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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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## Plain English summary

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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.

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