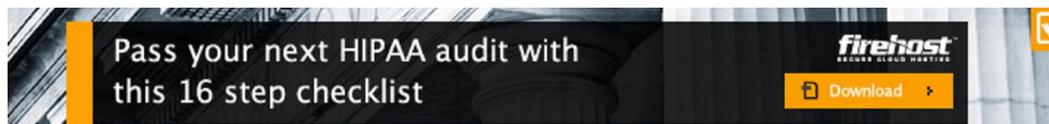


Search Health

Go

Inside Health

Research Fitness & Nutrition Money & Policy Views Health Guide



PAYING TILL IT HURTS Cash on Delivery

Part 2: Pregnancy

American Way of Birth, Costliest in the World



Josh Haner/The New York Times

"I feel like I'm in a used-car lot." Renée Martin, who, with her husband, is paying for her maternity care out of pocket.

By ELISABETH ROSENTHAL | Published: June 30, 2013

Source: Health Analytics

YOUR PERSPECTIVE

An average pregnancy costs \$37,341.

The charges given here are billed charges – actual amounts paid by an insurance company would be generally less.

YOUR RESPONSE \$12,000

Your response is higher than % of other readers' responses.

ACTUAL COST

Prenatal care

Birth

Postpartum

Newborn medical care

YOUR PERSPECTIVE

What do you think the total cost of a woman's pregnancy should be, from prenatal checkups through delivery and newborn care?

\$

COMPARE

their experiences by responding to questions about their perspective on pregnancy care. Comments are now closed, but you may explore the responses received.

Elisabeth Rosenthal, reporter

Please enter a number

LACONIA, N.H. — Seven months pregnant, at a time when most expectant couples are stockpiling diapers and choosing [car seats](#), Renée Martin was struggling with bigger purchases.

At a prenatal class in March, she was told about epidural [anesthesia](#) and was given the option of using a birthing tub during labor. To each offer, she had one gnawing question: “How much is that going to cost?”

Though Ms. Martin, 31, and her husband, Mark Willett, are both professionals with [health insurance](#), her current policy does not cover maternity care. So the couple had to approach the nine months that led to the birth of their daughter in May like an extended shopping trip though the American health care bazaar, sorting through an array of maternity services that most often have no clear price and — with no insurer to haggle on their behalf — trying to negotiate discounts from hospitals and doctors.

When she became pregnant, Ms. Martin called her local hospital inquiring about the price of maternity care; the finance office at first said it did not know, and then gave her a range of \$4,000 to \$45,000. “It was unreal,” Ms. Martin said. “I was like, How could you not know this? You’re a hospital.”

Midway through her [pregnancy](#), she fought for a deep discount on a \$935 bill for an [ultrasound](#), arguing that she had already paid a radiologist \$256 to read the scan, which took only 20 minutes of a technician’s time using a machine that had been bought years ago. She ended up paying \$655. “I feel like I’m in a used-car lot,” said Ms. Martin, a former art gallery manager who is starting graduate school in the fall.

PAYING TILL IT HURTS -
PART 1

[Colonoscopies Explain Why
U.S. Leads the World in
Health Expenditures -](#)

Like Ms. Martin, plenty of other pregnant women are getting sticker shock in the United States, where charges for delivery have about tripled since 1996, according to an analysis done for The New York Times by [Truven Health Analytics](#). - Childbirth in the United States is uniquely expensive, and maternity and newborn care constitute the [single biggest category](#) of hospital payouts for most commercial insurers and state [Medicaid](#) programs. The cumulative costs of approximately four million annual births is well over \$50 billion.

And though maternity care costs far less in other developed countries than it does in the United States, studies show that their citizens do not have less access to care or to high-tech care during pregnancy than Americans.

“It’s not primarily that we get a different bundle of services when we have a baby,” said Gerard Anderson, an economist at the Johns Hopkins School of Public Health who studies international health costs. “It’s that we pay individually for each service and pay more for the services we receive.”

Those payment incentives for providers also mean that American women with normal pregnancies tend to get more of everything, necessary or not, from blood tests to ultrasound scans, said Katy Kozhimannil, a professor at the University of Minnesota School of Public Health who studies the cost of women’s health care.

Financially, they suffer the consequences. In 2011, 62 percent of women in the United States covered by private plans that were not obtained through an employer [lacked maternity coverage](#), like Ms. Martin. But even many women with coverage are feeling the pinch as insurers demand higher co-payments and deductibles and exclude many pregnancy-related services.

From 2004 to 2010, the prices that insurers paid for childbirth — one of the most universal medical encounters — rose 49 percent for vaginal births and 41 percent for Caesarean sections in the United States, with average out-of-pocket costs rising fourfold, [according to a recent report](#) by Truven that was commissioned by three health care groups. The average total price charged for pregnancy and newborn care was about \$30,000 for a vaginal delivery and \$50,000 for a [C-section](#), with commercial insurers paying out an average of \$18,329 and \$27,866, the report found.

Women with insurance pay out of pocket an average of \$3,400, according to a survey by [Childbirth Connection](#), one of the groups behind the maternity costs report. Two decades ago, women typically paid nothing other than a small fee if they opted for a private hospital room or television.

YOUR PERSPECTIVE

What aspects of maternity care or its costs were unexpected for you?

J Corpus Christi 8 months ago

My home births, all five of them, each cost less than \$1,000. My hospital birth was \$13,000, which Medicaid paid for, but we still had a doctor fee of \$4,500 that we had to pay out of pocket.

Only in America

In most other developed countries, comprehensive maternity care is free or cheap for all, considered vital to ensuring the health of future generations.

Ireland, for example, guarantees free maternity care at public hospitals, though women can opt for private deliveries for a fee. The average price spent on a normal vaginal delivery tops out at about \$4,000 in Switzerland, France and the Netherlands, where charges are limited through a combination of regulation and price setting; mothers pay little of that cost.

The chasm in price is true even though new mothers in France and elsewhere often remain in the hospital for nearly a week to heal and learn to breast-feed, while American women tend to be discharged a day or two after birth, since insurers do not pay costs for anything that is not considered medically necessary.

Average 2012 Amount Paid for Childbirth

	CONVENTIONAL DELIVERY	CAESAREAN
United States	\$9,775	\$15,041
Switzerland	4,039	5,186
France	3,541	6,441
Chile	2,992	3,378
Netherlands	2,669	5,328
Britain	2,641	4,435
South Africa	2,035	3,449

Note: Amounts paid are the actual payments agreed to by insurance companies or other payers for services, and are lower than billed charges. Amounts shown include routine prenatal, delivery and postpartum obstetric care. Some care provided by practitioners other than the obstetrician – like ultrasounds performed by a radiologist or blood testing by a lab – are not included in this tally.

Source: International Federation of Health Plans

YOUR PERSPECTIVE

If you gave birth outside the United States, what was your experience with medical testing, procedures and costs?

Anonymous Ontario 8 months ago

I am a Canadian mother of three. I received the best care I could want or need under the provincial health care system and, combined with benefits through my spouse's employer, I only paid to have a private hospital room.

Only in the United States is pregnancy generally billed item by item, a practice that has spiraled in the past decade, doctors say. No item is too small. Charges that 20 years ago were lumped together and covered under the general hospital fee are now broken out, leading to more bills and inflated costs. There are separate fees for the delivery room, the birthing tub and each night in a semiprivate hospital room, typically thousands of dollars. Even removing the placenta can be coded as a separate charge.

Each new test is a new source of revenue, from the hundreds of dollars billed for the simple [blood typing](#) required before each delivery to the \$20 or so for the splash of gentian violet used as a disinfectant on the umbilical cord (Walgreens' price per bottle: \$2.59). Obstetricians, who used to do routine tests like ultrasounds in their office as part of their flat fee, now charge for the service or farm out such testing to radiologists, whose rates are far higher.

Add up the bills, and the total is startling. "We've created incentives that encourage more expensive care, rather than care that is good for the mother," said Maureen Corry, the executive director of Childbirth Connection.

In almost all other developed countries, hospitals and doctors receive a flat fee for the care of an expectant mother, and while there are guidelines, women have a broad array of choices. "There are no bills, and a hospital doesn't get paid for doing specific things," said Charlotte Overgaard, an assistant professor of public health at Aalborg University in Denmark. "If a woman wants [acupuncture](#), an epidural or birth in water, that's what she'll get."

Despite its lavish spending, the United States has one of the highest rates of both infant and maternal death among industrialized nations, although the fact that poor and uninsured women and those whose insurance does not cover childbirth have trouble getting or paying for prenatal care contributes to those figures.

Some social factors drive up the expenses. Mothers are now older than ever before, and therefore more likely to require or request more expensive prenatal testing. And obstetricians face the highest malpractice risks among physicians and pay hundreds of thousands of dollars a year for insurance, fostering a "more is safer" attitude.

But less than 25 percent of America's high payments for pregnancy typically go to obstetricians, and they often charge a flat fee for their nine months of care, no matter how many visits are needed, said Dr. Robert Palmer, the chairman of the committee for health economics and coding at the [American College of Obstetricians and Gynecologists](#). That fee can range from a high of more than \$8,000 for a vaginal delivery in Manhattan to under \$4,000 in Denver, according to [Fair Health](#), which collects health care data.

Rather it is the piecemeal way Americans pay for this life event that encourages overtreatment and overspending, said Dr. Kozhimannil, the Minnesota professor. Recent studies have found that more than 30 percent of American women have Caesarean sections or have labor induced with drugs — far higher numbers than those of other developed countries and far above rates that the American College of Obstetricians and Gynecologists considers necessary.

During the course of her relatively uneventful pregnancy, Ms. Martin was charged one by one for lab tests, scans and emergency room visits that were not included in the doctor's or the hospital's fee. During her seventh month, she described one week's experience: "I have high glucose, and I tried to take a three-hour test yesterday and threw up all over the lab. So I'm probably going to get charged for that. And my platelets are low, so I'm going to have to see a hematologist. So I'm going to get charged for that."

She sighed and put her head in her hands. "Welcome to my world," she said.

Extras Add Up

Though Ms. Martin has yet to receive her final bills, other couples describe being blindsided by enormous expenses. After discovering that their insurance did not cover pregnancy when the first ultrasound bill was denied last year, Chris Sullivan and his wife, both freelance translators in Pennsylvania, bought a \$4,000 pregnancy package from Delaware County Memorial Hospital; a few hospitals around the country are starting to offer such packages to those patients paying themselves.

The couple knew that price did not cover extras like amniocentesis, a test for genetic defects, or an epidural during labor. So when the obstetrician suggested an additional fetal heart scan to check for abnormalities, they were careful to ask about price and got an estimate of \$265. Performed by a specialist from the Children's Hospital of Philadelphia, it took 30 minutes and showed no problems —

but generated a bill of \$2,775.

"All of a sudden I have a bill that's as much as I make in a month, and is more than 10 times what I'd been quoted," Mr. Sullivan said. "I don't know how I could have been a better consumer, I asked for a quote. Then I get this six-part bill." After months of disputing the large discrepancy between the estimate and the bill, the hospital honored the estimate.

Mr. Sullivan noted that the couple ended up paying \$750 for an epidural, a procedure that has a list price of about \$100 in his wife's native Germany.

Even women with the best insurance can still encounter high prices. After her daughter was born five years ago, Dr. Marguerite Duane, 42, was flabbergasted by the line items on the bills, many for blood tests she said were unnecessary and medicines she never received. She and her husband, Dr. Kenneth Lin, both associate professors of family medicine at Georgetown Medical School, had delivered babies in their early years of practice.

So when she became pregnant again in 2011, she decided to be more assertive about holding down costs. After a routine ultrasound scan at 20 weeks showed a healthy baby, she refused to go back for weekly follow-up scans that the radiologist suggested during the last months of her pregnancy even though medical guidelines do not recommend them. When in the hospital for the delivery of her son Ellis in February, she kept a list of every medicine and every item she received.

Though she delivered Ellis with a [midwife](#) 12 minutes after arriving at the hospital and was home the next day, the hospital bill alone was more than \$6,000, and her insurance co-payment was about \$1,500. Her first two pregnancies, both more than five years ago, were fully covered by federal government insurance because her husband worked for the Agency for Health Care Research and Quality.

"Most insurance companies wouldn't blink at my bill, but it was absurd — it was the least medical delivery in history," said Dr. Duane, who is taking a break from practice to stay home with her children. "There were no meds. I had no anesthesia. He was never in the nursery. I even brought my own heating pad. I tried to get an explanation, but there were items like 'maternity supplies.' What was that? A diaper?"

Ms. Martin is similarly well positioned to be an expert consumer of health care. She administered the health plan for a large art gallery she managed in Los Angeles before marrying and moving to Vermont in 2011 to enroll in a year of pre-med classes at the University of Vermont. She has a scholarship this fall for a master's degree program at Vanderbilt University's Center for Medicine, Health and Society, and then she plans to go on to medical school. Her father-in-law is a pediatrician.

She and her husband, who works for a small music licensing company that does not provide insurance, hoped to start their family during the year they were covered by university insurance in Vermont, she said, but "nature didn't cooperate."

Then they moved to the New Hampshire summer resort of Laconia, her husband's hometown, for a year before she started the grind of medical training. But in New Hampshire, they discovered, health insurance they could buy on the individual market did not cover maternity care without the purchase of an additional "pregnancy rider" for \$800 a month. With their limited finances and unsuccessful efforts at conceiving, it seemed an unwise, if not impossible, investment.

Soon after buying insurance coverage without the rider for \$450 a month, Ms. Martin



Christopher Gregory/The New York Times

"Most insurance companies wouldn't blink at my bill, but it was absurd." Dr. Marguerite Duane, who questioned line items on her hospital bill.

RENÉE MARTIN'S PREGNANCY COSTS

Video by Dave Horn; Photography by Cheryl Senter for the New York Times

Statement after delivery without any discounts; not an official bill:

discovered she was pregnant. Her elation was quickly undercut by worry.

“We’re not poor. We pay our bills. We have medical insurance. We’re not looking for a handout,” Ms. Martin said, noting that her husband makes too much money for her to qualify for Medicaid or other subsidized programs for low-income women. “The hospital is doing what it can. Our doctors are taking wonderful care of us. But the economics of this system are a mess.”

Not knowing whether the pregnancy would fall at the \$4,000 or \$45,000 end of the range the hospital cited, the couple had a hard time budgeting their finances or imagining their future. The hospital promised a 30 percent discount on its final bill. “I’m trying not to be stressed, but it’s really stressful,” Ms. Martin said as her due date approached.

Hospital charges	\$20,257
Obstetrician	4,020
Anesthesiologist	3,278
Drugs	1,125

Bills for prenatal care:

Emergency visit	1,600
Genetic testing	1,500
Ultrasound	1,191
Radiology	520
Hematologist	346

YOUR PERSPECTIVE

How would you describe the ideal scenario for insurance coverage during pregnancy?

PirateJenny Chicago 8 months ago

The ideal scenario would be: (1) a flat fee charged for pregnancy and childbirth, with flexible options for repayment (e.g. installments), and (2) Certified Nurse Midwives as providers of all prenatal care and deliveries, with only high-risk or special cases receiving obstetrician attention.

Package Deals

With costs spiraling, some hospitals are starting to offer all-inclusive rates for pregnancy. Maricopa Medical Center, a public hospital in Phoenix, began offering uninsured patients a comprehensive package two years ago. “Making women choose during labor whether you want to pay \$1,000 for an epidural, that didn’t seem right,” said Dr. Dean Coonrod, the hospital’s chief of obstetrics and gynecology.

The hospital charges \$3,850 for a vaginal delivery, with or without an epidural, and \$5,600 for a planned C-section — prices that include standard hospital, doctors’ and testing fees. To set the price, the hospital — which breaks even on maternity care and whose doctors are on salaries — calculated the average payment it gets from all insurers. While Dr. Coonrod said the hospital might lose a bit of money, he saw other benefits in a market where everyone will have insurance in just a few years: mothers tend to feel allegiance to the place they give birth to their babies and might seek other care at Maricopa in the future.

The [Catalyst for Payment Reform](#), a California policy group, has proposed that all hospitals should offer such bundled prices and that rates should be the same, no matter the type of delivery. It suggests that \$8,000 might be a reasonable starting point. But that may be hard to imagine in markets like New York City, where \$8,000 is less than many private doctors charge for their fees alone.

One factor that has helped keep costs down in other developed countries is the extensive use of midwives, who perform the bulk of prenatal examinations and even simple deliveries; obstetricians are regarded as specialists who step in only when there is risk or need. Sixty-eight percent of births are attended by a midwife in Britain and 45 percent in the Netherlands, compared with 8 percent in the United States. In Germany, midwives were paid less than \$325 for an 11-hour delivery and about \$30 for an office visit in 2011.

Dr. Palmer of the American College of Obstetricians and Gynecologists acknowledged the preference for what he called “medicalized” deliveries in the United States, with IVs, anesthesia and a proliferation of costly ultrasounds. He said the organization was working to define standards for the scans.



Laura Segall for The New York Times

“Making women choose during labor whether you want to pay \$1,000 for an epidural, that didn’t seem right.” Dr. Dean Coonrod, chief of obstetrics and gynecology at Maricopa Medical Center in Phoenix

To control costs in the United States, patients may also have to alter their expectations, including the presence of an obstetrician at every prenatal visit and delivery. “It’s amazing how much patients buy into our tendency to do a lot of tests,” said Eugene Declercq, a professor at Boston University who studies international variations in pregnancy. “We’ve met the problem, and it’s us.”

Starting next year, insurance policies will be required under the Affordable Care Act to include maternity coverage, so no woman should be left paying entirely on her own, like Ms. Martin. But the law is not explicit about what services must be included in that coverage. “Exactly what that means is the crux of the issue,” Dr. Kozhimannil said.

If the high costs of maternity care are not reined in, it could break the bank for many states, which bear the brunt of Medicaid payouts. Medicaid, the federal-state government health insurance program for the poor, pays for more than 40 percent of all births nationally, including more than half of those in Louisiana and Texas. But even Medicaid, whose payments are regarded as so low that many doctors refuse to take patients covered under the program, paid an average of \$9,131 for vaginal births and \$13,590 for Caesarean deliveries in 2011.

Insured women are still getting the recommended prenatal care, despite rising out-of-pocket costs, [according to a recent study](#). But that does not mean they are not feeling the strain, said Dr. Kozhimannil, the study’s lead author. The average amount of savings among pregnant women in the study was \$3,000 to \$5,000. “People will find ways to scrape by for medical care for their new baby, but are young mothers taking care of themselves? And what happens when they need to start buying diapers?” she asked. “Something’s got to give.”

Ms. Martin, who busied herself making toys as her due date neared, could not stop fretting about the potential cost of a complicated delivery. “I know that a C-section could ruin us financially,” she said.

On May 25, she had a healthy daughter, Isla Daisy, born by vaginal delivery. Mother and daughter went home two days later.

She and her husband are both overjoyed and tired. And, she said, they are “dreading” the bills, which she estimates will be over \$32,000 before negotiations begin. Her labor was induced, which required intense monitoring, and she also had an epidural.

“We’re bracing for it,” she said.

YOUR PERSPECTIVE

Is there anything else you would like to share about your experience or expectations for pregnancy care in the United States?

Anonymous San Jose 8 months ago

In my experience as a physician, American patients demand more and more. More testing, more scans, more biopsies, more surgery,

more drugs. Patients might make more judicious choices if they had to pay out of pocket.

This article has been revised to reflect the following correction:

Correction: July 2, 2013

An article on Monday about the high cost of maternity and newborn care in the United States misstated the number of years ago that Dr. Marguerite Duane's daughter was born. It was five years ago, not seven. The article also misidentified which of Dr. Duane's sons was born in February. He is Ellis — not Isaac, who is her older son.

A version of this article appears in print on July 1, 2013, on page A1 of the New York edition with the headline: American Way of Birth, Costliest in the World.

READERS' PERSPECTIVES How you and others responded.

1 of 4

QUESTIONS

What aspects of maternity care or

If you gave birth outside the United States, what was your experience with medical testing, procedures and costs? (520)

How would you describe the ideal scenario for insurance coverage during pregnancy? (379)

Is there anything else you would like to share about your experience or expectations for pregnancy care in the United States? (415)

What aspects of maternity care or its costs were unexpected for you?

728 READER RESPONSES

All Recent Pregnancy Pregnancy Not Covered Medical Professionals

Anonymous Seattle 8 months ago

The \$1200 ultrasound at 20 weeks: 20 minutes in the examination room to check that my child was healthy and his gender, but we were charged \$900 for the service plus \$300 for someone else to look at the images (a man, despite the tech who helped me being a woman). I have no clue who that guy was or what he did. The \$1000 for basic blood tests at my ten-week appointment.

D.M. Kansas City Missouri Pregnancy Covered 8 months ago

we were just told 60.00 for birthing class. Forget it! I Am a 4th yr nursing student, even if not..lots of videos available. I thought ALL hospitals wanted their patients to have a great, safe experience? I went through two insurance nightmares before they finally got the info correct where I could and could not deliver. In this day and age VERY confusing to average patient, Dr may NOT deliver at your choice, just because he is your Dr. Average patient I advise you STRONGLY to make sure your Dr office and Hospital are a MATCH!

Natalya Moscow 8 months ago

Though Russia is not included in the list... I am paying bit more than 2000\$ for maternity care and this includes all analyses and scans during the pregnancy except 3D scan. My contract lasts until 36nd week. I would receive it for free in the public hospital may be with less comfort and more pressure from doctors. State's insurance police covers it as well as delivery.

Anonymous Lebanon, NH Pregnancy Covered 8 months ago

\$5,000 per night for my stay; \$3,000 per night for my baby to stay in the same room with me; charges for birthing tub (not used), private room surcharge (no other option), IV (inserted but not used), and on and on. I insisted the hospital rescind the charges for all services that I had not used, not requested, and even a few that I had explicitly declined but that they had charged anyway. I would not have had the energy to fight them if their bills had been prompt, but by the time they arrived my newborn was a six-month-old.

Kubo Merced Pregnancy Covered 8 months ago

Having tests/procedures presented by doctors as required with no mention of cost or coverage. We received a \$250 bill for bloodwork we were told was genetic testing mandated by the state. We assumed "mandated" meant free. We didn't realize it meant we'd have to pay full price because it was also not covered by insurance.

Eugenia Framingham Pregnancy Covered 8 months ago

I investigated the options for childbirth and found that in uncomplicated deliveries, nurse-midwives had the best record, so I received all my care for my 3 children with nurse-midwives. When I was almost due with my third, the insurance company called and asked for a \$2500 down payment or some such payment. I told them I had stayed in the hospital less than 20 hours total for both of my children and wouldn't be sending them any down payment.

Max R Brooklyn 8 months ago

Both of our births were covered. First was in hospital, 24 hour stay, semi-private room, epidural, vaginal. 2 years later we opted for a home birth. Our midwife arranged with our insurer for a gap exception so that she would be covered in network. My wife delivered at home (<3 hours labor). The midwife billed \$11000, paid by insurance at 90% (\$1100 to us). We would never deliver in a hospital again if possible. The level of personalized care from our homebirth midwife was incredible - less stress for us and the baby and less expensive for the insurer to boot!

Ravi Grand Rapids Pregnancy Covered 8 months ago

It was shocking to find out that we will pay \$150 per night for the nursery, and the worse part is that does not include formula, diaper or even baby blanket.

Kathryn Los Angeles Pregnancy Covered 8 months ago

While there were a ton of tests offered, I didn't partake of many of them because my kids were so premature, but also because it would not have changed my mind. An amnio wouldn't have changed what I planned no matter its outcome.

Ashley Agen Pregnancy Covered 8 months ago

In France, once I passed the 24th week, the French government picked up all the cost for my pregnancy. Before that, I paid less than one hundred euros in charges.

Anonymous Atlanta, GA Pregnancy Covered 8 months ago

I'm 18 weeks pregnant with my first and, luckily, I'm doubly insured. Since I have insurance, my OB is constantly offering me expensive (but "free" to me) tests that I'm sure aren't necessary, just because my insurance will pay it. I opt out, but so many other don't, raising costs for everyone.

Sarah Washington DC Pregnancy Covered 8 months ago

The cost was not unexpected--I am a nurse, so I had some idea what to expect. But there were SO MANY separate bills---\$200 for the anesthesia group, \$150 for the OB, \$1000 for the hospital, \$75 for the sonograms, etc etc, down to \$10 and \$20 dollar bills which kept coming for months after the delivery, all of which threatened collection agencies and credit ruin if you forgot to pay even one small bill of the dozens which came in.

Anonymous Franklin, MA Pregnancy Covered 8 months ago

We adopted and costs for the processing of forms, and other fees were discussed upfront. There was one last minute expense for travel costs that were not disclosed initially. We weren't happy about a \$6000 surprise, but were generally pleased with the early transparency. How is it that women giving birth cannot expect the same? No one should be paying for

mysterious "maternal supplies" nor should they pay ridiculously inflated prices for them or for services they don't need.

Anonymous Lexington Pregnancy Not Covered 8 months ago

We tried to bridge the gap between our mid-wife and ob-gyns and failed terribly, ending up having an induced home birth, being altogether freaked out by how our doctors pushed for expensive tests and procedures, using fear as the primary motivator. "If you don't to "x" you are willfully putting your baby at risk", etc. Our prenatal care, home birth, and 2 weeks of after care totaled \$2000.

Anonymous Boston Area 8 months ago

23 years ago I wanted to have my baby at home. My insurance was BlueCrossBlue Shield. They refused to cover any part of it. In addition to making me happy to be out of hospital it would have been cheaper for them! Alas- I had to give in- I stopped counting the receipts when it hit 20 grand!

Anonymous Montclair Pregnancy Covered 8 months ago

When I was 4 weeks from my due date, 17 years ago, I was receiving weekly fetal heart rate monitoring. I was told it was because I was almost 41. My first few months post-partum were spent on the phone with Aetna, arguing for my out of network benefits due to "advanced maternal age"!

Liz Sandy Pregnancy Covered 8 months ago

I could not believe how cheap mine were, but they were all home deliveries. Each prenatal visit lasted a full hour and I had extensive prenatal testing and support including care before even getting pregnant.

Anonymous San Diego 8 months ago

Speaking as a Licensed Midwife in California attending homebirths, my clients routinely express to me their frustration and disappointment over the fact that insurance companies typically classify me as an out-of-network provider. At best, insurers reimburse my clients 60% of my fees, which are typically \$3,800 for prenatal, labor and birth, postpartum, and newborn care. Midwifery clients ask me, "Why don't they want to pay your charges? Your care costs so much less than a hospital birth!" The answer seems to be that, if possible, the insurance companies will do their best not to pay anything at all.

Elizabeth Gaithersburg Pregnancy Covered 8 months ago

I had employer-provided insurances and no out-of pocket expenses, however when I looked at the bill I was surprised at all the itemizations (gloves, ibuprofen, bandages) and how much they were charging for each thing. Shocking

DeAnn Newnan Pregnancy Covered 8 months ago

my costs were all covered after the first copay...but that was 16 years ago. even though my daughter was 3 months early all of the costs for her 6 weeks in the hospital were also covered. This kind of non-coverage is ridiculous. I wouldn't be paying for healthcare that didn't cover maternity care, especially as a woman.

Anonymous Spokane Pregnancy Covered 8 months ago

Costs are even more shocking for older women, where amniocentesis testing is normal. That can set you back thousands, and it is often excluded by insurance as an "elective" procedure, despite the fact that it is considered essential by the medical community for mothers as young as their early 30s. Overall, most private insurance does a terrible job of covering pregnancy and childbirth. The main exception seems to be all-inclusive HMOs, which often have excellent coverage and care for this.

Stephen Seattle Pregnancy Covered 8 months ago

The hospital added a \$2000 room charge for the baby, once he was born. This was separate from the \$4600 room charge for my wife. THEY WERE IN THE SAME ROOM! I'm thinking of having our second child in the penthouse at the Bellagio. It'll be less expensive.

Anonymous Memphis 8 months ago

Exactly what is reported here. I had COBRA, but it ran out in the middle of pregnancy. Since everything was billed at the end, it paid nothing for prenatal care, sonograms, etc. I paid about \$3,000 due to a program for uninsured moms at the hospital. I couldn't get any sort of insurance, even to cover non-pregnancy once I was pregnant. My hospital also could not give me a price when I called. Luckily, I did not need anesthesia or any other interventions, which would have upped the cost.

Kathryn San Francisco, CA 8 months ago

Our insurance fought against paying for a planned homebirth in 2008. In San Francisco the cost of a homebirth, which includes several prenatal visits, the birth and post-natal visits cost \$4500 in that year. Why would they not support this cost-effective option for healthy pregnancies? My friend gave birth around the same time at a nearby hospital--it was a quick and uncomplicated vaginal delivery with an overnight stay and cost about \$17,000 to her insurance. BTW, we did eventually get fully re-imbursed, but no thank-you card from our insurance co. for saving them so much money!

Anonymous Bethesda, MD 8 months ago

I delivered my children 15 and 17 years ago, with a good health plan provided by my employer. For each child, including two nights in the hospital, lots of ultrasounds, induced labor for one, epidurals for both ... my entire out-of-pocket cost was \$100. The insurance company paid the rest. That's the way it SHOULD be still.

Anonymous New York Pregnancy Covered 8 months ago

The anesthesiologist for a routine epidural - he was out of network! (I was at major hospital and had good insurance)

Tom Chicago, IL 8 months ago

For our first child, we thought we were safe because the hospital was under our insurance plan. Of course, the hospital hired lots of doctors and specialists who weren't...

Anonymous Springfield, NJ 8 months ago

The \$8000 bill from the anesthesiologist. It didn't occur to me to ask two days into labor whether the one anesthesiologist on the unit on a Sunday was in-network.

Jane Kansas City Pregnancy Covered 8 months ago

Ask United Healthcare where the accredited free standing birth centers are in their network- It is shocking to hear they don't have any in-network.

Anonymous Boston 8 months ago

My vaginal delivery that was pitocin augmented, and that lasted 28 hours with constant monitoring, AND that involved no pain meds of any kind and CNMs in a hospital setting cost \$28,000 in 2009. It was my third birth -- the other two were vaginal as well. We paid \$7K out of pocket. My 1998 birth with pitocin and an epidural cost \$7K (\$400 or so out of pocket) and my 2002 birth (no pitocin, no pain meds, vaginal) was about \$12K with \$1K out of pocket.

annie astoria Pregnancy Covered 8 months ago

the pediatrician in the hospital who checked my newborns before they

were released....i don't think that he spent more than 2 minutes with my babies, and my insurance was billed \$275. nice gig!!!

Monique Denver Pregnancy Covered 8 months ago

The fact that, as noted above, hospital births cost \$30k, but yet, home birth (which is statistically safer when attended by a licensed midwife) is only \$3,800 and includes significantly more services than the figure includes above (education and pre and post natal care), but yet my insurance company won't consider ANY home birth midwife in my state to be in network. I just don't get it. Safer and cheaper? What's wrong with insurance companies?

Anonymous Jupiter, Florida Pregnancy Covered 8 months ago

That vaginal ultrasounds cost much less than abdominal ultrasounds. Also, since I am pregnant with twins, I had far more doctor appointments (some of them were so useless to me and the babies- like when the doctor just listened (no sonogram) to hear a heartbeat- hearing one heartbeat with twins does me no good!) and ultrasounds.

Anonymous Secaucus, NJ Pregnancy Covered 8 months ago

Our doctor switched to an out-of-network, for-profit hospital when we were 8 months pregnant. They tried to charge us a total of \$30,000 for a vaginal delivery without anesthesia.

Anonymous Fort Worth, TX 8 months ago

A friend who needed an extended stay in the hospital due to serious complications was charged \$1000 a night for her baby to stay with her. The baby was perfectly healthy and needed no medical type care. Basically, \$1000/night to sleep there and for diapers, etc.

Anonymous Bellingham Pregnancy Covered 8 months ago

The charges on the bills we received from the hospital bill were not itemized. We had opted for a birth center, but ended up at the hospital. If we had been able to do the birth center option our cost would have been nearly zero. We had to negotiate with the hospital for the cost of the birth- which was vaginal- and it ended up being 5,000 out of pocket afterward. This is with insurance.

Anonymous New York 8 months ago

The funniest thing was after my wife delivered at the hospital, I mentioned that I had a headache and asked the nurse for an Advil. She replied: "Unfortunately we can't administer any drugs to you because you are not here as a patient. But there is a pharmacy down the street." I'm at a hospital and they can't give me an Advil?? This is the problem with the system.

nicole New York Pregnancy Covered 8 months ago

We chose to use a midwife and pursue natural childbirth at a well-known birthing center in New York. Although our midwife had advanced medical training and 35 years experience, her prenatal care and delivery service was not covered under our comprehensive medical insurance. If I had used a medical doctor, medications and had a c-section with a hospital stay of one week, my coverage would have been 100%.

lahke Boston Pregnancy Covered 8 months ago

That newborn care in first 6 months was included. Also, are you including outlier cases? A couple of \$4 million dollar premiums will make the averages really pop out.

Farah Gilbert Pregnancy Not Covered 8 months ago

I was an older mother 36 when I was pregnant, and with some mild chronic hypertension. I had to pay \$7000 deductible and had to have

multiple ultrasounds and fetal stress tests for about 300 dollars each every week after 35 weeks of pregnancy. I currently have no maternity coverage on my insurance which is not through a company as I am a small business owner and a physician. I am 38 and cannot afford to have another baby as I would have to pay out of pocket.

S. New York 8 months ago

Because of my age (over 35), I was considered at risk, which of course meant that the doctor recommended countless tests and ultrasounds. I was shocked that my ob wanted me to have an ultrasound every four weeks or so. I can only imagine what this would have cost us had we not had decent health insurance. When we fired our doctor at 34 weeks (he would only perform a c-section because my daughter was breeched and would not consider my request to let me try a vaginal delivery) and hired a midwife, the countless tests came to a halt.

Rebecca Kentfield Pregnancy Covered 8 months ago

This is, also, my experience. What's worse is that my State Insurance is switching to Obama Care/ "Affordable" Care Act, and my deductibles start ALL over again with no option to dispute my prenatal and birthing care as an extension of existing care. So, \$4,000 deductible and now another \$3,000 for the last month and birth, and might have to switch doctors because the federal system is a mess. My husband is a German immigrant, unable to work as of yet in the U.S.A. I have a physical job that I've had to cut back on.

Katie Ithaca 8 months ago

I was induced (because of insulin-controlled gestational diabetes), my labor didn't progress, and 54 hours later, I was sent for an urgent c-section. Even though I had read that this outcome was likely, I felt like a statistic as I watched everything unfold. I was afraid of shoulder dystocia, so I knew that things could have ended even worse than they did. At least now, we are now both home and healthy.

KB Denver Pregnancy Covered 8 months ago

I couldn't believe how much hospitals charged for ultrasounds and that they weren't covered under normal prenatal care. I had to pay out of pocket until I met my deductible. Unfortunately I had to have them often throughout my pregnancy because the doctors were concerned about my baby's size. Everything turned out fine but I definitely had sticker shock.

Anonymous Traverse City 8 months ago

I am an ob/gyn in northern MI, I receive \$500 for prenatal care (14 or so visits) and \$1000 for a vaginal delivery (and not much more for C/S) from commercial insurance. Significantly less for medicaid. Our reimbursement hasn't increased over the past 4-5 years but every year our overhead, malpractice insurance and costs for our own insurance premiums increase by moderate to significant amounts.

Anonymous Portland 8 months ago

Home birth is not only amazing but so much cheaper!

Ann Upland Pregnancy Covered 8 months ago

If I was a cash client (AKA no insurance) by ultrasound was \$100, with my insurance I ended up paying \$175 in addition to the amount my insurance had paid them...

Anonymous Winnett, mt Pregnancy Covered 8 months ago

The HUGE bill simply for our hospital room! It was over \$600 per day for my daughter and myself, simply for the room, not including any of the care we received.

Anonymous Malo Pregnancy Covered 8 months ago

I had twins last year. A monthly ultrasound was highly recommended because multiples are considered high risk. At delivery; three doctors, two nurse anesthists, two respiratory therapists, and two nurses were present; while a full surgical team was on call in case of caesarean. The bill for two vaginal births was very high, but between my and my husband's insurance maternity costs were 100% covered.

Anonymous Portland, OR Pregnancy Covered 8 months ago

We planned a homebirth. The midwives charged \$3800, insurance would cover only about \$700. We think. They wouldn't commit to any amount or calculation. Then I got pre-eclampsia. I asked how much the hospital would cost us (I had already paid the midwives in full) and was told they couldn't be sure of the cost, depends on the coverage, blah blah. We were lucky that we only had to pay \$250 each, but the bill was \$20k to the insurance company. I don't know why insurance companies want to pay more than they have to. Midwives are affordable! And safe!

Show More Responses

SAVE EMAIL SHARE



Get 50% Off The New York Times & Free All Digital Access.

Get Free Email Alerts on These Topics

Pregnancy and Childbirth

Health Insurance and Managed Care

Prices (Fares, Fees and Rates)

United States

Ads by Google

what's this?

Lumosity Brain Games

Train memory and attention with scientific brain games.
www.lumosity.com