We appreciate Daviss and Johnson’s interest in our study using US birth certificate data.¹

Our conclusions that freestanding birth centers births in the United States are associated with an increased preventable risk of many adverse neonatal outcomes, were supported by many other studies, including the population-based cohort study by Snowden et al²: “Perinatal mortality was higher with planned out-of-hospital birth than with planned inpatient birth.”

It is speculation to state that birth center clients “paying for their care” may have declined expensive prenatal testing, thus resulting in increased neonatal mortality from lethal anomalies undetected until birth.

Out-of-hospital US births, including those in birth centers, have significantly higher risk profiles than those in other better-regulated countries, including more twin pregnancies, postdate pregnancies, preterm births, breech presentations, and previous cesarean deliveries, all of which contribute to the unacceptable high adverse neonatal outcomes in the United States. A 2005 publication by the authors of this letter to the editors confirmed the increased risk profiles in a study of 6248 planned home births and reported 80 breech presentations with 2 intrapartum deaths for an unacceptable high perinatal mortality of 27.8 per 1000 breech births.

Daviss and Johnson referenced an analysis by the National Academy of Science of cohort studies and randomized controlled trials; however, many of these studies were from outside the United States and did not apply to US data, and hence, critical analysis was faulty.

One has to question the final query by Daviss and Johnson when they suggested to abandon studies based on birth certificates and whether it was made because the findings of our and many other studies did not agree with one’s view. There is no equivalent to the Centers for Disease Control and Prevention natality data in any other country, and studies are published regularly in the peer-reviewed literature using birth certificate data, which present a comprehensive population-based data set together with a large number of sociodemographic and medical variables available for analysis.³

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The authors report no conflict of interest.

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