Neonatal mortality <sup>5</sup>	18	0.13

Percentage in relation to all singleton births started out-of-hospital (N=14319)

2232 women were transferred in labour (refer to table 2). In 2099 cases transfers were carried out as non-emergencies. In relation to all planned out-of-hospital births this shows:

- 15 to 16 of 100 women are transferred as non-emergencies

133 women experienced an emergency transfer (see below table 39). In relation to all planned out-of-hospital births this shows:

- 1 of 100 women is transferred as an emergency

Most women are transferred to hospital in a non-stressful way as there were non-urgent reasons for transfer. The main cause for transfer is failure to progress in second stage of labour. This occurred in about 40 percent of transfers (n=879, see to table 40 in the main part).

<sup>3</sup> This term refers to a maternal death in pregnancy, at birth or within 42 days of birth

<sup>4</sup> International Statistical Classification of Diseases and Related Health Problems 10th Revision, Chapter XV

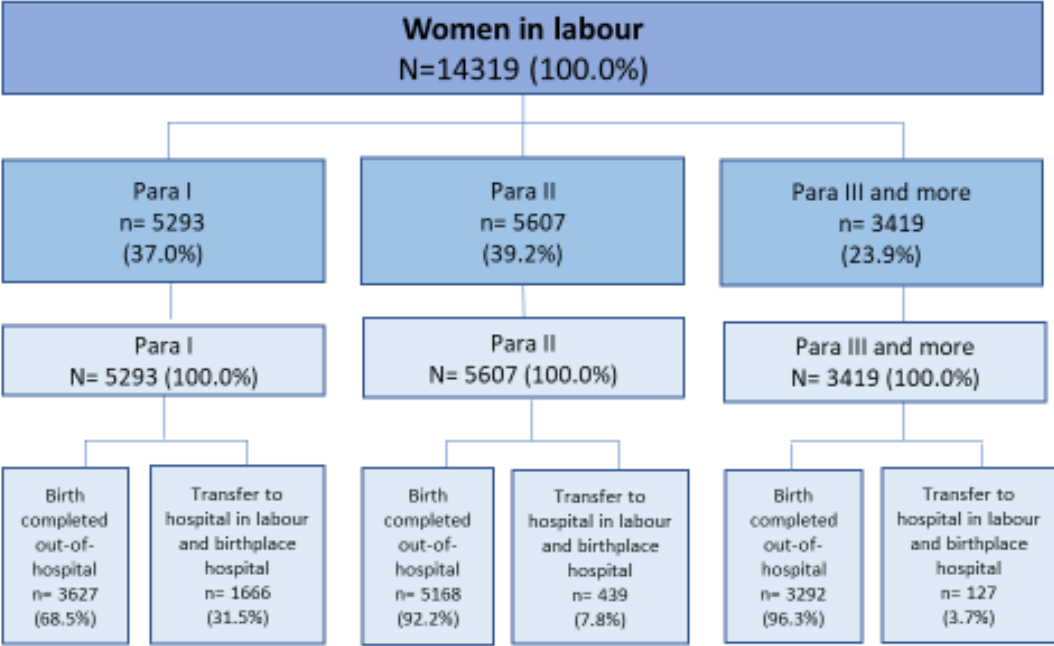
<sup>5</sup> This term refers to a perinatal death prior, during or within 7 days of birth

In these non-urgent cases women would be taken to the hospital that they had chosen for a transfer situation. Even though her hospital of choice was not nearest to the planned place of birth.

In an obstetric emergency the aim is a quick and direct transfer from the planned place of birth to the nearest obstetric unit. The main cause for emergency transfer documented is a suspicious fetal heart rate. It occurred in 74 of 133 births that were transferred as an emergency to hospital in labour (refer to table 40). 67 of 100 transferred women were able to give birth vaginally in hospital (refer to figure 21).

The following figure shows all women in labour, separated by parity, who started their labour planned in an out-of-hospital birth setting.

Figure 1



All women in labour with planned out-of-hospital birth (only singleton pregnancies)<sup>6</sup>

<sup>6</sup> Differences to 100% may occur due to rounding up and down numbers behind the decimal place.