STATE OF NORTH CAROLINA
DEPARTMENT OF HEALTH AND HUMAN SERVICES

JOSH STEIN
GOVERNOR

DEVDUTTA SANGVAI
SECRETARY

April 8, 2026

SENT VIA ELECTRONIC MAIL

Mr. Brian Matteson, Director
Fiscal Research Division
Suite 619, Legislative Office Building
Raleigh, NC 27603-5925

Dear Director Matteson:

Session Law 2023-134, Section 9M.1(dd) directs the Department of Health and Human Services, Division of Public Health, to report on the Maternal and Child Health Block Grant awarded during each year of the 2023-2025 fiscal biennium. The Division shall report on the counties selected to receive the allocation, the specific evidenced-based services provided, the number of women served, and any impact on the counties' infant mortality rate. Pursuant to the provisions of law, the Department is pleased to submit the attached report.

Should you have any questions regarding this report, please contact Karen Wade, Director of Policy, at Karen.Wade@dhhs.nc.gov.

Sincerely,

Signed by:
Debra Farrington for Devdutta Sangvai
45507E3ADBA8489...
on behalf of Devdutta Sangvai

Devdutta Sangvai
Secretary

STATE OF NORTH CAROLINA
DEPARTMENT OF HEALTH AND HUMAN SERVICES

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April 8, 2026

SENT VIA ELECTRONIC MAIL

The Honorable Donna White, Chair
House Appropriations Committee on
Health and Human Services
North Carolina General Assembly
Room 307B, Legislative Office Building
Raleigh, NC 27603

The Honorable Timothy Reeder, Chair
House Appropriations Committee on
Health and Human Services
North Carolina General Assembly
Room 416B, Legislative Office Building
Raleigh, NC 27603

The Honorable Larry Potts, Chair
House Appropriations Committee on
Health and Human Services
North Carolina General Assembly
Room 307B1, Legislative Office Building
Raleigh, NC 27603

Dear Chairmen:

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April 8, 2026

SENT VIA ELECTRONIC MAIL

The Honorable Jim Burgin, Chair
Senate Appropriations Committee on
Health and Human Services
North Carolina General Assembly
Room 620, Legislative Office Building
Raleigh, NC 27603

The Honorable Amy Galey, Chair
Senate Appropriations Committee on
Health and Human Services
North Carolina General Assembly
Room 311, Legislative Office Building
Raleigh, NC 27603

The Honorable Benton Sawrey, Chair
Senate Appropriations Committee on
Health and Human Services
North Carolina General Assembly
Room 521, Legislative Office Building
Raleigh, NC 27603

Dear Chairmen:

Session Law 2023-134, Section 9M.1(dd) directs the Department of Health and Human Services, Division of Public Health, to report on the Maternal and Child Health Block Grant awarded during each year of the 2023-2025 fiscal biennium. The Division shall report on the counties selected to receive the allocation, the specific evidenced-based services provided, the number of women served, and any impact on the counties' infant mortality rate. Pursuant to the provisions of law, the Department is pleased to submit the attached report.

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Devdutta Sangvai
Secretary

Report on Use of Funds for Evidence-Based Programs for Infant Mortality Reduction

Session Law 2023-134, Section 9M.1.(dd)

Report to the

House Appropriations Committee on Health and Human Services
and

Senate Appropriations Committee on Health and Human Services
and

Fiscal Research Division

By

North Carolina Department of Health and Human Services

April 8, 2026

BACKGROUND

In state fiscal year (SFY) 2015-2016, the North Carolina General Assembly appropriated $1,575,000 in the Maternal and Child Health Block Grant Plan to the Department of Health and Human Services' (DHHS) Division of Public Health (DPH) for each year of the 2015-2017 fiscal biennium. These funds were designated for evidence-based programs in counties with the highest infant mortality rates. The General Assembly repeated this appropriation at the same level and for the same purposes in each subsequent biennium - 2017-2019, 2019-2021, 2021-2023, and 2023-2025. An additional $152,307 was appropriated in SFY 2024, bringing the total amount of funds to $1,727,307.

Session Law 2023-134, Section 9M.1.(dd) requires DPH to report on (i) the counties selected to receive the allocation, (ii) the specific evidenced-based services provided, (iii) the number of women served, and (iv) any impact on the counties' infant mortality rate. The legislation requires DPH to report its findings no later than December 31 of each year to the House of Representatives Appropriations Committee on Health and Human Services, the Senate Appropriations Committee on Health and Human Services, and the Fiscal Research Division.

ACTIONS AND RESULTS TO DATE

In SFY 2024-2025, DPH continued funding the Reducing Infant Mortality in Communities (RIMC) program in counties awarded funding through a competitive request for applications (RFA) process conducted in SFY 2023-2024. Under the RFA award process, local health departments (LHD) were eligible to apply if they served a county that ranked in the top quartile for infant mortality rate or the infant mortality disparity ratio for the five-year period of 2016-2020.

In collaboration with the community, each LHD was required to select at least two (2) of the five (5) evidence-based strategies (EBSs) to implement: Breastfeeding Support Services, Centering Pregnancy, Doula Services, Infant Safe Sleep Services, and Preconception and Interconception Health Services with Diabetes Management Services or Weight Management Services. These EBSs are recognized as effective approaches for improving birth outcomes by addressing pregnancy intendedness, reducing preterm births, and decreasing infant mortality.

Evidence-Based Strategy	Description
Breastfeeding Support Services	Breastfeeding is one of the most effective preventive measures a mother can take to protect the health of her infant and herself. It is recommended to exclusively breastfeed during the first six months of life. While a high percentage of mothers initiate breastfeeding, most mothers stop breastfeeding due to the lack of support and rates are significantly lower among African American infants. To improve breastfeeding rates, the involvement and support from interventions must be delivered in different settings and include the involvement and support of clinicians, health systems, family, friends, employers, and the community. Ready, Set, BABY! (RSB) prenatal breastfeeding classes are provided by a trained educator to pregnant individuals served at the LHD and in the community. Breastfeeding support services are also provided to pregnant and

	postpartum individuals by a trained Breastfeeding Peer Counselor. LHDs will establish new breastfeeding-friendly community spaces or workplaces and conduct community outreach and education activities.
CenteringPregnancy®	CenteringPregnancy® is a group prenatal care approach where eight to ten (8–10) pregnant women, who are due near the same time, meet with their provider and other pregnant women for ten (10) group sessions over the course of their pregnancy. Group sessions are 90 minutes – two (2) hours in length and consist of health assessments, facilitated group discussion and interactive activities and education on timely health topics. This model promotes greater patient engagement, personal empowerment and community building among the patients. It has also shown to improve positive birth outcomes and lower racial disparities from preterm births
Doula Services	A doula is a trained professional that provides physical, emotional, and informational support to an individual before, during and after childbirth. Studies show that doula support can improve preterm birth and low birthweight rates among non-Hispanic Black women and play a role in reducing racial and ethnic disparities in birth outcomes. LHDs shall recruit and provide doula training to at least four community members to provide doula services during the three-year grant period. Doula services include at least one prenatal visit (childbirth education provided), continuous onsite labor support at the hospital, at least one postpartum visit and at least one contact 30 days after birth.
Infant Safe Sleep Services	The American Academy of Pediatrics (AAP) has issued guidelines on safe sleep for infants to reduce the risk of sudden infant death syndrome (SIDS) and other sleep-related causes of infant deaths. The LHD shall designate staff to be trained on infant safe sleep practices to provide group and/or individual education sessions to pregnant individuals and their family members or support persons. For individuals who are in need, the LHD shall provide a safe sleep space (crib, play yard, portable crib) for their infant after receiving infant safe sleep education. Information on the benefits of breastfeeding and the elimination of tobacco use are included in infant safe sleep education.
Preconception and Interconception Health Services (PIHS) – Diabetes Management Services/Weight Management Services	Preconception and Interconception health services (PIHS) support reproductive planning. It is important for individuals whether or not they plan to have a baby. The overall health of individuals can affect fertility, fetal development and birth outcomes. LHD services include comprehensive contraceptive education and reproductive life plan assessments, and weight management or diabetes management services for individuals of reproductive age.

RIMC program funding was awarded to eight (8) LHDs, covering 11 counties, for a three-year grant period of June 1, 2023 – May 31, 2026. This allows LHDs additional resources and a defined time frame to develop or enhance a community-driven, more comprehensive approach to improving birth outcomes and addressing the associated disparities.

The following table lists the eight (8) LHDs who received funding for the three-year grant period (2024-2026) and the EBSs they selected to implement:

Local Health Department/District	Annual Funding Amount	Evidence-Based Strategies
Franklin County Health Department	$221,638	Breastfeeding Support Services/Infant Safe Sleep Services
Granville-Vance District Health Department	$227,965	Centering Pregnancy/Infant Safe Sleep Services
Guilford County, on behalf of its Department of Health and Human Services-Division of Public Health	$245,000	Doula Services/PIHS-Diabetes Management/Infant Safe Sleep Services
Lee County Health Department	$196,350	Breastfeeding Support Services/Infant Safe Sleep Services
Martin-Tyrrell-Washington District Health Department	$152,307	Breastfeeding Support Services/Infant Safe Sleep Services
Scotland County Health Department	$253,302	Doula Services/Infant Safe Sleep Services
Wayne County Health Department	$205,745	Breastfeeding Support Services/Infant Safe Sleep Services
Wilkes County Health Department	$225,000	Infant Safe Sleep Services/PIHS-Weight Management

Each LHD was required to establish a partnership with a community-based organization (CBO) for each selected EBSs. Together, the LHD and its partner organization are responsible for ensuring meaningful engagement of people with lived experience in all aspects of program planning and implementation. The partner organization will provide guidance, support, and/or services to the LHD for each selected EBSs, and in some cases, LHDs allocated RIMC funding to their partner organizations.

During SFY 2023–2025, all eight (8) LHDs implemented Infant Safe Sleep Services. Families who would otherwise be unable to obtain a safe sleep space (crib or play yard) for their infant are provided with one after completing infant safe sleep education. Three-month follow-up surveys are conducted with participants who received the education to gather information on infant safe sleep practices, breastfeeding initiation and maintenance, and tobacco or electronic nicotine device use.

In SFY 2025, the LHDs implementing Infant Safe Sleep Services completed 383 follow-up surveys. Participant-reported data includes:

- 81% reported always laying their baby down to sleep on their back
- 84% reported initiating breastfeeding, out of those who initiated breastfeeding:
    - 50% reported breastfeeding their infant between one and three months

    - 34% reported breastfeeding their infant over three months
- 98% reported not allowing smoking inside the home
- 97% reported not allowing the use of electronic nicotine products inside the home

The following is a summary of program activities, including the number individuals served under each EBS from June 2024 to May 2025:

Evidence-Based Strategy (EBS)	# LHDs that Implemented EBS	# Patients Received Services	# Staff Trained
Breastfeeding Support Services	4	742	12
CenteringPregnancy®	1	78	4
Doula Services	2	113	11 Doulas
Infant Safe Sleep Services	8	1,266	37
Preconception and Interconception Health Services – Weight Management	2	7,671	-

North Carolina's infant mortality rate in 2023 was 6.9 deaths per 1,000 live births. The table below shows infant mortality rates and infant mortality disparity ratios for the five-year periods of 2016-2020 and 2019-2023, for both the state and the counties served under the RIMC program.

County	Infant Mortality Rates 2016-2020[1]	Infant Mortality Disparity Ratio 2016-2020[1]	Infant Mortality Rates 2019-2023[2]	Infant Mortality Disparity Ratio 2019-2023[2]
North Carolina	7.0	2.59	6.8	2.74
Franklin	6.9	3.63	6.8	*
Granville	6.6	2.92	4.3	*
Guilford	8.7	3.11	8.5	2.91
Lee	8.4	3.10	6.6	*
Martin	13.5	1.38	13.7	*
Scotland	9.3	3.33	9.2	*

Tyrrell	0.0	0.0	0.0	0.0
Vance	9.3	2.71	8.9	*
Washington	20.4	1.58	19.2	*
Wayne	8.2	3.06	9.6	2.72
Wilkes	7.1	3.94	8.0	*

[1]Source: NC Department of Health & Human Services State Center for Health Statistics, 29NOV2021
[2]Source: NC Department of Health & Human Services, Title V Office in Collaboration with State Center for Health Statistics, 24FEB2025
*Technical Note: Rates based on small numbers (fewer than 10 deaths) are unstable and should be interpreted with caution.

Infant mortality is impacted by multiple factors for which there is no single solution. It is influenced by the health of an individual before, during, after and between pregnancies. It is also further shaped by determinants of health, including the social, economic, geographical, and physical environments in which people are born, grow, live, work, and age.

Another key element in supporting improved birth outcomes is access to both health insurance and a healthcare provider or healthcare facility. Research has shown a greater decline in the infant mortality rate in states that have expanded Medicaid, especially in African American birth rates.[i] North Carolina's expansion of Medicaid is a critical tool to reducing infant mortality rates.

After Year 2 of the RIMC program's grant, isolating the impact of these evidence-based programs within each county remains challenging, given that this funding is only one resource for the state's infant mortality efforts. The impact on infant mortality should be determined in the full context of the counties' resources, as well as the socio-economic factors and other issues facing individuals and families. In addition, many counties have been experiencing other reductions related to their maternal and infant health funding.

The selected evidence-based strategies within the RIMC program are included in the statewide Perinatal Health Strategic Plan. DPH has aligned infant mortality reduction initiatives with the State Health Improvement Plan for Healthy North Carolina 2030 and continues to coordinate with other partners and state agency programs that support maternal and infant health inclusive of overall family well-being.

[i] Bhatt, C.B., & Beck-Sagué, C.M. (2018). Medicaid expansion and infant mortality in the United States. American Journal of Public Health, 108(4), 565-567. https://doi.org/10.2105/AJPH.2017