

Dear CORE Management Appeals Officer,

My wife and I are looking forward to the birth of our first child, a baby girl. We are confident in a healthy lifetime for Maria Isabel (the name we've chosen for our daughter) supported by the medical care that your organization oversees. I am writing now to ask you to extend your support to our choice for her birth as well: a homebirth attended by a Certified Nurse Midwife (CNM), her assistant, and hospital-based backup physician.

This is a choice we're making based on hours of medical journal research, and the education and career experience of my wife (a neonatal intensive care nurse). Furthermore, we are diligently working to ensure that we present as low of a risk profile as possible to give both my wife and daughter the best possible chances on Maria Isabel's natal birthday.

Our preparation includes extensive reading on natural childbirth, attending a 13-week Bradley Method natural birth class, following a strict and healthy diet as outlined by our CNM and the Bradley Method, regular exercise, and regular practice of special exercises designed to prepare a mother's body for the marathon of birth. In addition, we planned Maria Isabel's conception and Catharina prepared by eliminating contraindicated substances such as caffeine and alcohol and following a healthy pre-natal diet.

We are tracking the benefits of our work. We have completed all of the recommended pre-natal screenings (ultrasounds, sequential screening, glucose tests...), and our pregnancy has been monitored by a doctor or CNM at least once a month. Further, we are prepared to have a hospital birth if there are any signs at any time that Catharina is not low-risk, and we have already seen and made arrangements with Dr. XXX to attend us in the hospital should that be necessary.

Our choice of a homebirth accompanied by a CNM is primarily for the health and safety of my wife and daughter. For CORE, there is an immediate monetary benefit as well: homebirths for low-risk mothers accompanied by a CNM cost less (and potentially much less) than a hospital birth. The long-term benefit for CORE is also in the savings reaped over the life of a naturally-born child who tends to be healthier and require fewer medical procedures and services than their hospital-born counterparts.

The major risk of hospital births is in cascading unnecessary interventions, where the first greatly increases the possibility of subsequent interventions. Not only is this more expensive, but it is also less healthy for the mother and the baby. In the 2006 survey of around 3000 women by Childbirth Connections (formerly the Maternity Center Association), around one half of the women were induced, almost three quarters had an epidural administered, and one third gave birth by cesarean.

In comparison, according to most studies, only 20-30% of women who plan homebirth require any kind of intervention (regardless of place of birth: home or hospital), and cesarean rates for women who plan to give birth at home are generally only 5-10%.

Because of the low use of drugs, home born babies are more alert and in better condition than those born in the hospital, they latch better for quicker breastfeeding, and have more infusion of the life-giving blood from the placenta as well as earlier access to the natural antibiotic colostrum found in breast milk. Mothers have fewer post-natal complications as their bodies respond to the presence of the baby and more easily shed the placenta and start the process of recovery more quickly.

In terms of outcomes for mothers and babies, most studies of planned homebirth show perinatal mortality figures that are at least as good as the hospital figures, with lower rates of complications and interventions. For

example, Johnson and Daviss's landmark 2005 study of over 5000 US and Canadian women intending to deliver at home under the care of a CNM showed no greater perinatal mortality, and rates of intervention that were up to ten times lower than comparable low-risk women giving birth in the hospital. Rates of induction, intravenous drip, ruptures of membranes, fetal monitoring, epidural, augmentation, episiotomy, and use of forceps were each less than 10%, and only 3.7% of women required a cesarean.

The chief medical officer of health in Brisbane, Australia has said that midwifery is the "Rolls-Royce" of maternity care that is shown to get equally good or better outcomes and higher rates of satisfaction compared with care from a doctor or obstetrician. Australian studies (confirmed by the US CDC) report better outcomes, such as 33% lower newborn mortality, and 31% less risk of low birth weight among babies under midwifery care.

In the Netherlands, almost one third of all births (30%) are in-home and attended by midwives with good outcomes for mothers and babies. This country has some of the lowest rates of interventions (including low rates of cesarean) in the Western world.

The United States Center for Disease Control (CDC) reported in 2010 that home births were less likely than hospital births to be preterm or low birth weight. Also, they cite the UN World Health Organization's 1996 report that states: "[...] the midwife appears to be the most appropriate and cost effective type of health care provider to be assigned to the care of normal pregnancy and normal birth, including risk assessment and the recognition of complications."

The CDC's methodology also sheds some light on the negative reports about homebirth that resulted in the American College of Obstetricians and Gynecologists and American Medical Association issuing policy statements opposing home birth. The CDC's report shows that study is about homebirth have rarely attempted to separate the results of Certified Nurse Midwives from those of other midwives. Furthermore, these studies do not separate planned home birth from unplanned home births. Consequently, there is a misleading tendency to combine the poorer outcomes of noncertified midwives and emergency home births with those that are planned and attended by a Certified Nurse Midwife. Of midwife-delivered home births, only around one-fourth (27%) were delivered by certified nurse midwives, and nearly three-fourths (73%) were delivered by other midwives. Unplanned home births, that the CDC terms "a previously unidentified high risk population" represent around 17% of all home births.

In contrast to the two medical organizations above, the United Nations World Health Organization, the American College of Nurse Midwives, and the American Public Health Association all issued statements in support of home and out-of-hospital birth options for low-risk women.

Please reward us with your support in recognition of all of the effort that we are putting in to making Maria Isabel's entrance into the world as uncomplicated and inexpensive as possible. We ask that you reconsider your position on homebirths, at least in our case. The cost for the pre-natal care, birth, and material is only around \$3,500.

Thank you for your time and consideration,