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Background

The U.S. has some of the **worst maternal and infant health outcomes in the developed world** — a trend driven by socioeconomic, geographic, and racial disparities. Healthy Start was established in 1991 by President George H. W. Bush to reduce infant mortality and improve the well-being of women, infants, and families. The successful program has expanded significantly, growing from 15 pilot sites to over 100 projects nationwide and broadening its focus to include fatherhood engagement and maternal mortality prevention.¹

Facts on Healthy Start:



Studies show that Healthy Start programs are **effective in reducing infant mortality and low birth weight births, and increasing the use of prenatal care, access to doula services, breastfeeding initiation, and mental health screenings.**²



The program **provides critical services to over 90,000 families** across the nation and targets communities with high rates of adverse outcomes (like infant mortality, preterm birth, low birthweight, and maternal illness).³

Facts on infant and maternal health outcomes in the U.S.



Infant mortality, a critical indicator of a nation's health, remained unchanged in 2023 at 5.6 deaths per 1,000 live births, **amounting to over 20,000 infant deaths each year.**⁴

3x

The U.S. maternal mortality rate **is more than double** that of most other developed countries.^{5,6}



Racial disparities persist — **Black and American Indian/Alaska Native** populations experience **infant mortality** more than **2x** the rate of white populations, and **maternal mortality** at more than **2.5-3x** the rates of white women.⁴



Living in a maternity care desert is associated with a roughly **13% increased risk for preterm birth and 36% greater risk of maternal mortality** compared to living in a full access county.⁷



About **1 in 6** infants is born to a woman receiving inadequate prenatal care in the United States.⁸



The average percent of uninsured women in maternity care deserts is **25% higher** than those living in areas with full access.⁷



Chronic conditions related to poor health outcomes, like pre-pregnancy obesity, hypertension, and diabetes, have **increased significantly since 2015** and are **more common among women living in maternity care deserts compared to those with greater access to care.**⁷

Bill summary

The **Healthy Start Reauthorization Act** ensures federal funding for projects that develop community-based systems approaches to **reducing infant mortality**, **targeting disparities**, and **improving maternal health outcomes** before, during, and after pregnancy.

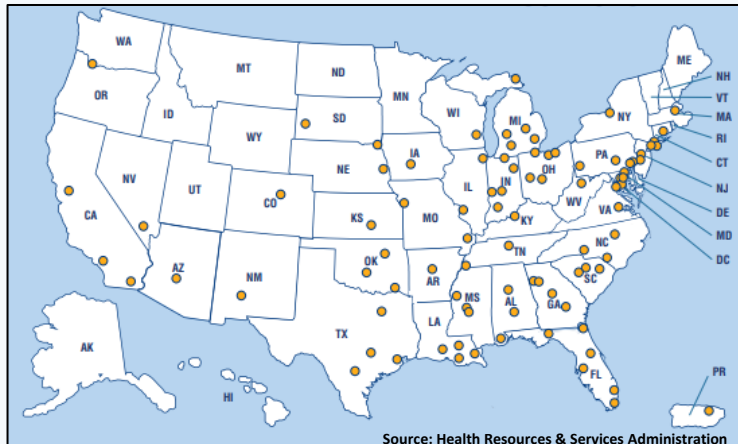
These programs focus on innovative service delivery, community commitment and involvement, personal responsibility of expectant parents, integration of health and social services, and public education.

Key funding authorizations:

The current Healthy Start Act would authorize \$145 million from FY 2026 through 2030 to continue the Healthy Start under the Health Resources and Services Administration (HRSA), supporting programs that:

- Provide adequate prenatal care
- Promote positive prenatal health behaviors
- Meet basic health needs (i.e., nutrition, housing, and psychosocial and breastfeeding support)
- Increase access to care
- Promote fatherhood and male involvement
- Enable client empowerment

Healthy Start awardee locations (as of February 2025)



References:

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6. The Organization for Economic Co-operation and Development (OECD). (n.d.). OECD Data Explorer, Maternal Mortality. <https://tinyurl.com/42ekptcr>
7. Atwani, R., Robbins, L., Saade, G., & Kawakita, T. (2025). Association of Maternity Care Deserts With Maternal and Pregnancy-Related Mortality. *Obstetrics and gynecology*, 146(2), 181–188.
8. March of Dimes. (2024). Prenatal Care. March of Dimes | PeriStats. <https://www.marchofdimes.org/peristats/data?reg=99&top=5&stop=29&lev=1&slev=4&obj=1>