

## Summary For Out Of Hospital Births (2023)

Since 1999 results of a nationwide survey of births at home and in midwife-led birth centres<sup>1</sup> are published on a yearly basis. This survey of preferably all out-of-hospital births in Germany takes place in correlation to the clinical data collection. In Germany the out-of-hospital birth rate lies at about 1.98%.

The history of quality assessment of out-of-hospital midwifery is closely connected to the Association for Quality in Out-of-Hospital Birth, Germany (QUAG e.V.) and can be read up on the webpage [www.quag.de](http://www.quag.de). All publications of recent years back to 1999 can be found there.

Since data collection started the number of submitted births rose yearly and reached, even before a contracted regulation, a very high level. Midwife-led stand-alone birth centres are taking part in an obligational external quality assessment since 2008. Since October 2015 all midwives practicing homebirths are obliged to participate at QUAG e.V.'s yearly survey<sup>2</sup>.

For 2023 data of births which have either started or successfully been completed in an out-of-hospital environment was submitted to QUAG e.V. by midwives taking part in the yearly survey. In 2023 a total count of 16,665 collected births were achieved (see to table 1). Information on singleton births can be found in detail in the main chapter of this report. Information on 4 twin births and their mothers can be found in the appendix. There will be less information on these births for data protective reasons. In the appendix of this report information on all 167 births which took place unplanned out-of-hospital<sup>3</sup> can be found. As the circumstances of these births are completely different, the midwifery care given cannot be compared to a planned out-of-hospital birth. Furthermore 17 births that took place abroad are not part of the evaluation. They have only been counted since 2011.

**Therefore, the total number of documented births evaluated in this report counts 16,477 This includes all singleton births that were planned and had started out-of-hospital.**

On this basis significant statistical results for out-of-hospital birth in Germany can be presented. If not specifically explained, the percentage mentioned is in relation to the total number of all planned and started out-of-hospital births for all diagrams in this report.

In 2023, a total of 2,978 cases were documented in which a birth was planned as a home birth or in a birthing centre, but during the course of the pregnancy there was either an early pregnancy loss or reasons occurred that required the birth to be in the clinical setting. A list of reasons can be found in Appendix C.

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<sup>1</sup> This term combines stand-alone birth centres and "Entbindungsheime", a birth centre that includes postnatal care for a few days

<sup>2</sup> See to quality agreement in the framework contract about the provision with midwife-care §134a SGB V (German code of social law number 5)

<sup>3</sup> An unplanned birth is a birth where the midwife could not assume that an out-of-hospital birth would take place. Either because the midwife and the woman did not know each other beforehand or because a hospital birth was previously agreed.

Table 1 Summary of all collected births of newborns in the year of the report

Year 2023	Quantity
Number of newborns	16 665
→ Singletons	16 661
→ Twins	4
All Singletons	16 661
→ born abroad	17
→ born in Germany	16 644
→ unplanned out-of-hospital	167
→ <b>planned and started out-of-hospital</b>	<b>16 477</b>

For all 16,477 home births and stand-alone midwife led births centres that started in the planned environment relevant outcomes are shown in table 2 and 3.

For 94 of 100 children, the birth proceeds without any problems. After birth 3 of 100 newborns a transfer to the children's hospital is necessary (2.9%, see below table 39 in the main part). The most common finding after birth is shortness of breath with just over 1 of 100 children. Of 1,000 children, about 1 has died before, during or within seven days of birth, including children who are not viable.

Table 2 Outcome for singleton newborns in 2023, despite the actual place of birth

Outcome for singleton newborns	Number	Percentage
No abnormalities	15 513	94.1
Heartbeat, breathing, skin colour, reflexes, muscle tone 5 minutes after birth were good or very good (relates to an APGAR <sup>4</sup> ≥ 7)	16 335	99.2
Heartbeat, breathing, skin colour, reflexes, muscle tone 5 minutes after birth were moderately or severely depressed (relates to an APGAR ≤ 4)	34	0.20
Main cause of newborn morbidity (by classification system ICD-10 <sup>5</sup> ,P22): breathing complication	205	1.24
Neonatal mortality <sup>6</sup>	20	0.12

Percentage in relation to all singleton births started out-of-hospital (N= 16 477)

<sup>4</sup> a system for determining the condition of an infant at birth by allotting a maximum of 2 points to each of the following: heart rate, breathing effort, muscle tone, response to stimulation, and colour. Apgar value greater than or equal to 7 points: the child's condition is by definition live and reassuring. A score of 0 to 4 is concerning. It indicates a need for increased intervention, usually in assistance for breathing. A doctor or midwife will recommend that the newborn be transferred to a neonatal intensive care unit for further support.

<sup>5</sup> International Statistical Classification of Diseases and Related Health Problems 10th Revision, Chapter XV

<sup>6</sup> This term refers to a perinatal death prior, during or within 7 days of birth

Table 3 Essential outcome for mothers with planned out-of-hospital births in 2023, despite the actual place of birth

Outcome mothers	Number	Percentage
Labour at term (birth between 37+0 and 41+6 weeks)	16 183	98.1
Spontaneous birth	15 001	91.0
Assisted birth	524	3.2
Caesarean section after transfer to hospital	931	5.7
Mode of birth missings	21	0.1
Most chosen birth position: all fours position	5 895	35,8
No birth injuries (no tears or episiotomy) at vaginal birth	6 493	39,4
Episiotomy at vaginal birth	440	2.7
3 <sup>rd</sup> or 4 <sup>th</sup> degree tear at vaginal birth	179	1.1
No complications post-partum/ after birth	14 893	90.4
Maternal mortality <sup>7</sup>	0	0.0

Percentage in relation to all singleton births started out-of-hospital (N=16 477)

2,849 women were transferred in labour (refer to table 4).

Table 4 Structural Aspects in 2023

Structural Aspects	Number	Percentage
Delivery at planned place of birth	13 628	82.7
2 <sup>nd</sup> midwife called to the birth	10 781	79.1*
Transfer to hospital antepartum/ during birth	2 849	17.3
Transfer to hospital postpartum/ after birth - mother	721	4.4
Transfer to hospital postpartum/ after birth – newborn regardless of the place of birth (all newborns)	477	2.9
Transfer to neonatal unit/ children's hospital within first 6h of birth – newborn regardless of the place of birth (all newborns)	354	2.15

Percentage in relation to all singleton births started out-of-hospital (N=16 477)

\*Percentage in relation to all singleton births ended out-of-hospital (N=13 628)

2,724 changed to hospital in a non-emergency condition (16.5%, see below table 39 in the main part). In relation to all planned out-of-hospital births this shows:

- 15 of 100 women are transferred as non-emergencies

167 women experienced an emergency transfer (1%, see below table 39 in the main part). In relation to all planned out-of-hospital births this shows:

- 1 of 100 women is transferred as an emergency

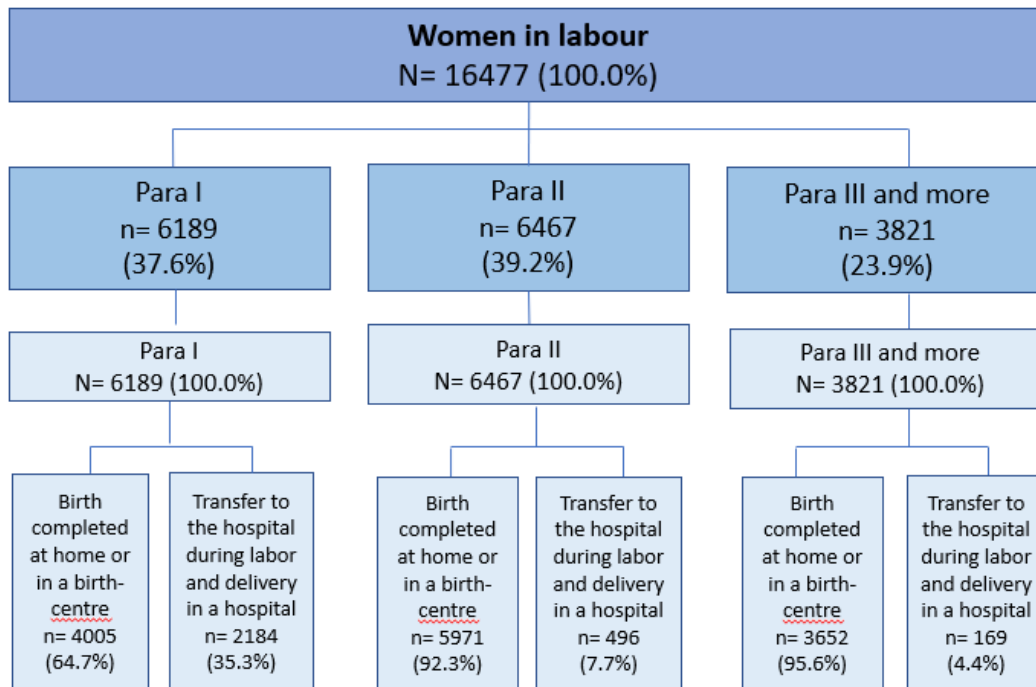
Most women change to hospital in a non-stressful way as there were non-urgent reasons for transfer. The main cause for transfer is failure to progress in second stage of labour. This occurred in about 39 percent of all transfers (n=1,067, see to table 44 in the main part). In these non-urgent cases women would be taken to the hospital that they had chosen for a transfer situation. Even though her hospital of choice was not nearest to the planned place of birth.

<sup>7</sup> This term refers to a maternal death in pregnancy, at birth or within 42 days of birth

In an obstetric emergency the aim is a quick and direct transfer from the planned place of birth to the nearest obstetric unit. The main cause for emergency transfer documented is a suspicious fetal heart rate. It occurred in 181 of 125 births that were transferred as an emergency to hospital in labour (refer to table 45). 70 of 100 transferred women were able to give birth vaginally in hospital (refer to figure 17 in the main part).

The following figure shows all women in labour, separated by parity, who started their labour planned in an out-of-hospital birth setting.

Figure 1



All women in labour with planned out-of-hospital birth in 2023 (only singleton pregnancies)<sup>8</sup>

<sup>8</sup> Differences to 100% may occur due to rounding up and down numbers behind the decimal place.