

## Summary For Out Of Hospital Births (2024)

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%. In 2020, the interdisciplinary QUAG Case Conference was founded from the scientific advisory board. While the members of the case conference initially only systematically reviewed peripartum deaths, this work was expanded in 2022 to include cases of newborns with an Apgar score of less than 6 at 5 minutes.

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 2024 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 2024 a total count of 15,680 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 1 twin birth 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 173 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 19 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 15,486 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.

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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.

In 2024, a total of 3,180 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.

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

Year 2024	Quantity
Number of newborns	15,680
→ Singletons	15,678
→ Twins	2
All Singletons	15,678
→ born abroad	19
→ born in Germany	15,659
→ unplanned out-of-hospital	173
→ <b>planned and started out-of-hospital</b>	<b>15,486</b>

For all 15,486 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 are being transfered to the children's hospital is necessary. 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 2024, despite the actual place of birth

Outcome for singleton newborns	Number	Percentage
No abnormalities	14,579	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)	15,342	99.1
Heartbeat, breathing, skin colour, reflexes, muscle tone 5 minutes after birth were moderately or severely depressed (relates to an APGAR ≤ 4)	33	0.22
Main cause of newborn morbidity (by classification system ICD-10 <sup>5</sup> ,P22): breathing complication	225	1.45
Neonatal mortality <sup>6</sup>	15	0.10

Percentage in relation to all singleton births started out-of-hospital (N= 15,486)

<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 2024, despite the actual place of birth

Outcome mothers	Number	Percentage
Labour at term (birth between 37+0 and 41+6 weeks)	15,258	98.6
Spontaneous birth	14,146	91.3
Assisted birth	421	2.7
Caesarean section after transfer to hospital	905	5.8
Mode of birth missings	14	0.1
Most chosen birth position: all fours position	5,781	39.6
No birth injuries (no tears or episiotomy) at vaginal birth	5,953	40.9
Episiotomy at vaginal birth	360	2.5
3 <sup>rd</sup> or 4 <sup>th</sup> degree tear at vaginal birth	162	1.1
No complications post-partum/ after birth	14.029	90.6
Maternal mortality <sup>7</sup>	0	0.0

Percentage in relation to all singleton births started out-of-hospital (N=15,486)

2,728 women were transferred in labour (refer to table 4).

Table 4 Structural Aspects in 2024

Structural Aspects	Number	Percentage
Delivery at planned place of birth	12,758	82.4
2 <sup>nd</sup> midwife called to the birth	10,184	65,8*
Transfer to hospital antepartum/ during birth	2,728	17.6
Transfer to hospital postpartum/ after birth - mother	679	4.4
Transfer to hospital postpartum/ after birth – newborn regardless of the place of birth (all newborns)	474	3.1
Transfer to neonatal unit/ children's hospital within first 6h of birth – newborn regardless of the place of birth (all newborns)	361	2.3

Percentage in relation to all singleton births started out-of-hospital (N=15,486)

\*Percentage in relation to all singleton births ended out-of-hospital (N=12,758)

2,589 changed to hospital in a non-emergency condition (94,9% of all transfers see below table 40 in the main part). 167 women experienced an emergency transfer (5,1% of all transfers, see below table 40 in the main part).

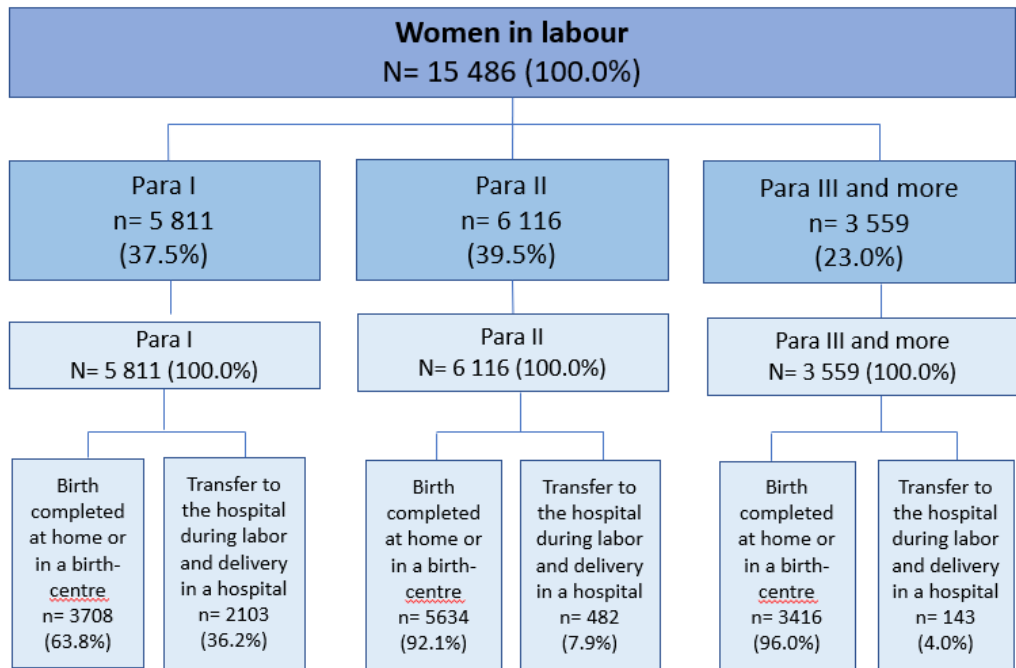
Most women change to hospital in a non-stressful way as there were non-urgent reasons for transfer. The main cause for transfer is failure to progress in second stage of labour. This occurred in about 35 percent of all transfers (n=899, see to table 43 in the main part). In these non-urgent cases women 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.

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 85 of 139 births that were transferred as an emergency to hospital in labour (refer to table 44). 67 of 100 transferred women were able to give birth vaginally in hospital (refer to figure 17 in the main part).

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

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 2024 (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.