Messaging Briefs

Maternal and Child Health

think babies™

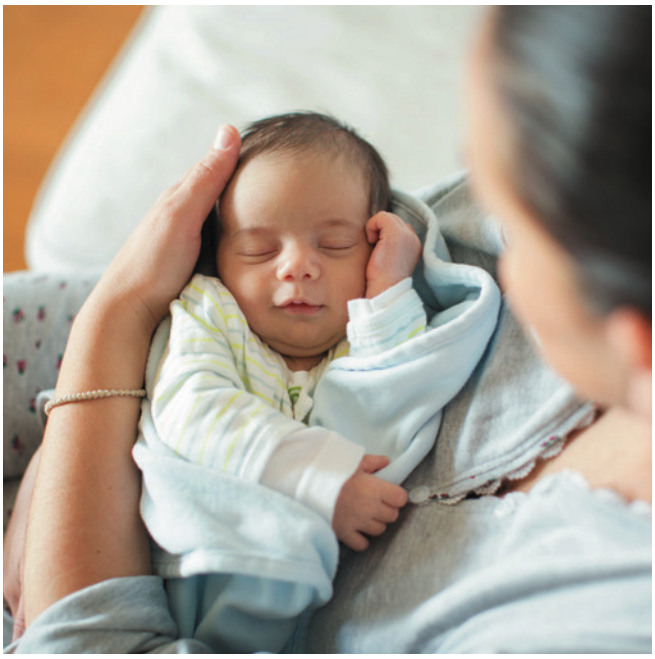
ncit

Introduction

ZERO TO THREE and the National Collaborative for Infants and Toddlers have created the following message brief to to help advocates communicate with policymakers about the needs and opportunities for enacting policies that improve maternal and child health. This brief is meant to serve as a source of research-tested messaging and broad policy guidance to help you craft messages and materials as you speak with policymakers and other stakeholders.

Making the Case for Prenatal to Three Policies

The following language can serve as a way to introduce maternal and child health within the frame of prenatal-to-three policies.



Every child deserves a strong start in life. The foundation we provide for them shapes their future and the future of our communities. We have to get it right.

During the first three years of life, the brains and bodies of infants and toddlers make huge gains in development. Babies' brains develop faster from birth to age three than at any later point, and their early experiences—both positive and negative—build the foundation for brain and body architecture that will support their ability to learn and their overall social, emotional, and physical health.

A healthy baby starts with a healthy pregnant person. But our country is failing when it comes to maternal health. We must do better. All birthing people need access to care during and after pregnancy, and families need access to the regular well-child visits, screenings, and mental health care that give their babies the best start in life.

We must act now to ensure that pregnant people and postpartum parents have the health supports they need to ensure their infants start out healthy and grow into socially, emotionally, and physically healthy children who are confident, empathetic, and ready for school and life.

The Need for Improved Maternal and Child Health Policies

Use these suggested message and proof points to demonstrate why pregnant people, postpartum parents, and infants and toddlers need access to improved health policies.

The U.S. has reached a crisis for maternal and infant mortality. Health care systems in the U.S. are failing birthing people and postpartum parents, often due to systematic racial inequities that begin long before a person becomes pregnant. Moreover, the well-being of birthing people and babies is often considered separately, but they are intrinsically interdependent. Poor outcomes for the birthing person result in poor outcomes in the short and long term for their baby.

The United States is the only high-income country in which the maternal mortality rate has risen over the past two decades.

- Nearly 25% of all U.S. women start prenatal care late in pregnancy or do not receive the recommended number of prenatal visits. This number rises to 34% among Black women and to 41% among Indigenous or Alaska Native women.[i]
- More women in the U.S. die in childbirth than in any other developed country, with our national rate as high as 17.3 deaths per 100,000 live births. And Black women are dying at an even more alarming rate—more than twice the national average at 37.3 deaths per 100,000 live births. This is regardless of income.
- New mothers also receive inadequate postpartum support. Pregnant people can become eligible for health coverage when they become pregnant but lose coverage soon after the pregnancy ends.
- The federal Medicaid rule requires coverage through 60 days postpartum, even though roughly 30% of maternal deaths happen later in the postpartum period.[ii]
- It is critical to screen for and treat maternal depression and anxiety disorders, which affect approximately 10% of mothers with young children.[iii] Left untreated, these disorders have been associated with adverse birth outcomes and poor parent-child bonding.[iv]

Similarly, the overall rate of mortality among infants in the United States—our most vulnerable population—is twice the rate in the European Union. The infant mortality for Black infants in the U.S. is nearly four times the overall rate in the European Union.

A Note on Language

We acknowledge the commitment to birthing equity across racial and ethic communities and among trans and gender non-conforming people. Wherever possible, we use the term "birthing person" or "pregnant person." However, language is this message brief also spotlights women to align with national data collection.

- On average, 5.6 in 1,000 babies born in the U.S. will not survive to see their first birthday. Mortality is more than twice as high for Black infants (10.8 per 1,000 births) as it is for White infants (4.6) and is slightly higher for Hispanic infants (4.9) than for White infants.[v]

Once a baby is born, many do not receive the necessary developmental screenings, because their parents do not have access to adequate health insurance or health services.

- Medicaid covers almost half of births in this country, and Medicaid and the Children's Health Insurance Program (CHIP) insure about 1 in 3 children, but the rate of uninsured children is on the rise after years of decline.[vi] Moreover, the rate of uninsured children is higher in states that did not expand Medicaid coverage.
- Babies in families with low incomes and babies of color are less likely to receive preventive health services.[vii]
- Approximately 1 in 4 children under age 5 are at moderate or high risk for developmental or behavioral delays.[viii] Yet only a third (32.5%) of infants and toddlers ages 9-35 months received a developmental screening in the past year.[ix] And only a fraction of the children under age 3 who can benefit from early intervention services receive supports.[x,xi] Moreover, fewer than 50% of children facing a developmental disability/disabling behavioral problem are identified before they start school.[xii]
    - Children from families with low incomes are less likely to receive developmental screening.[xiii] They are more likely than children from other income groups to have poor health and special health care needs that place them at risk of developmental delays.[xiv]
    - Uninsured children are less likely to receive developmental screenings and preventive health care than children enrolled in public insurance programs such as Medicaid or the CHIP.[xv]
- The Centers for Disease Control and Prevention estimates that the cost of providing special education services to a child with significant hearing loss is $11,006 per year.

As a result of COVID-19, fewer families with young children were seeing their primary care practitioners, and vaccination rates and well-child visits dropped.[XVII] This preventive care lag could leave young children at risk for other serious diseases.

The Opportunity to Improve Maternal and Child Health

These message points provide recommendations to improve maternal and child health policies in your communities.

The disparities that pregnant people face—and the resulting impact on their babies—are a serious equity issue that we must address. It is critical to prioritize investments that improve birthing people's and babies' access to health care that meets their medical needs and ultimately improves their health. Policymakers must invest in comprehensive health and development policies with the following core principles:

- **Expand birthing people's and children's access to Medicaid and CHIP during pregnancy and farther into postpartum.** This will ensure pregnant people have the ability to see their medical provider from the earliest indication of pregnancy, so they start their pregnancy healthy and to ensure they obtain continued screenings and treatments as necessary after birth. Access to health insurance also allows infants and toddlers to receive routine checkups and preventive care—such as vaccinations—which help prevent more costly health issues as children get older.
- **Increase support and access to culturally sensitive, promising practice models, such as midwifery care, group prenatal care, doula care, and breastfeeding support.** These approaches can improve the quality of medical care that pregnant and postpartum parents receive, particularly people of color, who are discriminated against in the health care system and experience higher rates of disrespect and abuse.
- **Increase access to a continuum of early childhood and family supports and services.** Young children who are found through developmental screening to have, or be at risk of developing, a developmental delay or disability need access to a continuum of services and supports that promotes their healthy development. It's crucial to fund not only developmental screening, but to embed screening in a system that holistically supports families and also includes screening and supports for social determinants of health, family protective and risk factors, maternal depression, and family's basic needs.

These proof points show the possibilities and return on investment:

- Health care coverage for pregnant parents is linked to significant reductions in infant mortality, childhood deaths, and the incidence of low birthweight.[viii]
- Children with Medicaid coverage are more likely than uninsured children to regularly see a doctor and receive preventive health care.[xix] They also have better long-term health, educational, and employment outcomes than those who are uninsured.[xx]

- Early screening and identification of maternal depression offer long-term health care cost savings and helps support maternal health and healthy child development.[xxi]
- Medicaid coverage for parents supports strong families by allowing them to access health care services that they would not be able to afford otherwise, including services related to substance use and mental health services.[xxii]
- Early detection and treatment through childhood screenings could greatly reduce more costly special education and interventions for older children. For example, children whose hearing loss is detected in infancy and who receive treatment services have better language outcomes at 8 years of age.[xxiii]

Calls to Action

Consider using these message-tested calls to action to drive policy change to improve maternal and child health.

- Pregnant people, postpartum parents, and infants and toddlers must be our highest priority; they need us to invest in their health now, because babies only get one chance at a strong start.
- This is our chance to make a powerful commitment to our youngest generation.

Starting a Conversation on Equity

Successful conversations about equity and prenatal-to-three policies start with finding common ground. Research that evaluated how convincing equity arguments were to policy influencers when making the case to prioritize prenatal-to-three policies showed that it's important to consider your audience's background, perspective, and familiarity when discussing equity.

Strong equity messaging that directly calls out our country's history of systemic racism is more likely to resonate with audiences who recognize these inequities are embedded into our society's structures and systems. For audiences less familiar with equity concepts, consider messages on brain development, physical health, and maternal health support, which were found to be most persuasive in making the case for prenatal-to-three policies and can help establish common ground. Start your conversations with what we know works best and then look for ways to educate on equity once you have established common ground.

Find more message guidance in Building Momentum for Prenatal-to-Three Policies.

About Think Babies™

ZERO TO THREE created Think Babies, a call to action for federal and state policymakers to prioritize the needs of infants, toddlers, and their families and invest in our future. We advocate for policies that ensure all babies and their families have good health, strong families, and positive early learning experiences. Sign up to join the team that's fighting for our future at www.thinkbabies.org.

About The National Collaborative for Infants and Toddlers (NCIT)

NCIT brings together early childhood leaders and advocates, philanthropy, policymakers, and practitioners working inside and outside government at the federal, state, and local levels to create and strengthen promising policies and programs, share what works, and encourage greater attention to, and investment in, the healthy development of our youngest children. Learn more at www.theNCIT.org.

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- Washington State Parent Ambassadors
- Children's Alliance (Washington)
- Maryland Family Network
- Pennsylvania Partnerships for Children
- Start Early (Illinois)
- Texans Care for Children
- Children at Risk (Texas)
- North Carolina Early Education Coalition
- Groundwork Ohio
- Michigan League for Public Policy
- Michigan's Children
- Early Childhood Investment Corporation (Michigan)
- South Carolina Infant Mental Health Association
- Institute for Child Success (South Carolina)
- Children's Advocacy Alliance (Nevada)
- Zero To Five (Montana)
- Bloom Consulting (Montana)
- Kids Win Missouri
- Idaho Voices for Children
- Children's Action Alliance (Arizona)
- Southwest Human Development (Arizona)
- Alabama Partnership for Children
- Georgia Early Education Alliance for Ready Students

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