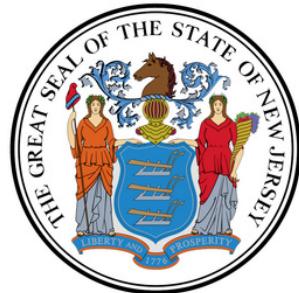




# New Jersey Blueprint for Maternal and Infant Health and Path for the Next Decade

JANUARY 2026

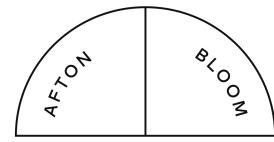
Office of the New Jersey First Lady Tammy Murphy



This report was authored by the Office of the First Lady Tammy Murphy



In partnership with



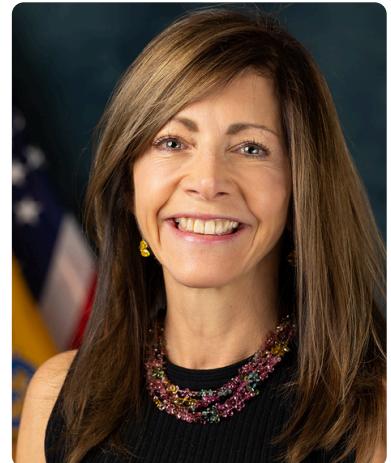
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# Letter from New Jersey First Lady Tammy Murphy

Dear Nurture NJ Partners,

In 2019, my office launched Nurture NJ with an urgent and vital promise: to make New Jersey the safest, most equitable state in the nation to deliver and raise a baby. From the outset, this work has been aimed at not only improving individual outcomes but also transforming systems, elevating community voices and ensuring that every mother and baby in New Jersey is met with dignity, respect and high-quality care.



Over the past eight years, Nurture NJ has grown into a powerful statewide movement. While this report may at times reference me or my office, this progress was not achieved through the efforts of one person or organization but through the support and coordination of stakeholders across New Jersey. By convening leaders across government, health care, advocacy, philanthropy and community, we championed maternal and infant health as a shared responsibility and a public priority. Guided by equity, lived experience and data, we worked to break down silos and bring all of government's tools to bear in service of families.

Together, we have made transformational progress. We have advanced or completed more than half of the 80-plus recommendations in the Nurture New Jersey: 2021 Strategic Plan, including expanding Medicaid coverage to 365 days postpartum, covering and strengthening community doula care, launching Family Connects NJ and establishing the New Jersey Maternal and Infant Health Innovation Authority (NJMIHIA), the first and only authority of its kind in the country. These achievements build upon 78 pieces of maternal and infant health legislation signed into law, hundreds of millions of dollars in state and federal investment and the development of community-centered programs designed to meet families where they are.

To date, New Jersey has moved from 47th to 25th in the nation in maternal mortality, clear evidence of what is possible when urgency meets collaboration. Ongoing evaluation by the Rutgers School of Public Health underscores the impact of our work, from declines in low-risk cesarean deliveries to increased use of paid family leave and expanded connections to critical resources. Just as importantly, partners consistently report a lasting cultural shift, one that validates community-led solutions and strengthens cross-sector collaboration.

As Nurture NJ comes to a close, its mission does not. With the establishment of NJMIHIA and the release of *Nurture NJ: New Jersey Blueprint for Maternal and Infant Health and Path for the Next Decade*, we are charting the next five to 10 years of statewide action. This Blueprint is intended to be a living roadmap, one carried forward by all of us and rooted in shared ownership, community-driven leadership and sustained collaboration.

Further, after years of planning for this role and asking Lisa to step in to lead our eventual Authority, I am proud that Lisa Asare will continue to serve as president and chief executive officer of the Maternal and Infant Health Innovation Authority, and that the role will remain elevated to a cabinet position under the Sherrill Administration—ensuring continuity, accountability and an enduring commitment to this work.

Each of us has a role to play in ensuring that every mother and every baby—no matter their race, ZIP code or circumstance—has the opportunity to thrive. Let us continue this work with urgency, compassion and shared purpose. Thank you for your partnership, your leadership and your unwavering commitment to New Jersey's families.

My very best,

*Tammy S Murphy.*

Tammy S. Murphy  
First Lady of New Jersey



# Eight Years of Impact and Momentum:

## Key Actions Catalyzed by Nurture NJ Lead to Milestones for New Jersey

2018



Began a listening tour, led by New Jersey First Lady Tammy Murphy, throughout New Jersey to understand the state's maternal and infant health crisis, hearing directly from mothers, families, providers and community leaders.

2018



Convened 22 state departments and agencies quarterly for eight years—up from just two agencies focused on maternal and infant health at the start of the administration.

2018



Hosted the first **Family Festival and Nurture NJ Leadership Summit** to increase awareness of New Jersey's maternal health crisis; directly engage families, communities and experts across the state; and break down silos across sectors.

2018



Hosted the **first annual bipartisan legislative convening** to strategize with the State Legislature on policy priorities, resulting in 78 legislative maternal and infant actions and resolutions signed into law under Governor Murphy by 2026.

2020



Supported the launch of the **Colette Lamothe-Galette Community Health Worker Institute** to grow New Jersey's community health worker workforce in partnership with the New Jersey Department of Health and county colleges across Camden, Essex, Ocean and Mercer counties.

2019



Expanded paid leave programs from six to 12 consecutive weeks, resulting in a 70% increase in the use of family leave benefits.

2019



Issued the first annual **New Jersey Maternal Health Hospital Report Card**—one of the first in the nation to share interactive hospital-specific and statewide data on maternal morbidity and complications.

2019



Launched **Nurture NJ** on Maternal Health Awareness Day to coordinate statewide efforts to make New Jersey the safest, most equitable state in the nation to deliver and raise a baby.

2020



Ensured every pregnant woman the right to a support person in a hospital and birthing center during labor, delivery and postpartum.

2021



Became the third state in the nation to cover doula care through Medicaid—and the first state to require doulas to be community doulas trained to qualify for Medicaid reimbursement, ensuring culturally competent care.

2021

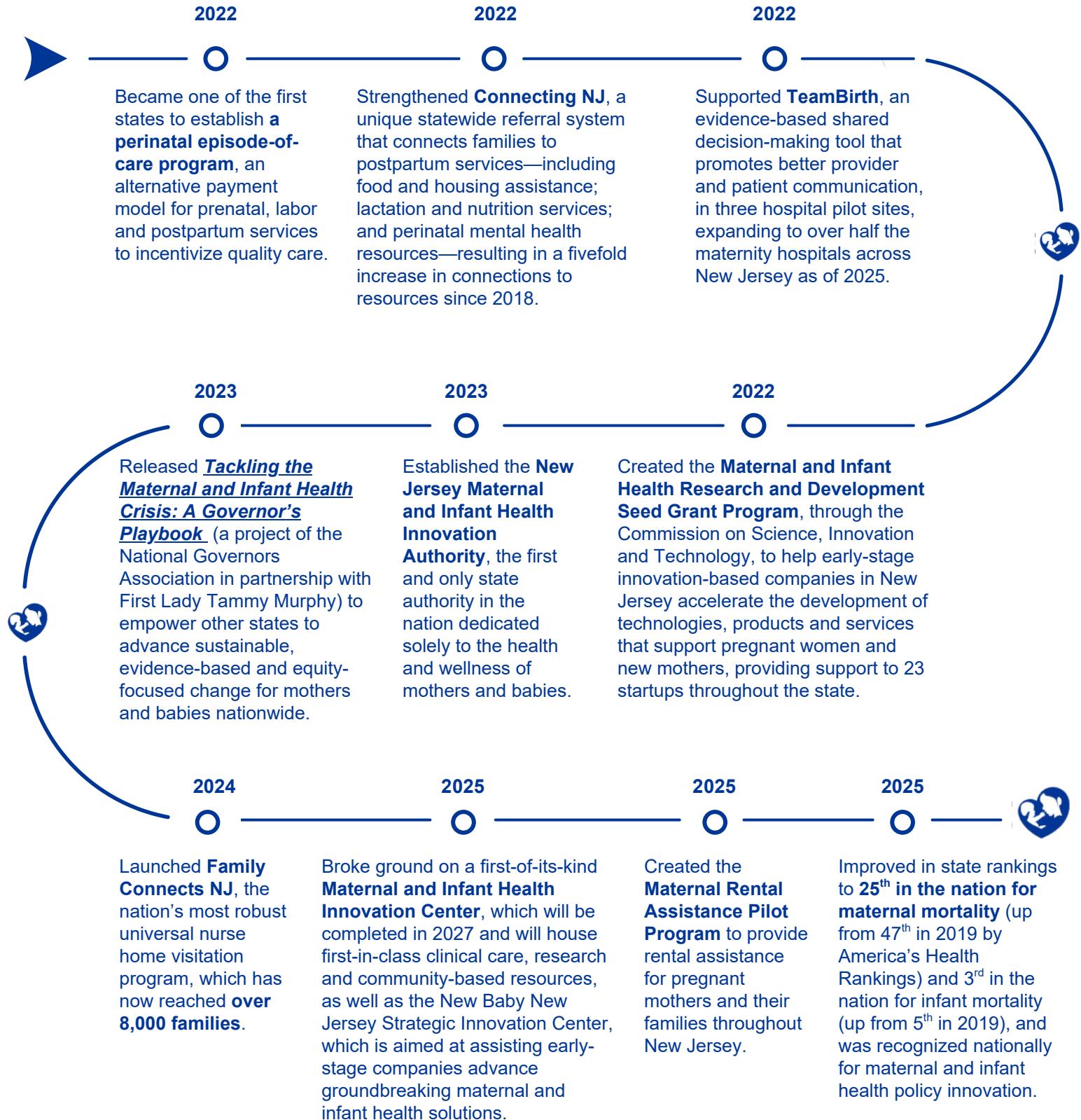


Launched the **Nurture New Jersey: 2021 Strategic Plan** for maternal and infant health, informed by hundreds of state government departments, health systems, physicians, midwives, doulas, community organizations and, most importantly, mothers and their families.

2021



Became the second state to expand Medicaid coverage to 365 days postpartum.



# Nurture NJ Built a Community of Tens of Thousands Across the State

Over eight years, Nurture NJ brought together tens of thousands of moms, families, community and government leaders, advocates, health care providers, policymakers, hospital CEOs and others through annual summits, information sessions on social media and community-focused events:

# 17K

Families directly connected with state, county and local resources **over 24 Family Festivals** in cities with the highest rates of Black and Hispanic infant mortality across New Jersey.

# 3K

Maternal health leaders across industries and the country convened **over 8 Annual Nurture NJ Leadership Summits** to break down silos across sectors and develop innovative policy ideas.

# 483

**Maternal Health Awareness Day and Black Maternal Health Week events** were hosted by Nurture NJ partners throughout the state and were included in annual **Nurture NJ community calendars** to drive action and raise awareness of the state's maternal health crisis.

# 23

**Ask an Expert interviews** with maternal health experts were shared with thousands on social media to inform, engage and empower mothers and their families with resources and information.

## Impact of Nurture NJ on Outcomes

- Moved from 47<sup>th</sup> to 25<sup>th</sup> in the nation for maternal mortality and 5<sup>th</sup> to 3<sup>rd</sup> for infant mortality.
- Nearly 80% of the 74 legislative actions on maternal and infant health signed between 2018-2025 have been implemented or operationalized.\*
- Over 8,000 family visits conducted through Family Connects NJ, the state's most robust universal nurse home visitation program.
  - 17% of families received at least one referral for an urgent health or mental health concern.
  - 50% received at least one referral for additional health or social support.
- Most significant decline in unnecessary cesarean procedures in the country.
- 70% increase in the use of family leave benefits.
- Fivefold increase in connections to resources through Connecting NJ, the statewide referral system that connects families to local programs and services.

\* Four additional bills were signed in 2026, resulting in a total of 78 maternal and infant health bills signed by Governor Murphy.





## Executive Summary

Over the past quarter century, New Jersey faced a steep maternal and infant health crisis, ranking among the worst in the nation for maternal outcomes and experiencing some of the widest racial disparities in maternal and infant health.<sup>1,2</sup> In response, First Lady Tammy Murphy launched Nurture NJ in 2019 with an ambitious goal: to make New Jersey the safest, most equitable state in the nation to deliver and raise a baby.

Since the launch of Nurture NJ, New Jersey has made significant progress, rising nationally from 47<sup>th</sup> to 25<sup>th</sup> in the maternal health rankings and from 5<sup>th</sup> to 3<sup>rd</sup> in the infant mortality rankings.<sup>1</sup> What began as a state-level initiative has since become a model of national and global influence, drawing interest from policymakers, public health leaders and advocates across the country and around the world. This was exemplified by the National Governors Association's 2023 release of *Tackling the Maternal and Infant Health Crisis: A Governor's Playbook*, which was spearheaded by First Lady Tammy Murphy as chair of the NGA Spouses Program and based on the ongoing work in New Jersey.

Nurture NJ built a one-of-a-kind statewide, coordinated approach to maternal and infant health anchored by the development of the *Nurture New Jersey: 2021 Strategic Plan*, which engaged hundreds of leaders across sectors, as well as moms and families, to set a comprehensive vision and roadmap for change. Large-scale outreach efforts like Family Festivals and Leadership Summits helped connect tens of thousands of families with resources, strengthen stakeholder networks and elevate maternal and infant health as a shared public priority. Nurture NJ made major strides in policy innovation, with the Governor signing 78 laws and resolutions over eight years. Nurture NJ also launched groundbreaking programs to expand access, close gaps and strengthen care.

At the clinical and community level, New Jersey expanded access to respectful, culturally responsive care by advancing Medicaid reforms, integrating doulas and midwives into care, piloting value-based payment models and supporting quality improvement initiatives such as TeamBirth. The state invested deeply in growing a diverse perinatal workforce and launched the nation's most robust universal nurse home visiting program, Family Connects NJ, alongside strengthening Connecting NJ to link families to supports from pregnancy through early childhood. Broader economic and social investments, from child care access and workforce development to expanded tax credits, paid leave and food access initiatives, further strengthened the conditions that support maternal and infant health statewide. Together, these efforts culminated in the creation of the first-of-its-kind New Jersey Maternal and Infant Health Innovation Authority (NJMIHIA) and Maternal and Infant Health Innovation Center (MIHIC) to sustain and advance this work into the future.

New Jersey currently faces an uncertain federal funding environment, making it more important to prioritize efforts, deepen partnerships and work closely with philanthropy, the private sector and community-based organizations to sustain innovation and support locally driven solutions. *Nurture NJ: New Jersey Blueprint for Maternal and Infant Health and Path for the Next Decade* outlines six pillars to guide statewide work over the next decade, designed to be shared across administrations and sectors rather than led by any single entity.

While progress has been significant, continued collaboration, strategic planning through NJMIHIA and ongoing evaluation will be essential. Building an equitable maternal and infant health system will require sustaining current policies, advancing new approaches and remaining responsive to the evolving needs of families across New Jersey.



# Forward-looking Pillars to Advance Cross-sector Action for Maternal and Infant Health

## ENABLING ENVIRONMENT



### Multisector Leadership and Community-Driven Accountability

Maintain New Jersey's momentum toward improved maternal and infant health through sustained multisector leadership; transparency and community-driven accountability; and coordination anchored by the New Jersey Maternal and Infant Health Innovation Authority.



### Innovation Across Policy, Programming and Partnerships

Foster innovation across policy, programs and partnerships to close persistent gaps in maternal and infant health—by testing, adapting, sustaining and scaling promising approaches that respond to community needs.

## STRONG PERINATAL CARE SYSTEMS



### Respectful, High-Quality and Culturally Responsive Care

Ensure that all mothers in New Jersey—regardless of race, ZIP code or income—receive respectful, high-quality, evidence-based and culturally responsive care through the elevation of best practices across clinical and community settings.



### Strong Perinatal Workforce from Communities Most Impacted by Disparities

Build a perinatal workforce in New Jersey—one that is well compensated, equitably supported and reflects the communities it serves.



### Family-Centered and Comprehensive Postpartum Services

Transform postpartum care into a fully integrated, universal system—reaching every mother in New Jersey with timely, trusted and continuous support from hospital discharge through the first year and beyond.

## THRIVING FAMILIES



### Family-Sustaining Economic and Living Conditions

Ensure New Jersey's economic and living conditions support families to thrive—by strengthening and coordinating policies, systems changes and other actions beyond the health care system.



## Introduction

Launched by First Lady Tammy Murphy in 2019, Nurture NJ was created to confront New Jersey's unacceptable disparities in maternal and infant health and to make New Jersey the safest and most equitable place in the nation to give birth and raise a baby. Over the past eight years, the collective efforts of organizations and leaders across New Jersey, under the umbrella of Nurture NJ, have generated measurable progress through stronger standards of care, policy and legislative reforms, enhanced data transparency, expanded perinatal workforce initiatives and innovative programs to support mothers and families. This cross-sector momentum was built on decades of groundwork laid by leaders and organizations across sectors in the state and with the recognition that achieving equity will require sustained, committed effort.

While much progress has been made, racial disparities in maternal health outcomes continue to affect mothers and babies, highlighting the need for continued action. The next phase of work must focus on implementing and scaling existing policies; addressing the most pressing challenges of maternal health, such as postpartum care and behavioral health integration; and ensuring that every family benefits from these advancements.

*Nurture NJ: New Jersey Blueprint for Maternal and Infant Health and Path for the Next Decade* lays out six forward-looking pillars and calls on government, health systems, community organizations, philanthropy, academia and families to continue taking collective action. To achieve Nurture NJ's mission of securing lasting transformation will require sustained collaboration and shared accountability.

# Methodology

The Office of First Lady Tammy Murphy and the New Jersey Maternal and Infant Health and Innovation Authority (NJMIHIA) oversaw a process to develop the *Nurture NJ: New Jersey Blueprint for Maternal and Infant Health and Path for the Next Decade*, created by mission-driven strategic advisory group Afton Bloom in close partnership with the Rutgers School of Public Health and NJMIHIA's strategic planning partner, the Center for Health Care Strategies. This report was informed by:

- **Extensive stakeholder engagement**, including interviews and focus groups with 53 participants from over 45 organizations such as community-based organizations, health care providers, government agencies and advocacy groups. More details on the stakeholders engaged can be found in the appendix.
- **Review and integration of findings** from the Rutgers School of Public Health evaluation of Nurture NJ. The Rutgers evaluation team provided valuable insight into the key accomplishments across stakeholders in New Jersey, as well as areas for improvement, to inform the pillars of the Blueprint. You can find more information from the Nurture NJ Evaluation on their website.<sup>3</sup>
- **Coordination between the Office of the First Lady and NJMIHIA** to ensure the pillars build on current state priorities and initiatives and align with the upcoming strategic plan for NJMIHIA.

**A Note on Language:** The Nurture NJ Blueprint uses language conventions intended to be universal and inclusive of all pregnant individuals.





## Section 1: Nurture NJ's Vision, Priorities and Key Structural Changes to Address Maternal and Infant Health

In early 2019, following a year-long listening tour across the state, First Lady Tammy Murphy launched Nurture NJ to make New Jersey the safest and most equitable place in the nation to deliver and raise a baby. At that time, the state ranked 47<sup>th</sup> in the nation for maternal deaths and had some of the widest racial disparities for both maternal and infant mortality.<sup>1</sup> Nurture NJ was created to confront this crisis head-on through bold, cross-sector collaboration and transformational change.

### Nurture NJ's Vision

**New Jersey will be the safest and most equitable place in the nation to deliver and raise a baby.**

During the early years of Nurture NJ, the Office of the First Lady convened in-person and virtual meetings with a wide range of stakeholders—including state departments and agencies, health systems, physicians, midwives, doulas, community organizations and families—to understand the state's most pressing challenges and surface ideas to address the maternal and infant health crisis. These hundreds of conversations informed the development of the *Nurture New Jersey: 2021 Strategic Plan*, which laid out a roadmap for unified efforts across sectors such as health, education, housing, business, government and corrections to advance maternal and infant health.

Under the strategic plan, Nurture NJ set out to: (1) ensure all women are healthy and have access to care before pregnancy; (2) build a safe, high-quality, equitable system of care and services for all women during prenatal, labor and delivery and postpartum care; and (3) ensure supportive community environments and contexts during every other period of a women's life, so the conditions and opportunities for health are always available. The collaboratively developed strategic plan guided

Nurture NJ's efforts. To date, Nurture NJ has completed or made ongoing progress on over 75 percent of the 82 main recommendations and 70 percent of the 209 sub-recommendations spanning nine action areas, from clinical care and workforce development to data systems and social determinants of health.

Nurture NJ's recommendations, implemented collectively, have led to meaningful structural change. The initiative helped break down silos and bring thousands of partners together under a shared vision, directed unprecedented funding toward maternal and infant health efforts and established mechanisms to support long-term sustainability so the work can continue and deepen over time.

## Key Structural Changes Led by Nurture NJ:

**A. Nurture NJ broke down silos and organized thousands of partners under a shared vision**

**B. Nurture NJ provided unprecedented funding to maternal and infant health efforts**

**C. Nurture NJ established mechanisms to support long-term sustainability**

### **A. Nurture NJ broke down silos and organized thousands of partners under a shared vision**

Nurture NJ united thousands of partners around a shared vision for improving maternal and infant health. The initiative also grew a distribution list of more than 3,000 partners across New Jersey, the nation and beyond, helping to keep stakeholders informed, connected and engaged. To further inform and empower families, Nurture NJ produced 23 Ask an Expert interviews with maternal health leaders, sharing them widely through social media to reach thousands of mothers and families with timely information and resources. In addition, partners across the state hosted 421 Maternal Health Awareness Day and Black Maternal Health Week events over eight years, which were featured in Nurture NJ's annual community calendars to drive awareness and collective action.

Nurture NJ also hosted a Family Festival event series in New Jersey cities that experience the highest rates of infant mortality—from Paterson and Newark to Camden and Vineland. These festivals offered a

fun community event with family activities alongside a resource fair with state, county and local programs and services, including housing support, food assistance and help with accessing health care and child care, to support expectant and new moms and their families. Between 2018 and 2025, Nurture NJ connected nearly 17,000 families with programs and services through 24 Family Festivals held across the state.

The festivals also served to break down silos within the service provider community and nurture stronger relationships between community-based organizations and state agencies, enabling every festival to leave behind a stronger resource and support network for those seeking care in each city.

Over eight years, Nurture NJ positioned maternal and infant health as a top priority across state government, with partners consistently pointing to the First Lady Tammy Murphy's leadership as a driving force behind the initiative's visibility and impact. The initiative helped prompt public agencies to view maternal and infant health as a shared responsibility rather than a siloed issue.<sup>4</sup>

What began as a partnership between two state departments has grown into a coordinated effort involving 22 state departments and agencies—including Health, Human Services, Labor and Workforce Development, Environmental Protection and Transportation—actively working together and sharing knowledge to advance maternal and infant health. These entities convene quarterly to present ongoing maternal and infant health initiatives and identify shared priorities and opportunities for collective action.



Through collaborative research, data transparency and consistent feedback loops, Nurture NJ worked to align policy and practice with community priorities. From the outset, Nurture NJ sought to elevate and be guided by community-based research. The initiative partnered with New Jersey's academic community to track progress in public engagement, shifts in mindsets and narratives and the impact of policy changes on community well-being. This partnership between state leadership, academia and local communities has created a foundation for continuous learning and long-term system change rooted in community priorities.

Enhanced transparency on maternal health outcomes—through entities and tools such as the New Jersey Maternal Data Center and the NJ Maternal Health Hospital Report Card, which provide public information about maternity care provided in New Jersey hospitals—equipped communities with information to co-create solutions and hold government accountable for accelerating action.

Nurture NJ engaged in open sharing and listening with advocates—and did not limit this to traditional actors. Nurture NJ consulted hundreds of organizational leaders, practitioners, community members, moms and families and others through meetings, online forums, annual summits and Maternal Health Awareness Day and Black Maternal Health Week events. Their input, in response to the publicly available maternal health outcome data, ensured that the lived experiences of community members informed Nurture NJ's statewide approach to advancing maternal and infant health.

New Jersey's leadership in maternal health and birth equity has also helped elevate this issue on the national stage, and Nurture NJ has contributed to advancing work nationally. *Tackling the Maternal and Infant Health Crisis: A Governor's Playbook* was developed through First Lady Tammy Murphy's leadership initiative as chair of the National Governors Association (NGA) Spouses Program and released in 2023 by the NGA. The playbook translates New Jersey's data-driven, innovative policy and equity-focused approach into a national guiding framework aimed at empowering other states to advance sustainable, evidence-based change for mothers and babies.<sup>5</sup> The playbook has guided advancements in other states and regions, such as Heartland Forward's Maternal and Child Health Center for Policy and Practice.<sup>6</sup>



# Spotlight: Protecting Maternal and Infant Health During COVID-19

New Jersey's response during the COVID-19 pandemic shows why top-level leadership on maternal health matters—especially in times when urgent action is needed. Over 2020-2022, New Jersey took clear and immediate action to protect mothers, infants, and families:

- **Maternal health in emergency planning:** New Jersey elevated maternal and infant health as a core component of its pandemic response, proactively recommending pregnant women receive COVID-19 vaccinations following CDC guidelines.<sup>7</sup> National studies show that maternal vaccination reduces the risk of hospitalization of infants and prevents severe outcomes in pregnant people,<sup>8</sup> ultimately saving lives and contributing to New Jersey's improvement in national rankings for maternal health
- **Increased access to midwifery care:** The midwifery model of care emphasizes holistic, patient-centered care that supports low-intervention births for low-risk pregnancies. As part of its efforts to strengthen health care access during the COVID-19 pandemic, New Jersey authorized certified nurse midwives and certified midwives to practice in licensed facilities and birthing centers. This policy shift reduced strain on hospital systems during the pandemic while expanding access to safe, high-quality care. Although additional progress is needed to fully integrate midwifery care into the maternal health system, the state's actions during the pandemic established precedents that can be built upon to elevate and integrate midwifery as a core component of maternity care.
- **Support persons and doulas allowed in delivery rooms:** Despite hospital restrictions that limited the number of visitors or companions during perinatal hospital appointments, New Jersey acted quickly to ensure that both support persons and doulas were allowed in delivery rooms as members of the care team, recognizing their critical role in providing emotional and physical support during labor. In 2024, the Governor signed the Doula Access Bill into law, now P.L.2023, c.286, codifying a mother's right to doula care before, during and after labor and childbirth.
- **Formula shortage response:** When formula shortages in 2022 caused strain for families across the U.S., the state rapidly mobilized through Nurture NJ to connect families to baby feeding supplies and resources. Governor Murphy also declared a state of emergency to activate price gouging laws, which prohibited excessive price increases on baby formula.

These issues were addressed expeditiously because maternal and infant health was a statewide priority before the crisis—enabling quick, coordinated action across departments and sectors.

## B. Nurture NJ provided unprecedented funding to maternal and infant health efforts

New Jersey made historic investments and aligned existing funding to support maternal and infant health efforts, investing more than \$260 million of state funding in research, program pilots, new care models and other advancements.

The investment also includes the development of the New Jersey Maternal and Infant Health Innovation Center (MIHIC), supported by a total of \$86.7 million in combined federal and state funding. MIHIC will house the New Baby New Jersey Strategic Innovation Center, which will serve as an accelerator for maternal health startups and is supported by a total investment of \$6.8 million.

**New Jersey invested over \$260 million to support maternal and infant health efforts.**

In parallel, Nurture NJ fostered new public-private partnerships that leveraged the expertise and resources of health systems, community organizations and philanthropy and deepened collaboration between these sectors and state government. A notable example is Nurture NJ's collaboration with the Burke Foundation to pilot Family Connects NJ—a universal nurse home visitation program—in Mercer County, which provided critical insights for statewide scaling. Philanthropic leaders, private sector partners and community organizations continue to play a crucial role in testing bold ideas, strengthening organizational capacity and elevating community-driven solutions that keep community needs at the center of innovation.

## C. Nurture NJ established mechanisms to support long-term sustainability

Nurture NJ also took deliberate steps to embed sustainability into its design and ensure that maternal and infant health remained a statewide priority beyond any single administration. Central to this vision was the creation of the New Jersey Maternal and Infant Health Innovation Authority (NJMIHIA), a first-of-its-kind entity led by a cabinet-level CEO.

Established in 2023 under the direction of the Office of the First Lady and Nurture NJ, NJMIHIA is guided by a 15-member Board and an 11-member Community Advisory Board and is responsible for sustaining momentum, fostering innovation and ensuring continued prioritization of maternal and infant health across sectors. The Boards are made up of public members with relevant and lived experience in maternal and infant care, as well as representatives from various state departments, including Health, Human Services and Children and Families. Continued leadership attention and commitment from future administrations will be critical to strengthening NJMIHIA's work and encouraging coordinated action across stakeholders statewide.

As it advanced its strategic plan, Nurture NJ emphasized a transparent and data-driven approach from the outset, and it partnered with the Rutgers School of Public Health on an evaluation to measure progress toward its objectives, track implementation of legislative actions and assess the broader impact of the initiative on maternal health efforts statewide.

Since the launch of Nurture NJ, advocates, policymakers and administrations across the U.S. have cited New Jersey's progress as an example of how coordinated statewide action can address key disparities in maternal and infant health. But this is long-term work that requires years of continued prioritization and commitment in order to create lasting, transformative change.

As New Jersey prepares for a gubernatorial transition in early 2026, sustainability remains central to this work. This commitment helped drive the creation of NJMIHIA, as well as this Blueprint and the path forward—designed both to offer a roadmap for states seeking to take on this work and to guide the next phase of Nurture NJ, supporting partners across departments, agencies and sectors as the work continues.





## Section 2: Statewide Progress on Maternal and Infant Health

Since 2019, New Jersey has significantly moved up in national maternal health rankings, from 47<sup>th</sup> to 25<sup>th</sup> for maternal mortality.<sup>1</sup> It also has improved its already high infant mortality ranking, moving to 3<sup>rd</sup> from 5<sup>th</sup> between 2019 and 2025.<sup>1</sup> These improvements show that focused, coordinated efforts can produce real progress when maternal health is prioritized across government leadership and paired with community-driven action and cross-sector collaboration.

While much progress has been made to create a safer, more just health system for all mothers and babies in New Jersey, disparities persist, underscoring that the work is far from finished. Maternal and infant health disparities are rooted in centuries of structural racism and will require sustained, systemic changes to overcome. New Jersey has taken critical first steps to bring more attention to this reality and place equity at the center of its maternal and infant health strategy, laying the groundwork for meaningful, long-term transformation.

### New Jersey's National Ranking for Maternal and Infant Health (2019-2025)<sup>10</sup>

47<sup>th</sup> to 25<sup>th</sup>  
for maternal mortality  
5<sup>th</sup> to 3<sup>rd</sup>  
for infant mortality

Still, there are glimmers of hope that the policies and infrastructure built under Nurture NJ are beginning to take hold. Cesarean section rates have declined in New Jersey even as they have risen nationally, reflecting tangible progress in improving care for mothers and babies. Family Connects NJ has also expanded to reach thousands of families across the state, providing home visits, support and connection to community resources during the critical postpartum period.

The progress made in New Jersey over the past eight years has been a true group effort. Nurture NJ has elevated the issue, ensuring continued visibility and prioritization of maternal and infant health over eight years, and has brought people together with urgency and a shared vision around information that had been previously ignored. Actors across sectors have provided leadership in their unique spheres of action and, most importantly, worked in alignment and partnership. The following section highlights key accomplishments in six pillars to advance maternal and infant health in New Jersey. While not an exhaustive summary, these are key learnings that partners can celebrate and continue to build on as the work continues in the coming years.



### **Pillar 1. Multisector Leadership and Community-Driven Accountability**



### **Pillar 2. Innovation Across Policy, Programming and Partnerships**



### **Pillar 3. Respectful, High-Quality and Culturally Responsive Care**



### **Pillar 4. Strong Perinatal Workforce from Communities Most Affected by Disparities**



### **Pillar 5. Family-Centered and Comprehensive Postpartum Services**



### **Pillar 6. Family-Sustaining Economic and Living Conditions**

# Progress on Pillar 1: Multisector Leadership and Community-Driven Accountability

Over the past eight years, New Jersey has mounted an unprecedented statewide effort to improve maternal and infant health, grounded in deep community engagement, cross-sector collaboration and a sustained focus on innovation.<sup>9</sup>

The alignment of department heads and legislators around a common vision for maternal and infant health served to break down silos and enabled partnerships that have resulted in significant policy achievements. To date, Governor Murphy signed 78 pieces of maternal and infant health-related legislation into law, including two assembly resolutions. As of October 2025, 80 percent of the actions signed into law and evaluated by the forthcoming Nurture NJ Evaluation had been fully implemented or operationalized across the state, with many more just beginning, underscoring the momentum and continued impact that is expected for years to come.<sup>10</sup> Four bills were signed into law in January 2026 and have yet to begin implementation or operationalization.

State leadership also strengthened the structures that ensure accountability and improve transparency. In 2019, new legislation codified the New Jersey Maternal Mortality Review Committee (NJMMRC)—one of the oldest review committees in the nation, originally established in 1932. The updated law formally embedded the NJMMRC within the NJ Department of Health (NJDOH), expanded its authority to investigate pregnancy-associated deaths and ensured community representation from clinical experts, maternal and child health consortia, professional organizations and state agencies.<sup>11</sup>



In June 2021, the NJDOH launched the New Jersey Maternal Care Quality Collaborative (NJMCQC) to coordinate strategies to reduce maternal mortality, morbidity and racial and ethnic disparities in the state. To ensure the continued success and integration of the NJMCQC into the future, it was relocated and is now under the oversight of NJMIHIA.<sup>12</sup> The NJMCQC convenes quarterly and is guided by a 34-member task force that brings together community-based organizations, advocates, health care providers and state leaders to develop strategies and monitor implementation of maternal and infant health initiatives—including the priorities outlined in the Nurture New Jersey: 2021 Strategic Plan.<sup>13</sup>

Additional statewide bodies have strengthened maternal and infant health oversight. For example, the Newborn Screening Advisory Review Committee, established in 2019, supports the NJDOH by reviewing newborn screening policies and procedures and facilitating public engagement that enables community members across the state to share concerns and achievements and to make recommendations to improve newborn screening.<sup>14</sup>

Together, these entities form an interconnected infrastructure that leverages data, evidence and lived experience to advance maternal and infant health. Key achievements in data transparency over the past eight years include:

- Enhancing public access to hospital performance information through the Maternal Health Hospital Report Card, which is published annually and encourages institutional improvement through transparency on key indicators.
- Launching the NJ Maternal Data Center, led by NJ Department of Health, to provide accessible data and resources for maternal health through a public website that puts data in the hands of community advocates.
- Supporting the passage of an assembly resolution urging the CDC to adopt a uniform system for tracking maternal mortality data.

These accomplishments underscore the power of collective leadership to create accountable, learning-oriented systems that continuously improve care and equity for maternal and infant health in New Jersey.



## Progress on Pillar 2: Innovation Across Policy, Programs and Partnerships

New Jersey has positioned innovation at the heart of its maternal and infant health agenda. Over the past eight years, the state has moved beyond incremental change to adopt bold strategies: modernizing policy, creating first-of-its-kind institutions and forging new collaborations across sectors. New Jersey's approach to innovation has ranged from improving existing systems, such as Medicaid coverage and midwifery regulations, to piloting innovative programs.

The New Jersey Maternal and Infant Health Innovation Center (MIHIC) broke ground in 2025. At 66,800 square feet, MIHIC will be a hub for innovation by providing integrated maternal and infant health services, workforce development and equity-driven research and entrepreneurship. Designed as a local and national epicenter for advancing equitable maternal and infant health care, MIHIC will support mothers from preconception and prenatal care through labor, delivery and postpartum services. MIHIC is slated to provide:<sup>15</sup>

- Clinical maternal and infant health services anchored in Trenton, working with health care providers and community organizations across the state.
- Workforce education/training and certification for perinatal care professionals (e.g., midwives, community doulas, nurse home visitors).
- A policy, research and data collaborative tasked with collecting and analyzing outcome data, informing stakeholders about trends and ensuring accountability.

The center will also include the New Baby New Jersey Strategic Innovation Center to assist early-stage companies to advance groundbreaking maternal and infant health solutions. New Baby New Jersey will occupy 5,000 square feet of space within MIHIC. With a total investment of \$6.8 million to support early-phase maternal and infant health pre-venture development, a venture studio, an accelerator fund and more, it will further the state's national leadership in maternal and infant health innovation, leveraging startups, academic institutions, public agencies and community voices to advance maternal health equity and inventive medical technologies.

New Jersey's approach to cross-sector innovation has been recognized at the national level, drawing attention for its ability to unite diverse partners around a shared vision for maternal and infant health and mobilize bold responses. Other states are now turning to New Jersey as a source of inspiration on how to build a sustainable, community-centered, innovative response to maternal and infant health disparities.

**The Maternal and Infant Health Innovation Center, led by NJMIHIA, broke ground in 2025.**



## Spotlight: Innovations in Maternal and Infant Health

Innovation in maternal and infant health does not always mean creating something new—it often means finding smarter, more effective ways to make systems work better for families. In New Jersey, innovation has taken many forms: from piloting new models of care, to refining systems and policies to better meet community needs, to piloting new programs and service delivery models, to adopting common sense adaptations, some of which were no- or low-cost.

- **Policy innovation has been a cornerstone of progress.** New Jersey has leveraged legislative and regulatory tools to expand access to care, strengthen the perinatal workforce and embed equity into maternal health systems.
- **Programmatic innovation has also played a key role.** New Jersey has worked to design, test and scale evidence-informed models, such as Family Connects NJ, that provide critical support to mothers and infants throughout their perinatal journey. By fostering collaboration across health systems, community-based organizations and state agencies, New Jersey has advanced new approaches to care that promote respectful, high-quality care and seamless connection to services through postpartum and early parenthood.
- **New Jersey also embraced practical innovation, acting on simple but powerful opportunities to improve systems.** For example, the state of New Jersey required all hospital emergency departments to ask people of childbearing age whether they have had a recent pregnancy history when they present for emergency care.<sup>16</sup> This small and inexpensive change helps to identify postpartum needs that often go overlooked.

These innovations have gained traction not only because they represent compelling ideas, but also because leaders have adapted and embedded them in ways that work for New Jersey's infrastructure, policy environment and communities, paving the way for further refinement, scaling and, ultimately, impact.

# Progress on Pillar 3: Respectful, High-Quality and Culturally Responsive Care

Over the past eight years, New Jersey stakeholders have prioritized expanding access to respectful, high-quality and culturally responsive maternal and infant care. Through pilots, policy reforms and infrastructure investments, partners across New Jersey have worked to improve care experiences and outcomes for families across the state.

Organizations have piloted forward-thinking, personalized care models that emphasize shared decision-making, standardized risk assessments and respectful, individualized care throughout pregnancy and postpartum. For example, with funding from the NJDOH, the New Jersey Health Care Quality Institute introduced TeamBirth, a shared decision-making tool that supports open communication among patients, their support people and clinicians during birth. It has now been implemented in over half of the maternity hospitals and birthing centers across the state.<sup>17</sup> Furthermore, the NJDOH is in the process of amending rules to require hospitals and birthing centers to implement training on explicit and implicit bias for all hospital staff at maternity care hospitals—from receptionists to the entire care team—with the New Jersey Hospital Association now offering training to all health facilities in the state.<sup>18</sup>

**The three-year perinatal episode-of-care pilot launched in 2022 covered 80% of Medicaid-funded births by its third year— incentivizing providers to improve quality, reduce costs and coordinate maternity care for the mother and baby under a bundled payment approach.**



To improve the quality and equity of perinatal care and manage health care costs for families, NJ FamilyCare, the state's Medicaid program, launched a three-year perinatal episode-of-care pilot in 2022. This model bundles costs associated with specific health conditions into a single payment, incentivizing providers to improve quality, reduce costs and coordinate maternity care for the mother and baby. By its third year, the program covered 80 percent of Medicaid-funded births under this bundled payment approach.<sup>19</sup>

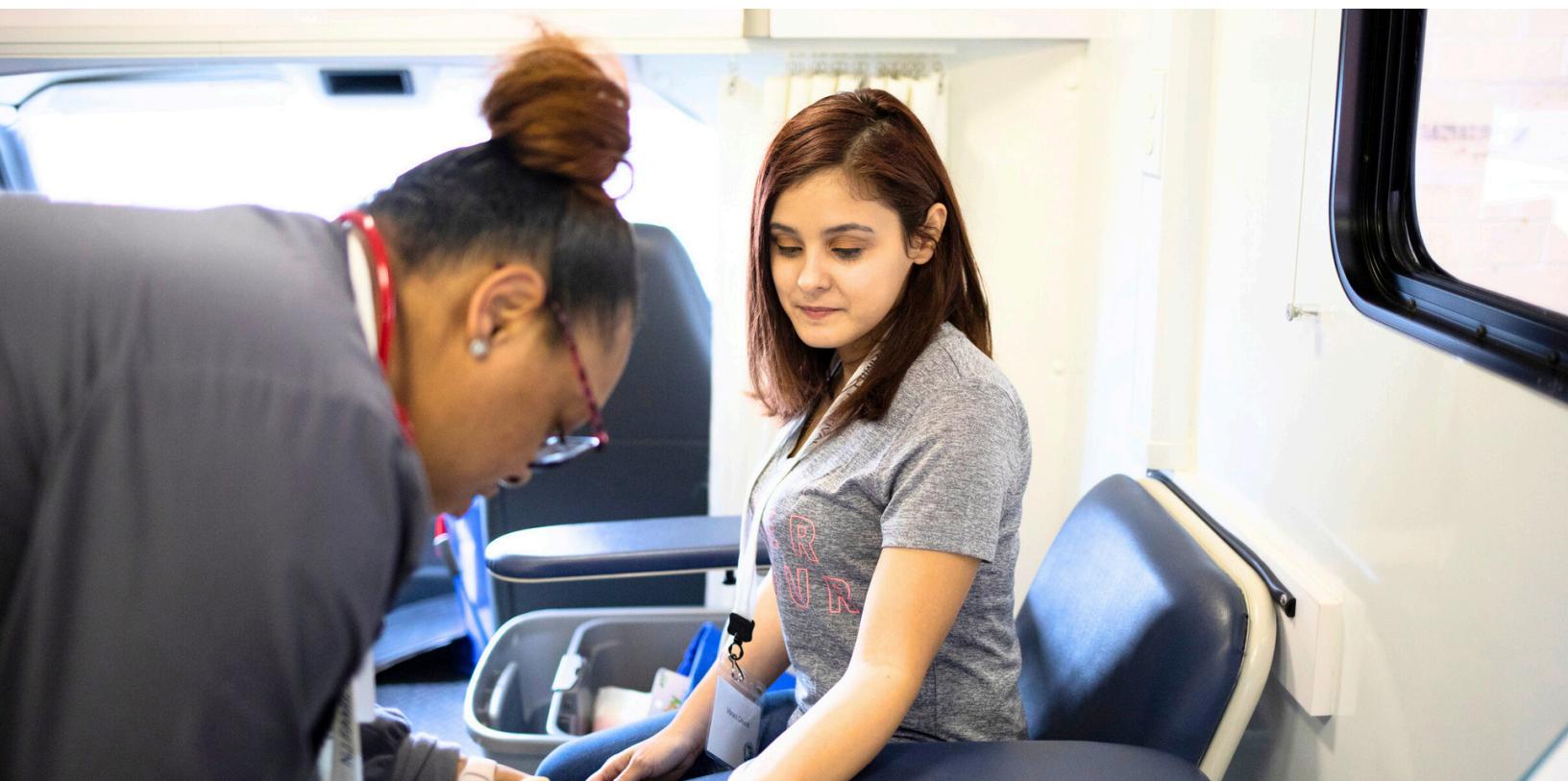
The state has also made efforts to expand access to midwifery care. Through the [New Jersey Midwifery Education Project \(NJMEP\)](#), New Jersey has funded midwifery education and training to develop midwifery centers of excellence across the state, and it has expanded permissions for certified midwives to practice in licensed facilities and for certified professional midwives to practice in licensed birthing centers. While New Jersey can further expand policies to ensure midwives can practice to the full extent of their training and licensure, this was an important step forward to expanding access to midwifery care.

Additional legislation has strengthened maternal mental health initiatives, such as requiring the NJDOH and New Jersey Department of Human Services to pursue federal funding and develop plans to improve screening for perinatal mood and anxiety disorders. Policies have also been enacted to expand access to prenatal care models such as CenteringPregnancy, as well as to prohibit Medicaid coverage for nonmedically indicated elective early deliveries.

Stakeholders across New Jersey have worked to make reproductive health care a key part of maternal and infant health—prioritizing access, equity and continuity of care before, during and after pregnancy. The state has taken major steps to expand access to family planning and reproductive health services, including codifying the constitutional right to reproductive choice, increasing the state budget for family planning services and broadening Medicaid family planning coverage for families earning below 200 percent of the federal poverty level. In addition, the NJDOH launched the [Reproductive Health Information Hub](#) to provide information on reproductive rights and services, and it developed public awareness campaigns and health education programs focused on menstrual health.

New Jersey is beginning to see the impact of these efforts. Among states with high rates of unnecessary cesarean procedures, New Jersey saw the most significant decline and bucked the current national trend. Among patients covered by Medicaid, where many Nurture NJ policies are focused, rates fell to 21.3 percent in 2023 from 24.8 percent in 2018.<sup>19</sup>

Improving access to high-quality care remains a complex challenge, but these collective efforts represent a meaningful foundation for continued progress.



# Progress on Pillar 4: Strong Perinatal Workforce from Communities Most Affected by Disparities

From 2018 to 2025, New Jersey has taken significant steps to expand and diversify the perinatal workforce, with a focus on ensuring providers reflect and understand the communities they serve. Through coordinated action across state agencies, academic institutions, community organizations and health care systems, the state has made training more affordable and accessible—especially for those balancing work and education—while also reinforcing career pathways and improving long-term viability for perinatal care professionals. Over \$5 million has been invested in education and training programs for doulas, midwives and community health workers. These investments have supported initiatives such as:

- Loan redemption for primary care practitioners—including physicians who practice obstetrics and reproductive health care, certified nurse midwives and nurse practitioners—who serve two to four years in medically underserved areas in New Jersey.
- Reciprocity for out-of-state certified nurse aides and loan forgiveness for nursing school faculty who commit to five years of employment in New Jersey.
- Funding for 25 midwifery students to attend the Rutgers School of Nursing, providing \$250,000 in scholarships.

**New Jersey invested over \$5M in education and training programs for doulas, midwives, and community health workers over 2019-2025.**

To build a sustainable community health worker (CHW) workforce, the NJDOH launched the [Colette Lamothe-Galette Community Health Worker Institute](#) in 2020. This comprehensive training and certification program—developed in partnership with New Jersey employers, community colleges and other entities—aims to equip CHWs with the skills needed to improve health outcomes, including maternal and infant health.

New Jersey also increased reimbursement rates for maternity care providers—including physicians, midwives and doulas—to match the Medicare rate. A particular emphasis was placed on growing the community doula workforce in recognition of their evidence-based value in improving maternal and infant outcomes. Key policy changes include:

- Raising the doula Medicaid reimbursement rate from \$900 to \$1,165 for eight prenatal visits and labor support and also expanding the number of covered visits.
- Passing the Doula Access Law to ensure every mother's right to access doula support before, during and after birth and requiring hospitals to appoint a doula-hospital liaison.
- Designating an annual Doula Appreciation Week in March.

# Progress on Pillar 5: Family-Centered and Comprehensive Postpartum Services

In line with Nurture NJ's goal to advance community-based care, the state sought to strengthen community-based care and supports from 2018 to 2025. One of the most significant policy changes was the expansion of Medicaid coverage for 365 days postpartum, given that nearly 80 percent of maternal deaths occur in the late postpartum period.<sup>20</sup> The state also passed legislation to expand Medicaid coverage for breastfeeding support services and prioritize access to doula care throughout the perinatal period, supporting both clinical integration and community-based care models.

**NJDCF launched Family Connects NJ in 2024—the nation's most robust universal newborn home visitation program. It currently operates in 17 counties and is slated for statewide expansion in 2027.**



Stakeholders invested heavily in piloting and scaling at-home care models, creating a supportive policy and funding environment for evidence-informed approaches like community-based doula care, peer-to-peer parenting support and nurse home visitation. In 2024, the New Jersey Department of Children and Families (NJDCF) launched Family Connects NJ, the nation's most robust universal newborn home visitation program. It currently operates in 17 counties and is slated for statewide expansion in 2027.

The NJDCF and New Jersey Department of Health also strengthened Connecting NJ, the statewide maternal and child health referral system that links families to a broad network of supports—including health insurance, prenatal and pediatric care, home visiting and doula programs, nutrition and food assistance, housing and child care resources, breastfeeding and lactation support, mental health and legal services, transportation and developmental screening, thus ensuring access to essential services from pregnancy through early childhood.

Efforts to expand primary and behavioral health care in community-based settings are also underway. Stakeholders are currently developing plans to improve perinatal mental health screening and services, including peer support models rooted in community care. The goal is to fully integrate behavioral health professionals and services across clinical care teams, as well as to ensure culturally responsive behavioral health care, particularly for underserved communities.

Looking ahead, New Jersey can build on these efforts to strengthen the continuum of care and referral systems between clinical care and community settings, improve access to health information and integrate intimate partner violence screening and services into perinatal care—an area of urgent need that has yet to be fully addressed within New Jersey's maternal and health initiatives.

## Spotlight: Launching Family Connects NJ

Family Connects NJ provides an opportunity to learn how to pilot and scale initiatives statewide, leading the way for other postpartum care innovations. Building this program took vision, persistence and cross-sector collaboration.

- Launched in January 2024 as a statewide commitment to equitably support all mothers, babies and families, Family Connects NJ was made possible through strategic advocacy and cross-agency support led by Nurture NJ to showcase the program's value, potential impact and cost-effectiveness.
- A pilot program supported by the Burke Foundation in Mercer County helped to provide critical insight for statewide scaling and eventually led to the program launching in five counties in the first year of implementation.
- Early results are promising: Among families who completed home visits through the program in 2024 and 2025, 17 percent received at least one referral for an urgent caregiver health, caregiver mental health or infant health concern, and 50 percent received at least one referral for additional health or social support.
- Now scaling through partnerships with hospital systems and community-based organizations, Family Connects NJ has become one of the country's most robust universal nurse home visitation models, operating in 17 of New Jersey's 21 counties as of January 2026, with plans to expand statewide by 2027.

Moving forward, fully scaling the program will require sustained investment, expanded partnerships and continued integration with the broader maternal health system. Strengthening provider capacity, ensuring data-driven implementation and embedding community voices will be essential to realizing the program's full potential and building a postpartum care system that works for all families. As New Jersey continues to learn from scaling up Family Connects NJ, the insights gained can help refine implementation to reach more families, enhance program impact and inform broader statewide strategies to advance maternal and infant health.



# Progress on Pillar 6: Family-Sustaining Economic and Living Conditions

New Jersey has taken important steps to address the social determinants of health that impact mothers and children by advancing policies that promote economic security, access to quality child care and improved living conditions. These efforts have been shaped by the collaboration across state agencies, legislators, community organizations and advocates working to create a more supportive environment for families during the perinatal period.

**Since 2018, New Jersey has invested over \$1 billion in state and federal funds to increase child care availability for infants and toddlers, support early child care workforce development and improve facilities.**

A major focus has been expanding access to affordable, high-quality child care. Since 2018, the state has invested over \$1 billion in state and federal funds<sup>21</sup> to increase child care availability for infants and toddlers, support early child care workforce development and improve facilities. New Jersey has also streamlined facilities requirements and expanded partnerships between public schools and child care providers to allow more families to access high quality pre-kindergarten for 3- and 4-year-olds at no cost to parents.

To improve economic security and working conditions, New Jersey enacted several key policies:

- Expanded access to paid family leave, temporary disability leave, domestic or sexual violence safety leave and paid sick leave for more workers.
- Raised the minimum wage to over \$15 per hour for overtime, with increases tied to inflation.
- Strengthened protections against employment discrimination and promoted equal pay.
- Required public facilities and offices to provide on-site lactation rooms.
- Increased the earned income tax credit, including child and dependent care expenses.

Efforts to improve food security included the passage of the Healthy Small Food Retailer Act, which directs the NJDOH to support small food retailers in offering affordable fresh produce and healthy foods in underserved rural and urban areas. As of December 2025, 240 stores throughout the state were participating in the NJDOH's Healthy Corner Store Initiative.<sup>22</sup>

These advances were made possible through coordinated leadership and collaboration across sectors. Many of the involved agencies had long supported family well-being but were newly engaged in maternal and infant health efforts through intentional cross-sector alignment. This shift has helped broaden the scope of maternal health work to include more of the economic and social factors that influence health.

Looking ahead, New Jersey has an opportunity to build on its progress by further addressing the disproportionate burdens, financial and otherwise, that many mothers face during the perinatal period. Advancing equity will require policies and programs intentionally designed to ensure that all families are supported regardless of income, immigration status, employment type or where they live, thus creating an inclusive and resilient system that truly supports every family in New Jersey.

# The Next Phase: Sustaining Momentum and Deepening Impact

Through cross-sector action and a supportive policy and funding environment, Nurture NJ—alongside partners across government, health care and community organizations—has laid a strong foundation for lasting transformation in maternal and infant health. Moving forward, continued state-led leadership will be essential to sustain momentum, scale successful innovations and ensure full implementation of existing policies.

While 59 of the 74 legislative actions and assembly resolutions signed into law between 2018 and 2025 have been fully implemented (80 percent), the remaining 15 have been partially implemented or implementation has not yet begun.<sup>10</sup> Four additional bills were also signed at the start of January 2026. (Please refer to the appendix for an overview of the legislative actions and assembly resolutions signed into law.) The policies not yet fully implemented, such as P.L. 2024, c. 89 (which establishes requirements for patient care plans after any pregnancy outcome) and P.L. 2023, c. 267 (which permits online purchase of eligible foods using WIC funds and use of WIC funds for grocery delivery charges), do not reflect a lack of effort, but rather the complexity and scale of implementing systems-level change across multiple agencies, care settings and programs—and underscore the need for ongoing work.

## Of the 74 legislative actions and assembly resolutions signed into law between 2018 and 2025:

- **59 (80 percent) have been fully implemented**
- **15 have been partially implemented or not yet begun, indicating areas for future focus**



For example, while the expansion of Medicaid coverage for community doula services has represented a major step toward equitable care, increased reimbursement rates are needed to grow the workforce. It will take additional concerted efforts to increase reimbursement rates, put in place new systems that facilitate provider billing and train providers in navigating these systems. This pattern holds for many policy advancements made in recent years. They require various actors to build new infrastructure and systems, address operational details and invest in data and feedback loops that enable effective progress tracking and continuous improvement.

For many policies, New Jersey is understandably toward the beginning of a promising but long journey, and the value of sustained attention and investment in the work already underway cannot be underestimated. Looking ahead, New Jersey also has an opportunity to expand its focus into areas that

are integral to holistic maternal and infant health but have historically received less attention—particularly perinatal mental health and the prevention of intimate partner violence.

The next phase of progress represents an opportunity to strengthen what has already been built. By sustaining the collaborative, cross-sector approach that has been the cornerstone of Nurture NJ's efforts to date and ensuring that equity remains at the center of every effort, New Jersey can continue to move toward its vision of a comprehensive, equitable system of care that supports all mothers and babies.





## Section 3: Statewide Goals for Maternal and Infant Health

Over the past eight years, stakeholders across New Jersey have broken down barriers, elevated community voices and forged partnerships that have sparked real change. These achievements underscore the power of cross-sector engagement, from grassroots leaders to state agencies, working toward a shared vision. The recommendations that follow build on this momentum, outlining the steps needed over the next five to 10 years to deliver equity, dignity and quality for every family in New Jersey.

These pillars are not intended to be led by any single entity or confined to one administration—they are designed to guide collective action across government, health care, community organizations and advocates. As the landscape shifts, the Blueprint offers a flexible framework for prioritizing efforts, allocating resources and adapting to the changing needs of families and communities. NJMIHIA is currently undergoing a strategic planning process to define the goals and priorities that will connect to these broader statewide pillars.



# New Jersey's Statewide Pillars for Maternal and Infant Health

## ENABLING ENVIRONMENT



### Multisector Leadership and Community-Driven Accountability

Maintain New Jersey's momentum toward improved maternal and infant health through sustained multisector leadership; transparency and community-driven accountability; and coordination anchored by the New Jersey Maternal and Infant Health Innovation Authority.



### Innovation Across Policy, Programming and Partnerships

Foster innovation across policy, programs and partnerships to close persistent gaps in maternal and infant health—by testing, adapting, sustaining and scaling promising approaches that respond to community needs.

## STRONG PERINATAL CARE SYSTEMS



### Respectful, High-Quality and Culturally Responsive Care

Ensure that all mothers in New Jersey—regardless of race, ZIP code or income—receive respectful, high-quality, evidence-based and culturally responsive care through the elevation of best practices across clinical and community settings.



### Strong Perinatal Workforce from Communities Most Impacted by Disparities

Build a perinatal workforce in New Jersey—one that is well compensated, equitably supported and reflects the communities it serves.



### Family-Centered and Comprehensive Postpartum Services

Transform postpartum care into a fully integrated, universal system—reaching every mother in New Jersey with timely, trusted and continuous support from hospital discharge through the first year and beyond.

## THRIVING FAMILIES



### Family-Sustaining Economic and Living Conditions

Ensure New Jersey's economic and living conditions support families to thrive—by strengthening and coordinating policies, systems changes and other actions beyond the health care system.

# Goals for Pillar 1: Multisector Leadership and Community-Driven Accountability



Maintain New Jersey's momentum toward improved maternal and infant health through sustained multisector leadership; transparency and community-driven accountability; and coordination anchored by NJMIHIA.

## WHERE WE ARE TODAY

NJMIHIA, empowered by government executive leadership, continues to lay a strong foundation for statewide collaborative action to advance maternal and infant health. Moving forward, continued prioritization by the Governor's office and state agencies, deep cross-sector collaboration and strong community engagement will ensure long-term progress on maternal and infant health.

## OPPORTUNITIES FOR CROSS-SECTOR ACTION

- **Promote patient and community input and accountability** through the expansion of community advisory boards and/or incentives for providers to embed lived experience into program design, systems improvement and policy development.
- **Support NJMIHIA to lead by continuing to identify champions to engage and participate in cross-agency and multisector coordination** focused on integrating maternal and infant health priorities across health and social development as well as other sectors (e.g., housing, transportation, economic development, corrections).
- **Further align data collected by state agencies and monitor and transparently share data on programmatic implementation** to promote understanding of progress and gaps and empower communities with accurate information to hold agencies accountable for maternal health equity goals.



# Goals for Pillar 2: Innovation Across Policy, Programming and Partnerships



Foster innovation across policy, programs and partnerships to close persistent gaps in maternal and infant health—by testing, adapting, sustaining and scaling promising approaches that respond to community needs.

## WHERE WE ARE TODAY

New Jersey defines innovation in maternal health to include not only new technologies but also creative program design, bold policy shifts, workforce strategies and novel financing models that leverage public, private and philanthropic capital. Building this kind of innovative ecosystem will allow the state to meet the needs of families experiencing disparate outcomes and strengthen the system amid federal funding uncertainties. Partnerships with philanthropy and the private sector will be essential in advancing this innovation agenda, helping to bring in new resources, test bold solutions and sustain momentum over time.

## OPPORTUNITIES FOR CROSS-SECTOR ACTION

- **Build flexible and sustainable funding mechanisms through engagement with philanthropy** that support a wide range of innovations across programs, policies and systems improvements; are led by a range of organizations across the state; and create clear pathways from pilot to scale.
- **Create dedicated capacity to support health care, social services providers and policymakers** to identify, test and scale innovations (e.g., technical assistance and capacity building for implementation).
- **Ensure continued prioritization of monitoring, evaluation and learning** to improve innovations and generate “proof of concept” evidence that facilitates understanding, making the case for and scaling successful innovations.



# Goals for Pillar 3: Respectful, High-Quality and Culturally Responsive Care



Ensure that all mothers in New Jersey—regardless of race, ZIP code or income—receive respectful, high-quality, evidence-based and culturally responsive care through the elevation of best practices across clinical and community settings.

## WHERE WE ARE TODAY

New Jersey's quality improvement bodies, such as NJMCQC and NJMMRC, are driving improvements in hospital practices and building health provider capacity to extend respectful, culturally responsive care. For these efforts to achieve maximum impact, and for New Jersey to expand access to quality care for all, New Jersey must continue to direct dedicated resources and supports to implement pilots and scale what's working, as well as prioritize additional policy changes that facilitate quality, culturally responsive care.

## OPPORTUNITIES FOR CROSS-SECTOR ACTION

- **Dedicate resources to identifying promising quality improvement pilots both within and outside of New Jersey** to test across more health systems in New Jersey and then scale successful programs statewide.
- **Strengthen capacity-building supports for existing providers to implement new policies and protocols** (e.g., provider education, training and technical assistance) to ensure consistent adoption of new practices.
- **Update midwifery regulations and oversight to ensure midwives have full practice authority and are fully integrated into care teams.** Build acceptance of integrated teams and expand hospital policies to support the midwifery model of care.
- **Ensure further integration of doulas** in maternal care teams by expanding hospital access and educating clinicians on doulas' role in care.
- **Strengthen trauma-informed screening and referral systems for mental health and intimate partner violence** and ensure the availability of support services.



# Goals for Pillar 4: Strong Perinatal Workforce from Communities Most Impacted by Disparities



Build a strong perinatal workforce in New Jersey—one that is well compensated, equitably supported and reflects the communities it serves.

## WHERE WE ARE TODAY

Nurture NJ, NJMIHIA, NJDOH, academic partners and health care providers are investing significant resources and capacity to build a wide range of programs and policies to grow and support New Jersey's perinatal workforce, but shortages and burnout still persist—limiting the state's capacity to deliver quality, patient-centered care. Continuing to strengthen education, training and supportive systems—particularly for doulas, midwives, nurses, lactation consultants and community health workers—will build a strong perinatal workforce from communities most impacted by disparities as well as retain and maximize the potential of those already within the system.

## OPPORTUNITIES FOR CROSS-SECTOR ACTION

- **Develop a statewide workforce development plan** with clear targets and actions for recruiting, retaining and promoting providers from communities most impacted by disparities.
- **Continue increasing Medicaid coverage and reimbursement rates** and improve benefits to promote sustainable careers for community-based providers (e.g., pay parity with other states, paid leave, child care, administrative support).
- **Expand equitable education, training and credentialing pathways**, including more scholarship, loan redemption and proactive recruitment efforts to support underrepresented individuals entering perinatal care professions.
- **Support career entry and advancement among people from most impacted communities by addressing barriers to practice** (e.g., sustainable operating models).



# Goals for Pillar 5: Family-Centered and Comprehensive Postpartum Services



Transform postpartum care into a fully integrated, universal system—reaching every mother in New Jersey with timely, trusted and continuous support from hospital discharge through the first year and beyond.

## WHERE WE ARE TODAY

Postpartum care continues to be one of the most underdeveloped aspects of the maternal health system, both within New Jersey and across the U.S., leaving new parents without the continuity of care they need. By expanding pilot programs statewide, New Jersey has closed gaps for its own families but also set a national example in building one of the first cohesive systems for primary care, screening and referral and response during the postpartum period. New Jersey will continue to leverage lessons on what works to strengthen the postpartum care system to inform policy and practice across the state and nationwide.

## OPPORTUNITIES FOR CROSS-SECTOR ACTION

- **Support implementation of guidelines and policies to strengthen the continuum of postpartum care** by ensuring seamless transitions from maternity care to primary care and promoting smooth care navigation throughout the first year postpartum across primary care and community-based care teams (e.g., doulas, CHWs, lactation consultants, peer mental health supporters).
- **Build and scale infrastructure for family-centered postpartum care in community settings** by expanding existing community-based programs.
- **Expand Medicaid postpartum coverage and payment models** to include a broader range of services, such as extended behavioral health support.
- **Close critical gaps in postpartum mental health, intimate partner violence and grief support** by supporting providers practicing in primary care and community settings to strengthen screening, deliver culturally responsive support and provide warm handoffs to providers for more specialized and/or intensive care if needed.



# Goals for Pillar 6: Family-Sustaining Economic and Living Conditions



Ensure New Jersey's economic and living conditions support families to thrive—by strengthening and coordinating policies, systems changes and other actions beyond the health care system.

## WHERE WE ARE TODAY

Clinical care alone is not sufficient to achieve equitable maternal and infant health outcomes. Families continue to need secure housing, living wages, paid leave and job protections, affordable transportation and food access to thrive during pregnancy, postpartum and beyond. Through dedicated investment, policy wins and cross-agency coordination, New Jersey has scaled and sustained gains that improve the economic and living conditions for families across the state. Continued understanding of the social drivers of health that surround mothers and infants will lead to systemic change that has a lasting impact on maternal and infant health outcomes in the state.

## OPPORTUNITIES FOR CROSS-SECTOR ACTION

- **Increase access to affordable, high-quality child care** to reduce stress and financial burden for postpartum families and support maternal workforce participation.
- **Continue to strengthen employer leave policies, health coverage and worker protections**—particularly for workers ineligible for FMLA and those in less stable employment (e.g., gig, part-time and low-wage workers).
- **Reduce out-of-pocket costs for maternity care**, including co-pays and hospital delivery fees, through stronger cost-sharing protections and coverage mandates.
- **Reduce the financial burden of parenthood and invest in families** through greater collaboration with programs providing support for food, housing and transportation.





## Conclusion

Over the past eight years, New Jersey has made significant progress in transforming maternal and infant health—driven by strong state leadership, cross-sector partnerships and the commitment of community leaders, advocates and providers. These efforts have built a foundation of trust, innovation and collaboration that is already improving outcomes for families across the state.

The work must continue. Sustaining and expanding these gains will require ongoing prioritization of maternal and infant health at the highest levels of government, as well as continued efforts to break down remaining silos and deepen coordination across government departments and agencies, health systems, community-based services, researchers, advocates and community leaders. To maintain momentum, New Jersey must explore new models of partnership and financing that ensure solutions are both equitable and sustainable.

Every stakeholder has a vital role to play in bringing the Blueprint to life:

- **State government departments and agencies** can continue championing maternal and infant health as a statewide collaborative priority—embedding equity goals in policy reform, aligning funding streams and coordinating across systems to address key disparities in maternal and infant health. NJMIHIA can lead the way in sustaining cross-sector collaboration, fostering community engagement (via Family Festivals and statewide summits) and building an environment where innovation thrives—in line with its forthcoming three-year strategic plan.

- **Collaboratives** (e.g., NJMCQC, state Maternal and Child Health collaboratives, regional networks) can strengthen public agency and health care accountability through data, quality improvement and shared learning, while ensuring insights from pilots and reviews inform statewide practice—particularly through the integration of the NJ Maternal Data Center and hospital report cards.
- **Health care providers and systems** (e.g., regional health hubs, professional associations, practitioners) can deepen partnerships that bridge clinical care with community-based supports. This includes piloting and scaling models of respectful, high-quality care, improving integration of the clinical and community-based perinatal workforce and across physical and behavioral health care, and continuing training providers in updated guidelines for quality, culturally responsive, unbiased care.
- **Community-based organizations** can ensure that their services reflect the experiences and priorities of families, connect families to services and resources in culturally responsive ways and elevate community-based solutions to inform innovation in policy and practice. By participating in local data collection, attending community listening sessions and co-designing programs through community advisory boards, community-based organizations can serve as a trusted connector ensuring that lived experience shapes decision making.
- **Academic institutions and research partners** can expand learning by evaluating what works, identifying both where implementation is falling short and where it is successful and generating evidence to inform statewide strategies. Universities and professional training programs can also build the pipeline of perinatal professionals—particularly to expand workforce development efforts within communities that have been underrepresented in the field.
- **Advocacy groups and philanthropic partners** can play a catalytic role by sustaining visibility and resource allocation for maternal and infant health, as well as direct funding for policy reforms, innovation and pilot programs that lift up community-based solutions. Through shared storytelling, convening power and community partnerships, these actors can help sustain the momentum and commitment that Nurture NJ has ignited.
- **Families and community leaders** can bring their lived expertise to shape solutions, inform policy and practice and co-create strategies that reflect the realities of those most affected by attending family engagement events, sharing their stories through public forums, providing input during policy listening sessions or public comment periods or participating in community advisory boards.

To succeed, these efforts must remain connected through ongoing dialogue, shared accountability and alignment of work across the six pillars outlined in the Blueprint. By acting together—with urgency, persistence and a shared vision—New Jersey can continue to lead the nation through a comprehensive, coordinated system and ensure that every person, regardless of race, income or ZIP code, has access to safe, respectful and equitable care throughout pregnancy, birth and postpartum.



## Appendices

### Appendix A. Overview of Legislative Actions and Assembly Resolutions Signed into Law

Between 2018 and 2025, Governor Murphy signed 74 pieces of maternal and infant health legislation into law. (Four additional bills were signed at the start of January 2026.) As a component of evaluating Nurture NJ, the Rutgers School of Public Health conducted a review of the 72 enacted policies and two assembly resolutions, categorizing them into five key focus areas and then reviewing the scientific literature associated with each policy. These focus areas are listed below, along with the list of policies enacted within each area.<sup>27</sup>

#### Legislative Category 1: Maternal and Child Health Care Delivery and Access

- Nonmedically Indicated Early Elective Deliveries (P.L. 2019, c. 87)
- Perinatal Screening (P.L. 2019, c. 88, c. 498, c. 296, c. 390, P.L. 2021, c. 413)
- Maternity Care Shared Decision-Making Tool (P.L. 2019, c. 133)
- Perinatal Episode of Care (P.L. 2019, c. 86)
- Group Prenatal Care (P.L. 2019, c. 237)
- Doula Care (P.L. 2019, c. 85, P.L. 2019, JR-3, P.L. 2020, c. 32, P.L. 2023, c. 286)
- Nursing (P.L. 2019, c. 18, P.L. 2023, c. 244)
- Explicit and Implicit Bias Training (P.L. 2021, c. 79)
- Screening for Perinatal Mood and Anxiety Disorders (P.L. 2021, c. 120 and c. 380)
- Personalized Postpartum Care (P.L. 2024, c. 89)
- Standards for Respectful Care (AR219)

## **Legislative Category 2: Parental and Child Supports**

- Paid Family, Medical and Temporary Disability Leave (P.L. 2018, c. 10 and c. 122, P.L. 2019, c. 37)
- Lactation Support (P.L. 2019, c. 242)
- Human Breast Milk and Breastfeeding Support (P.L. 2019, c. 317 and c. 343)
- Economic Interventions (P.L. 2018, c. 9 and c. 45, P.L. 2021, c. 130, P.L. 2022, c. 24, P.L. 2023, c. 72, P.L. 2019, c. 32)
- Child care (P.L. 2021, c. 47, c. 324, c. 144, P.L. 2022, c. 25, P.L. 2019, c. 426)
- Universal Newborn Home Visitation (P.L. 2021, c. 187)

## **Legislative Category 3: Family Planning and Fertility Services**

- Family Planning (P.L. 2018, c. 1 and 2, P.L. 2019, c. 151, c. 277 and c. 361, P.L. 2021, c. 375 and c. 376, P.L. 2023, c. 2)
- Fertility Services (P.L. 2023, c. 258, P.L. 2019, c. 306 and c. 268)

## **Legislative Category 4: Education, Programs and Resources**

- Reproductive Life Planning (P.L. 2019, c. 236) 33
- Public Education (P.L. 2019 c. 250, P.L. 2019, JR-23, P.L. 2023, c. 170)
- Maternal Nutrition (P.L. 2019, c. 015 and c. 91, P.L. 2023, c. 267)
- Menstrual Health (P.L. 2023, c. 240 and c. 303, P.L. 2024, c. 27)

## **Legislative Category 5: Data, Surveillance and Quality Improvement**

- Public Health Surveillance and Data on Maternal and Infant Health Disparities (AR226, P.L. 2019, c. 75, P.L. 2018, c. 22, P.L. 2019, c. 497, P.L. 2023, c. 109, P.L. 2018, c. 82)
- Regional Health Hub Program (P.L. 2019, c. 517)

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<sup>27</sup> Nurture NJ Evaluation, (n.d.). *Implementing New Jersey's Policy Approaches to Improving Maternal and Infant Health (Unpublished report)*.. Rutgers School of Health. [Internal Report].

## Appendix B. Summary of Key Accomplishments for Maternal and Infant Health

Areas of progress	Key accomplishments across New Jersey from 2019–2025
Multisector Leadership and Community-Driven Accountability	<ul style="list-style-type: none"><li>• Expanded <b>cross-agency coordination</b> from two to 22 departments.</li><li>• Increased <b>public visibility of maternal and infant health by sharing data and providing opportunities for community engagement</b> through Family Festivals, summits, social media convenings and activities during Maternal Health Awareness Day and Black Maternal Health Week.</li><li>• <b>Created NJMIHIA to lead statewide action</b> on maternal and infant health, sustain multisector coordination and oversee MIHIC.</li><li>• Built infrastructure for <b>transparency and accountability</b>, including the <b>NJ Maternal Data Center</b> and maternity hospital report cards.</li><li>• Elevated the <b>visibility of quality improvement bodies</b>, including the NJMCQC, the NJMMRC and a Newborn Screening Advisory Review Committee.</li></ul>
Innovation Across Policy, Programming and Partnerships	<ul style="list-style-type: none"><li>• <b>74 legislative actions and assembly resolutions</b> were signed into law, with 59 fully implemented and operationalized (Governor Murphy signed an additional four legislative actions into law in January 2026).</li><li>• Utilizing nearly \$90 million in state and federal funding, broke ground on the <b>New Jersey Maternal and Infant Health Innovation Center</b>, which will provide equitable clinical care and social services, workforce training, conduct cutting edge research and foster innovation for maternal and infant health across the state.</li><li>• <b>Created the Maternal and Infant Health Research and Development Seed Grant Program</b>, through the Commission on Science, Innovation and Technology, to help early-stage innovation-based companies in New Jersey accelerate the development of technologies, products and services that support pregnant women and new mothers, providing support to 23 startups throughout the state.</li></ul>

Areas of progress	Key accomplishments across New Jersey from 2019–2025
<b>Respectful, High-Quality and Culturally Responsive Care</b>	<ul style="list-style-type: none"> <li>Expanded <b>access to care through NJ FamilyCare</b> (e.g., expanded Medicaid to 365 days postpartum; ensured coverage of community doula care and breastfeeding support services).</li> <li>Shifted <b>incentives to improve quality and prevent poor outcomes</b>: for example, piloting a perinatal episode-of-care program and prohibiting coverage of nonmedically indicated early elective C-sections.</li> <li>Supported <b>pilot programs and initiatives</b> to integrate care and improve quality (e.g., TeamBirth shared decision-making tool).</li> <li>Strengthened and expanded <b>sexual and reproductive health</b> programs and policies, such as improving access to family planning services and codifying the constitutional right to reproductive choice.</li> </ul>
<b>Strong Perinatal Workforce from Communities Most Impacted by Disparities</b>	<ul style="list-style-type: none"> <li>Invested over \$5 million in <b>education and training</b> for the perinatal workforce, across practitioner types, and with a particular focus on expanding the midwife, doula and CHW workforces. For example:</li> <li>Launched the <b>Colette Lamothe-Galette Community Health Worker Institute</b>, a comprehensive training and certification program for CHWs.</li> <li>Provided direct funding to 25 <b>midwifery students</b> attending Rutgers School of Nursing through \$250,000 in scholarships.</li> <li>Promoted <b>career sustainability</b> for perinatal providers by increasing <b>Medicaid rates</b>, improving regulations and streamlining or clarifying certifications, particularly for doulas, midwives and OBGYNs.</li> <li>Developed the <b>NJ Doula Assistant</b>, an innovative first-of-its-kind online tool designed to help community doulas enroll in NJ FamilyCare quickly and with more confidence.</li> </ul>

Areas of progress	Key accomplishments across New Jersey from 2019–2025
<b>Family-Centered and Comprehensive Postpartum Services</b>	<ul style="list-style-type: none"> <li>• Launched <b>Family Connects NJ</b>, the state's universal nurse home visitation program, now active in 17 of the state's 21 counties and slated to be available statewide in 2027.</li> <li>• Expanded <b>access to doula care</b> through the perinatal period and across settings and updated policies to facilitate doulas accompanying and supporting patients wherever they are (e.g., by passing the <b>Doula Access Bill</b>).</li> <li>• Facilitated access to community-based programming through <b>Connecting NJ</b> (e.g., peer to peer support, lactation and nutrition support).</li> <li>• Developed a plan to improve <b>perinatal mental health screenings and services</b> that includes peer support.</li> </ul>
<b>Family-Sustaining Economic and Living Conditions</b>	<ul style="list-style-type: none"> <li>• Passed policies that provide <b>financial support for child care workforce development</b>, facility improvements and increasing the availability of child care slots for infants and toddlers.</li> <li>• Improved <b>economic security and supportive working conditions</b> by raising the overtime minimum wage, expanding the earned income tax credit and expanding various leave policies.</li> <li>• Acted to expand access to high-quality, nutritious food by <b>addressing food deserts</b>.</li> </ul>

## Appendix C. Understanding the Current Situation for the Perinatal Workforce in New Jersey

A strong, diverse perinatal workforce is essential to ensuring every mother in New Jersey has access to safe, respectful and equitable care. Over the past eight years, the state has taken important steps to expand this workforce, but major gaps remain across obstetricians (OB/GYNs), midwives, doulas and community health workers. Addressing these issues will require bold policy reforms, new investments and stronger pathways into the workforce.<sup>23</sup>

- **OB/GYNs** are overworked and stretched. New Jersey has approximately 1,407 OB/GYNs, with about 81 per 100,000 women of reproductive age.<sup>23</sup> Furthermore, the workforce does not reflect the diversity of families they serve—most OB/GYNs are White, while Black and Hispanic providers remain underrepresented. Expanding training pipelines and strengthening retention strategies are critical to building a more inclusive provider base.
- **Midwives** offer proven benefits in improving outcomes and reducing disparities, but their numbers remain too low. Only 4.1 midwives serve every 1,000 live births in New Jersey, and the workforce is disproportionately White—75 percent compared with 45 percent of births—leaving communities of color underserved.<sup>23</sup> Removing barriers to entry, expanding training opportunities and enabling midwives to practice at the full scope of their certification are essential to growing this workforce.
- **Doulas** are another key part of equitable maternity care. Although 282 doulas are registered in New Jersey, far fewer are active in Medicaid due to low reimbursement rates and administrative barriers. In 2023, only 80 doulas billed Medicaid, serving a fraction of the 30,000 Medicaid-covered births each year.<sup>23</sup> To scale doula access, the state must expand reimbursement, simplify billing and invest in training and mentorship programs to sustain the workforce.
- **Community health workers**—trusted liaisons between families and health systems—are also vital, but workforce data are limited and inconsistent. While an estimated 1,460 CHWs are employed in New Jersey, only 103 have a registered National Provider Identification (NPI) number, and CHW services are not yet reimbursed by Medicaid.<sup>23</sup> Building a statewide CHW database, expanding Medicaid coverage and creating more job and training opportunities could significantly strengthen this workforce, particularly for perinatal health.

Together, these challenges highlight a central opportunity: building a sustainable, diverse perinatal workforce that reflects New Jersey’s communities and can meet the state’s ambitious maternal and infant health goals.

WORKFORCE	ESTIMATED NUMBER IN NJ	KEY STATS
OB/GYNs	Estimated 1,407 OB/GYNs	<ul style="list-style-type: none"> <li>• Results from the NJ Division of Consumer Affairs survey estimated that on average in the state, there were <b>80.9 OB/GYNs per 100,000 women of reproductive age</b> (15–44 years old)</li> <li>• About <b>58% of OB/GYN survey respondents were Non-Hispanic White, 13% Non-Hispanic Asian, 10% Non-Hispanic Black and 3% Hispanic</b></li> </ul>

WORKFORCE	ESTIMATED NUMBER IN NJ	KEY STATS
Midwives	<p><b>384 midwives</b> with a National Provider Identification number, while the NJ Division of Consumer Affairs (NJDCA) data counts 467 midwives with active licenses in NJ</p>	<ul style="list-style-type: none"> <li>From NJDCA licensing data, more than <b>90% of midwives are Certified Nurse Midwives (CNW)</b>; 25 are licensed Certified Professional Midwives (CPM) and 16 are licensed Certified Midwives (CM)</li> <li><b>4.1 midwives per 1,000 live births</b>; 75% of the state's licensed midwives are non-Hispanic White compared with 45% of births; and 22% are people of color despite accounting for over 55% of births</li> </ul>
Doulas	<p><b>282 doulas</b> with an NPI number, although this is likely a low estimate</p>	<ul style="list-style-type: none"> <li>In 2023, about <b>80 doulas billed NJ Medicaid for their services</b> and 50 to 100 births per year were attended by doulas (out of 30,000 births per year covered by Medicaid in NJ)</li> </ul>
Community health workers	<p><b>Estimated 1,460 CHWs</b> were employed in NJ across all sectors, but only 103 CHWs in NJ have obtained an NPI number (NPPES)</p>	<ul style="list-style-type: none"> <li>By December 2023, the <b>CLG-CHWI had trained over 400 CHWs in NJ</b>, of whom 84% are female, 78% are CHWs of color and 37% are bilingual</li> </ul>

## Appendix D. Stakeholder Consultation that Informed the Blueprint

During July and August 2025, Afton Bloom consulted over 50 stakeholders to inform the *Nurture NJ: New Jersey Blueprint for Maternal and Infant Health and Path for the Next Decade* through interviews and focus groups. Stakeholders shared input on the key accomplishments for maternal and infant health over the past eight years, as well as perspectives on the Blueprint pillars and opportunities for continued cross-sector action moving forward. The insights from stakeholder consultations were complemented by the preliminary findings from the Nurture NJ Evaluation led by the Rutgers School of Health.

### **Participants in interviews and focus groups represented about 53 individuals from over 45 organizations:**

- <sup>i</sup> Participated in an interview in July-August 2025
- <sup>ii</sup> Participated in a MIHIA Board member focus group in July 2025
- <sup>iii</sup> Participated in a MCQC member focus group in August 2025

#### **State Departments and Government Agencies**

- NJ Economic Development Authority (NJ EDA) <sup>ii</sup>
- NJ Department of Human Services (NJ DHS) <sup>ii,iii</sup>
- NJ Department of Health (NJ DOH) <sup>ii,iii</sup>
- NJ Department of Banking and Insurance (NJ DBI) <sup>ii</sup>
- NJ Department of Children and Families (NJ DCF) <sup>ii</sup>
- NJ Maternal and Infant Health Innovation Authority (NJMIHIA)
- NJ Office of the Attorney General (NJ OAG) <sup>ii</sup>
- NJ Office of the First Lady

#### **Professional Associations**

- NJ Affiliate of the American College of Nurse Midwives <sup>i,iii</sup>
- NJ Association of Osteopathic Physicians and Surgeons <sup>iii</sup>
- NJ Health Care Quality Institute <sup>iii</sup>
- NJ Medical Society <sup>iii</sup>
- NJ Primary Care Association <sup>iii</sup>
- NJ Section of the American College of Obstetricians and Gynecologists <sup>iii</sup>
- NJ Section of the Association of Women's Health Obstetric and Neonatal Nurses <sup>iii</sup>

## Community-Based NGOs

- CarePlus New Jersey <sup>i</sup>
- Catholic HealthCare Partnership of New Jersey <sup>iii</sup>
- Children's Home Society of New Jersey <sup>i,ii</sup>
- New Hope Integrated Behavioral Health Care <sup>ii</sup>
- NJ affiliate of Planned Parenthood <sup>iii</sup>
- Perinatal Health Equity Initiative <sup>iii</sup>

## Maternal and Child Health Consortia

- Central Jersey Family Health Consortia <sup>iii</sup>
- Partnership for Maternal and Child Health of Northern New Jersey <sup>iii</sup>
- Southern New Jersey Perinatal Cooperative <sup>i,iii</sup>

## Health care Providers

- Camden Coalition (Regional Health Hub) <sup>iii</sup>
- Capital Health Hospitals <sup>iii</sup>
- Greater Newark Healthcare Coalition (Regional Health Hub) <sup>ii,iii</sup>
- Health Coalition of Passaic County (Regional Health Hub) <sup>i,iii</sup>
- Hospital Alliance of New Jersey <sup>iii</sup>
- Trenton Health Team (Regional Health Hub) <sup>i,iii</sup>

## Academic Institutions

- College of New Jersey – School of Nursing, Health, and Exercise Science <sup>i</sup>
- Kean University – External Affairs and Urban Policy and Research <sup>ii</sup>
- Mercer County Community College – Nursing Education Program <sup>i</sup>
- Princeton University – School of Public and International Affairs <sup>i</sup>
- Rutgers New Jersey Medical School <sup>ii</sup>
- Rutgers School of Nursing <sup>i</sup>
- Rutgers University-Camden – Africana Studies Department <sup>i</sup>
- Thomas Edison State University – School of Nursing and Health Professions <sup>i</sup>

## Others

- Alchemy Consulting <sup>iii</sup>
- Greater Mount Zion African Methodist Episcopal Church <sup>iii</sup>
- Health Plan Horizon Blue Shield of New Jersey <sup>iii</sup>
- Five additional public members appointed by the Governor to the Maternal Care Quality Collaborative <sup>iii</sup>
  - Has engaged in maternal health advocacy
  - Has lived experience in receiving perinatal services
  - Has expertise in behavioral health
  - Has expertise in providing doula services
  - Has expertise in providing lactation services

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