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# KIDS COUNT in Delaware “Data to Action” Series: *May 2022* *Family & Community*

## INTRODUCTION

This brief was written based on a webinar hosted by KIDS COUNT in Delaware, supported by Highmark Health. Within the content topic of “family and community” indicators, this webinar focused on exploring birth outcomes. Specifically, panelists addressed the question: what are the challenges and opportunities faced by new moms and babies in Delaware today?

Data show disparity within Delaware by race/ethnicity for both prenatal care and for birth weight<sup>1</sup>. Furthermore, geography has historically influenced birth outcomes for mother and baby, with certain Delaware zip codes recognized as high-risk zones in need of targeted supports<sup>2</sup>.

COVID-19 posed new challenges to pregnant women and new mothers alike. Shared trauma related to the pandemic, added restrictions to

prenatal medical services, and limited community connections for new mothers and their infants each impacted the birth experience. Inflation impacted the ability of families, particularly those of low-income, to consistently provide for their family’s basic needs, including nutrition. Adding to an already stressful time, an infant formula shortage has made headlines throughout the U.S. and in Delaware.

Along with new challenges, the COVID-19 pandemic has also brought new opportunities. Health care, economic supports, and community supports for pregnant and post-partum women have been enhanced in a number of ways. The Medicaid program, which covers more than 40% of births in Delaware<sup>3</sup>, extended coverage, enhanced access to medical equipment, and



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supported nutritional needs of members. New legislation created a paid family medical leave program, which will ease the burden for families by allowing new mothers 12 weeks of paid leave to spend with their newborn child<sup>4</sup>. Community-based programs continue the work they began pre-pandemic to connect community members with needed services, supports, and evidence-based education in an environment made more complex by the ever-changing health precautions and pandemic-related guidelines that we have all had to navigate during the past two years.

### BIRTH OUTCOME DATA

Prior to COVID-19, data demonstrated a declining birth rate across the U.S. which was reflected in Delaware statistics. This decline related to access to contraception and delaying pregnancy to an older age. Trend data pre-pandemic also show disparity by race and ethnicity within the state for both prenatal care and for birth weight<sup>5</sup>.

Comprehensive prenatal care is essential to ensuring a baby's future well-being and maximizes both infant and maternal health. Data show that white women are more likely than women of color to begin prenatal care in the first trimester of pregnancy<sup>6</sup>. Mothers who do not get prenatal care are significantly more likely to have low birth weight babies or face infant mortality than their counterparts who do receive care. It is important to note that access to healthcare and health education varies for women depending on financial and cultural environments. Women of color, women at lower education levels and unmarried women tend to have adverse social and economic support structures and therefore less access to prenatal services.

An infant's weight at birth can be a decisive indicator of the newborn's chances for survival,

growth, long-term health and psychosocial development. Babies who are born very low in birthweight can face a variety of negative outcomes including an increased risk of infant mortality, heightened risk for long term disability and impaired development such as delayed motor and social development.

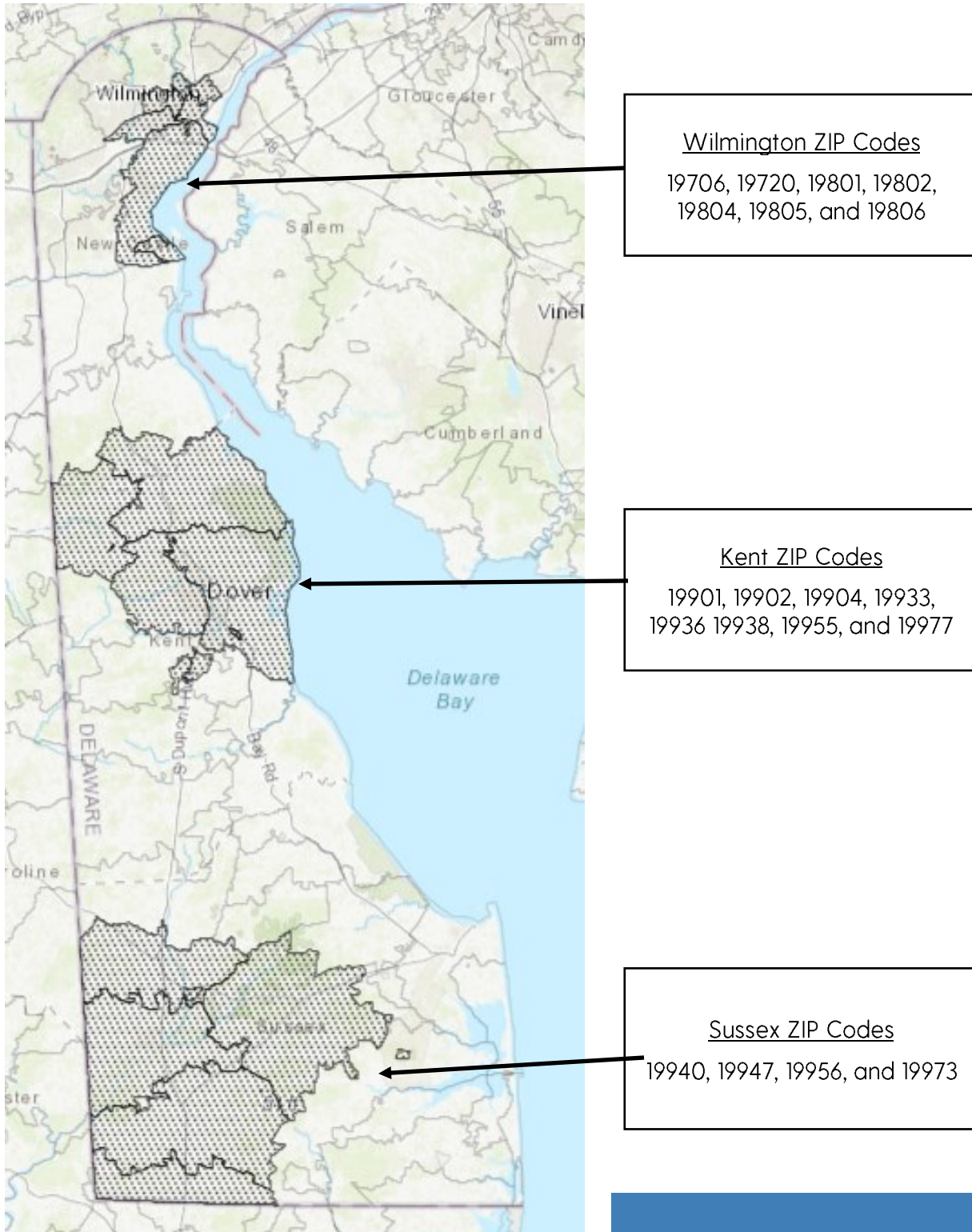
Furthermore, geography has historically influenced birth outcomes for mother and baby, with certain Delaware zip codes recognized as high-risk zones in need of targeted supports. Delaware's Maternal, Infant, and Early Childhood Home Visiting program has identified high-risk zones in each of Delaware's counties (Figure 1). These tend to be zip codes with provider shortages in addition to other environmental challenges such as access to stable housing and community safety issues. Supports like home visiting are focused in these geographic areas to improve health outcomes.

Other data related to health of young children comes from the Child Death Review Commission (CDRC). Data on sudden death in the young remind us that additional precautions are needed post-partum for infants to thrive. The CDRC looks at causes of death and focuses on preventive initiatives including safe sleep and protections from head trauma.

*"Much of the data presented here reflects the work of the Delaware Healthy Mother and Infant Consortium. The disparities are because of the cumulative stress that black and brown women experience. What women of color have experienced impacts the birth outcome."*

*-Paulina Gyan, Early Childhood Comprehensive Systems Program, Division of Public Health & Featured Panelist of Family & Community Data to Action webinar*

Figure 1. At-Risk ZIP Codes Targeted for Home Visiting Services, Delaware, 2020<sup>7</sup>.



Source: Designed using [UDS Mapper](#) by the Delaware Health and Social Services, Division of Public Health, State of Delaware 2020 MIECHV Needs Assessment, September 2020.

Related relevant literature:  
[Delaware Home Visiting Report \(2017-2021\)](#)  
[Child Death Review Report](#)  
[Delaware's Fertility Rate and COVID-19](#)  
[Reproductive Healthcare and COVID-19](#)



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### PANDEMIC RELATED CHALLENGES

COVID-19 posed new challenges to pregnant women and new mothers alike. Shared trauma related to the pandemic, added restrictions to prenatal medical services, and limited community connections for new mothers and their infants each impacted the birth experience. Specifically, early in the COVID-19 timeline, many expectant mothers found themselves alone at medical appointments due to restrictions in doctor's offices. Question emerged regarding the safety of vaccines during pregnancy. New parents found themselves raising a new baby in relative isolation. The pandemic impacted supportive networks and resources for mother/infant dyads as they tried to navigate a very different environment.

Inflation – a lingering effect of the pandemic – has impacted the ability of caregivers to consistently provide for their family's basic needs, including nutrition. Inflation has had a particularly

outsized impact on low-income families. The Medicaid program responded to this challenge during COVID-19 by creating a post-partum food box delivery program<sup>8</sup>. To date, over 12,000 food boxes, which also include diapers and wipes, have been delivered to members<sup>9</sup>. Medicaid is examining this initiative's impact on health outcomes with the hope to continue food boxes into the future.

Adding to an already stressful time, an infant formula shortage has made headlines throughout the U.S. and in Delaware. At the time of this webinar, efforts were being made to address this critical shortage at both the federal and state levels. Delaware's Division of Public Health provided guidance for caregivers in need with a bottom line that families should talk with their pediatrician before making any changes.

### WHAT IS DE THRIVES?

DE Thrives is a theme shared by the Delaware Division of Public Health, the Delaware Healthy Mother and Infant Consortium and partner organizations throughout the state. All share one common aim—that all of Delaware's babies and children have the same opportunity to thrive. And, all share one common belief—that we all have a part to play, and that when our babies and children thrive, we all are better off.

Healthy women. Healthy babies. Healthy families.  
Healthy communities.

To learn more about DE Thrives, check out [www.dethrives.com](http://www.dethrives.com)

### HEALTH COVERAGE

Along with new challenges, the COVID-19 pandemic has also brought new opportunities. In addition to supporting nutritional needs of member via the post-partum food box program, Medicaid – which covers more than 40% of births in Delaware – extended coverage, enhanced access to medical equipment, and is exploring other options for creating supportive features that will improve birth outcomes within the state.

Medicaid expanded coverage for new mothers from 60 days post-partum to 365 days post-partum<sup>10</sup>. This coverage existed throughout the COVID-19 pandemic and will remain intact even when the state's emergency order is lifted. The program also updated policy related to medical equipment, ensuring that breast pumps would be more accessible<sup>11</sup>.

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Specifically, Medicaid removed prior authorization requirements and expanded billing eligibility. The pump can now be billed under the mother's or infant's benefit.

Knowing that birth outcomes are related to prenatal care as well as post-partum care, Medicaid is exploring options for doula benefits<sup>12</sup>. There are several administrative and financial barriers to uptake as demonstrated in other states that must be addressed.

In this vein, the Delaware Healthy Mother and Infant Consortium is also working to build up Delaware's doula network. A mini-grant has been offered to the Parent Information Center to train six doulas who will provide non-clinical emotional and physical supports to pregnant women.

*"Addressing these disparities and these outcomes, it's multiple layers and a very complex issue, but from a Medicaid standpoint, we're looking at all the different levers that we can pull to try and make some progress."*

*-Dara Hall, Maternal and Child Health Clinical Lead  
Division of Medicaid and Medical Assistance &  
Featured Panelist on Family & Community Data to  
Action Webinar*

### A Special Thanks...

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## ECONOMIC AND COMMUNITY SUPPORTS TO FAMILIES

Other supports, both economic and community-based, are also in place for pregnant and post-partum women in Delaware.

Limited family leave was offered in Delaware prior to the pandemic. After March 2020, it became essential to address the impact of COVID-19 on Delaware's workforce, childcare services, education, and others which led to broader conversations about family leave. Caregivers have had to deal with the possibility of COVID-19 exposure in the workplace, but were hesitant to stay home due to the related income loss which would be incurred. In May 2022, Delaware's Governor signed paid family leave legislation. Known as the "Healthy Delaware Families Act," this legislation creates a statewide paid family leave program effective January 1, 2025<sup>13</sup>. The act will ease the burden for families by allowing new mothers 12 weeks of paid leave to spend with their newborn child.

Community-based programs continue the work they embraced pre-COVID to connect community members with needed services, supports, and evidence-based education in an environment made even more complex by the ever-changing health precautions and pandemic-related guidelines that we have all had to navigate during the past two years.

2-1-1/Help Me Grow<sup>14</sup> is one example of a program that has helped to connect families with resources and supports within the community. This one-stop shop is a call center which fields questions on a variety of needs from Delaware residents. It is one vehicle which refers pregnant mothers to one of the state's four evidence-based home visiting programs.

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The programs in the state serve women prenatally through the “focus child’s” fifth birthday<sup>5</sup>. Home visitors share evidence-based information in the form of an activity and address barriers faced by the families they serve. For example, home visiting education includes breastfeeding, healthy eating habits and safe sleep; connections have been made to link young mothers with mental health services, housing support programs, Cribs for Kids, nutrition services, or to other mothers with young children for network building.

Because housing insecurity is an identified need for many expectant mothers, the Delaware Healthy Mother and Infant Consortium’s (DHMIC)’s social determinants of health committee researched programs across the country that assist homeless women prenatally and post-partum. DHMIC is currently piloting a program with the Hope Center, linked with the financial literacy education program Stand by Me.

Other supports implemented because of the COVID-19 crisis include an expansion of emergency food benefits via the federal programs Supplemental Nutrition Assistance Program (SNAP) & Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)<sup>6</sup>, waived childcare copays via Delaware’s Purchase of Care (POC) program<sup>7</sup>, direct cash payments, and a federal Advanced Child Tax Credit (CTC).

The CTC held power for helping young families to develop a good financial foundation support their babies. However, the measure was temporary and lapsed in January 2022<sup>8</sup>.

*“In our role as a home visitor, our primary focus is bonding and attachment. But in order to get to that we have to remove some barriers most of the time. Housing insecurity is the number one barrier for a lot of the families that we serve.”*

*-Tara Oliver, Family Support Specialist Team Lead, Children and Families First & Featured Panelist on Family & Community Data to Action webinar*

## CONCLUSION

By targeting resources where disparities currently exist, healthy birth outcomes are possible. COVID-19 has impacted communities which faced challenges historically. However, many organizations and policy-makers within Delaware are committed to creating a state supportive of healthy mothers and healthy babies.

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2. Delaware Health and Social Services, Division of Public Health. State of Delaware 2020 MIECHV Needs Assessment, September 2020.
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4. [Healthy Delaware Families Act](#)
5. [Delaware's Fertility Rate and COVID-19](#)
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*KIDS COUNT is a national and state-by-state effort of the Annie E. Casey Foundation to track the well-being of children in the United States. KIDS COUNT in Delaware, a project of the University of Delaware Center for Community Research & Service, is a collaborative effort of over forty organizations to enrich local and state discussion concerning ways to secure better lives for all children by providing policy makers and citizens with benchmarks of child well-being.*