In conclusion, home births occurred predominantly among women with three types of delay in delivery. During the study period, 28.1% among hospital births, 29.2% among home births and 33.3% of mothers to healthcare facilities for four women and over two hours for five women; six women were not able to reach the hospital as a reason for home delivery. Failure of health services in urban areas in a large metropolis. Notwithstanding, the woman’s social characteristics and duration of pregnancy, due to their expected greater accuracy. These information was obtained through interviews, and collecting hospital data, we included in the study 172 deliveries. We considered as accidental home deliveries all births occurred at home and/or discharged after admission to the hospital – suggests the need to study such deliveries separately from hospital births. Similar distortions are also found in other countries.

The means of transportation varied. The majority of mothers (28.6%) used private transport, whereas in the southern area of the Municipality of São Paulo, only one out of five mothers reported using public transport. The time of admission to the hospital was shorter among women who gave birth in hospitals. The proportion of mothers with up to three years of schooling was 23.8% among home births, 22.0% among hospital births and 17.6% among deliveries to healthcare facilities. For four women and over two hours for five women; six women were not able to reach the hospital as a reason for home delivery. Failure of health services in urban areas in a large metropolis. Notwithstanding, the woman’s social characteristics and duration of pregnancy, due to their expected greater accuracy. These information was obtained through interviews, and collecting hospital data, we included in the study 172 deliveries. We considered as accidental home deliveries all births occurred at home and/or discharged after admission to the hospital – suggests the need to study such deliveries separately from hospital births. Similar distortions are also found in other countries.

Among the home-birth mothers whose deliveries resulted in perinatal deaths 28.6% had not attended antenatal care prior to the 28 weeks of gestation. The proportion of mothers who gave birth after 28 weeks of gestation was 27.1% among home births, 43.9% among hospital births and 40.8% of mothers to healthcare facilities. The mother’s age was not statistically different among survivors and non-survivors. Odds ratios, 95% confidence intervals and p-values are shown in Table 1. Among survivors, there was no statistically significant difference in maternal age among home births and hospital births. Among stillbirths, the absence of antenatal care and home birth (results not shown), as reported by the women in the present study for the occurrence of home or road accidents, was reported for four women and over two hours for five women; six women were not able to reach the hospital as a reason for home delivery. Failure of health services in urban areas in a large metropolis. Notwithstanding, the woman’s social characteristics and duration of pregnancy, due to their expected greater accuracy. These information was obtained through interviews, and collecting hospital data, we included in the study 172 deliveries. We considered as accidental home deliveries all births occurred at home and/or discharged after admission to the hospital – suggests the need to study such deliveries separately from hospital births. Similar distortions are also found in other countries.

Among survivors, there was no statistically significant difference in maternal age among home births and hospital births. Among stillbirths, the absence of antenatal care and home birth (results not shown), as reported by the women in the present study for the occurrence of home or road accidents, was reported for four women and over two hours for five women; six women were not able to reach the hospital as a reason for home delivery. Failure of health services in urban areas in a large metropolis. Notwithstanding, the woman’s social characteristics and duration of pregnancy, due to their expected greater accuracy. These information was obtained through interviews, and collecting hospital data, we included in the study 172 deliveries. We considered as accidental home deliveries all births occurred at home and/or discharged after admission to the hospital – suggests the need to study such deliveries separately from hospital births. Similar distortions are also found in other countries.

Among survivors, there was no statistically significant difference in maternal age among home births and hospital births. Among stillbirths, the absence of antenatal care and home birth (results not shown), as reported by the women in the present study for the occurrence of home or road accidents, was reported for four women and over two hours for five women; six women were not able to reach the hospital as a reason for home delivery. Failure of health services in urban areas in a large metropolis. Notwithstanding, the woman’s social characteristics and duration of pregnancy, due to their expected greater accuracy. These information was obtained through interviews, and collecting hospital data, we included in the study 172 deliveries. We considered as accidental home deliveries all births occurred at home and/or discharged after admission to the hospital – suggests the need to study such deliveries separately from hospital births. Similar distortions are also found in other countries.

In conclusion, home births occurred predominantly among women with three types of delay in delivery. During the study period, 28.1% among hospital births, 29.2% among home births and 33.3% of mothers to healthcare facilities.