

HOME BIRTH LETTER

(Date)

(Insurance Person
Insurance Carrier
Address)

Dear ():

Under my current insurance plan, care by _____, a certified nurse-midwife is not a covered benefit. I am writing to request an exception to this policy and authorization for full coverage for my prenatal, birth, and postpartum care under the care of _____ for a home birth, and hospital transfer if medically necessary. Because I would like to continue to access the midwifery philosophy of care for my future gynecological and family planning services, I am requesting _____ be credentialed as part of the Plan's network. Home birth is a safe, cost-effective and patient-responsive health care site for low-risk women. The safety of home birth increases when women who prefer this option have access to continuity of care from home to hospital.

The services by _____ include prenatal care, labor and birth as well as postpartum visits. The CNM/CM _____ will be working collaboratively with Dr. _____ who will be available for consultation, collaboration and transfer of care if needed. If transfer of care during labor becomes necessary, Dr. _____ will be available at _____ hospital.

Certified nurse-midwives are licensed professionals experienced in providing clinical care, health education and follow up for low-risk mothers and their families. Midwifery views child birth as a natural event and therefore uses technological and invasive interventions only when medically necessary. Midwifery care is safe, cost-effective and patient-responsive health care, which produces good outcomes, lower cesarean section rates, and high levels of patient satisfaction. According to a study reported in Obstetrics and Gynecology, the outcomes of intended home births in nurse-midwifery practices demonstrate outcomes which are comparable to hospital birth practices.¹

I would like to obtain your authorization for an exception to cover my care by _____ (name of midwife) and for you to include her/him in the plan network for the following reasons:

- I want non-interventive childbirth with competent labor and delivery assistance at home and safe hospital back-up in case of emergency. _____ CNM/CM provides this option.
- Home births are a safe alternative to hospital births for low-risk women.

¹Murphy PA, Fullerton J. Outcomes of intended home births in nurse-midwifery practice: a prospective descriptive study. Obstet Gynecol 1998; 92:461-470

- The lower costs associated with midwifery care and home births are due to less unnecessary technological and surgical interventions, lower overall personnel costs and decreased facility charges.
- I understand that the safest place for induction, augmentation or regional anesthesia in labor is at a hospital. If these or other medical interventions become necessary during my labor, I will gladly transfer to a hospital. At my home, IM and IV pain medication may be available, if I desire.
- I want to breastfeed my newborn immediately after birth and to have total support and education by my provider in this. _____ offers this support, as well as continuous breastfeeding advice for my child's first weeks of life.
- _____'s rate of transfer is very low due to her/his screening process. S/he is careful to attempt home delivery of women with low-risk pregnancies only. A patient is co-managed with the physician and hospital delivery is planned if the woman becomes an inappropriate candidate for home birth.
- I have been a patient of another provider and have not been satisfied with the care.
- For your information, the _____, CNM/ CM contracts with the following insurers for home births: _____. (list all insurers they contract with, including Medicare and/or Medicaid.)

I am now () months pregnant and would like to transfer as soon as possible to care by _____, CNM/CM. I sincerely hope you will grant me an exception. I wish to have a well-monitored childbirth responsive to my needs, and feel I am best able to obtain that care with a certified midwife at home. I know that _____ Health Plan is committed to patient needs and providing high quality cost-effective care.

For further questions, please contact _____, CNM at (xxx) xxx-xxxx. Thank you for your consideration.

Sincerely,

(Your name, address,
phone number here)
Ins. ID number

Cc: midwife
Benefits person in human resources department at work