

# STATE & TERRITORY POLICY STRATEGIES SUPPORTING MATERNAL & CHILD HEALTH DURING COVID-19

In June and July of 2020, the National Governors Association Center for Best Practices (NGA Center) surveyed executive branch officials regarding state policies to safeguard against COVID-19 for pregnant women, postpartum women, and infants. Thirty-eight states and territories representing politically and geographically diverse jurisdictions completed this survey, giving a broad picture of how states and territories are working within existing policies and making adaptations to respond to the pandemic. Responses represent a point-in-time and may not reflect future policies/programs given the ever changing state of the pandemic.

In June, the Centers for Disease Control and Prevention (CDC) announced that pregnant women may be at increased risk of developing severe illness from COVID-19 infection compared to non-pregnant women.<sup>1</sup> At time of survey, over thirty states allow virtual home visiting and are covering Maternal and Child Health (MCH) telehealth services through Medicaid. These policies help support social distancing guidelines and recommendations.

COVID-19 has exacerbated systematic inequalities affecting communities of color. Black women have historically been at a higher risk of maternal mortality and morbidity and Hispanic and non-Hispanic Black women are disproportionately represented among pregnant women with COVID-19.<sup>1,2</sup> Nine states reported requiring training or offering enhanced resources regarding implicit bias training and fourteen states are in planning phases. There remain significant opportunities for action in this area.

The Maternal and Child Health Bureau at the Health Resources and Services Administration released guidance in March 2020 for state and territorial Title V directors on how they can utilize funding during the pandemic.<sup>3</sup> Thirty states reported that they use this funding to support surveillance infrastructure to better track COVID positive cases among the MCH population and extend accessibility and availability of telehealth services.

The NGA Center would like to thank the state officials and other experts who participated in this survey and provided feedback on the publication.

The NGA Center would also like to thank the Health Resources and Services Administration in the U.S. Department of Health and Human Services for their generous support.

Recommended citation: LeBlanc, M. & Block, L. (2020). State and Territory Policy Strategies Supporting Maternal and Child Health During COVID-19. Washington, DC: National Governors Association Center for Best Practices.

- Currently practicing
- In planning stages
- Interested, but no action
- Not under consideration
- No answer

Establishing protections and resources for maternal and child health home visitors to adapt service delivery



Covering MCH telehealth services through Medicaid



Creating Auxiliary Maternity Units to improve infection control



Implementing measures to diversify birthing site options and support patient choice



Requiring training (or enhancing resources) on implicit bias for staff



Collecting data specifically about pregnant women, e.g. number of cases, hospitalizations, and deaths (including race/ethnicity)



Ensuring equity in birthing options for those most impacted by racial/ethnic and socioeconomic disparities



Temporarily expanding scope and/or supervision requirements for certain health care professionals



Issuing universal testing for all pregnant women



Issuing guidance that guarantees one support person of choice may accompany a woman during labor, delivery, and the immediate postpartum period



Utilizing funds from Title V MCH Services Block Grant to meet locally identified needs and foster positive outcomes



Implementing strategies to ensure infants and children stay up to date on vaccinations



Tracking changes in quality measures (e.g., cesarean births and early elective deliveries)



1. Ellington S, Strid P, Tong VT, et al. Characteristics of Women of Reproductive Age with Laboratory-Confirmed SARS-CoV-2 Infection by Pregnancy Status — United States, January 22–June 7, 2020. MMWR Morb Mortal Wkly Rep 2020;69:769–775. DOI: <http://dx.doi.org/10.15585/mmwr.mm6925a1>

2. Harvard T. Chan School of Public Health. (2020). COVID-19 may lead to more maternal deaths among blacks, Latinos. <https://www.hsph.harvard.edu/news/hsph-in-the-news/covid-19-maternal-deaths-blacks-latinos/>

3. Health Resources and Services Administration, Maternal and Child Health Bureau. (2020). Coronavirus Disease (COVID-19) Maternal and Child Health Bureau Frequently Asked Questions. <https://mchb.hrsa.gov/coronavirus-frequently-asked-questions>