



A Comparative Analysis of Maternal and Infant Health Programs

Delaware State Health Improvement Plan (SHIP)



DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health



*Partnership for
Healthy Communities*
A COMMUNITY ENGAGEMENT INITIATIVE

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A Comparative Analysis of Maternal and Infant Health Programs

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Introduction

Executive Summary

This report, completed in January 2026, details a comparative analysis of state-level public health programs in Maryland, New Jersey, Pennsylvania, and Delaware, focusing on maternal and infant health. Athena Bruess, a Master of Public Health student at the University of Delaware (UD), conducted this student-led research project under the supervision of the Delaware State Health Improvement Plan (SHIP) and completed it in January 2026. The primary goal of this report is to identify strategies, program models, and funding mechanisms to inform and strengthen Delaware’s maternal and infant health initiatives. Each state within this report highlights unique approaches to maternal and infant health, reflecting differences in program design, delivery, and priorities. This analysis includes topics relating to prenatal and postpartum care, prenatal nutrition support, perinatal mental health services, and community-based organizations. The findings in this report will provide insight into policy-relevant recommendations related to Delaware’s population and community needs.

The SHIP prioritizes reducing maternal morbidity and mortality and improving infant health outcomes by identifying evidence-based strategies used in neighboring states. Examining how other states address racial, geographic, and socioeconomic disparities in maternal and infant health aligns with the SHIP’s focus. To better understand these efforts that advance health equity, this report analyzes how neighboring states use public policies, funding mechanisms, and coordinated service models to address ongoing maternal and infant health challenges. By comparing approaches across Delaware, Maryland, New Jersey, and Pennsylvania, this comparative analysis aims to identify evidence-based practices and policy solutions that can be adapted to strengthen Delaware’s maternal and infant health goals.

Methodology

A comparative analysis and review of state websites and program documents was completed for Maryland, New Jersey, Pennsylvania, and Delaware. Information gathered details policies, public and private funding, and target audiences. Through this comparative analysis, key themes and focus areas were identified. This report was sent to the Delaware Department of Health and Social Services, Division of Public Health (DPH), and the SHIP’s coalition for review and feedback. After feedback was obtained, this report was sent to the DPH Privacy Board for review.

Overview of Programs by State

Summaries of State Findings

Maryland

Maryland has a strong emphasis on quality improvement through a data-driven approach to maternal and infant health. The state integrates surveillance systems (Pregnancy Risk Assessment Monitoring System (PRAMS), Fetal and Infant Mortality Review (FIMR), Maternal Mortality Review (MMR) with programs such as Medicaid-covered doulas, group prenatal care, and substance-use support groups, such as the Maternal Opioid Misuse (MOM) program. Maryland's programs include strong academic partnerships and perinatal programs that support continuous improvement and policy development.

Unique Programs

- [Statewide Integrated Health Improvement Strategy Initiatives \(SIHIS\)](#)
 - Maryland's coordinated system to improve health outcomes, SIHIS, focuses on hospital quality, care transitions across health care systems, and total population health, with an emphasis on maternal and child health. With this program, Maryland can focus on its maternal health goals to reduce maternal morbidity and improve infant health outcomes, aligning with the state's health improvement goals. Through collaboration with the Center for Medicare and Medicaid Innovation (CMMI) under the Total Cost of Care Model, this program guides statewide planning and interventions to improve maternal and infant health outcomes. This initiative provides grant-supported home-visiting and group prenatal care across the state.
- [Maternal Opioid Misuse \(MOM\) Program](#)
 - The Maternal Opioid Misuse (MOM) Program is a Medicaid-funded initiative designed to improve care for pregnant and postpartum birthing parents diagnosed with opioid use disorders. This program provides case management services and supports birthing parents throughout pregnancy and up to one year postpartum. Program participants work with case managers and meet monthly to develop an individualized care plan that connects them to prenatal care, behavioral health treatment, and community resources to address their physical and mental health needs. This program aims to increase prenatal and postpartum care coordination, reduce preterm births and low birth weight, support postpartum recovery, and improve health outcomes for both birthing parents and infants.
- [Maryland Tobacco Quitline's Pregnancy Incentive Program](#)
 - The Maryland Tobacco Quitline's Pregnancy Incentive Program is part of the statewide Maryland Tobacco Quitline service. This program provides free tobacco cessation support services, offering phone, web, and text-based coaching to help Maryland residents quit tobacco. Pregnant women who enroll in this program receive tailored support that emphasizes prenatal cessation, and they can qualify for incentives, such as a gift card, for completing the program. Health care providers refer participants to this program, which provides 24/7 access to trained coaches,

- personalized quit plans, and additional resources to support smoking cessation. This incentive program aims to increase engagement in cessation services among pregnant smokers by providing positive reinforcement through rewards.
- [Infant Safe Sleep](#)
 - The Maryland Infant Safe Sleep program, led by the Maryland Department of Health’s Maternal and Child Health Bureau, aims to reduce sleep-related infant deaths by providing families with education, resources, and guidance on safe sleep practices. This program partners with hospitals, public health agencies, and community organizations to promote evidence-based practices to reduce infant mortality. Through this program, Maryland provides state-level parent education and outreach resources that emphasize safe sleep practices to caregivers and health care providers. These materials link families to partnering programs, such as Cribs for Kids, to help ensure every infant has a safe sleep space.
 - [Maryland Perinatal Neonatal Quality Collaborative](#)
 - The Maryland Perinatal Neonatal Quality Collaborative (MDPQC) is a statewide partnership of hospitals, perinatal and neonatal care providers, community organizations, and public health professionals dedicated to improving outcomes for birthing parents and newborns across Maryland. This collaborative promotes the sharing of best practices, training, and evidence-based quality improvement among participating providers to enhance maternal and neonatal care. MDPQC provides technical assistance and education resources for caregivers and providers. The collaborative aims to reduce perinatal complications, implement evidence-based practices, and create safer, more equitable birthing experiences for birthing parents across the state.
 - [Maryland Maternal Mortality Review Program](#)
 - The Maryland Maternal Mortality Review (MMR) Program is a state-level initiative aimed at systematically identifying and examining deaths among pregnant and postpartum individuals to better understand causes and prevent future losses. This program reviews medical records and data to assess the preventability of pregnancy-related deaths. It also develops evidence-based recommendations to reduce maternal mortality. The MMR Program has a Maternal Mortality Review Team (MMRT), which involves clinicians, public health experts, and stakeholders to evaluate cases and advise on prevention strategies. Additionally, the MMR Program collaborates with participating physician offices, focusing on minority health and health disparities to address inequities and inform statewide policy and quality improvement efforts.
 - [Babies Born Healthy](#)
 - Babies Born Healthy is an initiative through the Maryland Department of Health. It aims to improve birth outcomes by increasing access to comprehensive prenatal care, enhancing maternal support services, and reducing risk factors associated with adverse pregnancy outcomes. This program focuses on connecting pregnant individuals to individualized care, education, and community resources that support healthy pregnancies. Babies Born Healthy emphasizes early engagement in prenatal

- services, health education, and care coordination to improve maternal and infant health outcomes. This program works to reduce preterm births, low birth weight, and pregnancy complications. Through partnerships with health care providers and community organizations, this program works to ensure that families receive the support system they need throughout pregnancy and into the postpartum period.
- [Maryland Maternal Health Innovation Program \(MDMOM\)](#)
 - The Maryland Maternal Health Innovation Program is a statewide initiative funded by the Health Resources and Services Administration (HRSA) and based at the University of Maryland School of Medicine. MDMOM aims to improve maternal health outcomes through coordinated data collection, training, and service delivery. To improve clinical practices and reduce disparities in maternal care, MDMOM focuses on hospital quality improvement, maternal morbidity surveillance, and training for health professionals. This program also promotes telehealth initiatives, education on maternal warning signs, and equity-focused interventions for providers and families. Through collaboration with public health agencies, hospitals, community partners, and researchers, this program advances evidence-based maternal health practices, strengthens health care systems, and increases access to maternal resources across Maryland.

Table 1. Maryland’s Maternal and Infant Health Programs, 2025

Policies and Initiatives	Funding Mechanisms	Target Audience	Area of Focus
Nutrition and breastfeeding support with WIC	Federal funding (Women, Infants, and Children Program; United States Department of Agriculture), Centers for Disease Control and Prevention (CDC), Health Resources and Services Administration (HRSA), state Children’s Health Program funds	Pregnant women, postpartum individuals, infants, and children up to age 5	Prenatal nutrition, breastfeeding support, healthy infant growth
Group-based prenatal care with Medicaid	Centers for Medicare & Medicaid Services (CMS), Maryland Department of Health	Pregnant individuals enrolled in Medicaid	Prenatal education, peer support, improved health outcomes
Medicaid doula program	CMS, Maryland Department of Health	Pregnant and postpartum individuals enrolled in Medicaid	Birth support, culturally responsive care, improved birth outcomes
Medicaid-supported prenatal and postpartum care	CMS, state health funding	Pregnant and postpartum individuals receiving Medicaid beneficiaries	Access to prenatal care, postpartum follow-up, continuity of care

Table 1. Maryland’s Maternal and Infant Health Programs, 2025 (continued)

Policies and Initiatives	Funding Mechanisms	Target Audience	Area of Focus
Pregnancy Risk Assessment Monitoring System (PRAMS)	CDC collaboration, Maryland Department of Health	Individuals who recently given birth	Data collection on maternal behaviors, outcomes, and risk factors
Fetal and Infant Mortality Review (FIMR) Program	HRSA, CDC, state public health funding	Infants and families affected by fetal or infant death	Identification of preventable deaths, systems improvements
Maternal mental health screening and support	CMS, HRSA, state behavioral health funding	Pregnant and postpartum individuals	Screening and treatment of perinatal and postpartum depression and anxiety
Substance use prevention and treatment during pregnancy	CMS, Substance Abuse and Mental Health Services Administration, Maryland Department of Health	Pregnant and postpartum individuals with substance use disorders	Treatment coordination, maternal stability, infant safety
Infant safe sleep education programs	CDC, HRSA, Maryland Department of Health	Parents, caregivers, infants	Prevention of sleep-related infant deaths
Early childhood and infant development support	Maternal, Infant, and Early Childhood Home Visiting Program, state early childhood funding	Infants, toddlers, and their families	Developmental screening, early intervention, family support

Table 1. Maryland’s Maternal and Infant Health Programs, 2025 (continued)			
Policies and Initiatives	Funding Mechanisms	Target Audience	Area of Focus
Quality improvement initiatives for perinatal care	HRSA, participating hospitals, state funding	Hospitals and perinatal care providers	Standardized clinical practices, maternal safety
Tobacco cessation programs targeted at pregnant individuals	CDC, state tobacco settlement funds	Pregnant individuals who use tobacco	Smoking cessation, reduced preterm birth and low birth weight
Data collection and monitoring systems to inform policy and practice	CDC, HRSA, Maryland Department of Health	Public health agencies and policymakers	Surveillance, evaluation, evidence-based policymaking
Doula and community-based birthing support	Medicaid reimbursement, private foundations, community grants	Pregnant and postpartum individuals, focusing on underserved populations	Birth equity, advocacy, emotional and physical support

Source: Maryland Department of Health. (2019a). Maryland Tobacco Quitline - For New and Expectant Parents; Maryland Department of Health. (2019b). Maternal Mortality Review (MMR) Program; Maryland Department of Health. (2029c). MOM Case Management Services; Maryland Department of Health. (2019d). Statewide Integrated Health Improvement Strategy Initiatives (SIHIS); Maryland Department of Health. (2022). Infant Safe Sleep; Maryland Department of Health. (2026). Babies Born Healthy; Maryland Maternal Health Innovation Program. (2023). Home MDMOM; Maryland Perinatal Neonatal Quality Collaborative. (2026). About Us MDPQC.

New Jersey

New Jersey focuses its maternal and infant health programs on equity and workforce development. The state tailors its programs to focus on the Black and Hispanic perinatal populations. Initiatives such as Nurture NJ and the New Jersey Doula Learning Collaborative emphasize community-based care, postpartum support, and the expansion of the community health worker and doula workforce. New Jersey's programs emphasize advocacy and multiagency collaboration, combining Medicaid policy with strong community partnerships.

Unique Programs

- [Healthy Women, Healthy Families](#)
 - Healthy Women, Healthy Families is a statewide program that aims to improve maternal and infant health outcomes and reduce racial, ethnic, and economic disparities. This program uses a collaborative, community-driven approach, involving community health workers statewide, to provide long-term case management, outreach, and referrals to prenatal and postpartum services for women and families. This program expands education on postpartum doula services and breastfeeding to others in caregiving roles, such as partners and grandparents, thereby increasing access to postpartum care and family support. Additionally, this program connects families to services through a referral system called Connecting NJ, which provides access to care and resources to pregnant individuals and new parents throughout and after pregnancy.
- [Maternal and Child Health Consortia](#)
 - The Maternal and Child Health Consortia is a community-based organization that aims to improve maternal and child health by coordinating local services, enhancing access to care, and addressing health disparities. This program brings together health care providers, public health professionals, community organizations, and residents to assess regional needs and introduce strategies that support pregnant individuals, children, and their families. Services within this program include health education, outreach, and referral services for prenatal care, postpartum support, infant health, and related social determinants of health.
- [New Jersey Doula Learning Collaborative](#)
 - The New Jersey Doula Learning Collaborative (NJDLC) is a state-led program designed to expand and strengthen the doula workforce by providing training, professional development, and coordinated resources for doulas statewide. Collaboration among providers, educators, community partners, and public health leaders improves the quality and consistency of doula care. It emphasizes support for those who attend births in historically underserved communities. The NJDLC program promotes culturally responsible practices and introduces shared learning opportunities, which align with New Jersey's broader maternal health goals to reduce maternal health disparities and improve birth outcomes.

- [Maternal and Infant Health Innovation Center](#)
 - The Maternal and Infant Health Innovation Center (MIHIC) is a program under the state’s Nurture NJ initiative, which aims to advance equity and outcomes in maternal and infant health. MIHIC serves as a centralized location for equitable clinical care, social services, workforce training and education, and data collection and research. MIHIC coordinates maternal and infant health services, provides culturally centered workforce training for perinatal professionals, conducts research on technology and service innovation, and operates a collaborative data platform to inform policy and community action. The New Jersey Economic Development Authority leads this center in collaboration with public, academic, and community stakeholders.
- [Partnership for Maternal and Child Health of Northern New Jersey](#)
 - The Partnership for Maternal and Child Health (PMCH) is a nonprofit organization dedicated to improving the health and well-being of women, children, and families in northern New Jersey. PMCH works through collaboration, education, and advocacy to address regional maternal and child health challenges, strengthen health care systems, and promote equitable access to care. This organization collaborates with health care providers, community partners, public health agencies, and residents to develop and support programs that enhance prenatal care, reduce health disparities, advance health equity, and improve positive early childhood outcomes.
- [Nurture NJ](#)
 - Nurture NJ is a statewide initiative to improve maternal and infant health outcomes and eliminate racial and ethnic disparities in birth outcomes. The vision of this initiative is to make New Jersey the safest and most equitable state in the nation for delivering and raising a baby by aligning policies, programs, and community engagement around maternal and infant health. This program contains a comprehensive strategic plan, developed through collaboration among clinicians, public health experts, community organizations, and families, and supported by legislative action. For example, this program expanded postpartum Medicaid coverage, established Medicaid reimbursement for doula care, and launched a universal nurse home-visiting system.
- [NJ FamilyCare](#)
 - NJ FamilyCare is a publicly funded health insurance program that provides medical coverage for low-income residents, including children, pregnant individuals, and parents/caretakers. This program combines Medicaid and the Children’s Health Insurance Program to offer a range of services, including prenatal care, well-child visits, hospital care, prescription drugs, behavioral health services, and preventive screenings, at little or no cost to enrolled individuals. This program aims to remove financial barriers to care, improve access to essential health services, and support healthy outcomes for birthing parents and infants by ensuring coverage throughout pregnancy, extending into the postpartum period. Enrollment is income-based and collaborates with health care providers statewide to promote early referrals and continuity of care.

- [My Kota Bear, Inc.](#)
 - My Kota Bear, Inc. is a nonprofit organization dedicated to supporting families affected by infant loss. Its mission is to provide compassionate care, resources, education, and community support through peer-to-peer support groups, remembrance events, and practical tools to help parents and families navigate grief and health after miscarriage, stillbirth, or the death of an infant. My Kota Bear, Inc. works to raise awareness of pregnancy and infant loss, reduce stigma, and connect families with professional and community-based resources that promote emotional well-being. This program aims to build a supportive community and ensure that families experiencing loss do not grieve alone.

Table 2. New Jersey’s in Maternal and Infant Health Programs, 2025

Policies and Initiatives	Funding Mechanisms	Target Audience	Area of Focus
Community-based maternal and infant health initiatives	State funding (New Jersey Department of Health), federal grants (Centers for Disease Control and Prevention, Health Resources and Services Administration), private grants	Pregnant and postpartum individuals and families	Community engagement, maternal health education, access to services
Medicaid-supported maternal and perinatal care access	NJ FamilyCare (Medicaid, Children’s Health Insurance Program), Center for Medicare & Medicaid Services funding	Pregnant and postpartum individuals enrolled in NJ FamilyCare	Prenatal care access, postpartum coverage, continuity of care
Doula workforce development	State funding, Center for Medicare & Medicaid Services Medicaid reimbursement, grants	Doulas and community birth workers	Training, education, certification, workforce sustainability

Table 2. New Jersey’s Maternal and Infant Health Programs, 2025 (continued)			
Policies and Initiatives	Funding Mechanisms	Target Audience	Area of Focus
Birthing support programs	Medicaid reimbursement, state and private grants	Pregnant and postpartum individuals, focusing on underserved populations	Labor support, advocacy, respectful maternity care
Equity-focused programs targeting high-risk populations	State funding through Nurture NJ, federal grants	Black and Hispanic birthing individuals	Reduction of racial disparities, culturally responsive care
Maternal and infant health pilot programs	NJ Economic Development Authority, federal and state innovation funds	Health systems, community organizations	Program innovation, testing of new care models
Postpartum care and family support programs	Medicaid, state public health funding, private grants	Postpartum individuals and families	Postpartum health visits, breastfeeding support, mental health services
Care coordination across prenatal, perinatal, and postpartum periods	New Jersey Department of Health, Medicaid, community-based organization funding	Pregnant and postpartum individuals	Health care navigation, referrals, continuity of care
Community-based education and outreach services	State and federal grants, nonprofit partnerships	Families, caregivers, and underserved communities	Health education, outreach, and awareness

Source: My Kota Bear. (2019). About Us; New Jersey Department of Health. (2021). About NJDLC; New Jersey Department of Health. (2026a). Healthy Women Healthy Families; New Jersey Department of Health. (2026b). Maternal and Child Health Consortia; New Jersey Economic Development Authority. (2023). Maternal and Infant Health Innovation Center; NJ FamilyCare. (2023). NJ FamilyCare - What Is It?; Nurture NJ. (2021). Home; Partnership for Maternal & Child Health of Northern New Jersey. (2026). Our Mission.

Pennsylvania

Pennsylvania provides a broad range of programs and services focused on screening, breastfeeding, mental health, safe sleep, and early childhood support. The state combines federal protections with statewide surveillance and perinatal care initiatives. Pennsylvania’s model contains extensive referral networks (PA Navigate, PA 211) and peer-support programs that help families access care through all stages of pregnancy, postpartum, and early infancy.

Unique Programs

- [Keystone 10 Initiative](#)
 - The Keystone 10 Initiative is a statewide breastfeeding quality improvement program led by the Pennsylvania Department of Health. This program aims to improve the protection, promotion, and support of breastfeeding for birthing parents, infants, and families across Pennsylvania. The Keystone 10 Initiative created the “Ten Steps to Successful Breastfeeding” guide, which includes evidence-based practices that encourage early initiation, exclusive breastfeeding, skin-to-skin contact, and ongoing lactation support. Participating birthing facilities begin a multi-year process to adopt these practices, track progress, and earn the Keystone 10 designation once all steps are implemented. This program is shown to improve breastfeeding initiation and duration statewide. By standardizing maternity care practices and promoting supportive breastfeeding environments, Keystone 10 aims to enhance maternal and infant health outcomes and reduce disparities in infant feeding support.
- [Pennsylvania Maternal Mortality Review Committee](#)
 - The Pennsylvania Maternal Mortality Review Committee (PA MMRC) is a multidisciplinary collaboration established by the Pennsylvania Department of Health. This committee systematically reviews deaths of individuals during pregnancy and up to one year postpartum, which is done through analyzing medical records, death certificates, and relevant case information to determine causes of maternal death, contributing factors, and whether these deaths were preventable. Based on its findings, the PA MMRC develops evidence-based recommendations for clinical practice, public health policy, community interventions, and system improvement. These recommendations aim to prevent future maternal deaths and reduce health disparities. PA MMRC supports statewide efforts to improve maternal health outcomes by informing targeted prevention strategies, enhancing provider education, and shaping policy decisions related to maternal care delivery.
- [Pennsylvania Perinatal Quality Collaborative](#)
 - The Pennsylvania Perinatal Quality Collaborative (PA PQC) is a statewide quality improvement initiative focused on enhancing the standard of care for pregnant and postpartum individuals and newborns throughout Pennsylvania. This collaborative works under the Pennsylvania Maternal Mortality Review Committee. Through collaboration among hospitals, health plans, providers, public health agencies, and community partners, the PA PQC identifies gaps in perinatal care and implements evidence-based improvements. This program promotes peer-to-peer learning, data-driven quality improvement, staff training, and collaboration among care teams.

- PA PQC aims to reduce maternal mortality and morbidity and provide equitable access to maternal and infant health care.
- [Baby's First Test](#)
 - Baby's First Test is an educational and informational program that supports and enhances access to newborn screenings in Pennsylvania. This program provides families and health care providers with accessible information about screening tests that are performed shortly after birth. Information from this program explains the purpose of newborn screening, the types of conditions being tested, the importance of early detection, and what follow-up care may involve if a screening result is abnormal. Baby's First Test works alongside the state's newborn screening system to ensure that families understand their infants' screening results and have the resources needed for timely diagnosis and treatment when necessary. By increasing awareness and comprehension of newborn screening, this initiative aims to promote early identification of serious health conditions, improve long-term health outcomes, and support family engagement in infant care.
 - [PA Navigate](#)
 - PA Navigate is a statewide online resource and referral platform launched by the Pennsylvania Department of Human Services. This platform helps residents connect with community-based services, county and state agencies, and health care providers to meet a wide range of social, economic, and health needs. This tool allows individuals and their care team to search for, self-refer to, or be referred to services such as food assistance, housing support, transportation, childcare, utility assistance, and health care resources through a secure, ZIP Code-based search interface. This database bridges gaps in clinical care and community support while addressing the social determinants of health that influence health outcomes, at no cost to residents.
 - [PA 211](#)
 - PA 211 is a free, statewide information and referral system that connects residents to community resources and human services relating to health, social, and economic needs. This system is available by phone, the internet, or text. It helps residents and their families locate assistance with needs such as food, housing, transportation, health care, behavioral health services, crisis intervention, and maternal and child health resources. This service is staffed by trained specialists who assess caller needs, provide information on available resources, and facilitate referrals to appropriate local agencies and programs.
 - [Maternity Care Coalition](#)
 - The Maternity Care Coalition (MCC), a nonprofit organization serving families in southeastern Pennsylvania, focuses on improving maternal and infant health through community-based support, education, and care coordination. MMC provides peer support for pregnant and parenting individuals, home visits, breastfeeding education and support, and connection to health care and social services. MCC aims to help families achieve healthy pregnancies and establish strong early childhood foundations. With an emphasis on equity and culturally responsive care, MMC works closely with communities to reduce disparate birth outcomes and increase access to

- supportive services. In collaboration with hospitals, health departments, community agencies, and residents, MCC works to strengthen health care systems and build community capacity to support maternal and child well-being.
- [PA Safe Sleep](#)
 - PA Safe Sleep is a statewide initiative dedicated to reducing sleep-related infant deaths by promoting and educating caregivers about safe sleep practices for babies. This program provides evidence-based recommendations to create environments that reduce the risk of sudden infant death syndrome (SIDS) and accidental suffocation. PA Safe Sleep provides training, outreach, and educational materials to families, health care providers, and community partners to reinforce safe sleep practices and support continued implementation statewide. Through the collaborative efforts of public health agencies, hospitals, and community organizations, the initiative works to raise awareness, increase compliance with safe sleep recommendations, and improve infant health outcomes throughout Pennsylvania.
 - [PA Family Support Alliance](#)
 - The PA Family Support Alliance (PFSA) is a statewide nonprofit organization dedicated to supporting families affected by child abuse and neglect through prevention, education, and advocacy. PFSA provides a wide range of services designed to strengthen families and protect children, including parent education, support groups, outreach and awareness campaigns, and professional training for caregivers, educators, and service providers. This organization operates support lines and resource referral services to help families in crisis access community resources and support networks. PFSA works to improve family well-being and reduce risk factors associated with adverse childhood experiences.
 - [Parent to Parent of PA](#)
 - Parent to Parent of PA is a statewide peer-support organization that empowers families of individuals with disabilities and special health care needs through family-to-family support, encouragement, and shared experience. This organization believes that families are their children’s best advocates. Parent to Parent of PA offers emotional support, resource navigation, and connections with other families who share similar experiences. Its core values emphasize respect, dignity, collaboration, inclusion, and strength-based engagement, ensuring that family voices are heard and validated. By connecting parents with trained family support partners, this organization increases family confidence, reduces isolation, and helps families access information and resources that improve the health, education, and quality of life of children with disabilities and special needs.
 - [PA Partnerships for Children](#)
 - PA Partnerships for Children (PPC) is a statewide nonprofit organization focused on improving the health, education, and well-being of children and families. This is done through policy advocacy, public education, and coalition building. PPC works to ensure that every child has access to quality health care, early learning opportunities, safe environments, and supportive family resources by influencing state and federal policy and advancing evidence-informed solutions. Key areas of

advocacy for this organization include expanding health care coverage, promoting developmental screening, and supporting equitable access to services for children and their caregivers. Through research and stakeholder partnerships, PPC aims to reduce disparities and create systems that help all children thrive.

- [Maternal, Infant, and Early Childhood Home Visiting Program](#)
 - The Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program is a federally funded initiative that supports evidence-based home visiting services for pregnant individuals and families with young children. Its goal is to improve maternal and infant health, child development, and family well-being. MIECHV partners with local agencies to deliver structured home visiting models, such as Nurse-Family Partnership and Early Head Start, that provide voluntary, in-home support, education, and referrals tailored to family needs. These home visits can promote healthy pregnancies, positive parenting practices, early childhood development, and connections to health care and community resources. This program aims to strengthen family self-sufficiency, reduce child maltreatment, and improve outcomes in areas such as prenatal care engagement, infant health, and access to supportive resources.

Table 3. Pennsylvania’s Maternal and Infant Health Programs, 2025

Policies and Initiatives	Funding Mechanisms	Target Audience	Area of Focus
PA Pregnancy Risk Assessment Monitoring System	Centers for Disease Control and Prevention (CDC) cooperation, PA Department of Health	Individuals who have recently given birth	Surveillance of maternal behaviors, risk factors, and birth outcomes
Special supplemental nutrition program with WIC	United States Department of Agriculture (USDA) federal funding, PA Department of Health	Pregnant, postpartum, and breastfeeding individuals, infants and children	Nutrition support, healthy pregnancies, infant growth
WIC breastfeeding support	USDA Women, Infants, and Children funds, state public health funding	Breastfeeding individuals and infants	Breastfeeding initiation, duration, lactation support
Early detection and newborn screening program	State public health funding, federal support	Newborn infants statewide	Early identification of metabolic, genetic, and congenital conditions
Infant safe sleep education and prevention initiatives	CDC, Health Resources and Services Administration, state public health funds	Parents, caregivers, infants	Reduction of sleep-related infant deaths
Care coordination programs for families	State funding, Medicaid, community-based organization grants	Pregnant individuals, caregivers and their families	Health care system navigation and social services

Table 3. Pennsylvania’s Maternal and Infant Health Programs, 2025 (continued)			
Policies and Initiatives	Funding Mechanisms	Target Audience	Area of Focus
Community-based maternal and family support services	State and federal grants, nonprofit funding	Pregnant and postpartum individuals and families	Education, mental support, resource coordination
Peer-to-peer and parental support networks	State grants, nonprofit funding	Parents and caregivers of infants and young children	Emotional support, family stability and empowerment
Home visiting and early childhood intervention programs	Maternal, Infant, and Early Childhood Home Visiting Program federal funding, Individuals with Disabilities Education Act Part C, state funding	Pregnant individuals, infants and young children	Early intervention, parental support, child development
Programs containing cross-sector partnerships linking health care, public health, and social services	State agencies, Medicaid, nonprofit and health care partnerships	Families with complex medical and social needs	Integrated care, systems coordination, health equity

Source: *Baby’s First Test*. (2025). Pennsylvania; HRSA. (2024). *Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program*; *Maternity Care Coalition*. (2026). *Who We Are*; *PA Family Support Alliance*. (2020). *Who We Are*; *PA Safe Sleep*. (2024). *About Us*; *Parent To Parent of Pennsylvania*. (2022). *Who Are We?*; *Pennsylvania Department of Health*. (2022a). *Keystone 10 Initiative*; *Pennsylvania Department of Health*. (2022b). *PA Navigate*; *Pennsylvania Department of Health*. (2022c). *Pennsylvania Partnerships For Children*. (2025). *About PPC*; *Pennsylvania Maternal Mortality Review Committee*; *Pennsylvania Perinatal Quality Collaborative*. (2023). *About*; *United Way Pennsylvania*. (2025). *PA 211 - About Us*.

Delaware

Delaware’s maternal and infant health programs focus on early identification, family-centered support, and targeted community-based interventions. These programs prioritize newborn screening, maternal mental health, home visiting, data-driven quality improvement, and birthing support. Additionally, these programs focus on the population of Black birthing parents and families of children with developmental risks. Due to its small scale, the state focuses on strong community organizations and federal Title V funding. As a result, Delaware can strengthen coordination, workforce development, and sustainability through implemented policies.

Unique Programs

- [Delaware Newborn Screening Program](#)
 - The Delaware Newborn Screening Program is a statewide public health initiative that tests every newborn for a comprehensive panel of inherited, metabolic, hematologic, endocrinologic, and immunologic conditions shortly after birth. The goal of these tests is to identify health disorders before symptoms appear through early diagnosis, treatment, and intervention. This program screens dozens of conditions and ensures that results are reported to physicians and that confirmatory testing and referrals are provided as needed. The structure of this program ensures that no infant is denied screening due to financial barriers.
- [Behavioral Health Consortium: Maternal Mental Health Working Group](#)
 - The Behavioral Health Consortium’s Maternal Mental Health Working Group is a statewide initiative dedicated to improving perinatal mental health outcomes. The group consists of health care providers, public health leaders, and community organizations to address gaps in access, continuity of care, workforce capacity, and equity in care. The main goal is to develop a comprehensive “state of the state” report on perinatal mental health to assess current systems and identify areas for improvement. Ultimately, the goal is to enhance support for birthing parents and families throughout pregnancy and the postpartum period.
- [Maternal and Child Death Review Commission](#)
 - The Maternal and Child Death Review Commission is a statewide initiative established to safeguard the health and safety of children and pregnant and postpartum individuals. The Commission conducts confidential, in-depth reviews of child deaths, stillbirths, and maternal deaths to better understand the causes and contributing factors. Through these reviews, it identifies preventable risks and provides recommendations to policymakers, health care systems, and communities to reduce mortality. Overall, the Commission’s work aims to prevent future deaths and strengthen maternal and child health outcomes across Delaware.
- [Delaware Perinatal Quality Collaborative](#)
 - The Delaware Perinatal Quality Collaborative (DPQC) is a statewide network of hospitals, health care workers, and public health officials dedicated to improving the quality of care for birthing parents and infants. The collaborative is focused on implementing evidence-based clinical practices and quality improvement initiatives to

- enhance pregnancy and birth outcomes. This group focuses on addressing obstetrical complications, supporting pregnant individuals with substance use disorders, and promoting standardized care practices across birthing facilities. The DPQC uses data-driven strategies and works across institutions to identify gaps and improve care administration to advance equitable maternal and infant health outcomes.
- [Children & Families First](#)
 - Children & Families First is a nonprofit organization that provides a wide range of services to support children and families throughout Delaware. The organization provides family-centered programs that promote child development and strengthen caregiving. This organization provides services such as early childhood education, parental support, and behavioral health programs. This organization aims to empower families with resources and opportunities, while adapting to community needs through collaborative approaches. Overall, its goal is to support healthy and stable families throughout Delaware.
 - [Delaware Adolescent Program, Inc.](#)
 - Delaware Adolescent Program, Inc. (DAPI) is a statewide, school-based program that supports pregnant and parenting adolescents across Delaware. DAPI provides integrated support services that align with education, including childcare, mentoring, and social support. Through its family-centered approach, DAPI addresses the educational and health-related needs of parents and infants. Designed to help young parents continue their education, DAPI aims to improve outcomes for teen parents and their children while reducing long-term social and economic disparities.
 - [Delaware Healthy Mother & Infant Consortium](#)
 - The Delaware Healthy Mother & Infant Consortium (DHMIC) is a statewide collaborative that aims to improve maternal and infant health outcomes by aligning critical care, community support, policy, and data-driven strategies. The DHMIC brings together health care providers, public health officials, community organizations, and residents to identify key drivers of poor health outcomes and to implement coordinated interventions that promote health equity. The Consortium's efforts include stakeholder engagement, quality improvement initiatives, public education, and the development of evidence-based recommendations that support healthy pregnancies, safe births, and stronger early childhood foundations. The DHMIC aims to reduce preventable complications and ensure that all families have access to high-quality maternal and infant health care.
 - [Black Mothers in Power](#)
 - Black Mothers in Power is a community-based nonprofit organization dedicated to advancing maternal and infant health equity by uplifting and centering the voices of Black birthing parents. Its mission is to transform health care systems by providing culturally responsive support, advocacy, education, and leadership development to strengthen maternal and family well-being. This is done through community engagement, public awareness campaigns, policy advocacy, and collaborative partnerships. Black Mothers in Power works to address systemic barriers, reduce disparities in birth outcomes, and ensure that Black families have access to respectful,

- high-quality maternal health care. This organization envisions a world where Black birthing parents are valued, heard, and empowered throughout pregnancy, birth, and the postpartum period.
- [Do Care Doula Foundations Inc.](#)
 - Do Care Doula Foundations Inc. is a nonprofit organization dedicated to improving maternal and infant health outcomes by expanding doula support services for families, particularly those in underserved communities. This organization provides culturally responsive, person-centered doula care during pregnancy, birth, and the postpartum period. Do Care focuses on emotional support, advocacy, education, and navigation of health care systems by offering training, mentorship, and professional development for doulas. As a result, this organization supports expanding the doula workforce to increase access to quality perinatal support. This foundation aims to reduce disparities in maternal and infant health outcomes by ensuring that more families receive continuous and evidence-informed perinatal care.
 - [Healthy Women, Healthy Babies](#)
 - Healthy Women, Healthy Babies (HWHB) is a Delaware-based public health program to improve maternal well-being and infant health outcomes by supporting healthy pregnancies and safe births through education, screening, and coordinated care. HWHB partners with health care providers and community organizations to connect pregnant individuals to prenatal care, risk assessment, health education, and referrals to supportive services. These services emphasize early engagement in prenatal care, monitoring maternal health indicators, and connecting to resources that provide nutrition support, mental health services, and home visiting. HWHB's goal is to reduce preterm births, low birth weight, and other adverse pregnancy outcomes by strengthening core coordination and promoting evidence-informed practices.
 - [Birth to Three Delaware](#)
 - Birth to Three Delaware is a statewide early intervention program that supports infants and toddlers with developmental delays or disabilities and their families. This program offers family-centered services, including developmental evaluations, individualized service planning, therapy, and support, delivered either at home or in a childcare setting. Through partnership with families and caregivers, this program focuses on promoting a child's communication, cognitive, physical, and social-emotional development through coordinated early support. Birth to Three Delaware connects families with additional resources and referrals to health care, education, and community resources.
 - [Healthy Families Delaware](#)
 - Healthy Families Delaware is a statewide home visiting program that supports first-time parents and families from pregnancy through early childhood. Healthy Families Delaware promotes healthy child development and positive parenting practices. Trained home visitors provide regular in-home visits that focus on prenatal care engagement, child health and safety, parent education, and connections to community services. This program helps families build long-term stability and

- improve outcomes for both children and parents through personalized support, education, and resource coordination.
- [Sonia Schorr Sloan Maternal Health Program](#)
 - The Sonia Schorr Sloan Maternal Health Program is a Delaware-based community organization that provides comprehensive support for pregnant and postpartum individuals with maternal mental health needs. Under the guidance of the Jewish Family Services of Delaware, this program offers individual and group counseling, psychiatric consultation, case management, and resource navigation tailored to the unique needs of perinatal families. This program aims to identify, treat, and prevent maternal mental health concerns, including perinatal depression and anxiety, by connecting clients to supportive community resources. The goal of this program is to enhance individuals' overall well-being during pregnancy and the postpartum period.
 - [Parent Information Center of Delaware, Inc.](#)
 - The Parent Information Center of Delaware, Inc. (PIC) is a nonprofit organization dedicated to empowering families of children and young adults with disabilities or special needs. PIC provides education, training, and individualized support to help parents navigate systems such as special education, early intervention, health care, and community support. This organization offers workshops, one-on-one guidance, and referrals to resources tailored to each family's unique circumstances. PIC emphasizes family engagement, advocacy skills, and collaborative problem-solving to ensure that their children receive appropriate services and support that promote their health, development, and educational success.
 - [Parents as Teachers](#)
 - Parents as Teachers (PAT) is an early childhood home-based program that supports families with children from birth to age five by enhancing strong parent-child relationships and promoting early learning and development. Trained parent educators conduct regular home visits to provide developmental screenings, parenting education, and evidence-based strategies that help families understand their child's developmental needs. Through personalized support and education, PAT promotes healthy child development, strengthens family functioning, and ensures school readiness by connecting parents to community resources and reinforcing positive early childhood outcomes.
 - [Kicks Count Delaware](#)
 - Kicks Count Delaware is a public health initiative that encourages pregnant individuals to track and monitor fetal movements. Expectant parents and health care providers learn how to recognize normal fetal movement patterns and when to seek medical evaluation if movements decrease, which may indicate complications. Kicks Counts aims to reduce stillbirths and improve infant outcomes by enabling early detection and a timely clinical response. This initiative provides outreach materials, tracking tools, and community engagement to support healthy pregnancies.

Table 4. Delaware’s Maternal and Infant Health Programs, 2025

Policies and Initiatives	Funding Mechanisms	Target Audience	Area of Focus
Early identification and newborn screening programs	State public health funding, federal funding (Centers for Disease Control and Prevention (CDC), Health Resources and Services Administration (HRSA))	Newborn infants	Early detection of genetic metabolic and congenital conditions
Statewide maternal and infant health coordination programs	Delaware Division of Public Health, Department of Health and Social Services, Title V Block Grant	Pregnant and postpartum individuals and infants	Multi-agency coordination, systems alignment
Promotion of prenatal and postpartum health initiatives	Federal funding (CDC, HRSA), state public health funding	Pregnant and postpartum individuals	Prenatal care engagement, postpartum follow-up care
Home visiting and early childhood development services	Maternal, Infant, and Early Childhood Home Visiting Program, Individuals with Disabilities Education Act Part C, state early childhood funding	Pregnant individuals, families of infants and toddlers	Early intervention, developmental screening, family support
Family-centered education and parenting support programs	State grants, nonprofit funding	Parents and caregivers of infants and young children	Parenting education, child development, family empowerment
Maternal mental health screening and treatment support	State behavioral health funding, Medicaid, nonprofit grants	Pregnant and postpartum individuals	Perinatal depression and anxiety screening, counseling

Source: Birth to Three. (2026). About B23; Black Mothers in Power. (2014). Mission and Vision; Children & Families First. (2025). ABOUT; Children & Families First. (2026). Healthy Families Delaware; DE Thrives. (2022). Healthy Women, Healthy Babies; DE Thrives. (2026a). Delaware Healthy Mother & Infant Consortium (DHMIC); DE Thrives. (2026c). Kicks Count, Baby Kick Count; Delaware Adolescent Program, Inc. (2024). About Us - DAPI; Delaware Department of Education. (2022). Parents as Teachers; Delaware Health and Social Services. (2025). Delaware Newborn Screening Program; Delaware Perinatal Quality Collaborative. (2019). About - DPQC; Do Care Doula Foundation, Inc. (2021). About; Jewish Family Services Delaware. (2026). Maternal Mental Health; Maternal and Child Death Review Commission. (2025). Who We Are; Parent Information Center of Delaware, Inc. (2018). Our Work; Wrease, A. (2026). Delaware Behavioral Health Consortium to Create a Comprehensive State of the State of Perinatal Health Report.

Key Takeaways across States

- Using data, surveillance, and quality improvement systems better informs policy decisions and drives system-wide improvement.
- Investing in early intervention and preventive services reduces maternal and infant health risks.
- Implementing coordinated, statewide programs is critical to improving maternal and infant health outcomes.
- Coordinating clinical care with community-based support better enhances access, equity, and continuity of care.
- Expanding and diversifying the perinatal workforce strengthens program delivery and patient trust.
- Leveraging state Medicaid funding to reimburse and sustain maternal health initiatives (e.g., doula services, group prenatal care, and community-based supports) strengthens program sustainability and access.

Similarities across Maryland, New Jersey, Pennsylvania, and Delaware

Common themes

- Maternal mortality review committees and perinatal quality collaboratives track risk factors and outcomes surrounding maternal and infant mortality and morbidity.
- Breastfeeding and nutrition support through WIC programs, peer/medical support, and initiatives
- Programs that target Medicaid-eligible pregnant individuals, low-income families postpartum, and extended Medicaid coverage
- Early childhood family support, such as home-visiting programs and early developmental support for infants and parents
- Safe sleep and newborn screenings for metabolic, genetic, or developmental issues
- Community-based and peer support programs involving peer counselors, support groups, and non-profit or community-led maternal health organizations
- Addressing racial and social inequities by targeting Black and Hispanic maternal and infant health disparities and barriers caused by social determinants
- Initiatives that rely on multi-agency collaboration, including federal funding, state health departments, hospital partnerships, and local non-profit organizations.

Challenges

- Urban vs. Rural Disparities
 - Rural communities have limited access to OB-GYNs, maternity units, perinatal mental health providers, and transportation. This leads to delayed or missed prenatal and postpartum care.
 - In low-income urban neighborhoods, hospitals often face inadequate funding, which can lead to closures. Additionally, birthing parents living within these areas can face higher exposures to social stressors that lead to increased maternal and infant health risks.
- Funding Stability
 - Programs rely heavily on federal funding [Medicaid, Title V Block Grants, Centers for Disease Control and Prevention (CDC), and HRSA], making them vulnerable to policy changes, budget cuts, and short-term grant cycles.
 - Limited sustainable funding affects workforce development, particularly for doulas, community health workers, and home visiting staff.
- Care Coordination
 - Care Coordination is fragmented across health care and social services systems.
 - Weak transitional programs exist between prenatal, perinatal, and postpartum care. This leads to missed referrals and gaps in follow-up, particularly for mental health social support services.
- Community Health Worker (CHW) Workforce Sustainability and Reimbursement Barriers
 - In Maryland and Pennsylvania, Medicaid reimbursement pathways for CHWs are either limited to waiver models or are still emerging, creating uncertainty in

- workforce sustainability and stability. Reimbursement for doulas remains restricted, limiting statewide expansion of perinatal support services.
- In New Jersey and Delaware, variability in Medicaid reimbursement for CHWs and doulas limits access to culturally responsive maternal health services and leaves workforce growth dependent on short-term grant funding.
- Community Representation and Surveillance Gaps
 - State-based surveillance systems and maternal mortality review processes (e.g., FIMR and MMR committees) include community representation; however, variability in how patient input is incorporated can contribute to gaps between data-driven findings and lived maternal experiences.
 - Limited integration of community perspectives can affect how disparities are interpreted and addressed, potentially leading to the overlooking of structural and patient-reported barriers to care.
- Limited Integration of Maternal and Behavioral Health Funding
 - There is insufficient dedicated funding at the intersection of maternal health and behavioral health, specifically for perinatal mental health and substance use services.
 - Fragmented funding streams between maternal health programs and behavioral health systems contribute to gaps in screening, referral pathways, and sustained postpartum mental health support.

Strengths across all states

- Data and Quality Improvement
 - All states consistently use surveillance systems (PRAMS, maternal and infant mortality review committees, perinatal quality collaborative) to guide policy efforts and identify disparities.
- Community-Based and Family-Focused Approaches
 - Strong, consistent partnerships with community organizations, nonprofit organizations, coalitions, and advocacy groups provide culturally based, responsive care and peer-based support groups for families.
 - Some state programs provide home visiting, parenting education, and early childhood interventions.
- Equity-Focused Initiatives
 - Across states, maternal and infant health programs increasingly prioritize reducing racial and ethnic disparities by focusing on the experiences of Black and Hispanic birthing parents who face disproportionately higher risks of maternal morbidity, mortality, and adverse birth outcomes. By investing in community-based organizations, expanding doula and community health worker programs, and supporting peer-led models of care, these programs can advance workforce diversification and implement bias training to improve patient-physician interactions and clinical decision-making. These efforts aim to address structural inequities that improve maternal and infant health outcomes.

Funding Sources for Maternal and Infant Health Programs across States

Summaries by Each Neighboring State

Maryland

Maryland's maternal and infant health programs are supported through a mix of federal, state, and private funding sources. Federal funding includes agencies such as the CDC, the Centers for Medicare & Medicaid Services (CMS), the United States Department of Agriculture (USDA), the Women, Infants, and Children (WIC) Programs, HRSA, and the Individuals with Disabilities Education Act (IDEA) Part C. These agencies support surveillance, clinical services, nutrition, and early intervention. At the state level, the Maryland Department of Health and Children's Health Program funds provide continuous program support and coordination. Additionally, Maryland benefits from academic and philanthropic partnerships, specifically with institutions such as Johns Hopkins University. This partnership contributes to the development and continuity of research, evaluation, and innovation efforts.

New Jersey

New Jersey relies on the combination of federal funding that supports state funding and the continuity of private partnerships. Federal sources include CDC, HRSA, CMS, Children's Health Insurance Program, and the Title V Maternal and Child Health Block Grant. These programs provide funding for prenatal care, surveillance, and child health services. State funding is provided through the coordination of New Jersey's Department of Health, Department of Human Services, and Economic Development Authority. These sources of funding support state-led initiatives such as Nurture NJ and maternal health innovation efforts. Additionally, these programs rely on private donations, grants, and partnerships, such as those with Community Health Accreditation Partners, which further strengthen program sustainability and capacity for innovation.

Pennsylvania

Pennsylvania uses multiple funding sources, integrating federal, state, and private funds to address maternal and infant health needs. Federal funding includes the CDC, HRSA, CMS, United States Department of Health and Human Services (Maternal, Infant, and Early Childhood Home Visiting Program, MIECHV), USDA (WIC), and IDEA Part C. The state of Pennsylvania allocates funding through the Pennsylvania Department of Health, the Department of Drug and Alcohol Programs, Maternal and Family Health Services, and the Pennsylvania Children's Trust Fund. Pennsylvania also utilizes private philanthropic investments and cross-sector partnerships, including support from the Henry L. Hillman Foundation and a health information organization. These investments enhance service coordination and community-based initiatives.

Delaware

Delaware’s maternal and infant health programs are primarily supported through federal grants supplemented by state funding and limited private sources. Federal funding includes CDC, HRSA, CMS, Title V Maternal and Child Health Block Grant, Child Care and Development Fund, United States Department of Health and Human Services (MIECHV), and IDEA Part C. State funding is coordinated through the Delaware Department of Health and Social Services, Division of Public Health; Delaware Department of Education, and the Family and Medical Leave Trust Fund. Compared to the surrounding states, Delaware relies more heavily on federal funding and smaller-scale private donations and fundraising events. This highlights opportunities to expand sustainable public-private partnerships and to diversify funding streams.

Table 5. Funding Sources for Maternal and Infant Health Programs across States, 2025

State	Federal Grants	State Funding Allocations	Private Funding Sources
Maryland	Centers for Disease Control and Prevention (CDC); Health Resources and Services Administration (HRSA); Health Sciences Institute; Centers for Medicare & Medicaid Services (CMS); Women, Infants, and Children (WIC) Program; United States Department of Agriculture; Individuals with Disabilities Education Act (IDEA) Part C	Maryland Department of Health, state Children’s Health Program funds	Private foundations; Partnership (Johns Hopkins University)

Table 5. Funding Sources for Maternal and Infant Health Programs across States, 2025 (continued)

State	Federal Grants	State Funding Allocations	Private Funding Sources
New Jersey	CDC; HRSA; CMS; Children’s Health Insurance Program; Title V Maternal and Child Health (MCH) Services Block Grant	New Jersey Department of Health; New Jersey Economic Development Authority; New Jersey Department of Human Services	Private donations/grants; Private fundraising; Partnerships (Community Health Accreditation Partnerships)
Pennsylvania	CDC; Department of Human Services; Fair Labor Standards Act; HRSA; Health and Human Services; Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV); CMS; WIC Program; IDEA Part C	PA Department of Health; PA Department of Drug and Alcohol Programs; Shapiro Administration; Maternal and Family Health Services; Tuscarora Intermediate Unit; PA Department of Education; PA Children’s Trust Fund	Private donations (Henry L. Hillman Foundation); Partnerships (Health Information Organization)

Table 5. Funding Sources for Maternal and Infant Health Programs across States, 2025 (continued)

State	Federal Grants	State Funding Allocations	Private Funding Sources
Delaware	CDC; Department of Health and Social Services; Maternal and Child Health Services Block Grant; Child Care and Development Fund; Title V Block Grant; CMS; IDEA Part C; HRSA; MIECHV	Delaware Division of Public Health; Department of Education; Family and Medical Leave Trust Fund	Private donations; Private fundraising events; Hospital partnerships

Source: *Baby's First Test*. (2025). *Pennsylvania; Birth to Three*. (2026). *About B23; Black Mothers in Power*. (2014). *Mission and Vision; Children & Families First*. (2025). *About; Children & Families First*. (2026). *Healthy Families Delaware; DE Thrives*. (2022). *Healthy Women, Healthy Babies; DE Thrives*. (2026a). *Delaware Healthy Mother & Infant Consortium (DHMIC); DE Thrives*. (2026b). *Delaware's Title V Block Grant; DE Thrives*. (2026c). *Kicks Count, Baby Kick Count; Delaware Adolescent Program, Inc.* (2024). *About Us – DAPI; Delaware Department of Education*. (2022). *Parents as Teachers; Delaware Health and Social Services*. (2025). *Delaware Newborn Screening Program; Delaware Division of Public Health*. (2025). *Title V Maternal and Child Health Program; Delaware Perinatal Quality Collaborative*. (2019). *About – DPQC; Do Care Doula Foundation, Inc.* (2021). *About; Jewish Family Services Delaware*. (2026). *Maternal Mental Health; Maternal and Child Death Review Commission*. (2025). *Who We Are; Maryland Department of Health*. (2019a). *Maryland Tobacco Quitline - For New and Expectant Parents; Maryland Department of Health*. (2019b). *Maternal Mortality Review (MMR) Program; Maryland Department of Health*. (2019c). *MOM Case Management Services; Maryland Department of Health*. (2019d). *Statewide Integrated Health Improvement Strategy Initiatives (SIHIS); Maryland Department of Health*. (2022). *Infant Safe Sleep; Maryland Department of Health*. (2026). *Babies Born Healthy; Maryland Maternal Health Innovation Program*. (2023). *Home MDMOM; Maryland Perinatal Neonatal Quality Collaborative*. (2026). *About Us MDPQC; Maternity Care Coalition*. (2026). *Who We Are; My Kota Bear*. (2019). *About Us; New Jersey Department of Health*. (2021). *About NJDLC; New Jersey Department of Health*. (2026a). *Healthy Women Healthy Families; New Jersey Department of Health*. (2026b). *Maternal and Child Health Consortia; New Jersey Economic Development Authority*. (2023). *Maternal and Infant Health Innovation Center; NJ FamilyCare*. (2023). *NJ FamilyCare - What Is It?; Nurture NJ*. (2021). *Home; PA Family Support Alliance*. (2020). *Who We Are; PA Safe Sleep*. (2024). *About Us; Parent Information Center of Delaware, Inc.* (2018). *Our Work; Parent To Parent of Pennsylvania*. (2022). *Who Are We?; Partnership for Maternal & Child Health of Northern New Jersey*. (2026). *Our Mission; Pennsylvania Department of Health*. (2022a). *Keystone 10 Initiative; Pennsylvania Department of Health*. (2022b). *PA Navigate; Pennsylvania Department of Health*. (2022c). *Pennsylvania Maternal Mortality Review Committee (PA MMRC); Pennsylvania Partnerships for Children*. (2025). *About PPC; Pennsylvania Perinatal Quality Collaborative*. (2023). *About; United Way Pennsylvania*. (2025). *PA 211 - About Us; Wrease, A.* (2026). *Delaware Behavioral Health Consortium to Create a Comprehensive State of the State of Perinatal Health Report; Health Resources and Services Administration (HRSA)*. (2024). *Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program; Medicaid.gov*. (2024). *Maternal & Infant Health Care Quality; Kaiser Family Foundation*. (2025). *Medicaid Postpartum Coverage Extension Tracker; National Academy for State Health Policy (NASHP)*. (2024). *Addressing Social Determinants of Health for Pregnant and Postpartum Medicaid Beneficiaries*.

Delaware Takeaways

The Delaware SHIP focuses on advancing maternal and infant health through supporting coordinated, statewide programs that promote healthy pregnancies, safe births, and early childhood well-being. Through initiatives such as Healthy Women, Healthy Babies, and the Delaware Newborn Screening Program, there is a focus on prevention and early identification of health risks for birthing parents and their babies. The state invests in home-visiting and early intervention programs such as Healthy Families Delaware and Parents as Teachers. Delaware also leverages statewide collaboratives and review systems, such as the Maternal and Child Death Review Commission and the Delaware Perinatal Quality Collaborative, to guide data-driven improvements. In addition to these state-led efforts, community-based and grassroots organizations such as the Do Care Doula Foundation and Black Mothers in Power provide critical maternal mental health and birthing support services. While these organizations are independent of state government, they play a vital role in advancing equity and culturally responsive care across Delaware. Together, these programs reflect the state's commitment to reducing disparities and improving health outcomes for birthing parents and infants statewide.

Themes Delaware can Adopt

- Statewide Medicaid-covered group prenatal care
- Statewide strengthening and expansion of Medicaid-covered doula services, including postpartum care when clinically indicated
- Statewide workforce development programs
- State-funded maternal mental health screening and referral systems during the postpartum year, using care coordination from OB-GYNs and mental health providers
- Statewide transportation support for pre- and postpartum birthing parents
- Statewide Medicaid reimbursement and certification pathway for Community Health Workers (CHWs).

Delaware-Specific Challenges

- Rural Disparities
 - In rural communities, such as in Kent and Sussex counties, expectant and new birthing parents face barriers to prenatal and postpartum care. These include limited OB-GYN availability, long travel distances, and limited public transportation. As a result, these birthing parents can face later initiation of prenatal care, less frequent routine checkups, and a higher risk of untreated conditions (Fontenot et al., 2022).
- Federal Funding
 - Many of Delaware's maternal health programs, such as Medicaid-covered perinatal services and the Newborn Screening Program, heavily rely on federal grants, which can be unstable. When funding becomes unstable, programs face staffing and capacity constraints, postpartum coverage expansions become harder to sustain, and programs that provide community-based doulas and perinatal mental health supports become underfunded (DE Thrives, 2026b).

- Health Care Coordination
 - Maternal health in Delaware requires coordination among multiple systems, including Medicaid, public health, community clinics, and social services. These systems do not always coordinate effectively, so pregnant individuals often have to act as their own care coordinators (Delaware Division of Public Health, 2024; DE Thrives, 2026b). These disparities can add additional barriers if birthing parents are facing housing instability, language barriers, or mental health conditions. As a whole, these barriers can lead to missed referrals for high-risk pregnancies, poor follow-up, gaps between OB-GYN and primary care, and fragmented care for those with chronic conditions or social needs (AMCHP, 2025).
- Health Care Provider Shortage
 - Delaware is facing a consistent shortage of primary care physicians, behavioral health providers, and specialists, including midwives and OB-GYNs. The lower two counties of Delaware, Kent and Sussex, are federally designated Health Professional Shortage Areas (HPSAs) (HRSA, 2025). There are fewer hospital-based maternity units, longer wait times for prenatal checkups, limited access to postpartum care, limited availability of culturally competent care providers, and a limited number of specialists needed for high-risk pregnancies. This results in untimely access and difficulty securing mental health care, developmental evaluations, and maternal care (Fontenot et al., 2022).
- Racial and Ethnic Disparities
 - Black and Hispanic women in Delaware face disproportionately higher rates of maternal morbidity, preterm birth, and hypertensive disorders. Even after accounting for social determinants, such as income and education, these disparities persist (DE Thrives, 2015). Implicit bias and discrimination within the health care setting can lead to delayed diagnoses, dismissal of maternal warning signs, and poorer quality patient-physician interactions. These inequities contribute to preventable complications during pregnancy and postpartum, which increase the risk of adverse infant outcomes such as lower birth weight and Neonatal Intensive Care Unit (NICU) admission (Kirkpatrick, 2023).
- Vital Conditions that Affect Pregnant Individuals
 - Within Delaware, social and economic barriers can strongly influence maternal and infant health outcomes. Social determinants such as housing instability, food insecurity, and employment insecurity are prevalent among pregnant individuals, particularly those who are enrolled in Medicaid (Hasan, 2024). These stressors can increase the risk of poor prenatal care engagement, untreated mental health conditions, and adverse birth outcomes (Malin et al., 2025). Especially in the rural parts of Kent and Sussex counties, limited access to supportive services further elevates these risks for birthing parents and infants (March of Dimes, 2025).
- Health Insurance and Coverage
 - Although Medicaid finances roughly half of all births in Delaware, some providers do not accept Medicaid, resulting in longer wait times for maternal and infant care and fewer choices for prenatal and postpartum services (Kaiser Family Foundation, 2025;

[Medicaid.gov](https://www.Medicaid.gov), 2024). Gaps in coverage, administrative barriers, and limited access to specialists can result in missed care during critical pre- and postpartum periods. These barriers can increase the occurrence of unmanaged chronic conditions and delayed infant follow-up care (MACPAC, 2025).

- Transportation
 - The lack of adequate transportation services remains a significant barrier to maternal and infant health care in Delaware, particularly in rural communities and the southern counties (March of Dimes, 2025). Limited public transportation options and long travel distances to OB-GYNs, maternity units, and pediatric providers can lead to missed or delayed prenatal, postpartum, and follow-up infant visits. These challenges disproportionately affect low-income families, increasing the reliance on emergency care and disrupting the continuity of care during pregnancy and early infancy (Holcomb et al., 2021).

Lessons Delaware Can Learn

- Enhance perinatal quality improvement systems.
 - Neighboring states such as Maryland and Pennsylvania have implemented structured initiatives within their POCs that standardize evidence-based hospital practices and drive measurable quality improvement. These initiatives include maternal hypertension safety bundles, hemorrhage protocols, opioid use disorder treatment integration, and severe maternal mortality reviews.
- Have a stronger use of Maternal Mortality Review (MMR) findings.
 - States like Maryland and Pennsylvania more consistently translate findings from their MMR programs into clinical guidance, prevention strategies, and policy action, specifically surrounding behavioral health and substance use.
- Establish sustainable Medicaid reimbursement pathways for CHWs.
 - Maryland utilizes waiver-based Medicaid models to support CHW integration into maternal health care teams, and Pennsylvania is developing Medicaid billing pathways for certified CHWs. By formalizing a similar reimbursement structure, Delaware could stabilize the CHW workforce, expand culturally responsive care, and create more sustainable funding pathways.
- Adopt comprehensive models for addressing maternal substance use disorder (SUD).
 - Maryland's MOM Programs have embedded screening, medication-assisted treatment, peer recovery support, and care coordination directly into prenatal and postpartum care systems. Expanding integrated SUD treatment within maternal care settings could strengthen Delaware's response to perinatal opioid and substance use challenges.
- Have a larger-scale doula workforce development model.
 - Statewide training, shared standards, and peer learning can expand and sustain the doula workforce, as seen in the New Jersey Doula Learning Collaborative.

- Better integration of referral platforms.
 - Programs such as Pennsylvania’s PA Navigate and PA 211 demonstrate how centralized navigation tools reduce care gaps and help pregnant and postpartum individuals access health and social support efficiently.
- Advocate for perinatal mental health services that expand across different health care settings.
 - Neighboring states have integrated mental health services into maternal care by combining clinical services with community support, as seen in Maryland’s MOM program.
 - Build on existing maternal mental health initiatives, such as Children & Families First and the Behavioral Health Consortium’s Maternal Mental Health Working Group, to strengthen screening, referral pathways, and access to culturally responsive care throughout pregnancy and the postpartum period.
- Formalize programs that provide transportation to gain better access to maternal and infant health care.
 - Neighboring states have explicitly addressed transportation barriers through Medicaid-funded programs, mobile services, and regional planning.
- Diversify funding sources.
 - Adopt a state-specific maternal and infant health fund that supports community-based organizations.
 - Strengthen private partnerships by engaging academic institutions and philanthropic organizations to co-invest in maternal and infant health programs.
 - Partner with neighboring states on regional maternal and infant health programs to create shared funding opportunities and a coordinated use of resources.

Recommendations for Delaware SHIP

- Strengthen equity-focused maternal care.
 - Advocate for the sustainable funding of community-based doula programs (Do Care Doula, Black Mothers in Power), following the guidelines of Maryland’s Medicaid doula benefit and New Jersey’s doula workforce development models.
 - Support training on implicit bias and respectful maternity care for hospital systems, aligning with the priorities of the DHMIC.
 - Compile data (race, ethnicity, geography) to guide Delaware SHIP’s maternal and infant health goals and monitor disparities.
- Improve care coordination during the transition from prepartum to postpartum care.
 - Share the guidelines of Pennsylvania’s referral model (PA Navigate, PA 211) to reduce gaps in health care and help families access services more easily.
 - Advocate for the creation of a statewide maternal care coordination pathway that combines OB-GYNs, home visiting programs, and maternal mental health services through the collaboration of programs, such as Health Families Delaware and Parents as Teachers.
 - Delaware’s neighboring states have expanded focus within their Perinatal Quality Collaboratives and maternal safety initiatives to address hypertensive disorders of

- pregnancy and other adverse pregnancy outcomes that increase long-term cardiovascular risk. Strengthening referral pathways between OB-GYNs, primary care providers, and cardiology services in Delaware could help bridge the gap between pregnancy-related complications and lifelong cardiovascular health.
- Expand access to perinatal mental health services.
 - Support the investment in mental health and community-based peer support for rural areas in Kent and Sussex counties, leveraging virtual health practices.
 - Explore group-based prenatal and postpartum care practices to address isolation, stress, and mental health needs.
 - Address transportation barriers.
 - Advocate for Medicaid transportation benefits, focusing on maternal care scheduling to reduce missed prenatal and postpartum care visits.
 - Share the benefits of satellite maternal health services, drawing from Maryland’s mobile health and outreach programs, to reach underserved communities within Delaware.
 - Form partnerships with community organizations in Delaware to begin conversations on transportation support for individuals with high-risk pregnancies and postpartum care.
 - Expand insurance coverage and workforce capacity.
 - Advocate for the enhancement of Medicaid coverage through the pre- to postpartum period for birthing parents.
 - Promote increased provider participation in Medicaid networks.
 - Support workforce capacity by drawing from New Jersey’s maternal health workforce development model, which includes structured doula training programs, statewide learning collaboratives, and Medicaid reimbursement pathways to expand Delaware’s workforce of OB-GYNs, midwives, lactation consultants, doulas, and perinatal mental health providers.
 - Enhance data and quality improvement.
 - Support and expand existing initiatives, such as the DPQC and the Maternal and Child Death Review Commission, to promote standardized clinical quality improvement, cross-institutional collaboration, and data-driven review of maternal and neonatal outcomes.
 - Continue to adopt elements of the MDPQC, including the hospital-to-hospital learning collaborative, to further advance maternal mortality prevention efforts.
 - Continue to utilize Delaware SHIP’s reporting to track disparities in maternal and infant health over time.
 - Utilize cross-state education and partnerships.
 - Establish cross-state learning opportunities with Maryland, New Jersey, and Pennsylvania to share best practices in equity, funding, and care coordination.
 - Utilize successful models across states to support grant proposals and Medicaid waivers strategies, and to shape legislative actions that advance maternal and infant health in Delaware.

Conclusion

By analyzing the policies of surrounding states, Delaware SHIP and its partner organizations have the foundation to advance equitable, coordinated maternal and infant health programs across the state. This comparative analysis report provides both evidence-based insights and a practical policy roadmap to strengthen current programs, reduce disparities, and improve outcomes for Delaware’s birthing parents and infants.

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