

My name is Peggy Robertson. I live in Centennial, Colorado. I have two boys ages ten and three. Shortly after my youngest son was born, my husband and I began to research independent health insurance options because our current policy was increasing in price every year. My husband is self-employed and we are unable to get access to a group policy.

We applied with Golden Rule and I was denied coverage based on having a cesarean with Luke in 2006. I am in perfect health and I was shocked that Golden Rule would decline my application. I called Golden Rule and they said that if I would get sterilized, they would then be able to offer insurance to me. I was shocked by their comments and immediately contacted the Colorado Division of Insurance to file a complaint. After filing a complaint, I discovered that Golden Rule is allowed to discriminate against women who have had a c-section. There was nothing I could do.

I contacted the International Cesarean Awareness Network to see if they could help me share my story and create change. They were able to do that and my story was covered on the front page of the New York Times. I discovered that in all but five states, it is legal to discriminate against women because of a previous cesarean, either by denying coverage, requiring sterilization or charging significantly higher premiums than would be paid by a woman without a previous c-section. My husband and I ended up accepting an insurance plan with a high deductible that honestly could financially ruin us if there was a family medical emergency. In addition, my youngest son has been denied insurance coverage twice and we have had to find alternative health insurance for him at a higher cost and a higher deductible.

As a result of my c-section, we were unable to have a third child. We attempted to get maternity insurance and discovered that the max we could receive is four thousand dollars, and in order to receive that full pay, we would have to have been insured by the same company for three years. Also, once a woman has had a c-section, it is almost impossible to qualify for a VBAC. As a result, most doctors would require me to have another c-section with a third child, which is financially impossible, much more expensive than four thousand, and therefore, this has limited our ability to have any more children.

Not only are women being denied coverage because of a previous cesarean but they are also being denied the opportunity to have a non-surgical delivery with their next pregnancy because of widespread policies that ban vaginal birth after cesarean.