The Sunday Times article 'Mothers-to-be may get right to home birth' by Sarah Kate Templeton, 11th October 2015, contains a number of serious errors that require comment:

1. *'Pregnant women could be given the right to demand a home birth ....'*

   Women already have the right to a home birth and the Trusts have a responsibility to send a midwife, unfortunately, few women understand this. In most areas women have no choice other than a hospital birth, as in King's Lynn where women have been fighting for decades for a midwives to attend home births.

2. *'The review also aims to encourage more women to give birth in small, midwife-led units or at home, which are supposedly just as safe as hospital.'*

   Small midwife-led units or at home are not 'supposedly, just as safe as hospital' they are SAFER. As the BirthPlace research showed:

   The following table gives the numbers of babies who have adverse outcomes for low-risk women expecting second or subsequent babies (per 1,000 births):

Obstetric unit	3.3
Home birth	2.3
Free-standing midwifery unit	2.7
Alongside midwifery unit	2.4

   The proposals to enable all fit and healthy women the opportunity of birthing at home or in small midwifery units has not been advised in order to save money, it has been advised because the research clearly shows better outcomes and lower mortality and morbidity. If Trusts want to save money they could start by examining the over-use of oxytocin to induce labour. As Philip Steer has commented ' *In the UK, the NHS Litigation Authority report that in 2012-13, approximately £1.4 million per day was being paid out in maternity malpractice settlements (almost 20% of the maternity budget)'* (Steer P, 2015)– and much of that is a result of the over-use of induction and acceleration of labour.

   Obstetric units are designed to help women and babies who have additional medical needs. Unfortunately, the majority of fit and healthy women who birth their babies in these units are exposed to high level of unnecessary interventions. The World Health Organisation has stated that there is no health improvement for either mother or baby when caesarean sections exceed 10%. In this country the caesarean rates have reached almost 30%. Just one indication of the risks of obstetric units.

3. James Titcombe, who '*warned that the 'experts' were 'playing down the risks of childbirth*' appears unable to appreciate that the failures in care that his wife and baby experienced happened in a dysfunctional obstetric unit where women were not able to have continuous, supportive, midwifery care, which the research clearly shows to have better outcomes.

4. '*Most women want to give birth in hospital'* – that is because the propaganda tells them that hospital birth is safer. If women were told the truth then more fit and healthy women would choose to birth at home or in small midwifery units. While Maureen Treadwell states that most women 'do not want to risk enduring a harrowing blue light ambulance journey to hospital if this goes wrong', she omits to mention that it is rare for 'things to go wrong' in a

home birth warranting a blue light rush to hospital. Midwives are trained to detect any deviation from the normal progression of labour and if there is a problem she can deal with it in good time or arrange a gentle transfer to hospital which is normally no different to the transfer that a woman planning to birth in hospital would make in labour anyway.

If newspapers carried articles about hospital birth dramas with the enthusiasm with which they do so about the rare home birth problems there would be daily stories of such events.

If safety is truly the first priority, then the publicity should be alerting women to the risks of hospital birth: such as the 5 times increased risk of a blood loss so heavy that the women needed a blood transfusion; or the overuse of oxytocin, episiotomy, caesarean sections; compared with the better outcomes for those fit and healthy women who birth in small midwifery units or at home, attended by case-load midwives who are supported to give individualised care and time to develop a relationship with the woman. If more women choose these options then the large, over-stretched and stressed obstetric units would then be better able to give quality care to those 'high risk' mothers and babies who need their skills.

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