Opinion Paper

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Why do women choose home births

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Abstract: In recent years, the US has seen a significant rise in the rate of planned home births, with a 60% increase from 2016 to 2023, reaching a total of 46,918. This trend positions the US as the leading developed country in terms of home birth prevalence. The American College of Obstetricians and Gynecologists (ACOG) suggests stringent criteria for selecting candidates for home births, but these guidelines have not been adopted by home birth midwives leading to poor outcomes including increased rates of neonatal morbidity and mortality. This paper explores the motivations behind choosing home births in the US despite the known risks. Studies highlight factors such as the desire for a more natural birth experience, previous negative hospital experiences, and the influence of the COVID-19 pandemic on perceptions of hospital safety. We provide new insights into why women choose home births by incorporating insights from Nobel laureate Daniel Kahneman’s theories on decision-making, suggesting that cognitive biases may significantly influence these decisions. Kahneman’s work provides a framework for understanding how biases and heuristics can lead to the underestimation of risks and overemphasis on personal birth experiences. We also provide recommendations (“nudges according to Richard Thaler”) to help ensure women have access to clear, balanced information about home births. The development of this publication was assisted by OpenAI’s ChatGPT-4, which facilitated the synthesis of literature, interpretation of data, and manuscript drafting. This collaboration underscores the potential of integrating advanced computational tools in academic research, enhancing the efficiency and depth of our analyses.

Keywords: home birth; Kahneman; neonatal mortality; counseling; informed consent; Tversky

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Introduction

The prevalence of planned home births in the United States has surged by nearly 60% over the past eight years, increasing from 29,592 in 2016 to 46,918 in 2023, as depicted in Figure 1. This significant growth positions the United States as the leader in home births among developed nations, surpassing the Netherlands, where annual home births have decreased from more than 60% of all births in 1965 to less than 16% in recent years. Interestingly, this increase occurs despite the financial penalties imposed on Dutch women (approximately $400) for opting for hospital births without medical indications.

Research consistently reveals that planned home births in the US are associated with substantially higher risks of neonatal morbidity and mortality compared to hospital births. Key concerns include increased rates of neonatal seizures, low Apgar scores, and a higher likelihood of perinatal deaths [1–20]. The American College of Obstetricians and Gynecologists (ACOG) underscores the need for strict criteria to identify suitable candidates for home births [13] but these criteria have not been adopted by home birth midwives leading to poor outcomes. However, there remains a lack of consensus among home birth midwives regarding uniform guidelines for candidate selection. The adverse outcomes linked to home births in the US can be attributed to factors such as a rise in high-risk pregnancies, delayed access to emergency medical services, the absence of essential safety measures (see Table 1), and variability in the expertise and readiness of attending midwives (Figure 2).

This paper aims to analyze these dynamics and propose recommendations to mitigate risks associated with home birthing practices. In the development of this publication, we utilized OpenAI’s ChatGPT-4 [21], an advanced language model, to assist with various aspects including literature synthesis, data interpretation, and drafting of the manuscript. ChatGPT-4 provided rapid, contextually aware responses to queries, which enhanced our efficiency in navigating vast amounts of scientific literature and refining our narrative. The use of this AI tool significantly contributed to the precision and depth of our analysis, ensuring that all discussions were well-grounded in the latest empirical research. Its ability to generate coherent and informed text underpinned the thorough examination of our topic, facilitating a
more streamlined and insightful exploration of the subject matter.

Reasons for choosing a home birth

One must wonder why women choose to have a home birth in the United States despite the significantly increased neonatal risks. Several studies have tried to explain why women choose to have a home birth.

According to Bernard et al. [22] women choose a home birth for the following reasons: choices and empowerment; interventions and interruptions; disrespect and dismissal; birth space; connection.

Hadjigeorgiou et al. [23] reported that perceptions of safety shaped women’s preferences, and women’s autonomy facilitated birthplace choices. […] Sperlich et al. [24] reported that previous trauma and experiences of discrimination were influential factors for women in their choice of birthplace setting and choice of provider. Preis et al. [25] and reported that women’s birth preferences during the COVID-19 pandemic are associated with psychological processes related to risk perception and births are more appealing to women who view being in a hospital as hazardous because of the pandemic. Coxon et al. [26] reported that women’s experiences of choosing or deciding where to give birth were influenced by whether they received information about available options and about the right to choose, women’s preferences for different services and their attributes, previous birth experiences, views of family, friends and health care professionals and women’s beliefs about risk and safety. Hinton et al. [27] reported that women drew on multiple sources when making choices about where to give birth. Sources included; the Internet, friends’ recommendations and experiences, antenatal classes and their own personal experiences. Women wanted the option to discuss and consider their birth preferences throughout their pregnancy, not at a fixed point.

Nevertheless, despite the evidence pointing towards increased neonatal risks at home births in the United States (US), a notable number of women continue to opt for homebirths. This decision-making phenomenon can be intriguingly analyzed through the frameworks of cognitive psychology and behavioral economics.

The works of Daniel Kahneman

Daniel Kahneman, a Nobel laureate and renowned for his work together with Amos Tversky on the psychology of judgment and decision-making, offers a unique perspective on why some women choose home birth. Drawing upon Daniel Kahneman’s theories and insights into human decision-making could provide a fascinating perspective on why some women might choose home birth despite known adverse neonatal outcomes. Kahneman’s work, especially his exploration of cognitive biases and heuristics, offers a framework for understanding such decisions [28–48]. Kahneman’s insights into decision-making, originating from his pioneering work in behavioral economics and cognitive psychology, have been widely influential across various fields such as economics and finance, public policy.
His work, particularly in the field of behavioral economics and psychology, has been influential in various aspects of healthcare, impacting how decisions are made in both clinical practice and health policy.

Here are some key areas where his research has had an impact in healthcare.

**Medical decision-making**

Kahneman's exploration of cognitive biases and heuristics has significantly influenced understanding how doctors and patients make decisions. His insights into the ways people assess risks and benefits have led to better communication strategies between healthcare providers and patients, particularly in conveying risks and setting realistic expectations for treatments and outcomes.

**Health economics and policy**

Kahneman's work on prospect theory, which he developed with Amos Tversky, has been applied to understand how people make choices in situations of uncertainty, a common scenario in health policy and economics. This theory helps explain why individuals might choose certain health insurances or opt for specific medical treatments that might not always align with their best economic interests.

**Designing health interventions**

Understanding cognitive biases and decision-making processes has helped in designing better health interventions and programs that accommodate human tendencies and biases. For example, programs that aim to alter unhealthy behaviors benefit from insights into how people predict their future behavior or react to potential losses vs. gains.

**Patient safety and quality of care**

Kahneman's ideas have been used to improve patient safety and quality of care by addressing errors that arise from cognitive biases. For instance, interventions have been designed to reduce errors in diagnostic processes or in the administration of medications by understanding and planning for predictable errors in human judgment.
Public health messaging

The framing effect, a concept Kahneman explored, is particularly relevant in public health communications. How information about health risks and benefits is presented can significantly influence individuals’ responses to public health recommendations, such as vaccinations or screening programs.

Even though Kahneman’s insights into decision-making did not specifically address the context of home births itself, applying his principles offers a deeper understanding of the complex, multifaceted reasons behind personal and significant choices of deciding whether to deliver in the hospital or at home. It highlights how decision-making can be influenced by a variety of psychological factors beyond just rational risk assessment and helps obstetricians understand and address the allure home births have on certain people.

Representativeness

Daniel Kahneman defines “representativeness” as to how people often judge the probability of an event by how much it resembles typical cases, rather than based on statistical evidence. His concepts of representativeness are fundamental to understanding how individuals make judgments and decisions under uncertainty. In the context of women’s decisions to have a home birth despite increased adverse neonatal outcomes, his concepts of “representativeness” offers valuable insights into the cognitive processes that may influence such decisions.

Representativeness may affect a woman’s decision to choose a home birth over a hospital birth by leading her to base decisions on how closely personal anecdotes or iconic examples (such as stories from friends, media portrayals, or home birth) match her perceptions of an “ideal” birth. If these stories of home births are positive and align with her values and expectations, she may perceive home birth as more typical or likely to result in a positive outcome than is statistically warranted. This could influence her decision despite broader or contradictory evidence regarding safety or outcomes of home births vs. hospital births.

System 1 vs. system 2

Daniel Kahneman’s distinction between System 1 and System 2 thinking can significantly influence a patient’s decision-making process regarding choices like delivering at home vs. in a hospital.

System 1 thinking

This is fast, intuitive, and emotional, relying on heuristics or mental shortcuts. When deciding on a birth setting, a patient influenced by System 1 might make a decision based on immediate feelings, anecdotes, or the emotional appeal of having a baby in a comfortable, familiar environment. For instance, if a friend had a positive home birth experience, System 1 might lead a person to favor home birth without considering more detailed information.

System 2 thinking

This is slower, more deliberate, and more logical. It involves analyzing all available data and systematically weighing the risks and benefits. In the context of deciding where to give birth, System 2 would prompt a patient to consider medical factors like the proximity to emergency facilities, statistical outcomes for home vs. hospital births, and personal health history. A decision to choose hospital birth might be more influenced by System 2 if the analysis reveals that certain risks could be better managed in a medical setting.

In practice, a patient’s decision on where to give birth often involves a mix of both systems: System 1 might dominate when a decision is influenced heavily by personal comfort, cultural norms, or the desire for a non-medicalized birth.

System 2 comes into play when the decision is based more on factual health considerations, safety protocols, and professional medical advice.

Understanding these systems can help healthcare providers tailor their communication and support strategies to better address the patient’s decision-making process, ensuring that both emotional and rational factors are appropriately considered. It is the professional responsibility of obstetricians to support system 2 thinking thus leading to more informed, comfortable, and safer choices for expecting parents.

Noise

Daniel Kahneman’s concept of “noise” refers to the variability in judgments that should ideally be consistent. This concept can influence a patient’s decision to deliver at home rather than in a hospital in a couple of keyways.

Variability in medical advice

Different healthcare providers and organizations might give varying recommendations based on their personal
experiences, biases, or the specific circumstances of their practice. This inconsistency (noise) can make it difficult for patients to feel confident in the uniformity and reliability of medical advice regarding the safest place to deliver. A patient might choose a home birth to avoid what they perceive as inconsistent or overly cautious hospital protocols.

Perception of hospital environments

The term “noise” can also be interpreted more literally. Hospitals are often busy, noisy, and chaotic places, which can be stressful for expectant mothers. The desire for a quieter, more controlled environment might lead a patient to prefer a home birth, where the setting is more familiar and less stressful.

“Noise” can be identified in the language medical organizations use in publications about home births [ACOG] when it mentions that the appropriate selection of candidates for home birth is crucial in decreasing adverse outcomes. It only mentions three contraindications to planned home birth: fetal malpresentation, multiple gestation, or prior cesarean delivery, omitting other risk factors such as advanced maternal age, nulliparity, preterm, late and post-term births, macrosomia, high body mass index, excessive weight gain, or medical contraindications. In addition, ACOG fails to mention that in the US there is an absence of several prerequisites for a safe out-of-hospital delivery including the absence of standardized guidelines for appropriate selection of candidates for out-of-hospital, the absence of providers practicing obstetrics within an integrated and regulated health system, no ready access and availability of board-certified obstetricians to provide consultation for qualified midwives, and no standardized guidelines on when to transport a patient to the hospital including improved access to safe and timely transport to nearby hospitals.

By understanding the influence of noise, both in terms of variability in decision-making and the actual acoustic environment, patients might lean towards home birth as a way to reduce uncertainty and enhance their comfort during delivery. It is the professional responsibility of obstetricians to reduce “noise”.

Framing effect

Daniel Kahneman’s concept of the framing effect describes how people’s decisions can be significantly influenced by the way information is presented, with different phrasings or contexts leading to different choices. His concept of framing, part of his broader work on decision-making in psychology, significantly influences how patients perceive their options regarding childbirth locations, like home vs. hospital deliveries. This involves presenting the same facts in different ways, which can drastically alter decision-making. How information is framed can lead individuals to choose one option over another, even if the core information is the same. In the context of deciding on a birth setting:

Positive framing: If the option of home birth is presented emphasizing positive outcomes such as comfort, privacy, and lower intervention rates, patients may be more inclined to view home birth favorably. For example, stating that “85% of women who choose home birth report a more satisfying birth experience” focuses on the positive outcomes and could sway a decision toward home delivery. At the same time, some authors minimize the significant increase of neonatal mortality among planned home birth [49] while others say: “1 way to express the difference in neonatal mortality is that in-hospital birth appears to improve neonatal survival over home birth from ~99.85–99.95%” [50, 51].

Negative framing: Conversely, if the risks of home birth are emphasized, such as the potential for complications that require transfer to a hospital, patients might be more inclined to opt for a hospital birth. An example might be framing the information like, “15% of home births result in a transfer to the hospital due to complications”, which highlights the risks and could deter someone from choosing home birth.

Comparative framing: how options are directly compared also matters. For instance, a statement like “home births lead to fewer cesarean sections than hospital births” uses comparative framing to highlight a specific benefit of home births relative to hospital births, which might influence the decision of expectant mothers concerned about surgical interventions.

Healthcare providers can use understanding of the framing effect to help ensure that they communicate information about childbirth options in a balanced manner, helping patients make informed decisions based on comprehensive and neutrally-presented data. By being aware of how different presentations can influence decisions, providers can better support their patients in choosing the birth setting that best meets their needs and preferences.

However, when there are highly ranked articles on the internet providing overly optimistic information about home birth safety, patient may be more inclined to choose a home birth [52, 53].

It is the professional responsibility of obstetricians to frame a hospital and a home birth in an unbiased manner.
**Biases and heuristics**

According to Daniel Kahneman, heuristics are simple, efficient rules, either hard-coded by evolutionary processes or learned, which have been proposed to explain how people make decisions, come to judgments, and solve problems when facing complex problems or incomplete information. These mental shortcuts usually involve focusing on one aspect of a complex problem and ignoring others, which can lead to systematic deviations from logic or probability in decision making.

His exploration of biases and heuristics offers a profound understanding of how they might influence a patient’s decision to deliver at home rather than in a hospital. Here are several key concepts and how they might impact such decisions.

**Availability heuristic**

This bias leads people to overestimate the probability of events associated with memorable or vivid images and stories. If a patient frequently hears positive stories about home births, or if media portrays home birth in an overwhelmingly positive light, she may be more likely to choose it, perceiving it as a more common and safer choice than it might statistically be.

**Confirmation bias**

This is the tendency to search for, interpret, favor, and recall information in a way that confirms one’s preexisting beliefs or hypotheses. A patient leaning towards home birth may pay more attention to information that supports home birth and disregard information that contradicts it. For example, they might focus on research showing positive outcomes of home births and ignore studies about the risks.

**Loss aversion**

Kahneman found that people prefer avoiding losses to acquiring equivalent gains. In the context of childbirth, the idea of losing a personal, comfortable home birth experience might seem more significant than the potential gain of the additional medical resources available in a hospital setting. This could sway a decision towards home birth despite possible increased risks.

**Anchor effect**

Initial information that a patient receives can act as an anchor and heavily influence subsequent thoughts and judgments. If the first information a patient receives about childbirth heavily favors either home or hospital birth, this can disproportionately impact her decision.

**Status quo bias**

This bias involves a preference for the current state of affairs. If a patient’s community or family traditionally favors home births, she may be more inclined to choose the same simply because it is the familiar option.

Understanding these biases and heuristics can help healthcare providers communicate more effectively by ensuring that they provide balanced information and encourage patients to consider all aspects of their decision, potentially leading to more informed and considered choices regarding the place of delivery.

**Heuristic of effect**

Daniel Kahneman’s discussion of the heuristic of effect primarily focuses on how emotional associations can influence decision-making. This heuristic suggests that decisions are often swayed more by the emotional reactions to the options rather than a detailed analysis of the facts. In the context of choosing between a home birth and a hospital birth, this can significantly influence a patient’s decision-making process:

- **Emotional comfort and security**: If a patient feels a strong emotional connection to her home, associating it with comfort, security, and privacy, these feelings can lead her to prefer a home birth. The emotional draw of being in a familiar and comforting environment during such a significant life event can overpower more analytical considerations about the potential risks and benefits of different birth settings.

- **Fear of medical settings**: Patients who have negative associations with hospitals, perhaps due to past experiences or common fears of medicalization, may be driven by these emotions to choose home birth. For example, the fear of hospitals, known as nosocomephobia, can be a strong motivator to avoid hospital settings, making home birth seem like a safer, more comfortable option.

- **Positive narratives and stories**: Emotional responses can also be heightened by hearing positive birth stories from friends or family who have had home births. If these stories
are emotionally compelling, they can serve as powerful motivators, making the option of home birth more appealing through the positive feelings these stories evoke.

**Perception of control and empowerment:** The feeling of control over the birthing process is a significant factor. Home birth often provides a sense that the birthing process is more in the hands of the mother and less subject to external control, which can be emotionally reassuring. This sense of empowerment and autonomy can be a critical factor in the decision to choose home birth.

In summary, the heuristic of effect illustrates how decisions can be heavily influenced by emotional reactions and associations. In the case of deciding on a birth setting, these emotional responses can drive a preference for home births if the associated feelings are positive and comforting, even if a more analytic assessment might suggest different considerations. It is the profession responsibility of obstetricians to understand these emotional underpinnings and thus provide a better support and guide expectant mothers in making informed choices that align with their preferences and values.

**Optimism bias**

Daniel Kahneman’s concept of optimism bias refers to the tendency of individuals to overestimate the probability of positive outcomes and underestimate the probability of negative outcomes in their own lives. People tend to overestimate the probability of positive outcomes for themselves. Women choosing home birth might believe that adverse outcomes are unlikely to happen to them personally, even if they are aware of the risks on a more abstract, statistical level. Daniel Kahneman’s work on optimism bias highlights how individuals often overestimate the likelihood of positive outcomes and underestimate the likelihood of negative outcomes. This cognitive bias can influence a patient’s decision to deliver at home rather than in a hospital in several ways:

**Underestimation of risks:** Patients might choose home birth because they underestimate the risks involved. They may believe that complications are unlikely to happen to them, focusing instead on the anticipated positive aspects of a home birth, such as comfort and a non-medical environment.

**Overestimation of control:** Optimism bias can lead patients to overestimate their ability to control outcomes during a home birth. They might believe that they can manage pain or other birthing challenges better at home than in a hospital setting, influenced by the belief that their birth experience will align with their ideal scenario.

‘Optimism bias’ could lead expectant mothers to underestimate the risks associated with homebirth, believing that complications are unlikely to happen to them personally. This bias towards optimism in the face of potential negative outcomes reflects a broader tendency in human decision-making to prioritize hope and positive expectations over statistical probability. In essence, optimism bias can lead to a preference for home birth due to a skewed perception of its safety and the perceived ability to control the birth process, potentially overlooking real risks that might warrant a hospital setting. It is the professional responsibility of obstetricians to address optimism bias in relation to choosing home birth over hospital birth.

**Prospect theory**

Daniel Kahneman’s prospect theory describes how individuals make decisions based on the potential value of losses and gains, rather than the final outcome, emphasizing that losses usually have a greater emotional impact than equivalent gains. His Prospect Theory, which he developed with Amos Tversky, provides insights into how people make decisions under risk and uncertainty, which can apply to a patient’s decision to deliver at home rather than in a hospital. According to Prospect Theory, people value gains and losses differently, placing more weight on potential losses than on equivalent gains. This can influence childbirth decisions in several ways:

**Risk evaluation:** When considering the risks and benefits of home vs. hospital birth, a patient might be more influenced by the potential to avoid negative outcomes (like medical interventions including cesarean delivery and episiotomy in a hospital) than by the potential benefits of hospital resources in the event of complications. This could make home birth more appealing if the perceived losses (e.g., loss of a natural birthing experience) at a hospital seem greater than the gains.

**Loss aversion:** This aspect of Prospect Theory suggests that the fear of losing something of personal importance (like autonomy during childbirth) can be a stronger motivator than the benefits of additional safety measures at a hospital. If a patient strongly values a serene, intervention-free birth, she might opt for a home birth to avoid the perceived “loss” associated with a hospital environment, such as loss of control over the birthing process.

Kahneman’s Prospect Theory helps explain why patients may opt for choices that prioritize avoiding perceived negative outcomes over potential positive outcomes, influenced by their personal values and risk perceptions.
Informed consent and home birth

Informed consent is a fundamental ethical requirement in all medical practices, including midwifery [54, 55, 56]. It involves providing the patient with clear, comprehensive information about the benefits and risks of any procedure or care plan. This communication should include discussions on the increased risks of neonatal morbidity and mortality associated with planned home births compared to hospital births. However, the extent to which this occurs in practice can vary. Using Daniel Kahneman’s insights on cognitive biases and decision-making, we can analyze whether patients considering a planned home birth are likely to be truly fully informed and have given informed consent. Some midwives may provide extensive counseling and resources to ensure informed decision-making, while others may not fully communicate the risks due to personal biases, lack of knowledge, or differing interpretations of the data on home births.

Ethical and legal considerations

From an ethical standpoint, health care providers including midwives are obligated to ensure that women are fully informed about their choices. This includes the potential for transfer to a hospital in the event of complications, the availability of emergency interventions, and the comparative risks of different birth settings. Legally, failing to provide adequate informed consent can have implications for medical providers’ and midwifery practice, including liability for adverse outcomes.

Kahneman’s work suggests several psychological factors that might affect this consent process.

Optimism bias

Kahneman describes how people tend to overestimate positive outcomes and underestimate negative outcomes. In the context of home births, this might mean that patients could focus more on the potential benefits of a home birth (like comfort and perceived control) and pay less attention to the risks (such as the need for emergency medical intervention).

Availability heuristic

This involves people making decisions based on what information is most readily available or memorable. If midwives present more success stories and fewer complications, or if patients have heard more positive stories about home births from their community, they might be influenced to underestimate the potential risks.

Confirmation bias

Patients may seek information that confirms their pre-existing preference for home birth and discount information that contradicts it. This can affect how thoroughly they investigate or accept the risks and complications associated with home births.

Framing effect

The way information is presented affects decisions. If midwives frame the information emphasizing the positives of home births and downplaying or ignoring the negatives, patients might not have a balanced understanding of the risks and benefits.

Searches of home birth midwife organizations’ websites showed that the known significantly increased neonatal risks at planned home births are not mentioned and recent research on home births is being ignored [57, 58, 59].

Given these biases, while all midwives are supposed to strive to provide comprehensive and unbiased information, Kahneman’s work suggests that the way information is being presented to and processed by patients by some midwives can lead them to not being fully informed or fully comprehending the informed consent. This emphasizes the professional responsibility of healthcare providers, including home birth midwives, to carefully consider how they communicate risks and benefits, striving for clarity and balance to mitigate these cognitive biases. It also underscores the importance of ongoing education and dialogue between healthcare providers and patients to ensure that decisions are made based on a thorough and balanced understanding of all relevant factors.

In summary, while the provision of informed consent by US home birth midwives should theoretically cover the significantly increased risks of neonatal morbidity and mortality, the actual practice likely varies significantly. The effectiveness of informed consent depends on the training, ethics, and communication skills of the midwife, as well as on state regulations and the policies of the midwifery practice. Ensuring that all women considering a planned home birth are fully informed of the risks requires ongoing education and regulation of midwifery practices, as well as further research into best practices for informed consent in this context.
Conclusions

Obstetricians can leverage Daniel Kahneman’s work to effectively communicate the benefits and safety of hospital births over home births. By understanding Kahneman’s principles, obstetricians can tailor their discussions to emphasize the positive outcomes associated with hospital births, presenting statistics and information in a way that highlights the reduced risks of complications and the availability of immediate medical interventions, which are critical in emergencies. This approach aligns with Kahneman’s framing effect, where the manner in which options are presented can significantly influence decision-making.

Richard Thaler, also a nobel prize winner, along with co-author Cass Sunstein, discusses the concept of “nudging” in their book “Nudge: Improving Decisions About Health, Wealth, and Happiness” [60]. A “nudge” is defined as any aspect of the choice architecture that alters people’s behavior in a predictable way without forbidding any options or significantly changing their economic incentives.

Nudges are designed to make it easier for people to make decisions that align with their own long-term goals and interests by subtly guiding their choices in certain directions. They are based on the understanding that people often make decisions based on convenience, cognitive biases, or other non-rational factors. Therefore, nudges attempt to influence decisions while still allowing for freedom of choice.

The aim of nudging is to help people make decisions that improve their health, financial well-being, or other aspects of their lives, using insights from psychology and behavioral science to design effective choice architectures.

In the context of women choosing between home birth and hospital birth, Thaler would likely focus on how the presentation of choices can influence decisions. Thaler’s approach would suggest ensuring that women have access to clear, balanced information about the risks and benefits of both home births and hospital births. This would involve presenting information in a way that is easy to understand and that helps women make informed decisions that best align with their preferences and values.

Thaler would likely advocate for a choice architecture that supports informed, personal decision-making in the context of childbirth, respecting individual preferences while also guiding expectant mothers towards making choices that are informed by comprehensive, unbiased information and lead to women choosing a hospital birth.

To design nudges that encourage women to choose hospital births over home births, the approach would focus on subtly influencing decision-making through the presentation and arrangement of information and options in a professional manner. Here are several examples of how nudges could be implemented to promote hospital births.

- **Informational brochures and websites**: Create brochures and detailed websites that highlight the benefits of hospital births, such as access to immediate medical care, advanced medical technology, and the presence of specialized healthcare professionals. This information could be presented through infographics and charts that make the benefits easily understandable.
- **Testimonials and stories**: Share positive stories and testimonials from women who had successful and satisfying hospital birth experiences. These could be featured in hospital waiting rooms, on healthcare websites, and in prenatal classes.
- **Virtual tours**: Offer virtual tours of the maternity ward to familiarize expectant mothers with the hospital environment, showing the facilities, the comfort of the birthing suites, and the available resources. This can help reduce anxiety about the hospital setting.
- **Default prenatal care settings**: Make hospital tours and pre-registration part of the default prenatal care package, with easy opt-out options. When the default choice is to engage with hospital services, it’s more likely that the final decision will lean towards a hospital birth.
- **Highlighting safety statistics**: Present comparative safety statistics in a clear and straightforward manner, emphasizing the lower risk of complications in hospital births compared to home births, particularly for first-time mothers or those with pre-existing medical conditions.
- **Endorsements from trusted figures**: Use endorsements from trusted healthcare providers, such as midwives and doctors, who explain the advantages of hospital births, especially in cases of unexpected complications. These endorsements could be shared during consultations and included in educational materials.
- **Incentives for hospital births**: Provide small incentives for choosing hospital births, such as free prenatal classes, parking vouchers for hospital visits, or a complimentary newborn photography session at the hospital.
- **Streamlined administration**: Simplify the hospital registration and admission processes to make the choice of a hospital birth as hassle-free as possible. This can be achieved by minimizing paperwork or offering pre-filled forms based on the patient’s electronic medical records.
- **Birthing center-like atmosphere in the hospital**: Hospitals might consider creating a birthing center-like atmosphere within the hospital to cater to expectant
mothers’ preference for a more natural and comfortable birthing experience. By modifying the hospital environment to resemble the warmth and privacy of a birthing center, such as including options for water births, permitting the presence of family, and using softer lighting, the choice for women becomes not just about the location, but about the quality and nature of the care. This alteration in the environment serves as a nudge, aligning with Thaler’s principles by providing a setting that supports a mother’s autonomy and comfort, potentially improving outcomes without restricting options.

Each of these nudges respects and empowers the autonomy of expectant mothers while subtly guiding them towards considering hospital birth as a safe and beneficial option. They aim to provide information and positive reinforcement without coercing or limiting personal choice.

By applying Kahneman’s and Thaler’s principles, medical professionals can better design their messages and consultation approaches to support patients in making more informed and balanced decisions. This involves not only presenting information professionally and clearly but also understanding the inherent cognitive predispositions that might sway patient judgments, thereby aligning medical advice with a more thorough and empathetic consideration of how patients process information and evaluate their healthcare options.

It is the professional responsibility of obstetricians and midwives to address and mitigate the cognitive biases identified by Daniel Kahneman and Amos Tversky, ensuring that women considering home births can make well-informed decisions. By actively recognizing and counteracting biases such as overconfidence and framing effects, healthcare providers can facilitate clearer, more balanced discussions about the risks and benefits of home birth options. This approach supports the ethical imperative to provide pregnant women with comprehensive, unbiased information, enabling truly informed consent.

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