

Medical Policy: Home Birth Midwifery Services



POLICY NUMBER	EFFECTIVE DATE	APPROVED BY
MG.MM.ME.29	6/13/2025	MPC (Medical Policy Committee)

IMPORTANT NOTE ABOUT THIS MEDICAL POLICY:

Property of ConnectiCare, Inc. All rights reserved. The treating physician or primary care provider must submit to ConnectiCare, Inc. the clinical evidence that the patient meets the criteria for the treatment or surgical procedure. Without this documentation and information, ConnectiCare will not be able to properly review the request for prior authorization. This clinical policy is not intended to pre-empt the judgment of the reviewing medical director or dictate to health care providers how to practice medicine. Health care providers are expected to exercise their medical judgment in rendering appropriate care. The clinical review criteria expressed below reflects how ConnectiCare determines whether certain services or supplies are medically necessary. ConnectiCare established the clinical review criteria based upon a review of currently available clinical information (including clinical outcome studies in the peer-reviewed published medical literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians practicing in relevant clinical areas, and other relevant factors). ConnectiCare, Inc. expressly reserves the right to revise these conclusions as clinical information changes, and welcomes further relevant information. Identification of selected brand names of devices, tests and procedures in a medical coverage policy is for reference only and is not an endorsement of any one device, test or procedure over another. Each benefit plan defines which services are covered. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered and/or paid for by ConnectiCare, as some plans exclude coverage for services or supplies that ConnectiCare considers medically necessary. If there is a discrepancy between this guideline and a member's benefits plan, the benefits plan will govern. In addition, coverage may be mandated by applicable legal requirements of the State of CT and/or the Federal Government. Coverage may also differ for our Medicare members based on any applicable Centers for Medicare & Medicaid Services (CMS) coverage statements including including National Coverage Determinations (NCD), Local Coverage Determinations (LCD) and/or Local Medical Review Policies(LMRP). All coding and web site links are accurate at time of publication.

Definitions¹

1. **Certified nurse-midwife (CNM)** — an individual educated in the 2 disciplines of nursing and midwifery, who possesses evidence of certification according to the requirements of the American College of Nurse Midwives (ACNM).
2. **Certified midwife (CM)** — an individual educated in the discipline of midwifery, who possesses evidence of certification according to the requirements of ACNM.
3. **Midwifery practice** — the independent management of women's healthcare as practiced by CNMs and CMs, focusing particularly on pregnancy, childbirth, the postpartum period, care of the newborn, and the family planning and gynecologic needs of women.
4. **High risk pregnancy** — *Pregnancy in which the mother, fetus, or newborn is or will be at increased risk for morbidity or mortality before or after delivery.*

(For the purposes of this guideline, CNMs and CMs will be individually or collectively referred to as either a midwife or midwives.)

¹Regulation of midwifery is primarily under the auspices of the Connecticut State Department of Public Health. The rules and regulations pertaining to midwifery may be found at: Chapter 377 Midwifery. https://portal.ct.gov/-/media/departments-and-agencies/dph/dph/practitioner_licensing_and_investigations/plis/nursing/midwife/midwifestatpdf.pdf

Guideline

Members are eligible for midwifery services for home birth and care throughout the maternity cycle (pregnancy, labor, birth and the immediate postpartum period, inclusive of neonatal care [not to exceed 6 weeks]).

While no strong evidence exists which favors planned hospital births over home births in low-risk women, the medical community recognizes that home births for high-risk women may be unsafe in certain instances. In such cases, the Plan may deny home birth coverage.

It is expected that midwives will have a collaborative relationship with licensed physicians, as necessary, and refer the member for appropriate physician management when it is warranted.

High risk conditions include, but may not be limited to, any of the following:

1. Girls \leq 18 years of age
2. Women \geq 40 years of age at the time of delivery (if a woman is 35-40, has had adequate genetic counseling and testing and is not suffering from any medical problems, then she can safely deliver at home)
3. Height $<$ 5 feet
4. Pre-pregnancy weight issues: $<$ 100 lbs. or presence of clinically severe obesity (BMI \geq 35)
5. Structural abnormalities in the genital tract or reproductive organs
6. Presence of fibroids
7. Presence of any medical or surgical condition that might be exacerbated by the pregnancy or that may put the mother and/or the fetus at increased risk because of the condition itself or because of the required treatment. These include, but are not limited to the following:
 - Prior C-section or uterine surgery (i.e., myomectomy)
 - Autoimmune disorders (e.g., rheumatoid arthritis, Crohn's disease)
 - Cardiovascular disorders (e.g., heart failure prior to pregnancy, presence of hypertension)
 - Lupus
 - Pulmonary disorders
 - Renal and urinary disorders
 - Gastrointestinal disorders
 - Hepatic disorders
 - Hematological disorders
 - Endocrine disorders (i.e., diabetes with or without co-morbidity complications, e.g., kidney damage, thyroid disorders, etc.)
 - Connective tissue disorders
 - Neurologic disorders
 - Neoplastic diseases
 - Infections (e.g., AIDS complications, Group B strep, herpes simplex, varicella, Zika virus)
 - Significant mental health disorders (i.e., history of bipolar disorder, schizophrenia, psychosis)

8. Presence of sexually transmitted diseases (particularly genital herpes)
9. Presence of fetal abnormality and/or abnormality of the fetal membranes
10. Multiple pregnancies (> 1 fetus)
11. Poor obstetrical history, including but not limited to the following:
 - Perinatal mortality
 - Preterm labor
 - Preterm delivery or small for gestational age delivery
 - Fetal growth restriction
 - Fetal malformation
 - Placental malposition
 - Preeclampsia and/or chronic hypertension
 - Maternal hemorrhage
 - History of complications at the time of delivery in a previous pregnancy including history of shoulder dystocia or postpartum hemorrhage (i.e., blood loss \geq 1000mL after delivery)
 - Prior third- or fourth-degree lacerations
12. Previous successful vaginal birth after cesarean section (VBAC)
13. Pregnancy complications, including but not limited to the following:
 - Gestational age < 37 or > 41 weeks
 - Third trimester bleeding
 - Oligohydramnios or polyhydramnios
 - Breech or other fetal malpresentation
 - Fetal macrosomia
 - Alloimmunization
 - Prolonged rupture of membranes
 - Prolongation of first and/or second stages of labor
 - Non-reassuring fetal surveillance
 - Severe anemia during pregnancy
14. Pregnancy resulting from infertility / assisted reproductive technology services
15. Exposure to teratogens (i.e., cigarette smoking, alcohol, drug addiction/substance abuse)
16. The inability for a timely transfer and not having an existing arrangement with a hospital for such transfer

Limitations/Exclusions

1. Midwives must be ACNM-certified (or certified by the American Midwifery Certification Board [AMCB], formerly the American College of Nurse Mid-Wives Certification Council, Inc. [ACC]) and licensed by [Connecticut](#).
2. Midwives must carry professional liability or medical malpractice insurance.
3. The use of doula services, while supportive, is not supported by scientific literature as being required for delivery and is therefore not considered medically necessary.

- Coverage will not be provided for duplicative routine services provided by both a licensed midwife and a participating physician. In this case, the physician services will supersede those of the midwife.

Applicable Procedure Codes

59400	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care
59409	Vaginal delivery only (with or without episiotomy and/or forceps)
59410	Vaginal delivery only (with or without episiotomy and/or forceps); including postpartum care
59414	Delivery of placenta (separate procedure)
59425	Antepartum care only; 4-6 visits
59426	Antepartum care only; 7 or more visits
59430	Postpartum care only (separate procedure)

References

American College of Nurse-Midwives Web site. Position Statement: Collaborative Agreement between Physicians and Certified Nurse-Midwives (CNMs) and Certified Midwives (CMs). 2023. <https://midwife.org/wp-content/uploads/2024/10/Collaborative-Agreement-Between-Certified-Nurse-Midwives-Certified-Midwives-and-Physicians-or-Other-Health-Care.pdf>. Accessed June 20, 2025.

American College of Nurse-Midwives Web site. Position Statement: Collaborative Management in Midwifery Practice for Medical, Gynecological and Obstetrical Conditions. Revised: 2022. https://midwife.org/wp-content/uploads/2024/09/2022_ps_collaborative-mgmt-in-midwifery-practice.pdf. Accessed June 20, 2025.

Connecticut State Department of Public Health. Midwife Licensure Requirements. <https://portal.ct.gov/dph/practitioner-licensing--investigations/midwife/midwife-licensure-requirements>

Declercq E, Stotland NE. Planned home birth. In: UpToDate, Lockwood, CJ (Ed), UpToDate, Waltham, MA, 2014.

Planned home birth. Committee Opinion No. 697. American College of Obstetricians and Gynecologists. Obstet Gynecol 2017;129:e117-22. reaffirmed 2023.

The Cochrane Collaboration. Alternative versus conventional institutional settings for birth. August 2012. <http://www.google.com/search?q=The+Cochrane+Collaboration+Web+site.+Home+versus+Hospital+Birth&sourceid=ie7&rls=com.microsoft:en-us:IE-SearchBox&ie=&oe=>. Accessed June 20, 2025.

Revision History

Company(ies)	DATE	REVISION
Connecticare	Jun. 13, 2025	Transferred policy content to individual company branded template
EmblemHealth ConnectiCare	Jun. 14, 2024	High-risk section changes: <ul style="list-style-type: none">- Girls < 15 years of age changed to < 18, women > 40 changed to ≥ 40- Placental "accidents" changed to "malposition"- "and/or chronic hypertension" added to preeclampsia- Removed "requiring iron transfusion" from severe anemia- Added the inability for a timely transfer and not having an existing arrangement with a hospital for such transfer