Home visiting programs can improve outcomes for mothers and babies

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The idea of bringing preventive services and resources to the place where families live has captured more interest, and funding, during this decade.

In 2010, the U.S. Congress created the Maternal, Infant and Early Childhood Home Visiting Program, and every year since then, states have received federal dollars to provide home services for vulnerable or at-risk families.

“It really has been monumental in the development of home visiting across the country,” Stephanie Schmit, a senior policy analyst for The Center for Law and Social Policy, says about the federal program.

States have played a crucial role as coordinators of services and innovators of home-visiting policies, Schmit says, noting that Iowa has been one of the nation’s leaders. For example, a centralized intake system in Iowa ensures that families receive a home-visiting model that best fits their needs, and the progress of children can be tracked through a statewide data system. In addition, a “virtual” home-visitor program in Iowa allows some services to be provided electronically.

States must use 75 percent of the federal grant dollars to support “evidence-based programs” — those shown by research to result in positive outcomes. The remaining 25 percent of funds can go to other promising home-visiting programs.

For pregnant women, visits to the home by a nurse or social worker can help ensure access to prenatal care, or encourage lifestyle choices (eating well and quitting smoking, for example) that lead to healthy birth outcomes.

This could be a crucial year for home visiting across the country: Federal funding for the Maternal, Infant and Early Childhood Home Visiting Program will run out in September without congressional reauthorization.

This article was written as part of this year’s Midwestern Legislative Conference Chair’s Initiative of Iowa Sen. Janet Petersen. This initiative, Healthy Birth Outcomes, is examining ideas to improve the health of mothers and their babies.