

## PÔSTER DIGITAL

### *Rural Population Health and Health Services/Systems*

#### **Home childbirth in rural areas: what seems to make it safer?**

Thatyana Turassa Ernani. Universidade de São Paulo (USP). [thatyana@me.com](mailto:thatyana@me.com)

**Introduction:** Home childbirths may secure quaternary prevention and stimulate women's protagonism during labor. Therefore, they should not be seen as a means of mobilizing fewer resources for the poorer. However, home childbirths remain more frequent in rural areas, where resources are often scarce.

**Objective:** The main objective of this review theme is to assess the effects of specific individual and community perinatal measures and conditions that seem to lead to safer home childbirths in rural communities.

**Methodology or experience description:** The Health Sciences Descriptors online search engine was utilized to find the equivalent term in Portuguese and English for "home childbirth". A bibliographical research was performed with this health descriptor at Cochrane, SciELO and PubMed. Publications were filtered from the year 2011 to nowadays, and 2684 articles were found. Amongst those, 35 were chosen by titles that seemed to investigate which measures and conditions seem to promote better outcomes in home childbirths in rural areas. All of their abstracts were read and, from them, 18 articles were relevant to answer the proposed question.

**Results:** Data was taken from those 18 articles. Results were considered as measures and conditions that seem to imply on better maternal and infant perinatal outcomes. Safer home childbirths were most likely associated with: (1) facilitated access to skilled birth attendants and to fast emergency obstetric care/effective referral system, (2) proper antenatal care services provision, (3) mothers with higher levels of education, (4) appropriate use of clean delivery practices, (5) community mobilization to reduce postpartum hemorrhage, (6) provision of information and education to the public regarding reproductive health, and (7) non-referral to health facility for low risk pregnancies only.

**Conclusions or Hypothesis:** This review elucidates which specific individual and community perinatal measures and conditions seem to lead to safer home childbirths in rural communities. We still lack strong evidence from randomized trials to support them, but there is an emergent literature on this topic that could guide public policies and accommodate health facilities according to a pregnant woman's individual needs.

**Palavras-chave:** Home Childbirth. Skilled Birth Attendants. Obstetric Care.