

Home Births by Licensed Midwives

Policy Number: **M010412090**
Effective Date: **4/12/2001**
Sponsoring Department: **Health Care Services**
Impacted Department(s): **Health Care Services**

Type of Policy: ☒ Internal ☒ External

Data Classification: ☐ Confidential ☐ Restricted ☒ Public

Applies to (Line of Business):

- ☐ Corporate (All)
☒ State Products, if yes which plan(s): ☒ MediSource; ☒ MediSource Connect; ☒ Child Health Plus; ☒ Essential Plan
☒ Medicare, if yes, which plan(s): ☒ MAPD; ☐ PDP; ☒ ISNP; ☒ CSNP
☒ Commercial, if yes, which type: ☒ Large Group; ☒ Small Group; ☒ Individual
☒ Self-Funded Services *(Subject to specific Summary Plan Descriptions (SPDs) which shall be referred to for any pre-authorization or pre-certification requirements and possible coverage exclusions/limitations. In the event of any conflict between this policy and the SPD of a Self-Funded Plan, the SPD shall supersede the policy.)*

Excluded Products within the Selected Lines of Business (LOB)

N/A

Applicable to Vendors? Yes ☐ No ☒

Purpose and Applicability:

To clarify benefit coverage and establish provider credentialing requirements for home births.

Policy:

Background

The American College of Obstetricians and Gynecologists (ACOG) Committee Opinion No. 697: Planned Home Birth 2017, reported that, in the United States, approximately 35,000 births (0.9%) per year occur in the home. Approximately one-fourth of home births are unplanned or unattended. Although the ACOG takes the position that hospitals and accredited birth centers are the safest settings for birth, each woman has the right to make a medically informed decision about delivery.

The American Academy of Pediatrics (AAP), as stated in their policy statement titled Providing Care for Infants Born at Home (2020) believes that current data show that hospitals and accredited birth centers are the safest settings for birth in the United States. The AAP does not recommend planned home birth, which has been reported to be associated with a twofold to threefold increase in infant mortality in the United States.

According to a 2014 clinical guideline published by the National Institute for Health and Clinical Excellence (NICE), the following medical conditions or situations in which there is increased risk for the woman or baby during or shortly after labor, where care in a hospital or birthing center would be expected to reduce this risk include but are not limited to cardiovascular disease, asthma, epilepsy, previous complications, multiple birth, and placental issues.

An evaluation of the peer-reviewed scientific literature, including but not limited to subscription materials, has provided Independent Health the basis for its medical necessity coverage outlined below.

Commercial, Self-Funded, Medicare Advantage, MediSource, MediSource Connect, Child Health Plus and Essential Plan:

Home births are a covered service for Independent Health members when performed by a physician or licensed midwife who meets the credentialing standards as established by the Independent Health Credentialing Committee. Please note that some Self-Funded Summary Plan Descriptions (SPD) may limit or exclude home birth coverage (see “Applies to” section above).

Requests for authorization for a home birth by a licensed midwife will be evaluated on an individual basis to determine if the requested home birth is appropriate.

Requests for both participating and non-participating licensed midwives for home birth must have a minimal gestational age of at least 36 but fewer than 42 completed weeks of pregnancy.

Authorization Stages:

Independent Health requires that the information, as outlined above, be submitted to Independent Health by the provider in authorization stages in order to assure an optimum healthy and safe outcome for the member and newborn:

- First, an authorization must be obtained for pre-natal services up to thirty-two (32) weeks gestation.

- Updated medical information is to be submitted eight weeks prior to the estimated due date to obtain a second stage authorization for home birth, **postpartum** and **newborn care** to confirm that the above member medical and midwife professional criteria are still being met.
- After forty (40) weeks gestation, updated medical information is to be submitted weekly until either the member has delivered, or the member has completed forty-two (42) weeks of pregnancy.

A documented referral, or agreement from one of the categories of providers listed below to accept referrals, does not, in and of itself establish a collaborative relationship, as these relationships must provide for consultation, collaborative management and referral to address the health status and risks of his or her patients and that includes plans for emergency medical gynecological and/or obstetrical coverage.

The member may be offered the option to enroll in the Independent Health Case Management program

Clinical Indications

Requests for authorization for a home birth by a licensed midwife will be evaluated on an individual basis to determine if the requested home birth is appropriate. The request must include **ALL** of the following:

- Provider Criteria: Requests for authorization from a participating or non-participating licensed midwife require that **ALL** of the following professional criteria be met:
 - The midwife has a current New York State midwife license
 - The midwife has provided Independent Health with documentation of a collaborative relationship with **1 or more** of the following:
 - A Participating Physician who is board certified as an obstetrician-gynecologist by a national certifying body
 - A Participating Physician who practices obstetrics and has obstetric privileges at a Participating Hospital licensed under article twenty-eight of the public health law
 - A Participating Hospital, licensed under article twenty-eight of the public health law, that provides obstetrics through a Participating Physician having obstetrical privileges at such institution
 - The midwife has provided evidence of the minimum requirements regarding malpractice insurance coverage with limits of \$1,000,000 per occurrence and \$3,000,000 aggregate and evidence that home births are covered by the malpractice carrier
 - The request includes an evaluation of member's health risk
 - The request documents the proximity of the back-up physician or hospital
- Member Criteria: Requests for both participating and non-participating licensed midwives for home birth must meet **ALL** of the following medical criteria for the member:
 - Absence of maternal or fetal disease previous to or during the pregnancy
 - Absence of placental abnormalities
 - No history of prior complicated deliveries
 - No history of cesarean delivery
 - Singleton pregnancy
 - Cephalic presentation

- Evidence that the midwife performing the home birth carries the necessary equipment and supplies to initiate emergency treatment and has arranged for backup and transportation to a nearby hospital if needed

Pre-Authorization Required? Yes ☒ No ☐

Pre-authorization is required for this service as described above.

Definitions

High risk pregnancy is a pregnancy in which the mother, fetus or newborn is or will be at an increased risk for morbidity or mortality before or after delivery.

A home birth is an attended or an unattended childbirth in a non-clinical setting, typically using natural childbirth methods, which takes place in a residence rather than in a hospital or a birth center and usually attended by a midwife or lay attendant with expertise in managing home births.

Licensed midwife (LM) is a health care provider who may care for the health needs of pre-adolescent, adolescent and adult women throughout their life span. Licensed midwives provide primary well woman health care including gynecologic care, care during pregnancy and childbirth, as well as care of the newborn following birth. In New York State, the Board of Regents and the State Education Department (SED) oversee the licensure and practice of midwifery.

Midwifery practice is defined as the management of normal pregnancies, childbirth and postpartum care as well as primary preventive reproductive health care of essentially healthy women and shall include newborn evaluation, resuscitation and referral for infants.

Newborn Care - After the first hour of life, newborns should receive eye care, vitamin K, and recommended immunizations (birth dose of OPV and Hepatitis B vaccine). They should be assessed for birth weight, gestational age, congenital defects and signs of newborn illness.

Postpartum Care - There are 3 stages of postpartum care - the initial or acute period involves the first 6–12 hours postpartum. This is a time of rapid change with a potential for immediate crises such as postpartum hemorrhage, uterine inversion, amniotic fluid embolism, and eclampsia. The second phase is the subacute postpartum period, which lasts 2–6 weeks. During this phase, the body is undergoing major changes in terms of hemodynamics, genitourinary recovery, metabolism, and emotional status. The third phase is the delayed postpartum period, which can last up to 6 months.

References

Related Policies, Processes and Other Documents

Mid-Level Practitioner Credentialing and Recredentialing Policy and Procedures, Policy No. M031001501

Non-Regulatory references

The American College of Obstetricians and Gynecologists (ACOG) [web site]. Committee Opinion #697, Planned Home Birth Interim Update. April 2017; reaffirmed 2023 . Available at: <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2017/04/planned-home-birth> Accessed December 9, 2025

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National Institute for Health and Clinical Excellence (NICE) [web site]. Clinical guideline 55. Intrapartum care: care of healthy women and their babies during childbirth. 2014 December; Last Updated November 14, 2025. Available at: <https://www.nice.org.uk/guidance/ng235/resources/intrapartum-care-pdf-66143897812933> Accessed December 9, 2025.

Romano M, Cacciatore A, Giordano R, La Rosa B. Postpartum period: three distinct but continuous phases. J Prenat Med. 2010 Apr;4(2):22-5.

Watterberg K; COMMITTEE ON FETUS AND NEWBORN. Providing Care for Infants Born at Home. Pediatrics. 2020 May;145(5):e20200626.

Regulatory References

Centers for Medicare and Medicaid (CMS) [web site]. Medicare Benefit Policy Manual, Chapter 15, §180. (Rev. 13108; Issued:04-11-25) Available at: <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf> Accessed December 9, 2025.

New York State Education Department. Education Law Article 140, Midwifery. Available at: <https://www.op.nysed.gov/professions/midwifery/laws-rules-regulations/article-140> Accessed December 9, 2025

New York State Education Department. Rules of the Board of Regents Unprofessional Conduct. 29.19. Available at: <https://www.op.nysed.gov/title8/rules-board-regents/part-29> Accessed December 9, 2025

New York State Medicaid Managed Care and Family Health Plus Contract, Appendix K.2 (5). [web site]. https://www.health.ny.gov/health_care/managed_care/providers/docs/bmc_fhp_hiv-snp_harp_model_contract.pdf Accessed December 9, 2025

This policy contains medical necessity criteria that apply for this service. Please note that payment for covered services is subject to eligibility criteria, contract exclusions and the limitations noted in the member's contract at the time the services are rendered.

Version Control

Signature / Approval on File? Yes ☒ No ☐

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