

December 18, 2020

SUBJECT: Comments and suggestions to inform the Maternal and Child Health Bureau Strategic Plan

Dear Maternal and Child Health Bureau leadership,

Representing child health researchers at PolicyLab at the Children's Hospital of Philadelphia, we welcome this opportunity to comment on HRSA's Request for Information regarding the Maternal and Child Health Bureau Strategic Plan, and to offer our recommendations to your planning processes.

We welcome HRSA's ongoing efforts to support maternal and children's health. In this letter, we draw on relevant research and expertise from PolicyLab's community of experts to answer question one:

“What do you see as core, critical activities of MCHB? What is most important to continue into the future? Are there things not being done that should be?”

1. Evidence-based home visiting

Home visiting programs have been shown to support a range of positive impacts on maternal and child well-being from the prenatal period through to the crucial early childhood development period.¹ Home visitors identify and address physical, social, and mental health needs of both the child and caregivers—including screening for maternal depression, intimate partner violence, child developmental milestones and social resources. Home visiting has been associated with improved parenting self-efficacy, engagement with preventive health care visits, child school readiness and family connectedness to resources.²

PolicyLab is the lead evaluator, in partnership with the Pennsylvania Department of Human Services' Office of Child Development and Early Learning, for maternal and child home visiting programs throughout the Commonwealth of Pennsylvania. Our research has affirmed the benefits of home visiting. Relative to eligible mothers not receiving evidence-based home visiting programs, our team's research found that service recipients had a higher likelihood of quitting smoking, having improved pregnancy spacing, receiving adequate prenatal care and bringing their child for recommended well-child visits.³

Families living in rural areas particularly valued how the program enables social connectedness and ameliorates feelings of isolation, In-home services can also reduce many barriers to maternal health in low-density, under-resourced communities, including lack of transportation and limited access to many health care services.⁴

We encourage the MCHB to continue to support home visiting, such as through existing programs like Home Visiting Formula Grants and the Home Visiting (MCH-HV) Research Program. HRSA should also help invest in sustaining a qualified workforce of home visitors. This could include expanding financial incentives, such as the education and loan repayment services already provided by HRSA, and ensuring that scope of practice laws are standardized to enable home visitors to work across state lines.⁵

2. Initiatives to address maternal depression

Ensuring that new mothers receive mental health and substance use screening and services is essential. One in nine mothers experience depression after birth, and it is estimated that more than 2 out of every 100 births are to mothers impacted by substance use disorder.⁶⁻⁷ Untreated or poorly managed maternal mental health conditions and substance use disorders negatively impact caregivers and children. For caregivers, these conditions can lead to increased maternal mortality, increased short-term work disability and decreased workplace productivity.⁸ Infants of caregivers experiencing maternal depression are less likely to achieve developmental milestones, receive preventive health care services, and are at increased risk for involvement in child protective services.⁸⁻¹⁰

PolicyLab's experts have long advocated for postpartum depression screening in the pediatric setting. Additionally, our researchers have driven innovations in this space, adapting a parenting intervention to be delivered on Facebook to address needs of mothers with postpartum depression. In a pilot study, mothers who were engaged in the parenting intervention showed reduced depression symptoms and improved parenting competence.¹¹ We are further testing this intervention in a larger study.

We encourage the MCHB to continue its support for screening and treatment for maternal depression through existing programs like HRSA's Screening and Treatment for Maternal Depression and Related Behavioral Disorders (MDRBD) program. We suggest expanded funding for evidence-based screening and preventative treatments through existing programs designed to address postpartum depression. Additionally, MCHB can provide sustainable funding to pilot programs proven to address postpartum depression.

3. Promotion of evidence-based early literacy programs

Reading aloud with young children is one of the most effective ways to expose them to enriched language and to encourage the early literacy skills needed to promote school readiness.¹² Recognizing the important role books can play in the medical home, the American Academy of Pediatrics (AAP) has identified literacy promotion as an essential component of pediatric primary care practice and has specifically cited the Reach Out and Read program as “...the most widely studied and disseminated model of literacy promotion in the child’s medical home.”^{13,14} The evidence-based¹⁶ model gives children a foundation for success by incorporating books and anticipatory guidance into pediatric well-child visits from infancy to age 5, encouraging families to read aloud together on a daily basis.

Children’s Hospital of Philadelphia clinicians have integrated early literacy into primary care through Reach Out and Read¹⁵ since 1996. Our primary care providers are trained to model reading, talking, and interacting with young children using new, developmentally and culturally appropriate books as part of these visits. Parents can also read to and with the child while the provider comments on the developmental significance of the child’s responses and encourages parents and other caregivers by offering strengths-based guidance. At participating Reach Out and Read clinics nationwide, families take home as many as 15 books prior to kindergarten, building a home-library that supports the primary care provider’s prescription to read aloud together daily.

The Reach Out and Read program aligns with the MCHB goals of building a trained workforce that provides high-quality care and advances the well-being of children and families through upstream, evidence-based interventions. We appreciate the support that MCHB provides to the implementation of Bright Futures Guidelines, which recommends anticipatory guidance on reading aloud in well child visits, and we encourage the agency to explore additional ways to support evidence-based early literacy programs, such as Reach Out and Read, in primary care settings.

Thank you for taking the time to consider our recommendations. We welcome opportunities to continue to engage with you. Please contact Rebecka Rosenquist, PolicyLab’s Health Policy Director, with any further questions or opportunities to expand on the areas covered here.

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