

Universal Newborn Screening & Support Systems



Building a coordinated system and new standard of care for how families with newborns are welcomed and supported in Illinois

Regardless of ZIP code or family income, when welcoming a new baby, all parents and families could benefit from additional encouragement and support.

The first three years of a child's life are the most rapid, critical and vulnerable period of development in the entire human lifespan, making the early weeks among the most important for building secure relationships with parents and caregivers and ensuring that families have what they need to support healthy development. At the same time, the early postpartum period represents a vitally sensitive window for screening for critical health risks and supporting the physical and mental health of birthing parents.



Yet, despite the importance of supporting families with a new baby, unlike many high-income nations, the United States lacks a comprehensive, universal approach to screen all families for health risks of both the newborn and their parents and to provide connections to vital community resources.

While there are services for families available throughout the state, services, eligibility criteria and access points may not be the same, and new parents do not necessarily know what is available to them. Inequitable and fragmented supports for families result from the lack of a universal touchpoint. This gap harms families who may struggle to navigate or fall through the cracks of complex networks of early care and learning, health and mental health and other supportive services. **Our lack of a universal postpartum touchpoint jeopardizes new parents who face gaps or delays in connecting to health care in the first few weeks after birth**, contributing to the nation's maternal mortality and morbidity crisis which disproportionately harms Black and Indigenous birthing people.

Universal Newborn Screening & Support Systems (UNSS): offer and provide voluntary, short-term screening and referral services to every family with a newborn to help connect them to the supportive services and resources they may need and want, at no cost to the family

UNSS can produce cost-savings for our health and social support systems through early detection of maternal and infant health issues and other family needs, while providing connection to local networks that can address the social determinants of health. In UNSS approaches, nurse home visitors, community health workers or other trained professionals offer a free, voluntary and short-term home visit and referral to every family shortly after the birth of a new baby. After assessments of family needs and the health of the newborn and birthing parent in the home, referrals are made to local services to address health and mental health needs, intimate partner violence, substance use, infant and maternal health, child development, socio-economic needs, safe sleep, managing crying, help with infant care and a myriad of other needs.

"My background is nursing. So even before having the baby, I was like, 'oh yeah, I'll be fine, I take care of kids in the E.R.' [...] then you have the baby and that all kind of shatters in a way, because it's reality. So to have someone come in your home and just sit down and they're just there to talk to you [...] It's completely priceless [...] I feel like that's huge and emotional as a mom [to know] that someone's there to care for me in that way."

**KALI HUBER
FIRST TIME MOM; UNSS NURSE HOME VISITOR WITH
FAMILY CONNECTS ILLINOIS IN PEORIA COUNTY**

UNSS approaches are not duplicative of or a replacement for any of the existing services that families benefit from and choose to participate in, including home visiting, doula, community health worker, primary health care and Early Intervention services. Instead, these systems operate as an entry point and referral system to increase alignment of and connections of families to local family-support services. By collecting data on family needs and outcomes, as well as the availability of other local services (infant and maternal health, mental health, early learning, economic supports, etc.), UNSS approaches help streamline coordination across family-facing services and supports and ensure these are accessible within the local community.

Ultimately, state funding can be used more effectively when services are coordinated and accessible to families, and when UNSS approaches are central to building a more efficient, coordinated prenatal-to-age 3 system of support in Illinois.

There are already a number of communities in Illinois with operational UNSS systems. Family Connects, a nurse-driven UNSS model that emerged out of Duke University, has been implemented as [Family Connects Illinois](#) in Peoria and Stephenson Counties, and efforts are underway through public-private partnership to scale [Family Connects Chicago](#) to all birthing hospitals across the city.

Evidence from these and other UNSS models demonstrate robust family-level benefits including improvements in maternal mental health and infant health, reductions in emergency medical care for infants in the first years of life and increased positive parenting behaviors. Community-level impacts of UNSS include strengthened networks of community resources and referrals supporting families, improved data collection on the needs of families, which supports a public health response and the identification of gaps in services or barriers to accessing available services, and a potential reduction in stigma associated with family-support services that have historically targeted toward “at-risk” populations.



Illinois is making significant progress on community implementation of UNSS and alignment of prenatal-to-three systems and services, including through the Early Childhood Comprehensive Systems federal planning grant (ECCS) and efforts to establish Medicaid reimbursement for components of UNSS.

As outlined in the 2021 [“Creating a Universal Newborn Support System \(UNSS\) in Illinois: An Assessment of Opportunity Based on Wisdom and Experience from the Field”](#) report and accompanying [policy brief](#) from the Health & Medicine Policy Research Group, bringing UNSS to scale will require government commitment and leadership, a mindset shift encompassing cross-silo, multi-disciplinary involvement to facilitate alignment across state agencies and systems, as well as local communities, and a robust and diversified funding base to launch and sustain UNSS services.



POLICY CONSIDERATIONS: FUNDING

- No UNSS program has succeeded without integrating multiple funding streams. To finance UNSS, Illinois will require a **mixed-payer system with intentional braiding of both public and private sources of funding**.
- In addition to implementing specific reimbursement for the UNSS visit under Medicaid, **Medicaid administrative matching payments** can be leveraged for outreach and engagement activities.
- Because UNSS can achieve key health outcomes of interest to insurers, MCOs should consider **value-based contracts with UNSS providers**, supplemental to Medicaid reimbursement
- **Private insurance, self-insured businesses and hospital systems** should finance UNSS as a component of included postpartum services to capture maternal and infant health outcomes and cost savings.
- **Sustainable funding** must cover direct service and visits costs, as well as crucial administrative functions that are core to UNSS, like data collection, and with staffing regional community alignment boards to maintain an array of responsive community-based follow-up resources.
- **Philanthropy and business investments** in UNSS are most useful to start-up of new programs, piloting adaptation and innovation, supporting evaluation and other discrete costs.
- **State funds** may be a necessary complement to ensure equitable opportunity to implement UNSS where local funds are not sufficient.

POLICY CONSIDERATIONS: ADMINISTRATION & IMPLEMENTATION

- Even where UNSS expansion may draw on various state and federal funding streams, **consolidated oversight and leadership under a single state agency** can support integration of program administration and financing.
- A **single, statewide data collection and analysis system** is vital to coordinated administration.
- While universal in reach, the **focus on racial and ethnic disparities and social inequities** must be preserved in administrative and financing planning to ensure that the development of a statewide UNSS system does not ignore or exacerbate these disparities and inequities.
- Effective implementation will require a **scale up of community systems** to ensure the ecosystems surrounding families are prepared to make connections to aligned and coordinated health, social service, early learning, family economic support and other resources.
- Policy makers – including state agencies, higher education partners, hospitals and public health departments, community health workers and other perinatal support providers – must **collaborate to build the pool of professionals** that can be deployed to implement UNSS statewide.

Ultimately, bringing UNSS services to full scale will require the integration and management of multiple funding streams that can support community planning and start-up, core service delivery, systems support and state administration. Policy makers and thought leaders should prioritize investments in the expansion of UNSS, in tandem with complimenting critical early care and education services, to build a new standard of care for how families with newborns are welcomed and supported in Illinois.