

SUMMARY STATEMENT

Nebraska utilizes the Title V Maternal Child Health (MCH) Block Grant to leverage a variety of efforts to improve MCH issues across the state, particularly those that help improve birth outcomes. These efforts include improving access to prenatal care, encouraging women to become healthy before becoming pregnant, and including MCH training for Community Health Workers (CHWs) in Nebraska, among other strategies. In addition, Title V leverages other programs including the Nebraska Maternal, Infant, Early Childhood Home Visiting (MIECHV), Women, Infants and Children (WIC), Pregnancy Risk Assessment Monitoring System (PRAMS), newborn screening, and immunizations to broaden the reach of efforts and better support pregnant and parenting women.

ACTIVITIES AND RESULTS

The MIECHV program regularly works with pregnant women to ensure that they have access to prenatal care and promote healthy lifestyles to ensure good birth outcomes. MIECHV proactively reaches out to pregnant women, who are primarily low-income, and upon enrollment into the program works on benchmarks such as tobacco usage, intimate partner violence, and continuity of insurance coverage – all metrics which point to good birth outcomes if improved. Additional benchmarks which point to improved maternal and child health include safe sleep, breastfeeding, depression screening, early language and development, and developmental screenings. The model utilized by MIECHV is an evidence-based model that has a foundation consisting of randomized control trials resulting in 12 publications, an impressive and significant base which justifies continuing support of the program overall.

Additionally, by including MCH topics in Community Health Worker training, Nebraska has extended the capacity of the workforce working with pregnant and parenting women. CHWs have been shown to be effective members of healthcare teams, and when fully integrated in health systems, can ensure that care is delivered in a culturally competent way and that a personal connection is made with the client. These measures can help to ensure positive health outcomes in a variety of ways.

COVID RELATED WORK

One example of how service delivery for pregnant and postpartum has been changed due to the COVID-19 pandemic lies within the WIC program. WIC quickly altered policies and guidance so that local agencies could shift to a virtual format. They also allowed for funds to be used to purchase supplies needed to be successful (i.e., hotspots and laptops). Typically, most WIC services are handled in-person at a WIC clinic, and participants are required to make those visits every couple of months. To ensure the safety of the pregnant and parenting women served by the program, Nebraska WIC staff worked with federal and state partners to ease the program requirements to allow services to be provided remotely.