

Reviewer

General Assessment

The manuscript presents a valuable longitudinal retrospective analysis of planned home births attended by independent midwives in Japan, with particular emphasis on alignment with the 2018 intrapartum care recommendations of the World Health Organization (WHO). In the context of the extremely low prevalence of home births in Japan (0.1%), this study provides rare and relevant empirical insight into a model of care that remains insufficiently explored in the Japanese literature.

Methodology

A retrospective case series (n = 400) represents an appropriate design for descriptive and comparative analysis of practices and outcomes within a single center.

Methodological limitations:

1. The extended 25-year time frame strengthens the value of the findings; however, it simultaneously raises questions regarding the consistency and homogeneity of documentation over time.
2. There is no analysis of perinatal morbidity using standardized indicators (e.g., NICU admission, neonatal acidosis).
3. The comparison with WHO recommendations appears partially interpretative and dependent on the availability and completeness of documentation. Although the authors state that 23 out of 33 WHO recommendations were analyzed and clearly explain why 10 were excluded, it remains unclear whether objective operational indicators were defined for the remaining 23 recommendations, or whether compliance assessment was primarily descriptive. The absence of clearly operationalized criteria reduces the reproducibility and transparency of the analysis.

Recommendation:

Consider conducting regression analyses (e.g., linear or logistic regression) to control for potential confounders such as maternal age, BMI, and parity.

Results

4. The reported blood loss ≥ 500 mL in 14.1% of cases requires further interpretation. Is this rate clinically relevant according to Japanese obstetric standards? Blood loss ≥ 500 mL occurs in approximately 5–15% of vaginal births. Importantly, how was blood loss measured in the context of home births?
5. Only 52.9% of mothers experienced skin-to-skin contact with their newborns despite high Apgar scores. This finding warrants clarification.
6. The mean duration of labor was 387.4 minutes; however, no data on parity are provided, which is crucial for interpreting labor duration and perineal outcomes.

7. The interpretation of pre- and post-COVID-19 differences is based on international research regarding lifestyle changes during the pandemic. However, these conclusions remain speculative because no data were collected on maternal diet, physical activity, or psychosocial stress, even though the women received continuous care from the same midwife throughout pregnancy. Furthermore, there was no longer-term follow-up of maternal psychological well-being, which limits the strength of conclusions regarding positive childbirth experiences.

Recommendation:

Clearly distinguish between hypotheses and evidence-based conclusions.

Discussion

The discussion is well structured and appropriately contextualized within the Japanese healthcare system. The argument that midwife-led continuity models may enhance system resilience during crises such as pandemics is theoretically convincing; however, it requires additional comparative research.

8. The manuscript notes that institutional births may restrict the presence of multiple family members (siblings, grandparents), yet in the results section family presence is reported only generally, without specifying the number or family background of those present. Greater precision would strengthen this argument.

Limitations

9. While the authors appropriately acknowledge key limitations, the following should also be explicitly addressed: potential selection bias (more motivated and possibly more educated women may choose home birth); potential reporting bias; lack of long-term neonatal outcomes.

Structural and Language Issues

10. A thorough linguistic revision is required, including harmonization of professional terminology, correction of inconsistencies, and reduction of repetition.