

Who's talking about the baby?

Parents

Because they know...



A baby born at home is protected from nosocomial superbug infections.

Nosocomial infections kill 90,000 people in the United States each year.¹ High infection rates are common in neonatal units and hospital nurseries, while most babies are immune to the germs in their own homes.^{2, 3, 4, 5}

A baby born at home is protected from disturbance of the hormonal physiology designed to guarantee successful breastfeeding.^{6,7}

A baby born at home is protected from experiences of fear and pain which are now known to leave a lasting disturbance on infant behavior.^{8,9,10}

Early pain and fear experiences leave an infant with lasting exaggeration of response to stressful situations. Exaggerated responses and excessive crying are significant risk factors for child abuse and neglect.

A baby born at home has the benefit of a mother who is protected from post-partum depression.^{11, 12}

Serious maternal mental illness impairs mothering behavior and places the infant at risk for adverse health events and developmental delays.

A baby born at home has the benefit of a family structure that has experienced a surge in confidence and well-being from their efforts and self-responsibility.

A baby born at home has the benefit of a family that is free from financial distress following a hospital birth.

Financial issues underpin many marital conflicts and breakups, a disrupted marriage presents significant risks to the baby's well being.

A baby born at home is protected from fetal distress and hypoxic injury which can follow common hospital procedures like induction and augmentation of labor, and epidurals.^{13, 15}

A baby born at home is protected from the long term health risks being identified in cesarean born babies such as asthma.¹⁴

**Protect South Dakota Babies
Support the Home Birth Safety Act**

**SD Docs For Midwives
sdDocsforMidwives.org**

Nosocomial Infections

¹Karen Adams and Janet M. Corrigan, *Editors, Priority Areas for National Action: Transforming Health Care Quality* Committee on Identifying Priority Areas for Quality Improvement, The Board on Health Care Services and the Institute of Medicine

"These hospital-acquired infections kill nearly 90,000 patients in the United States each year and cost an additional \$5 billion to treat. Wider implementation of the nosocomial infection guidelines from the Centers for Disease Control and Prevention would save more than 40,000 lives annually, reduce infection rates by up to 50 percent, and save nearly \$2.75 billion." --National Academy of Sciences

²Quoc V Nguyen, MD. Hospital Acquired Infections Assistant Professor, Department of Pediatrics, New York State Health Department. <http://www.emedicine.com/PED/topic1619.htm>

³Heeg, Peter. (2005) Nosocomial Infections in Newborn Nurseries and Neonatal Intensive Care Units Institute of Medical Microbiology and Hygiene, Eberhard Karls University, Tuebingen, Germany

⁴Mehl, L., Peterson, G., Shaw, N.S., Creavy, D. (1978) Outcomes of 1146 elective home births: a series of 1146 cases. *J Repro Med.* 19:281-90

⁵Falcao, Ronnie, LM MS, <http://www.gentlebirth.org/vre/newimmun.html> , September 1997.

"A newborn does not yet have a mature immune system and is often unable to mount an effective immune response. Newborns are generally protected by the antibodies they receive through the placenta before birth and through their mother's breast milk after birth. These antibodies will be the same ones that are circulating in the mother's system, which will include antibodies to the microorganisms in the mother's home environment and other places she frequents. Therefore, babies generally have antibodies to the germs in their own homes."

Breastfeeding Success

⁶Baumgardner D, Muehl P, Fischer M, Pribbenow B. Effect of labor epidural anesthesia on breastfeeding of healthy full-term newborns delivered vaginally. *Journal of the American Board of Family Practice.* 2003;16:7-13.

⁷E. Nissen et al., "Different Patterns of Oxytocin, Prolactin but Not Cortisol Release during Breastfeeding in Women Delivered by Caesarean Section or by the Vaginal Route," *Early Human Development* 45 (1996): 103-118.

Prenatal and neonatal birth experiences formative psychology

⁸Ward, Alan J. Prenatal stress and childhood psychopathology 1991 *Dec. Springer Netherlands vol 22, no. 2*

⁹Dingfelder, Sadie 2004 Programmed for Psychopathology? *American Psychological Association vol. 35, no. 2* <http://www.apa.org/monitor/feb04/programmed.html>

¹⁰Jacobson B, Bygdeman M. *Obstetric care and proneness of offspring to suicide as adults: case-control study.* *BMJ* 1998 Nov 14; **317**:1346-9

Post Partum Depression

¹¹Bland, Michelle A. 1998 The Effect of Birth Experience on Postpartum Depression Department of Psychology, Missouri Western State University

¹²Bland, Michelle A. 1999 The Influence of Birth Experience on Postpartum Depression: A Follow-up Study Department of Psychology, Missouri Western State University

Increased risks from common interventions

¹³"Maternal and neonatal individual risks and benefits associated with caesarean delivery: Multicentre prospective study". Villar J, Carroli G, Zavaleta N, Donner A. & Wojdyla D, *BMJ, British Medical Journal* 2007;335 (7628):1025

¹⁴"Caesarean section and risk of asthma and allergy in childhood." B Xu, J Pekkanen, AL Harikainen... - *J Allergy Clin Immunol*, 2001

¹⁵Craig J. Newschaffer, Daniele Fallin and Nora L. Lee Heritable and Nonheritable Risk Factors for Autism Spectrum Disorders *Epidemiologic Reviews* 24:137-153 (2002)