

Moving Medicaid Forward for Delaware's Mothers and Babies

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Across the country, the Medicaid program provides resources to support the care of millions of families as mothers' welcome new babies into the world. Indeed, as Maternal and Child Health Clinical Director for the Delaware Division of Medicaid and Medical Assistance (DMMA), every day I see how our organization improves outcomes as advocates of Medicaid's purpose — "furnishing medical assistance" at this critical moment by zeroing in on solutions that meet women and families where they are.

However, that critical concept of meeting populations where they are cannot be fulfilled if our interpretation of Medicaid remains cemented in 1965. Through its partnerships and advocacy efforts, the Delaware Heathy Mother and Infant Consortium (DHMIC) — an organization for which I am an appointed member and serve as co-chair of its data committee — has played a crucial role in helping shape many Medicaid opportunities for Delaware's mothers and infants. DHMIC does this by bringing together the voices of partners from throughout our health care and public health communities, aligning goals of service providers and outreach organizations statewide, then using these goals as foundations to design our advocacy platform for an expanded Medicaid benefits structure. It is through these partnerships that DHMIC creates a thoughtful advocacy approach based on the knowledge of professionals and organizations that best know who our vulnerable populations are and where to reach them. These partners also have established the trust — gained by deep understanding of an individual's unique situation, shared lived experience, and cultural concordance — that removes barriers to entry. This is key to gaining access and motivating women and families to take those first steps to care that allow them to make full, successful use of expanded Medicaid opportunities.

When understood completely and leveraged properly — such as the work being done through DHMIC partners — Medicaid presents incredible opportunities for us to do amazing things in our communities. And, as stewards and protectors of Delaware's public health, it is our responsibility to use this powerful tool in ways that continually evolve with modern medical and outreach technologies, as well as with our understanding of not just *who* the most at-risk populations are, but *why* they are the most at-risk.

Delaware's experience in maternal and child health transformation provides a compelling model for how Medicaid can be leveraged to address today's complex, interrelated drivers of maternal mortality and morbidity. And it demonstrates that staying the course of Medicaid framework expansion — characterized by expanded postpartum coverage, more sufficient behavioral health integration, and greater attention given to social determinants — can lead to significant progress in both policy and practice for maternal and child health.

Understanding the Legislative and Community Foundations of Change

Delaware Medicaid's maternal and child health transformation is best understood as a coordinated policy ecosystem shaped by legislative action — most notably the Delaware Momnibus (i.e., a package of maternal and child health related legislation signed into law in 2022) — and operationalized through Medicaid state plan amendments and Section 1115 demonstration authority. Together, these reforms reflect a deliberate shift toward a more continuous, community-integrated, and equity-focused model of care for women, infants, and children.

The Delaware Momnibus represents a foundational policy catalyst, establishing a framework to address maternal health disparities, improve perinatal outcomes, and expand access to supportive services across the pregnancy and postpartum continuum. The package included legislation to extend Medicaid postpartum coverage to one year and to authorize reimbursement for doula services — two interventions strongly associated with improved maternal outcomes and reduced disparities.^{1,2} These policies were explicitly designed to address inequities in maternal and infant health, including disproportionately high infant mortality rates and persistent racial disparities.² Subsequent policy efforts have continued to build on this legislative foundation, reinforcing that maternal health requires sustained investment beyond delivery and into the full postpartum period.³ In addition, Section 1115 waiver authority has been instrumental in enabling Delaware to pilot and scale innovative services that address both clinical and social drivers of maternal and child health outcomes. To put these legislative priorities into practice, Delaware has leveraged Medicaid state plan amendments (SPAs) to expand covered services that directly support maternal and infant health. These include enhanced reimbursement for lactation consulting and breastfeeding support, as well as formal Medicaid coverage for doulas.

Central to the delivery of these services is Delaware's managed care infrastructure under the Diamond State Health Plan 1115 waiver. Mandatory enrollment in managed care organizations (MCOs) enables coordinated care delivery, population health management, and accountability for outcomes across the perinatal continuum. Care coordination — particularly for high-risk pregnant and postpartum individuals — serves as a critical mechanism for connecting beneficiaries to medical, behavioral, and social services. The 1115 waiver was explicitly designed to improve access, enhance care coordination, and reinvest efficiencies into expanded benefits, including those targeting maternal and child health.⁴

Delaware has also extended its focus to pediatric populations, particularly children with medical complexity. The state has advanced policies to strengthen systems of care for these children, including the establishment of advisory structures to guide care coordination, service integration, and family-centered care. These efforts align with broader Medicaid goals of improving outcomes for high-need populations while reducing fragmentation across physical health, behavioral health, and long-term services.

Putting the Power of Reforms into Practice

If a question is raised about the importance of Medicaid to maternal and infant health, I typically answer it with one short, powerful statement: in Delaware, Medicaid finances 40 to 50% of births.⁵ However, as we are all aware, ensuring the health of mothers and babies — reducing maternal and child morbidity — must extend beyond the time a mother goes into labor and gives birth. Delaware Medicaid's recent maternal and child health reforms represent a great deal of empowerment for mothers and families, as well organizations such as DMMA, DHMIC, and many others working to support individuals' continued progress on the healthiest possible path.

To follow, I expand on a few of the opportunities mentioned above to further demonstrate ways DMMA and our community partners are leveraging recent Delaware Medicaid reforms to expand our reach, deliver more holistic wrap-around services, and ultimately improve outcomes.

First, is what I put at the forefront of the reforms — the extension of postpartum Medicaid coverage to 12 months after birth and without the requirement of the individual needing to immediately requalify. The ability to extend care a full year, as opposed to the previous 60 days, is, in a word, *huge*. So many complications can, and, sadly, do occur in that first year. For the mother this can include everything from postpartum hemorrhage, blood clots, and infections to chronic conditions like diabetes to mental health conditions which are included among the leading reasons for maternal death in the country. For the baby, health risk during that first year can include complications due to prematurity or low birth weight, feeding issues, sudden infant death syndrome, and developmental delays. By extending Medicaid postpartum coverage to twelve months, we put in place the safety nets of early detection, proper treatment, and a continuum of care that improve outcomes. Simply stated, it allows us to prevent deaths and establish foundations of better health.

Second, in alignment with this one-year postpartum coverage, we have targeted 1115 waiver initiatives that put into practice a more holistic model of care — supporting physical and mental health as well as meeting needs such as housing and food security. These initiatives are about caring for the whole person and establishing ongoing care relationships. A few examples of the impact Medicaid reimbursements can make include:

- Doulas — introducing culturally concordant, non-clinical support that has been shown to improve birth outcomes, reduce cesarean deliveries, and enhance patient experience
- Expanded home visits for pregnant women and young children — these relationship-based supports are integral to Delaware's maternal and child health strategies for improving maternal mental health, strengthening parenting capacity, and promoting early childhood development,⁶ and they have demonstrated improvements in maternal health, child development, and family stability.⁴
- Transportation for non-emergency health visits — covering rides to appointments removes a significant barrier that far too often stands between mother and child wellness and the healthcare professionals that support it.

Upstream interventions like these and others are especially important for Medicaid-enrolled populations because they address disparities that traditional clinical models alone have not resolved.

Another very important example of the way Medicaid reforms allow Delaware to evolve support is an evidence-based pilot program targeting pregnant and postpartum individuals with substance use disorders (SUD), particularly opioid use disorder (OUD). Approved by the Centers for Medicare and Medicaid Services (CMS) and operating through a contingency management model, this program is considered by DMMA to be a critical innovation within Delaware's Section 1115 waiver portfolio. The emphasis on SUD treatment is directly informed by findings from the Delaware Maternal Mortality Review Committee, which consistently identified drug-related deaths as a leading cause of pregnancy-associated mortality. Neonatal abstinence syndrome further illustrates the intergenerational impact of untreated maternal SUD, reinforcing the importance of integrated maternal-infant interventions that span clinical care and social supports.

Allowing the state to provide contingency management services for individuals with opioid and stimulant use disorders expands the continuum of behavioral health interventions available during pregnancy and postpartum.⁴ The pilot program approaches behavioral intervention by providing positive reinforcement in the form of incentives for treatment participation to reduce substance use and improve engagement with health care providers. This initiative is further reinforced by the state's Anti-Stigma Learning Collaborative, which seeks to transform provider attitudes and reduce barriers to care for pregnant and parenting individuals with SUD.

Lastly, beyond these reforms, Delaware Medicaid has implemented a suite of complementary policies that strengthen the continuum of reproductive and postpartum care. The state's postpartum nutrition initiative for low-income Medicaid mothers is aligned with "*Food Is Medicine*" principles. Delaware is one of seven states to receive approval to provide nutrition supports tailored to pregnant and postpartum people, and the *first* state to receive approval for nutrition supports that includes diapers and wipes as an initiative. Delaware's postpartum nutrition benefit was launched in 2024 and covers two home-delivered meals per day for 12 weeks (or one medically appropriate shelf-stable food box), and 80 diapers and one pack of baby wipes per week. Additional covered wraparound services include:

- Immediate postpartum access to long-acting reversible contraception.
- Reimbursement for lactation support — a critical, evidence-based intervention linked to improved infant nutrition, reduced maternal morbidity, and stronger maternal-infant bonding.
- Supports such as nurse midwives and maintenance of abortion services.

By embedding these services in the Medicaid benefit structure, Delaware has moved beyond traditional clinical care toward a more comprehensive perinatal and postpartum support model and contributes to a comprehensive, whole-person patient-centered model of care.

Conclusion

Data from the Maternal Mortality Review Committee consistently indicates that a majority of pregnancy-associated deaths are preventable. Quality measurement and managed care accountability mechanisms are integral to both sustaining Medicaid reforms and ensuring we can harness their power for the health of Delaware’s mothers and children. Therefore, Delaware Medicaid has aligned incentives with key perinatal quality indicators that include postpartum visit attendance, depression screening, and initiation and continuation of medications for SUD. These measures ensure that policy changes translate into measurable improvements in care delivery and outcomes.

I am frequently asked to share a success story from DMMA. But it is nearly impossible to designate just one or two or even a dozen experiences as a success, for success manifests itself in countless ways — and is as unique as each individual changing their lives for the better. Success can be the smile on a baby free from the discomfort of rash or infection because clean diapers and a ready supply of wipes were available — and in the gratitude of parents spared the sleepless night from a “cranky” infant. It can be seen in the cautious pride of a mom-to-be who stayed clean for 24 hours after years of addiction. And if we look closely in the neighborhoods with Delawareans who need to be lifted up and supported in breaking out of the cycles of poverty, we will witness success through healthier families with a more hopeful outlook. If we must define success, it should be that pivotal time when we no longer see stand-out evidence that programs are working because maternal and child health practices, as well as the results of their continued use, have become *normalized* in every corner of our state, for every adult and child.

But, for now, I believe the best success story comes from the continuation of organizations like DMMA optimizing the opportunities in Medicaid. Taken together, the initiatives defining Delaware Medicaid’s maternal and child health transformation reflect a modern interpretation of Medicaid’s “original intent,” aligning legislative action, Medicaid policy, and delivery system reform to create a comprehensive maternal and child health strategy. The Delaware Momnibus established the policy foundation; state plan amendments expanded the benefit structure to include lactation support and doula services; managed care organizations operationalized care coordination and accountability; and 1115 waivers enabled innovation through home visiting, nutrition supports, and contingency management for SUD.

Every day, we leverage 1115 waiver authority to move away from fragmented, episodic care and towards a coordinated system that integrates medical, behavioral, and social supports. Doing so presents the proverbial “win-win-win” scenario. In addition to supporting healthier mothers and children, these evidence-based investments can reduce neonatal intensive care utilization, lower emergency department visits, and improve long-term health outcomes offering potential downstream savings and reducing stress on an overtaxed health care provider network.

In a state where Medicaid covers a substantial share of births, these policies are not peripheral, they are *central* to the health of families and communities. Sustaining and advancing these efforts will be essential to addressing persistent disparities, reducing maternal mortality, and improving outcomes for the next generation. By continuing to move Medicaid forward — by avoiding a return to the pre-expansion era — we will also continue to close gaps in disparities

and remove barriers to care. And from here we can create a Delaware in which every mother, baby, and child has equal access to services supporting physical health and mental well-being.

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