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## Insure your unborn baby

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April 27, 2008

EXPECTANT mothers will be able to insure their unborn babies against pregnancy complications, birth defects and even death.

Mothers whose children have disabilities such as blindness and deafness or other congenital malformations, including spina bifida, Down syndrome, cleft palate and heart disorders, will receive \$50,000 from an insurance policy launched this week.

Women suffering dangerous complications such as ectopic pregnancy or eclampsia will also get a \$50,000 lump sum, while stillbirths qualify for a \$10,000 payout.

The baby cover available from insurance giant ING is the first of its kind in Australia, possibly the world, and will be aimed at the nation's growing number of older mothers.

Australia's median age for new mums is almost 31, up from 27 in 1985. The older the mother, the greater the risk of pregnancy complications and birth defects.

A 25-year-old woman has a one in 1400 chance of delivering a baby with Down syndrome and one in 500 chance of having a live born baby with a chromosomal abnormality. The risk for both rises to one in 60 for a 40-year-old.

For women 35 or over, the risk of having a stillbirth is one in 440, compared to one in 1000 for younger women.

ING spokesman Mark Vilo said: "Effective life insurance needs to keep pace with social trends and advances in medical technology."

The baby policy, an optional extra in ING's top life insurance, will be available to women aged between 16 and 40. There is a 12-month waiting period and the cover ends on the child's second birthday.

Premiums rise with age. A 32-year-old professional non-smoker earning \$80,000 a year would pay an annual life premium of about \$1443.26, including the \$439 baby option. A 40-year-old woman would pay double that total.

Mr Vilo said the policy payouts could be used to cover medical expenses, adjustments to the home, mortgage repayments, to replace salary or wages, pay for a carer for the child or cover funeral costs if the child died.

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"Every woman in the process of having a child knows the risks," he said. "We don't make people undergo genetic testing to find out things they don't want to."

NSW Midwives Association secretary Dr Hannah Dahlen said: "It is making women think about the terrible things that can happen when the reality is there are very few mothers who suffer from complications during pregnancy."

"Insurance companies are going to go wherever they can to make a buck. Fifty thousand dollars is not going to go very far in caring for a sick child. It is marketing fear and uncertainty when women are vulnerable during pregnancy."

Dr Edward Weaver, of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists, warned women could be frightened into paying for insurance they didn't need.

He said the conditions covered under the baby policy, such as eclampsia, infantile hydrocephalus and disseminated intravascular coagulation (DIC), were rare.

The plan does not cover complications in pregnancy due to IVF or miscarriage before 20 weeks' gestation, unless caused by one of four specific conditions (eclampsia, DIC, hydatidiform mole and ectopic pregnancy).

He said ING should be made to publish incidence rates of each of the conditions so women could assess whether the premium was worthwhile, particularly at their age.

"If people want to insure their baby that's OK but I'm concerned because these are quite rare conditions and the majority of women won't get them - and if they did, most would terminate the pregnancy," he said.

Investment and Financial Services Association chief Richard Gilbert said only 20 per cent of Australians had "any reasonable level of life insurance".

"Insurers are targeting what they see as segments of opportunities and this is one," he said.

"Some people will think it's not ethical but the cost of covering for a disability is monstrous and that's why people will look at this.

"It means if there is something that could give the kid a better quality of life, the money is there."

Australian Medical Association federal president Dr Rosanna Capolingua, said:

"Pregnant women want to do anything they can to help and this will appeal to some because it's something they feel they must have but they would need to weigh up very carefully and statistically their risk."

*This story was found at: <http://www.smh.com.au/articles/2008/04/27/1208743315952.html>*