

In-home prenatal support improves birth outcomes, reduces disparities, study shows

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New Michigan State University and Corewell Health research shows that in-home, enhanced prenatal services provided by community health workers, nurses and social workers can dramatically reduce the risk of

premature births, the main cause of infant deaths among Black and Hispanic populations. The Centers for Disease Control and Prevention in 2020 ranked Michigan seventh highest in the U.S. for infant mortality.

The results, published in [JAMA Pediatrics](#), found that pregnant individuals receiving in-home support in Kent County's Strong Beginnings program, in partnership with Corewell Health and the state's Maternal Infant Health Program (MIHP), saw a 57% reduced risk of having their babies prior to 32 weeks compared to individuals who received standard prenatal care without enhanced prenatal services. Expectant Black mothers experienced an even greater reduced risk by 67%.

Researchers analyzed four years' worth of Michigan Department of Health and Human Services birth outcome data consisting of more than 125,000 Medicaid-eligible moms and infants.

Additional study results included:

- An 18% reduced risk of births before 37 weeks and 114% increase in timely postpartum care in all birthing persons
- A 23% reduced risk of births before 37 weeks and 129% increase in timely postpartum care among Black birthing persons

"While there have been many studies that have looked at the effectiveness of well-established, evidence-based home visitation models, most have shown mixed results for birth outcomes," said Cristian Meghea, Ph.D., lead author and associate professor of obstetrics, gynecology, and reproductive biology in the MSU College of Human Medicine. "These numbers strongly suggest that Strong Beginnings, with its partnerships, is highly effective."

[Strong Beginnings](#), a community partnership dedicated to improving

health and decreasing disparities among Black and Hispanic families in West Michigan, began in 2004 as a federal Healthy Start program. [MIHP](#) is the largest prenatal home visitation program in Michigan, employing licensed nurses and [social workers](#), and serving about 20% of all Medicaid-eligible pregnancies.

"Community health workers from racial and language backgrounds similar to our participants provide [home visits](#) during pregnancy and for 18 months after delivery, serving as peer mentors and offering [social support](#), education and referrals for needed services," said Peggy Vander Meulen, M.S.N., program director of Strong Beginnings at Corewell Health and a co-author of the study.

"Our health mentors also address the barriers that might exist in accessing care such as finding transportation to and from doctor appointments and providing behavioral health counseling for [mental health](#) and substance use issues."

She added that a parallel fatherhood program, Strong Fathers/Padres Fuertes, is also available for spouses or partners of Strong Beginnings' participants.

"It's critical that we continue to test innovative, community-informed, in-home approaches that can advance birth equity," Meghea said.

"Because of their lived experiences and unique skills, community health workers in programs such as this provide equitable and invaluable services to improve health for our communities and help save lives," said Vander Meulen.

Vander Meulen and others also hope the findings will strengthen and support community [health](#) workers and help expand Strong Beginnings into other counties, so more pregnant individuals and their babies can

benefit from its services.

More information: Cristian I. Meghea et al, Community Health Worker Home Visiting, Birth Outcomes, Maternal Care, and Disparities Among Birthing Individuals With Medicaid Insurance, *JAMA Pediatrics* (2023). [DOI: 10.1001/jamapediatrics.2023.2310](https://doi.org/10.1001/jamapediatrics.2023.2310)

Provided by Corewell Health

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