



WEASEL NOTAM – 35FW- 25-13  
HOME BIRTHS  
09-Oct-25



**PURPOSE:** To establish 35th Fighter Wing guidance regarding requests for home birth.

**COMMANDER'S INTENT:** The 35th Fighter Wing Commander's intent is to supplement AFI 44-102, *Medical Care Management*, paragraph 4.8.3. guidance on home births.

**BACKGROUND:** Home birth is an option considered by some parents but presents significant risks and, in some cases, considerable challenges. Urgent complications affecting the mother or child can develop with little or no warning. In a setting where adequate medical resources are unavailable or access to those resources is significantly delayed, these complications could lead to catastrophic consequences, to include significant disability or even death of the mother or child. The 35th Medical Group (MDG) and its personnel follow the recommendation of American College of Obstetricians and Gynecologists (ACOG) and Air Force Policy on home births as stated in AFI 44-102 and strongly discourage this practice. As such, home births are not supported by the 35th Fighter Wing.

**IMPLEMENTATION:**

1. Patients who elect to pursue home birth options against the medical advice of the 35 MDG providers assume the risks arising from their decision.
2. If an elective home delivery is planned off base, the following conditions should be met:
  - a. A written emergency plan should be established and
  - b. The patient should notify the 35 MDG of details of the upcoming birth to include a notification of when labor has initiated and when the delivery is complete.
3. If an elective home delivery on base is planned, AFI 44-102, para 4.8.3, requires the installation commander, in conjunction with the 35 MDG/CC, to ascertain to his/her satisfaction whether the provider participating in the delivery is properly licensed to practice in Japan and that the welfare of personnel on base is not jeopardized. Consequently, all requests for home births on the installation must be reviewed by the 35 MDG/CC and routed for approval to the 35 FW/CC. Each case must meet the following conditions:
  - a. A written emergency plan must be established,
  - b. The midwife must state what services he/she can/will provide and provide proof of licensure, and
  - c. The patient must agree to notify the Medical Treatment Facility of details of the upcoming birth.

4. In accordance with Japanese law, the patient must plan for safely and properly disposing of the placenta and other bodily fluids/byproducts of birth which are considered medical waste.

5. Ultimately, the installation commander may deny an individual permission to have a home birth on the installation. This determination will be made on a case-by-case basis.

6. Home deliveries are not a TRICARE covered benefit overseas. Families interested in home delivery should visit TRICARE to receive information regarding their options. Eligible beneficiaries who select home birth may still obtain prenatal care at the 35 MDG throughout their pregnancy.

7. Providers of the 35 MDG, as employees of the Defense Health Agency, are not authorized to participate in home birth.

**POC:** Contact the 35 MDG Women's Health Medical Director at DSN 226-6150 for questions regarding this NOTAM.

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