

## Obstetric Ethics: An Essential Dimension in Planned Home Birth

### To the Editor:

We read with great interest the article by Chervenak et al on the ethics of home birth, but feel that it presents a very unbalanced view of the subject.<sup>1</sup> The authors suggest that given true informed consent about the risks and benefits of home birth that a woman with integrity will always agree with the authors' conclusion that hospital birth is the only correct choice. The hubris in this assumption cannot be overlooked.

Chervenak et al unilaterally interpret the literature describing the safety of home birth, despite the large amount of debate that persists regarding the veracity of that data. The authors ignore the fact that even in the most severe interpretation of the data, the attributable increase in neonatal death associated with home birth is only 1–2/1,000 additional deaths, similar to the risk associated with vaginal birth after

cesarean delivery.<sup>2</sup> The authors completely ignore the attributable risk of potentially harmful interventions associated with hospital birth. Even Wax et al accept that hospital-based birthing increases interventions and cesarean deliveries.<sup>2,3</sup> Many women who seek home birth fear separation from their infant, loss of autonomy, or decision making; often due to hospital policy or even subtle bullying from hospital staff. Dr. Chervenak and colleagues ignore these concerns, despite the fact that these concerns are driving forces in the desire to home birth.

Chervenak puts the fetal patient as paramount in decision making, and ignores a woman's rights to interpret positives and negatives of each choice in light of her own personal values. The American Medical Association code of ethics states that, "Rational, informed patients should not be expected to act uniformly, even under similar circumstances, in agreeing to or refusing treatment." Chervenak et al seem to disagree.

Chervenak et al assert that any obstetrician who does not actively discourage a home birth lacks professional integrity, and that a woman is ethically required to accept this recommendation. The authors' interpretation of the issue is an endorsement of paternalism. Rather than respecting that variable evaluation of the issues underlying an ethical decision may lead reasonable and ethical peo-

ple to come up with different interpretations, the authors install themselves as the inviolate arbiter of truth. They frame the questions, inform us of the only acceptable answers, and even go as far as to condemn those who disagree. Ethics indeed.

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### REFERENCES

1. Chervenak FA, McCullough LB, Arabin B. Obstetric ethics: an essential dimension of planned home birth. *Obstet Gynecol* 2011;117:1183–7.
2. Wax JR, Lucas FL, Lamont M, Pinette MG, Cartin A, Blackstone J. Maternal and newborn outcomes in planned home birth vs planned hospital births: a metaanalysis. *Am J Obstet Gynecol* 2010;203:243 e1–8.
3. The American College of Obstetricians and Gynecologists (ACOG) Committee Opinion No. 476: Planned home birth. *Obstet Gynecol* 2011;117:425–8.

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## AUTHOR QUERIES

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1—Correct to change this to 0.001-0.002% ?

2—If applicable, please provide department affiliation

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