Coverage of a planned home birth may be governed by state mandates.

A planned home birth is an elective alternative to delivery in a birthing center or hospital setting. Coverage of professional fees for a home birth (i.e., elective, planned delivery in the home setting) is subject to the terms, conditions and limitations of the applicable benefit plan and may be limited based on health care professional certification/licensure requirements.

Cigna covers the professional fee for services provided to a mother eligible for coverage under a Cigna health benefit plan for a home birth, including delivery and immediate medically necessary post-partum care, when services are provided by EITHER of the following health care providers acting within the scope of his/her license:

- a licensed physician
- a licensed certified nurse-midwife (under direct supervision of a licensed physician or independently as authorized by State law)

When provided by an eligible health care provider, Cigna covers professional fees for services provided during a home birth at the following benefit levels:

- in-network benefit level when services are provided by an in-network licensed physician or licensed certified nurse-midwife
- out-of-network benefit level when services are provided by an out-of-network licensed physician or licensed certified nurse-midwife (when out-of-network benefits exist).

Cigna does not cover any of the following services associated with a home birth:

- Services provided by an out-of-network provider when out-of-network benefits are not available.
- Services at the in-network benefit level, for services provided by an out-of network certified licensed nurse-midwife when a qualified in-network provider is available (i.e., network exception), unless required by State regulations.
• Services that are not considered eligible for reimbursement (e.g., services provided by a non-certified nurse-midwife, a certified midwife, or anyone other than a licensed physician or licensed certified nurse-midwife).
• Duplication of services (e.g., services provided by a licensed physician and licensed certified nurse-midwife simultaneously [i.e., at the same time]).
• Services considered not medically necessary (e.g., non-routine maternity services, additional prenatal counseling sessions, prenatal evaluation and management services specifically related to home birth).
• Items that are excluded or otherwise not covered under the benefit plan (e.g., equipment, supplies [e.g., emergency kits], supplies specifically related to home birth, modifications to the home, standby services [e.g., support personnel]).
• Facility charges for the home setting.

Background

Labor and delivery may present hazards to both mother and fetus before and after birth. Planned home birth is associated with a two- to threefold increased risk of neonatal death when compared with planned hospital birth (AAP, 2013). Standards for safe delivery are required and are provided when delivery takes place in a hospital or birthing center. Consistent with the American College of Obstetricians and Gynecologists (ACOG) and the American Academy of Pediatrics (AAP), Cigna considers a hospital or birthing center the safest setting for labor, delivery and postpartum care.

As an alternative to a hospital setting or birthing center, a medically informed decision to deliver in the home setting (i.e., home birth) may be chosen by some women. Planned home birth should only be considered for women who are at low risk for pregnancy complications and when a qualified health care professional is present.

Both the American Academy of Pediatrics (AAP) and American College of Obstetricians and Gynecologists (ACOG) recommend the use of certified midwives, a certified nurse-midwife, or a practicing physician for home birth. ACOG and the AAP do not support the provision of care by lay midwives or other midwives who are not certified by the American Midwifery Certification Board due to quality and safety concerns (ACOG, 2011). In addition, the availability of timely transfer and an existing arrangement with a hospital for potential transfer is required for consideration of home birth services.

The American Academy of Pediatrics policy statement on planned home birth (AAP, 2013) and the American College of Obstetricians and Gynecologists Committee Opinion (ACOG, 2011, reaffirmed 2013) recommends the following criteria for an elective home delivery:

Candidate for home delivery:
• absence of preexisting maternal disease
• absence of significant disease occurring during the pregnancy
• singleton fetus estimated to be appropriate for gestational age
• cephalic presentation (i.e., baby’s head facing down)
• gestation between 37 to < 41 completed weeks of pregnancy
• labor that is spontaneous or induced as an outpatient
• has not been transferred from another referring hospital

Systems needed to support planned home birth:
• availability of a certified nurse-midwife, certified midwife, or physician practicing within an integrated and regulated health system
• attendance by at least 1 appropriately trained individual whose primary responsibility is the care of the newborn infant
• ready access to consultation
• assurance of safe and timely transport to a nearby hospital with a preexisting arrangement for such transfers
Newborn care provided in the home setting immediately after delivery should adhere to current standards of practice. Each delivery should be attended by 2 individuals, at least 1 of whom has the appropriate training, skills, and equipment to perform a full resuscitation of the infant in accordance of the principles of the Neonatal Resuscitation Program (AAP, 2013).

**Definitions:**

**Low risk:** a term used by clinicians to describe women whose history and condition suggests that there is little likelihood of complications during pregnancy, labor and/or birth.

**Licensed certified nurse-midwife:** a licensed certified nurse-midwife is a registered nurse with advanced training who is registered and licensed to practice midwifery. Nurse-midwives provide care and advice to women during pregnancy, labor, birth, the early postpartum period, and care for the newborn baby in a variety of settings, under direct supervision of a licensed physician or independently if authorized by State law.

**In-network benefit level:** Coverage level applied when care is provided to a Cigna customer by a doctor, certified nurse-midwife, hospital, clinic, or laboratory that is contracted with Cigna to provide health care services.

**Out-of-network benefit level:** Coverage level applied when care is provided to a Cigna customer by a doctor, certified nurse-midwife, hospital, clinic, or laboratory that is not contracted with Cigna to provide health care services, who does not participate in the network associated with the customer’s Cigna plan, and only when a customer’s health benefit plan allows out-of-network services.

**References**


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