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**Citation:** Hollowell, J., Rowe, R., Townend, J., Knight, M., Li, Y., Linsell, L., Redshaw, M., Brocklehurst, P., Macfarlane, A. J., Marlow, N., et al (2015). The Birthplace in England national prospective cohort study: further analyses to enhance policy and service delivery decision-making for planned place of birth. *Health Service and Delivery Research*, 3(36), pp. 1-264. doi: 10.3310/hsdr03360

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# The Birthplace in England national prospective cohort study: further analyses to enhance policy and service delivery decision-making for planned place of birth

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**Declared competing interests of authors:** Peter Brocklehurst has received non-financial support and personal fees as a member of Department of Health and Medical Research Council commissioning and funding panels unrelated to this project. Neil Marlow has received personal consultancy fees from Novartis and Shire for work unrelated to this project.

Published August 2015

DOI: 10.3310/hsdr03360

## Plain English summary

### The Birthplace in England national prospective cohort study

Health Services and Delivery Research 2015; Vol. 3: No. 36

DOI: 10.3310/hsdr03360

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## Plain English summary

In England, healthy women with straightforward pregnancies can choose to give birth at home, in freestanding midwifery units, in alongside midwifery units and in consultant-led hospital units (obstetric units). Women with certain health problems or who have had problems in a previous birth are usually advised to give birth in an obstetric unit.

The Birthplace study answered questions about the safety of different places to have a baby; in this follow-on project we carried out five more research studies using some of the information collected in the Birthplace study.

Some of these studies provide more information to help healthy women with straightforward pregnancies decide where to give birth. For example, one study shows that, for women having their first baby, being older or more than 1 week past their due date increases their chances of being transferred to hospital during labour or immediately after birth. Another study shows that for healthy women with straightforward pregnancies, whatever their age, ethnic background or the type of area they live in, planning to have their baby outside a hospital obstetric unit means that they are less likely to have medical intervention during birth, such as drugs to speed up labour, or forceps or ventouse to help deliver the baby.

For women with more complicated pregnancies, we looked at what happens to women who plan to give birth at home compared with women who plan to give birth in an obstetric unit. We found some differences between these two groups of women in how often their babies are admitted to special care after birth, but our study was too small to answer questions about uncommon, but serious, poor outcomes for the babies.

We also looked at the way in which maternity services are organised. We found that some aspects of the organisation of services may make small differences to things that happen during labour and birth, including transfer to an obstetric unit and how likely a woman is to have a caesarean section.

Many of the findings from this project and the further research that we recommend are intended to help the NHS plan better services and improve information given to women.

# Health Services and Delivery Research

ISSN 2050-4349 (Print)

ISSN 2050-4357 (Online)

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The research reported in this issue of the journal was funded by the HS&DR programme or one of its preceding programmes as project number 10/1008/43. The contractual start date was in August 2012. The final report began editorial review in August 2014 and was accepted for publication in December 2014. The authors have been wholly responsible for all data collection, analysis and interpretation, and for writing up their work. The HS&DR editors and production house have tried to ensure the accuracy of the authors' report and would like to thank the reviewers for their constructive comments on the final report document. However, they do not accept liability for damages or losses arising from material published in this report.

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