EmblemHealth

Home Birth Midwifery Services

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Medical Guideline Disclaimer

 The treating physician or primary care provider must submit to EmblemHealth the clinical evidence that the patient meets the criteria for the treatment or surgical procedure. Without this documentation and information, EmblemHealth will not be able to properly review the request for prior authorization. The clinical review criteria expressed below reflects how EmblemHealth determines whether certain services or supplies are medically necessary. EmblemHealth 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). EmblemHealth expressly reserves the right to revise these conclusions as clinical information changes, and welcomes further relevant information. Each benefit program 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 EmblemHealth, as some programs exclude coverage for services or supplies that EmblemHealth considers medically necessary. If there is a discrepancy between this guideline and a member's benefits program, the benefits program will govern. In addition, coverage may be mandated by applicable legal requirements of a state, the Federal Government or the Centers for Medicare & Medicaid Services (CMS) for Medicare and Medicaid members. All coding and web site links are accurate at time of publication. EmblemHealth Services Company LLC, ("EmblemHealth") has adopted the herein policy in providing management, administrative and other services to HIP Health Plan of New York, HIP Insurance Company of New York, Group Health Incorporated and GHI HMO Select, related to health benefit plans offered by these entities. All of the aforementioned entities are affiliated companies under common control of EmblemHealth Inc.

Definitions

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.)

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 ≤ 15 years of age
2. Women > 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 ≥ 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 (ie, myomectomy)
    - Autoimmune disorders (eg, rheumatoid arthritis, Crohn's disease)
    - Cardiovascular disorders (eg, heart failure prior to pregnancy, presence of pregnancy hypertension)
    - Lupus
    - Pulmonary disorders
    - Renal and urinary disorders
    - Gastrointestinal disorders
    - Hepatic disorders
    - Hematological disorders
    - Endocrine disorders (ie, diabetes with or without co-morbidity complications, eg, kidney damage, thyroid disorders, etc.)
    - Connective tissue disorders
    - Neurologic disorders
    - Neoplastic diseases
    - Infections (eg, AIDS complications, Group B strep, herpes simplex, varicella, Zika virus)Significant mental health disorders (ie., 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 accidents
- Preeclampsia
- Maternal hemorrhage

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
    - Placental problems
    - Breech or other fetal malpresentation
    - Fetal macrosomia
    - Alloimmunization
    - Prolonged rupture of membranes
    - Pronlongation of first and second stages of labor
    - Non-reassuring fetal surveillance
    - Severe anemia during the pregnancy requiring iron transfusion
14. Pregnancy resulting from infertility / assisted reproductive technology services
15. Exposure to teratogens (ie, cigarette smoking, alcohol, drug addiction/substance abuse)

Limitations/Exclusions

1. Midwifery services are not considered medically necessary for home-induced births.
2. 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 the state of New York.
3. Midwives must carry professional liability or medical malpractice insurance.
4. 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.
5. Coverage will not be provided for duplicative routine services actually provided by both a licensed midwife and a participating physician. In this case, the physician services will supersede those of the midwife.

Revision History

6/8/2018 — added examples to high risk condition/clinical scenario listings

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). 2011. http://midwife.org/ACNM/files/ACNMLibraryData/UPLOADFILENAME/000000000057/Collaborative%20Agreement%20between%20Physicians%20and%20CNMs.CMs%20Dec%20%202011.pdf. Accessed June 17, 2019.

American College of Nurse-Midwives Web site**.** Position Statement: Collaborative Management in Midwifery Practice for Medical, Gynecological and Obstetrical Conditions. 2014. http://midwife.org/ACNM/files/ACNMLibraryData/UPLOADFILENAME/000000000058/Collaborative-Mgmt-in-Midwifery-Practice-Sept-2014.pdf. Accessed June 17, 2019.

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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 17, 2019.

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* Regulation of midwifery is primarily under the auspices of the New York State Education Department, pursuant to the New York Education Law. The following language is retrieved from Chapter 238, Laws of New York, 2010:

1. The practice of the profession of midwifery is defined as the management of normal pregnancies, child birth 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.
2. A licensed midwife shall have the authority, as necessary, and limited to the practice of midwifery, to prescribe and administer drugs, immunizing agents, diagnostic tests and devices, and to order laboratory tests, as established by the board in accordance with the commissioner's regulations. . . . The final determination as to whether a home birth is appropriate resides, in accordance with New York Education Law § 6951(1), with the affiliated physician.