



Alternative institutional birth environments may be beneficial

Clinical question

How effective are alternative institutional birth environments compared with care in a conventional institutional setting?

Bottom line

Compared with conventional institutional settings, hospital-based alternative birth settings were associated with a reduced likelihood of medical interventions (epidural analgesia, oxytocin augmentation of labour and episiotomy), increased likelihood of spontaneous vaginal delivery, increased maternal satisfaction, and greater likelihood of continued breastfeeding at one to two months postpartum, with no apparent risks to mother or baby. No firm conclusions could be drawn regarding the effects of variations in staffing, organisational models, or architectural characteristics of the alternative settings.

Caveat

Although more than 10,000 women have participated in randomised trials of alternative birth settings, the low number of women allocated to alternative settings who actually gave birth in their allocated setting serves to dilute both the potential benefits and risks of alternative settings. Other important factors that complicate interpretation of the results are the variations in organisational models of care in the trials, including the potential impact of antenatal care, continuity of caregiver, and midwifery-led versus consultant-led care.

Context

Alternative institutional settings have been established for the care of pregnant women who prefer and require little or no medical intervention. The settings may offer care throughout pregnancy and birth, or only during labour; they may be part of hospitals or freestanding entities. Specially designed labour rooms include bedroom-like rooms, ambient rooms, and Snoezelen rooms (in which the user is exposed to multiple sensory stimulation, including fibre-optic lights, auditory stimuli, and aromatherapy).

Cochrane Systematic Review

Hodnett ED et al. Alternative versus conventional institutional settings for birth. *Cochrane Reviews*, 2010, Issue 9. Article No. CD000012. DOI: 10.1002/14651858.CD000012.pub3.

This review contains 8 studies involving 10,392 participants.

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