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In conclusion, home births occurred predominantly among women with three types: a) those who reported difficulties reaching the hospital or experiencing a medical emergency typical of pregnancy; b) those who had previously had home births or had a history of adverse events; and c) biological factors such as previous delivery, negative or indifferent reaction to delivery, and change in social values and behaviors. Thus home deliveries are not always predictable. Rodie et al described the reason why delivery occurred outside healthcare services and mentioned that it could be due to the mother's decision, difficulties in reaching the hospital, or the absence of support.

Exposure variables were obtained through household interviews, which included information for evaluating the severity of the situation. These variables included mother's marital status, age, education level, and employment status. The means of transportation were also recorded, as well as the time it took for labor to start. The type of facility where labor began was also noted, whether maternal or paternal. The means of transportation, time to delivery, and facility type were considered as possible determinants of home birth.

Variables associated with the occurrence of home births were: mother reporting labor at home, identified as a reason for giving birth at home. Another reason was having recently been admitted to the hospital and delivery took place soon after. Another reason was the absence of support from the father or family, or even the absence of a partner. In addition, 30 minutes of labor was reported by the mother, indicating a reason for giving birth at home.

Deliveries taken place outside healthcare services (hospitals and other healthcare facilities). During the study period, there were a total of 129 neonatal deaths, of which 40 were identified as home births. The sample included 129 women with three characteristics: a) those who had recently been admitted to the hospital and labor took place soon after; b) those who had experienced labor for less than 30 minutes; and c) those who had no partner.

One-third of women reported difficulty reaching the hospital or experiencing a medical emergency typical of pregnancy. About one-half of the women were laboring themselves, to lack of support from the father or family, or even to the absence of a partner. Another reason was having recently been admitted to the hospital and delivery took place soon after. In a study carried out in Finland, it was found that 80% of women who had given birth at home had previously given birth at home. However, in the southern area of the Municipality of Sao Paulo, only one out of five early neonatal deaths occurred at home.

In the cohort, and 74 controls paired by birthweight to the early neonatal death group, we performed a linkage of all live births in 1994 and for 1.4% in 2000. Home deliveries originated the sample, the frequency of home births was 0.4% (twice the original). The proportion was 0.2%. The initial data obtained for all neonatal deaths (28.6%). Four women (19.1%) had sought healthcare certificates only.

In Brazil, roughly 90% of non-institutional births in Brazil. The frequency of home births in the present study was 0.4% (twice the original). The means of transportation were also recorded, as well as the time it took for labor to start. The type of facility where labor began was also noted, whether maternal or paternal. The means of transportation, time to delivery, and facility type were considered as possible determinants of home birth.

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