

What is already known on this topic

Planned home births for low risk women in high resource countries where midwifery is well integrated into the healthcare system are associated with similar safety as low risk hospital births

Midwives involved with home births are not well integrated into the healthcare system in the United States

Evidence on safety of such home births is limited

What this study adds

Planned home births with certified professional midwives in the United States had similar rates of intrapartum and neonatal mortality to those of low risk hospital births

Medical intervention rates for planned home births were lower than for planned low risk hospital births

An economic analysis found that an uncomplicated vaginal birth in hospital in the United States cost on average three times as much as a similar birth at home with a midwife.²² Our study of certified professional midwives suggests that they achieve good outcomes among low risk women without routine use of expensive hospital interventions. This evidence supports the American Public Health Association's recommendation³ to increase access to out of hospital maternity care services with direct entry midwives in the United States.

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Competing interests: None declared.

Ethical approval: Ethical approval was obtained from an ethics committee created for the North American Registry of Midwives to review epidemiological research involving certified professional midwives.

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Corrections and clarifications

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The statement made in this editorial from 2003 by Tony Delamothe and Richard Smith (*BMJ* 2003;327:241-2) that "[library subscriptions to the *BMJ* are] 9% lower than the same time last year, whereas the publishing group's 26 specialist journals, 25 of which have access controls, have experienced falls of only 4%" is based on an underestimation of the true fall in subscriptions to specialist journals. At that time, our fulfilment system was overcounting electronic subscriptions to the group's specialist journals, so their true fall is likely to be greater. While we cannot recover the correct figures for mid-2003, we can report that in the seven years between December 1997 (when none of the group's journals had full text websites) and December 2004 (the last month before *bmj.com* went behind access controls) library subscriptions to the *BMJ* fell by 44.5% compared with a fall of 39.7% for the group's specialist journals.