

Executive Summary

THE BIRTH OF A CHILD is one of the most significant life experiences one will ever face. For all parents, having a child can be one of life's greatest joys while also bringing new or additional mental, emotional, and financial stress for the whole family, regardless of age, income, race/ethnicity, or zip code. Those burdens and stressors are particularly difficult to manage for low-income families that often don't have the financial means to afford critical goods and services, whether food, health care, or basic supplies to care for both the child and the mother.

In response to Executive Order 14058 on Transforming the Customer Experience and Federal Service Delivery to Rebuild Trust in Government, the U.S. Department of Health and Human Services (HHS) developed a human-centered design approach for the Newborn Supply Kit program based on substantive user research with families and community leaders. This research revealed the large need for physical goods and supplies at the time of birth, as well as receiving accurate information about federal benefits and programs and child development at the appropriate time.

A government that actively and regularly listens, seeks to understand and involves the people it serves, and harnesses these insights to remove barriers to delivering the services it has promised, is one that can reinforce the trust of the American public. Too often, people have to navigate a tangled web of government websites, offices, and phone numbers to access the services they depend on. Government needs to better meet people where they are and be responsive to how they navigate these moments.

The Newborn Supply Kit program was founded on the idea that new parents should receive access to basic critical goods and educational information after childbirth to support the physical, emotional, and financial wellbeing of mothers, babies, and their families. To help assess if the program was achieving its goals, the Newborn Supply Kit team performed an evaluation of the program to assess its impact. Parents who received a Newborn Supply Kit were able to opt-into a short survey to respond to questions related to maternal and financial stress, trust in government, and the overall experience of receiving a Newborn Supply Kit, including Kit contents and government resources. In total, 2,077 surveys were sent (approximately 80% of Kit recipients consented to receive the survey) and 30% of those parents responded to the survey (N=626 participants).

The findings from the 2023 Newborn Supply Kit pilot program show promising results for many of the key outcomes of interest:

- Reaching target populations those most in need of supplies and services
- Reducing maternal and financial stress
- Increasing trust in government

Key findings from the initial pilot evaluation indicate that:

- The vast majority (97%) of Newborn Supply Kit recipients were satisfied with the Kit and would recommend it to others.
- Parents said they would have likely been even less stressed, both emotionally and financially, to know in advance that many of these critical goods would be supplied to them upon the birth of their child.
- Two-thirds (66%) of survey respondents agreed or strongly agreed that receiving their Newborn Supply Kit helped to make them feel less anxious or worried.
- Among the recipients who self-reported moderate to severe depression symptoms, 72% agreed or strongly agreed that the Newborn Supply Kit helped them to feel less anxious or worried.

"This is an incredible and life changing kit for so many families in a state where many people are struggling or worried about having the resources to care for their baby." — NEW MOM, EVALUATION FEEDBACK

- The Newborn Supply Kit reduced stress for all groups, but the trend indicates that this was especially true for those with higher levels of baseline financial stress.
- Newborn Supply Kits helped to shape more positive perceptions of trust in government
- Receipt of a Kit significantly influenced recipients' trust in government scores, **more than doubling positive ratings of trust in government**.
- The Newborn Supply Kit may be a promising way to continue to close information and enrollment gaps in federal benefits programs among this target population. More than one-third of respondents said that they applied for additional government benefit programs because of the information in the Newborn Supply Kit.

The Problem

The maternal health crisis in the United States impacts millions of people. The numbers tell a troubling story:

- The United States currently has the highest maternal mortality rate among developed countries.
- Women are three times more likely to die in childbirth or due to pregnancy-related compli-cations than other developed nations and over 80% of these deaths are considered to be preventable.¹
- Mental health conditions, (suicide, overdose/poisoning related to substance use disorder, and other deaths determined to be related to a mental health condition, including substance use disorder) are the leading cause of pregnancy-related deaths, as noted by an aggregate analysis from maternal mortality review committees accounting for 22.7% of these deaths.²
- Maternal mental health conditions are among the most common and most treatable complications of pregnancy and childbirth.
- CDC reports that nearly 1 in 8 women with a recent live birth have experienced symptoms of postpartum depression.³ Postpartum depression can affect any mom, regardless of age, race, and income level. Postpartum depression is associated with an increased risk of infant mortality and morbidity.

In addition to physical and mental health outcomes in the United States, new parents also face unique financial challenges. Research shows that most families take a financial hit after the birth of a baby. For example, having a young child is associated with a \$14,850 drop in income for households with two adults, and \$16,610 for single women. For single mothers, this represents an average decline of 40% at the time of their child's birth. Additional research conducted as part of this initiative confirmed that new parents often struggle to find, apply for, and receive the benefits and resources they are otherwise entitled to after the birth of a child. Even for those physical goods that are reimbursable under Medicaid, the process for reimbursement is often time consuming, difficult to understand, and cumbersome — not what a new parent should be spending precious time trying to navigate.

Consider the issue of diapers. An average family of one diapering-age child will pay at least \$1,000 annually for a minimum supply of diapers — perhaps more, such as when families live in a "diaper desert" and must rely on more expensive diaper options like convenience stores or when families can't afford to buy in bulk. And diapers are just one of the essential goods for infant and maternal postpartum care. Given that nearly half of infants and toddlers in the United States live in low-income families, affording basic postpartum and infant care products is financially challenging for far too many American families. This type of financial drain puts families at risk of not being able to afford basic healthcare essentials to allow both mother and baby to recover and thrive, and offers an opportunity for federal agencies to improve coordinated benefits delivery and provide a more positive customer experience to the families as they strive to support mothers and to help their children get a fair start in life.

Our Solution

The Newborn Supply Kit was introduced by Vice President Kamala Harris in May 2023 as a public-private partnership between the Office of Intergovernmental and External Affairs at the U.S. Department of Health and Human Services (HHS/IEA), and Baby2Baby, a 501(c)(3) nonprofit organization dedicated to providing children living in poverty across the country with diapers, clothing and all the basic necessities that every child deserves. Through this pilot program, Newborn Supply Kits were delivered across three states, selected for their high rates of maternal mortality, infant mortality, and social vulnerability index scores: Arkansas, Louisiana, and New Mexico. In each pilot state, the Biden-Harris Administration and Baby2Baby worked with both hospital sites and community-based organizations (CBOs) in these states to deliver the Kit to parents around the time of the birth of their child.

The primary aim of the Newborn Supply Kit was to:

- reduce maternal emotional stress as a pathway to improving maternal health,
- ease family financial stress in the immediate weeks after having a baby,
- and enhance trust in government so that people can access the services that they are eligible for and depend on.

Each Kit contained supplies to support the health and wellness of both the mother and baby, since the wellbeing of the mother is crucial for both her own and the baby's health. Postpartum essentials for both mom and baby were included in the Kit, such as diapers, wipes, baby clothes, baby blankets, a baby thermometer, a baby nail clipper, lotions, creams, a perineal wash bottle, nipple cream, cooling spray, and postpartum pads. Educational resources were also included to help families learn about things like how to feed their new baby, infant and mother safety, maternal mental health support, and other government benefits they may qualify for now that they've had a child. The total cost of goods contained in the kit was estimated at around \$300 retail value, with a lower at-cost value due to donations and relationships between Baby2Baby and their partners. During the Pilot phase of the initiative, no federally appropriated funds were used to procure or distribute the Kits—Baby2Baby is fully and independently funding procurement for the goods included in the Kits and distribution of the Newborn Supply Kits.

"Every mother or mother-to-be should have access to the support they need for their family to be healthy. Through [the Newborn Supply Kit program], our Administration continues to prioritize the maternal health of women across America." — VICE PRESIDENT KAMALA HARRIS MAY 2023



Evaluating the Newborn Supply Kit Pilot

HHS created the Newborn Supply Kit program and curated its contents based on direct research conducted in concert with the OMB CX team and with families. The Kit was modeled after similar programs that have been successfully implemented elsewhere. Over 90 countries, states, or localities offer similar programs to provide goods to new moms. Many of these programs, such as the original "Baby Box" program in Finland (which has now been operating for more than 75 years), and the similarly named program in Scotland have been rigorously evaluated and shown to have positive maternal and infant health outcomes.

The goal of this pilot evaluation was to determine whether and how introducing Newborn Supply Kits could aid in increasing maternal mental health outcomes, alleviate financial stress, and increase trust in government through the supply of information about government programs to new parents. Additional exploratory analysis included implementation factors to determine whether the process for Kit distribution would be feasible for hospital and CBO sites, as well as whether it would be feasible at scale; to determine whether the timing of Kit distribution was optimal for new parents; to identify what items were most useful for mother and baby; and to ascertain whether parents learned new information and engaged in government resources because of the information included in the Newborn Supply Kit.

Parents who received a Newborn Supply Kit were able to opt-into a short survey that asked questions related to maternal and financial stress, trust in government, and the overall experience of receiving a Newborn Supply Kit, including Kit contents and government resources. In total, 2,077 surveys were sent (approximately 80% of Kit recipients consented to receive the survey) and 30% of those parents responded to the survey (N=626 participants).

Pilot Study Findings

Overall Satisfaction

The vast majority of Newborn Supply Kit recipients were satisfied with the Kit and would recommend it to others. Nearly all (97%) of survey respondents, reported being "extremely satisfied" or "satisfied" with their Newborn Supply Kit. Similarly, 98% of respondents reported that they would recommend that other new parents receive a Newborn Supply Kit. This response was even stronger among Spanish-speaking recipients, with 100% of participants recommending the Kit to other new parents.

Population of Focus

To reduce stigma and administrative burden, the initial pilot of the Newborn Supply Kit program used a universal distribution approach, providing the Kits to all families delivering a child through one of our distribution partners throughout the pilot's duration. To ensure we were reaching our population of focus, distribution partners were identified in hospital and CBO settings located in areas (primarily at the state and city level) that were predetermined to have high maternal mortality, infant mortality, and social vulnerability index scores. Results from the pilot show that universal distribution in targeted areas allowed HHS to reach key populations of interest.

Nearly one-third of the recipients of the Newborn Supply Kit had a household income of less than \$20,000 per year. Over half made less than \$50,000 per year, and 16% preferred not to say. Additionally, 31% of Kit recipients self-reported as being Black or African American, 27% as Hispanic, 24% as White or Caucasian, 5% selected Multiple Ethnicities/Other, 4% selected American Indian or Alaskan Native, and 2% said they were Asian or Pacific Islander.



Kit Delivery Process

In this pilot project, the team worked with 11 distribution partners: three major hospitals and eight community-based organizations (CBOs) providing perinatal services and support to birthing families across Arkansas, Louisiana, and New Mexico. In all hospital conditions, Newborn Supply Kits were delivered to birthing mothers at the time of childbirth. In all but one community-based organization (CBO), Kits were delivered within one week of childbirth; in the case of one New Mexico-based CBO, which had logistical constraints with seeing new parents within a week of childbirth, Kits were delivered in the third trimester, as some other countries have done.¹³

Key Kit Delivery Findings

- The timing for receipt of a Kit was generally appropriate:
 - Eighty-three percent (83%) of all respondents said the Kit came at just the right time (94% of Spanish-speaking respondents said the same)
 - Sixteen percent (16%) of respondents said they would have preferred to receive the Kit earlier in their pregnancy
 - One percent (1%) said they would have liked to receive the Kit when their child was a bit older
- Parents said they would have likely been even less stressed, both emotionally and financially, to know that many of these critical goods would be supplied to them upon the birth of their child. Many parents indicated a preference to either receive the Kit earlier in their pregnancy and/or be informed in advance that they would be receiving a Kit (and what items would be in the Kit), so they could better prepare.

• Giving back to the program. A few parents, presumably those who were higher income, were not first-time parents, and/or those who had already had some of these goods at home, also indicated that they wished there was an easy way to donate items back to the Newborn Supply Kit program, hospital/CBO, or to mothers who may be more in need of critical postpartum goods than themselves. To address this concern, the team did include a sentence in the Welcome Letter that stated "If you don't need all the items in this kit, feel free to share them with another family who does."

Maternal Mental Health and Financial Stress

One of the primary aims of the Newborn Supply Kit was to reduce maternal anxiety or worry and financial stress in the immediate postpartum period, and Kit recipients reported that receipt of a Kit improved overall anxiety or worry.

Methodology: As part of the survey, Kit recipients were asked a limited number of the maternal mental health questions found in the PHQ-9 inventory. ^{14,15} In both the survey itself and the materials included in the Newborn Supply Kit on maternal mental health, the team provided a short prompt and the number to the U.S. Department of Health and Human Services' Maternal Mental Health Hotline — 1-833-TLC-MAMA (1-833-852-6262) — in case new mothers needed to seek maternal mental healthcare after reading the survey questions or engaging with Kit materials.

Key Maternal Mental Health Findings

- Two-thirds (66%) of survey respondents agreed or strongly agreed that receiving their Newborn Supply Kit helped to make them feel less anxious or worried. This trend remained strong for Spanish speakers, among whom 69% said that they felt less anxiety or worry after receiving a Kit.
- Among the group who self-reported moderate to severe depression symptoms, 72% agreed or strongly agreed that the Newborn Supply Kit helped them to feel less anxious or worried; and among that group, no one disagreed or strongly disagreed with that statement.
- When analyzing the survey results by self-reported racial demographics, Black or African American (43%) and Hispanic (54%) respondents were nearly twice as likely as their White/Caucasian counterparts (24%) to say that they strongly agreed that the Newborn Supply Kit helped them to feel less anxious or worried. Black respondents (79%) were the most likely to agree or strongly agree that the Newborn Supply Kit helped them to feel less anxious or worried, followed by Hispanic respondents (75%) and White respondents (72%). Note that when combining both agree and strongly agree, however, those distinctions disappear.¹⁶
- First-time parents (78%) were slightly more likely to agree or strongly agree that receiving the Newborn Supply Kit helped them to feel less anxious or worried compared to their counterparts who already had children (71%), but the results are not significant.

"It saved me the anxiety and worry to [have to] run to the store for diapers or wipes in my first two weeks of recovery." — NEW MOM, EVALUATION FEEDBACK

Key Financial Stress Findings

In addition to maternal mental health outcomes, this pilot project also looked at decreasing financial stress for recipients. These questions on financial stress were derived from the Consumer Financial Protection Bureau's (CFPB) Financial Well-Being Scale.¹⁷

The Newborn Supply Kit reduced stress for all groups, but the trend indicates that this was especially true for those with higher levels of baseline financial stress.

- **Sixty percent** (60%) **of respondents** reported being moderately or very stressed about money, with only 35% of survey participants reporting low levels of stress about money. Not surprisingly, individuals who were lower income reported being more stressed about money than their higher-earning peers.
- Two-thirds (66%) of respondents agreed or strongly agreed that the Newborn Supply Kit helped them to feel less stressed about money. This trend was also particularly strong among Spanish-speaking respondents, with 73% answering similarly.¹⁸
- Seventy-seven percent (77%) of individuals with lower incomes said that the Newborn Supply Kit helped them feel less stressed about money.

Trust in Government

One of the major objectives of the Newborn Supply Kit program is to build trust in government by providing support to families during one of the most meaningful periods of their lives — the birth of a child. Our hope is that this also enables government to form a foundation of relationships for further service connections with families.

Methodology: To determine whether the Newborn Supply Kit changed perceptions about trust in government, survey respondents were asked if they had heard of the U.S. Department of Health and Human Services (HHS). Over half (51%) of Kit recipients reported having heard of the HHS before receiving their Newborn Supply Kit. They were then asked to think about their perceptions of HHS *before* and then *after* receiving their Kit and to rate (out of 10), "How much do you trust the U.S. Department of Health and Human Services (HHS) to support the health and well-being of children and new parents after the birth of a child?" 19

Key Trust in Government Findings

- Receipt of a Kit significantly influenced recipients' trust in Government scores.
 Answering for "before" they received their Kit, respondents reported on average a 31% positive rating in HHS. However, trust scores after they receive their Kit jumped to a 68% positive rating, more than doubling participant self-reported positive ratings of trust in Government.
- For all demographic groups, trust in government either increased or stayed the same across their before and after scores; for none of the groups in this sub-analysis did Government trust scores decrease. For each of our analyzed demographic subgroup respondents, but especially so for Hispanic respondents, a coded neutral "change in trust" score was driven by a high trust of HHS both before and after receiving the Kit overall, a positive finding for Government.
- In a few cases, some mothers refused even receiving the Newborn Supply Kit because of extremely low trust in Government; while exceedingly rare, this feedback both underscores the importance of trusted messengers to deliver Kits and also provides insight into harder-to-reach populations and how Government might consider alternative approaches to engagement in the future.



"This whole Kit is amazing, and I love that it's been started. The US has been behind other countries in supporting parents after birth, so I'm glad to see something like this. Please keep it up and spread it further. Our parents need this support." — NEW MOM, EVALUATION FEEDBACK

For all Kit recipients who supplied answers for both *before* and *after* receiving their Kits, roughly half (52%) of them didn't change their minds about HHS — a finding primarily driven by those who had high trust scores of HHS both before and after receiving their Kits.

Parents said they would have likely been even less stressed, both emotionally and financially, to know that many of these critical goods would be supplied to them upon the birth of their child.

Government Resources and Benefits

One of the aims of the Newborn Supply Kit program was to increase the awareness of Federal Government resources, including new benefits that parents might now be entitled to as the result of having a child. As part of this project, the team created a new website, www.hhs.gov/newbaby, which gathered resources relevant for new parents from across the Federal Government, all in one place for the first time. The team also created a flyer that was printed in both English and Spanish and was included in all Newborn Supply Kits. The flyer outlined additional information on health and safety tips, such as safe sleep, breastfeeding, and maternal mental health resources. Nearly a third of survey respondents said they learned more about maternal mental health, which was a critical outcome being investigated in the pilot.

The resources and information included in the Kit were intended to increase awareness of — and, ultimately, participation in (for those who are eligible) — government resources and programs. According to survey data, this seems to be effective. The survey asked recipients to self-report if they applied for government benefits programs (e.g. Medicaid, WIC, SNAP, TANF) because of the information they received in their Newborn Supply Kit. Respondents were also asked whether the HHS flyer contained in the Newborn Supply Kit was helpful to them, and if they had visited the new website developed for this project: www.hhs.gov/newbaby. Finally, the survey asked users about what they felt they learned because of the information contained in the Newborn Supply Kit, and how, if at all, they felt they were helped because of participating in the Newborn Supply Kit pilot program.

Key Government Resources and Benefits Findings

The Newborn Supply Kit may be a promising way to continue to close information and enrollment gaps in federal benefits programs among this target population.

- Thirty-six percent (36%) of respondents said that they applied for additional government benefit programs because of the information in the Newborn Supply Kit. This trend was especially strong among Spanish-speaking respondents with nearly 70% reporting applying to programs that they may be eligible to receive.
- The vast majority (77%) of respondents agreed or strongly agreed that the HHS flyer was helpful to them.
- Unfortunately, use of HHS.gov/newbaby appeared minimal, with only 15% reporting that they had visited the site. Half (49%) of the respondents optimistically said they hadn't yet



KEY TAKEAWAY

The resources and information included in the Kits appear to be increasing awareness of and self-reported enrollment in -**Federal Government** benefits programs, especially among Spanish-speaking participants. 36% of respondents said they applied for additional benefits because of information included in the Kit.

visited the site by the time they received the survey, but that they planned to.

- When asked if they had learned anything new as a result of receiving their Newborn Supply Kit, the most frequently cited learnings were:
 - "Additional support for my family" (36%)
 - "Maternal health support" (32%)
 - "Safety tips for my baby" (30%)
 - "Additional government benefits" (28%)
- Only 14% of respondents said they did not learn anything new as a result of receiving their Newborn Supply Kit. Additional research is necessary to determine:
 - Whether respondents didn't learn anything new because they already knew the information beforehand or whether the information was unclear, unhelpful, or something else; and
 - If there are better modalities, timing, messages or messengers, or other factors that could influence how the Government connects new parents with resources and information.

Lastly, recipients shared how, if at all, the Newborn Supply Kit had helped them. Among the critical outcomes of the pilot program the most frequently cited answer (by 71% of respondents) was, "It saved me money on things I needed for my baby." This response was more than twice as frequent as the next-highest response. The findings were consistent with the previous question that nearly 30% of people also said that the Kit provided them help with learning about additional Government resources available for them or their family.

Kit Contents

Survey respondents overwhelmingly reported that they loved the goods included in the Newborn Supply Kit. All kits contained the same contents shown in Figure 1 below, though recipients could expect slight variation in things like colors or patterns of swaddles, socks, or clothing or the brand of the specific items, which varied based on donations and procurement timelines. Respondents were also asked if the supplies included in the Newborn Supply Kit were the right ones for themselves and their newborn at the time, if there were other products they wished had been included, and if the supplies included were of sufficient quantity.

Key Kit Content Findings

When asked to name the top 5 items that were most helpful to them, 39% of parents said "All of them."

- Among parents who indicated individual items²⁰, 70% said that diapers were in their top 5 kit items. Other high-value items included baby wipes (60%), baby carrier (47%), postpartum maternity pads (27%), and Vitamin D₃ (23%).
- Seventy-four percent (74%) of survey respondents indicated that the supplies provided were the right ones for them. Of the 26% that said they wished it had included something else, the top items requested were: Bottles, formula (including formula samples), medications for baby, pacifiers, a breast pump, and better quality items, such as diapers and wipes. A full list of items asked for can be found in Appendix C.
- Seventy-one percent (71%) of respondents said the items provided were of sufficient quantity to meet their needs. Of the 29% who offered additional feedback on items they could have used more of, the overwhelming majority of respondents said they would want more diapers nearly twice that of any other specifically-requested item.

Qualitative feedback from Kit recipients and ad hoc feedback received from partner organizations (i.e., hospitals and CBOs) suggested that some parents were interested in whether the Newborn Supply Kit could be tailored to special circumstances, such as giving birth to multiples (e.g., twins),

FIGURE 1: The 24 items included in the Newborn Supply Kit

- Baby carrier
- Baby wipes
- Burp cloths
- Diaper rash cream
- Diapers
- Grooming kit

- Ice packs
- Laundry bag
- Lotion
- Nasal aspirator
- Nipple cream
- Nursing pads
- Onesies
- Pajamas
- Peri bottle
- Perineal wash
- Petroleum jelly
- Postpartum maternity pads
- Receiving blankets/swaddle
- Shampoo
- Socks
- Thermometer
- Vitamin D3
- maternity pads Witch hazel pads

"[The Newborn Supply Kit] made me feel really cared for. Sometimes people forget about the mom. When you know somebody cares, it makes all the difference." — NEW MOM, NEWBORN SUPPLY KIT RECIPIENT

caesarian delivery (C-section), neonatal intensive care unit (NICU) or premature deliveries, foster parent or other non-birthing caregiver (e.g., father) needs, and gender-specific Kits (e.g., boys' vs girls' clothing). Birthing mothers who had a caesarian delivery, for example, stated that their recovery needs were different than their peers who had given birth vaginally, and inquired about whether post-caesarian recovery items might be included as an option in the future.

Conclusion

The Newborn Supply Kit program will continue in 2024, drawing upon learnings from this 2023 pilot to inform and enhance the next iteration. In May 2024, HHS and Baby2Baby announced a new partnership with Huggies, which will allow for the expansion of the pilot phase from delivering 3,000 Kits in 3 partner states with 11 partner sites (hospitals and CBOs) to the ability to deliver 10,000 Kits in 10 partner states with additional partner sites.

Given the successful partnership model in this first pilot, the project team is looking into enhancing partnerships at scale and finding even more scalable ways to target high-needs populations. In addition, after hearing from Kit recipients in this initial phase that receiving the Kit earlier would have helped new parents better prepare for the birth of their child, the project team is also exploring whether the timing of Kit delivery in the 3rd trimester is more helpful for new parents in reducing financial stress and whether and how to make it a feasible and scalable delivery model. As part of this effort, the team in 2024 is now also planning to partner with Federally Qualified Health Centers (FQHCs) to distribute Kits to FQHC program participants late in the 3rd trimester.

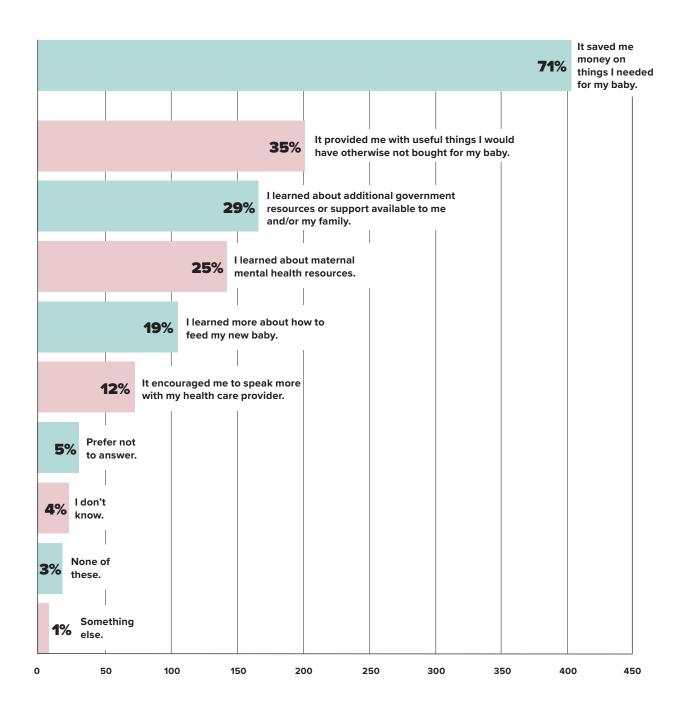
The 2024 Kits also feature modified contents based on participant feedback about what they found most versus least useful, as well as what contents might be changed to enhance the cost effectiveness, sustainability and scalability of the program.

The team also made enhancements to the Newborn Supply Kit HHS website (www.hhs.gov/newba-by) by adding new health and breastfeeding supports, linking to new financial resources including information on tax credits, and providing additional cross-government resources for new parents to explore. The team will also be looking into how to ensure the website is accessible and used by parents who want additional information about government resources.

All of these enhancements for the next phase of the project were informed with and by participant feedback. A core commitment of this work is to continue to co-design with and for our target populations, with sustainability and scalability in mind, to achieve maximum program impact and return on investment. Modifications to the 2024 continuation pilot will be closely monitored for impact, quality, sustainability, and scalability, as the project team continues to find ways to deliver the Newborn Supply Kit to more parents across the United States to ensure every family has a fair and healthy start after the birth of a child.

To learn more about the Newborn Supply Kit program, please contact the U.S. Department of Health and Human Services Office of Strategic Partnerships at PartnerWithUs@HHS.gov.

FIGURE 2:
Respondent feedback on what they learned from the information contained in the Newborn Supply Kit



Appendix A: Background, Methodology and Implementation Process

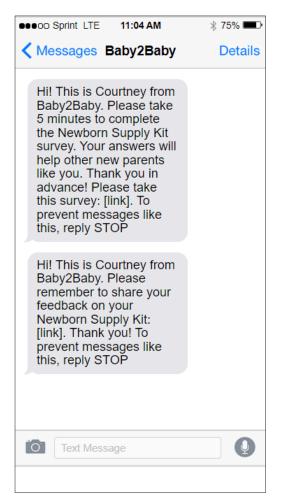
Background: The Birth of a Child Life Experience

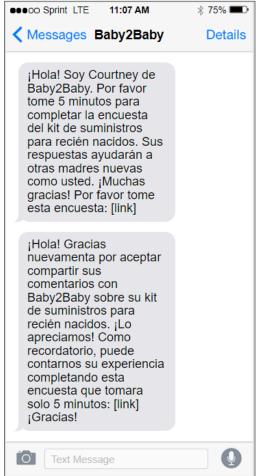
In 2021, the Biden-Harris Administration developed a framework to improve customer experience (CX) through the lens of specific and major life experiences. Through OMB's 2021 update to A-11 Section 280, the President's Management Agenda, and Executive Order 14058 on Transforming the Customer Experience and Federal Service Delivery to Rebuild Trust in Government, the Administration developed an approach to creating and implementing cross-agency initiatives based on life experiences that individuals face during their lifetime. One of these CX Life Experience Teams, called the Birth of a Child Life Experience, helps new parents access basic goods and services, as well as develops a more integrated way to find accurate and easy-to-understand information and resources to support their growing families.

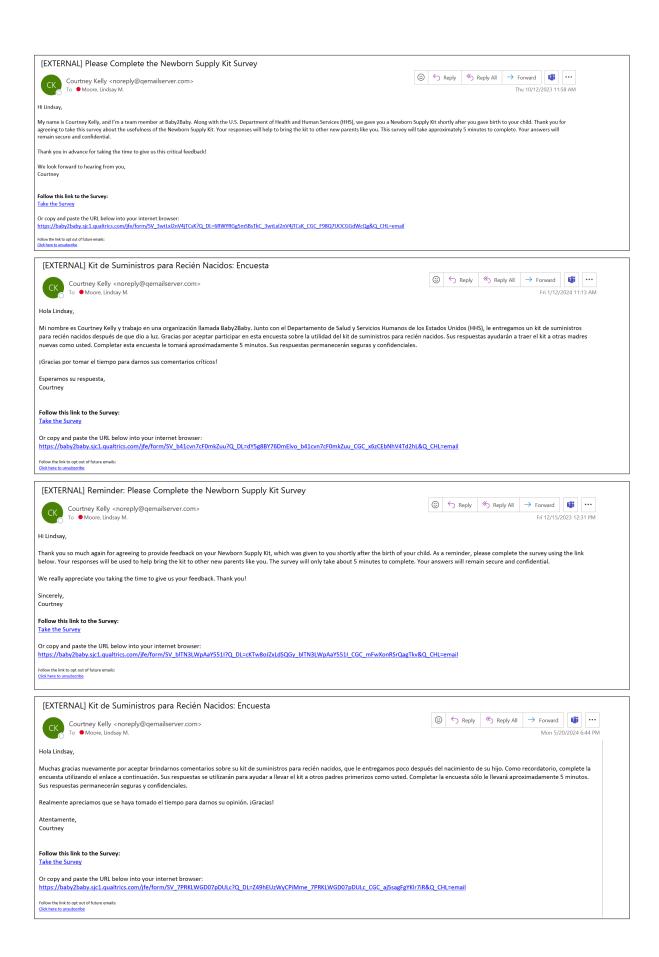
During the Newborn Supply Kit pilot, 3,006 Kits were delivered to new parents across all participating sites. New parents in hospitals were given Kits before discharge, while CBO clients received Kits from a trusted messenger shortly after they gave birth.²¹ The 11 distribution partners were selected based on their capacity to distribute Kits in high-need areas in the three pilot states (Arkansas, Louisiana, New Mexico). Our team chose partners that could reach diverse populations, including members of Tribal communities, individuals living in rural areas, and other historically underserved populations, across different geographic regions of each state. Kit distribution was universal within pilot sites and did not require recipients to go through any type of means-testing or eligibility check. A consent form for receiving the survey was administered by the hospital or CBO staff member who offered the Kits, at which time brief demographic data was collected; however, participants could receive a Newborn Supply Kit whether or not they agreed to participate in the survey.²²

In total, 80% of new parents who received the Newborn Supply Kit consented to receive the survey (84% of whom chose English and 16% of whom chose Spanish). An email and/or text message (in either English or Spanish) was sent to respondents approximately four weeks after giving birth.²³ If they had not completed the survey within 1-2 weeks, one reminder message was sent, after which there was no more communication from the team. Thirty percent (30%) of the consenting population responded to the survey (N=626 people).

Appendix B: Survey Introductions and Reminders, Text Messages and Emails, English and Spanish







Appendix C: Survey of New Item Requests

# of Respondents Requested	New Items Requested	Notes
21	Bottles	
15	Formula	Including formula samples
15	Medications	e.g., Tylenol, baby gas relief, saline, gauze for dressing changes for circumcision, stool softener, baby sunscreen, baby Vicks
12	Pacifiers	Specifically, newborn-sized pacifiers
10	Breast pump	
10	Diapers (better quality)	
9	Different sizes/size options	e.g., diapers, onesies, or premie options
7	Respondent claimed items were missing	e.g., lotion, carrier, onesies, pajamas, thermometer
7	Mittens for baby	
7	Postpartum disposable underwear	
6	Different brand or type	e.g., Frida peri bottle, angled-spout peri bottle, electric aspirator, Hakaa hand pump, unscented products, Velcro swaddle
6	Hair brush for baby	
6	Hat/cap for baby	
5	C-section supplies	e.g., ice packs and abdominal binder and belly band
4	Breast milk storage bags	
4	Gendered clothing	
4	Sleep sack/swaddle sack	
4	Wipes (better quality)	
2	Car seat	
2	Cradle/crib	
2	Diaper bag	
2	Nipple shields	
2	Wash cloths/towels	
1	Baby CPR/first aid pamphlet	
1	Bibs	
1	Book for baby	
1	Burp cloths (better quality)	
1	Diaper rash cream (better quality)	
1	Infant tongue cleaners	
1	Laundry detergent	
1	Manual for the baby carrier	
1	Nursing cover	
1	Stuffed animal	
1	Toothbrush	

Endnotes

- 1. https://www.cdc.gov/maternal-mortality/php/data-research/index.html
- 2. Ibid
- 3. https://www.cdc.gov/mmwr/volumes/69/wr/mm6919a2.htm
- 4. https://www.demos.org/research/parent-trap-eco-nomic-insecurity-families-young-children
- 5. https://equitablegrowth.org/economic-insecurity-rises-around-childbirth-explained-in-four-charts/
- 6. https://www.performance.gov/cx/life-experiences/having-a-child-and-early-childhood/#project-documentation
- 7. A full list of items included in the Newborn Supply Kit can be found in Figure 1 on page 13.
- 8. https://www.performance.gov/cx/life-experiences/having-a-child-and-early-childhood/#project-documentation
- 9. <u>https://www.hhs.gov/blog/2023/06/08/how-we-codesigned-newborn-supply-kit-mothers.html</u>
- 10. https://www.kela.fi/maternity-package-2023
- 11. https://www.gov.scot/news/baby-box-delivers-savings-for-families/
- 12. These income data are taken from the evaluation itself and not from the consent forms. Because some of our population filled out demographic information at the hospital and others at the end of the evaluation itself, we were able to see that more people reported income when asked to do so anonymously and did not select "Prefer not to say", which is likely a more accurate picture of income information. Similar trends hold for individuals in the top income brackets in both samples.
- 13. E.g., Scotland's Baby Box (see endnote 11) is delivered before the child is born.
- 14. Questions were trimmed down and modified from the Patient Health Questionnaire to determine baseline levels of depression in our population. We did not use the full PHQ-9 scale in an effort to decrease administrative burden on our population and reduce total survey time. The scaled responses were taken as a ratio of the true PHQ-9 to form similarly-scored scales.
- 15. Very few women in the sample self-reported severe or moderately severe symptoms of depression or anxiety. Sixty percent (60%) of participants self-reported no signs of depression or anxiety and 11% selected "Prefer not to answer". Among those who elected to complete all maternal mental health questions, 24%

- showed signs of mild depression, and 8% showed signs of moderate to severe depression.
- 16. Exploratory results suggest that there were not any meaningful differences between depression scores driven by race or income; however, this pilot study was not powered to detect small differences, so further research on this topic will be needed in the next iteration of the Newborn Supply Kit program.
- 17. As with baselining measures of maternal depression, the number of questions was scaled down and modified from the <u>CFPB Financial Well-Being Scale</u> in an effort to reduce administrative burden on new parents (in the form of the total amount of time required to complete the survey). The responses were split into evenly-scored categories to form the subsequent low-, medium-, and high-financial stress groupings.
- 18. Similar to maternal mental health scores above, this pilot was not powered to detect significant differences by race on the impacts of receiving the Kit on financial stress. However, trends show that African Americans were twice as likely as their White or Hispanic counterparts to strongly agree that the Newborn Supply Kit helped them to feel less anxious or worried about money. White respondents (79%) were the most likely to agree or strongly agree that the Newborn Supply Kit helped them to feel less stressed about money, followed by Black or African American respondents (76%) and Hispanic respondents (70%).
- 19. This question syntax was derived from the <u>OMB</u> <u>Circular A-11, Part 6, Section 280</u>, which provides guidance on implementing the <u>Customer Experience</u> <u>Executive Order</u> and CX management in the Federal government context.
- 20. I.e., omitting "All of them", "I don't know", and "prefer not to answer" responses.
- 21. In one CBO site, they distributed the Kits in the 3rd trimester.
- 22. Recipients did not need to consent to receiving the survey to be given a Kit. For those consenting to receive the survey from Baby2Baby, either a digital (hospital-based) or paper (CBO-based) survey was sent/administered to new parents approximately four weeks postpartum, allowing new parents some time to recover after birth and use their Kits with their new baby.
- 23. Participants who provided both an email and phone number options were defaulted into receiving the survey via text message.