Summary For Out Of Hospital Births in Germany (2020)

Since 1999 results of a nationwide survey of births at home and in midwife-led stand-alone birth centres[1] 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 1.8%.
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. 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[2].
For 2020 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 2020 a total count of 16449 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 4 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 225 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 14 births that took place abroad are not part of the evaluation. They have only been counted since 2011.

Therefore, the total number of documented births evaluated in this report counts 16202. 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 2020	**Quantity**
Number of newborns	16 449
→ Singletons	16 441
→ Twins	8
All Singletons	16 441
→ born abroad	14
→ born in Germany	16 427
All singletons born in Germany	16 427
→ unplanned out-of-hospital	225
→ **planned and started out-of-hospital**	**16 202**

For all 16202 home births and stand-alone midwife led births centres that started in the planned environment relevant outcomes are shown in table 2 and 3.

[1] This term combines stand-alone birth centres and “Entbindungsheime”, a birth centre that includes postnatal care for a few days
[2] See to quality agreement in the framework contract about the provision with midwife-care §134a SGB V (german code of social law number 5)

Table 2 Essential outcome for mothers with planned out-of-hospital births in 2020, despite the actual place of birth

Outcome mothers	Number	Percentage
Labour at term (birth between 37+0 and 41+6 weeks)	15 902	98.1
Spontaneous birth	15 009	92.6
Delivery at planned place of birth	13 736	84.8
Most chosen birth position: all fours position	4 668	28.8
2nd midwife present at birth	9 907	61.1
Caesarean section after transfer to hospital	789	4.9
Assisted birth	403	2.5
No birth injuries (no tears or episiotomy) at vaginal birth	6 781	41.8
Episiotomy at vaginal birth	496	3.1
3rd or 4th degree tear at vaginal birth	153	0.9
No complications post-partum/ after birth	15 255	93.3
Transfer to hospital antepartum/ during birth	2 466	15.2
Transfer to hospital postpartum/ after birth	651	4.0
Maternal mortality[3]	1	0.0

Percentage in relation to all singleton births started out-of-hospital (N=16 202)

Table 3 Outcome for singleton newborns in 2020, despite the actual place of birth

Outcome for singleton newborns	Number	Percentage
No problems after birth[4]	15 205	93.85
Heartbeat, breathing, skin colour, reflexes, muscle tone 5 minutes after birth were good or very good (relates to an APGAR[5] ≥ 7)	16 082	99.26
Heartbeat, breathing, skin colour, reflexes, muscle tone 5 minutes after birth were moderately or severely depressed (relates to an APGAR ≤ 4)	39	0.24
Main cause of newborn morbidity (by classification system ICD-10[6],P22): breathing complication	200	1.23
Transfer to neonatal unit/ children's hospital within first 6h of birth	303	1.87
Neonatal mortality[7]	18	0.11

Percentage in relation to all singleton births started out-of-hospital (N= 16 202)

2466 women were transferred in labour (refer to table 2). 2290 changed to hospital in a non-emergency condition. In relation to all planned out-of-hospital births this shows:

- 14 of 100 women are transferred as non-emergencies

175 women experienced an emergency transfer (see below table 40 in the main part). In relation to all planned out-of-hospital births this shows:

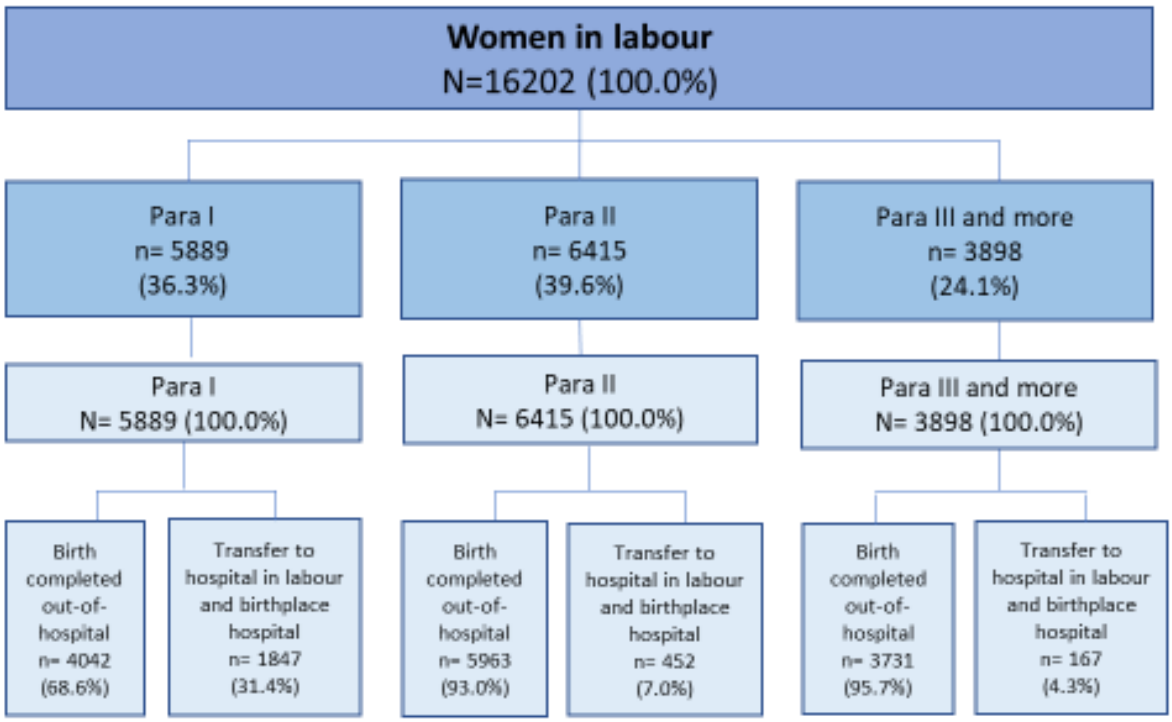
- 1 of 100 women is transferred as an emergency

[3] This term refers to a maternal death in pregnancy, at birth or within 42 days of birth
[4] Condition very good/ good: born alive and mature, not transferred to a children's hospital, no diseases according to the ICD-10 catalog, no measures for resuscitation, Apgar value after 5 and 10 minutes at least 8
[5] a system for determining the condition of an infant at birth by allotting a maximum of 2 points to each of the following: heart rate, breathing effort, muscle tone, response to stimulation, and colour. Apgar value greater than or equal to 7 points: the child's condition is by definition live and reassuring. A score of 0 to 4 is concerning. It indicates a need for increased intervention, usually in assistance for breathing. A doctor or midwife will recommend that the newborn be transferred to a neonatal intensive care unit for further support.
[6] International Statistical Classification of Diseases and Related Health Problems 10th Revision, Chapter XV
[7] This term refers to a perinatal death prior, during or within 7 days of birth

Most women change 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 38 percent of transfers (n=929, see to table 41 in the main part). 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 108 of 175 births that were transferred as an emergency to hospital in labour (refer to table 41). 68 of 100 transferred women were able to give birth vaginally in hospital (refer to figure 21 in the main part).

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)[8]

[8] Differences to 100% may occur due to rounding up and down numbers behind the decimal place.