Why We're Designing Government to Work Better and Smarter for Families

United States Digital Service
Published in

U.S. Digital Service
6 min read
Jun 13, 2023

By Maya Uppaluru Mechenbier, Allison Abbott, Alex Bornkessel, Alana Buroff, and Phoebe Brauer

For any parent, carrying and delivering a child is one of the most life changing experiences they will go through. And yet, the stresses and

burdens are more difficult for low-income families. Too often, parents have to navigate a tangled web of government websites, offices, and phone numbers to access the services they are eligible to receive.

The Life Experience team spent the last year speaking with families nationwide about this moment in their lives, to better understand where government services could better support them. We've now launched three projects to directly address the feedback we heard. This blog post is part of a series we'll be sharing throughout 2023 tracking our projects' progress, learnings, and results.

In December 2021, President Biden's Executive Order on Transforming Federal Customer Experience and Service Delivery to Rebuild Trust in Government emphasized a customer-centric approach focused on understanding individuals' needs during significant life experiences — such as the birth of a child. By adopting a "Life Experiences" framework, the government aims to improve accessibility and responsiveness, ensuring services meet people where they are and simplify their journeys.

Understanding the Journey: Collaborative Insights into Supporting Families from Pregnancy to Age Five

The challenges parents face after having a child can be overwhelming. Access to essential resources such as healthcare, nutritious food, housing, transportation, and affordable child care are crucial for the well-being of families. However, the reality is that too many American families are constantly in survival mode.

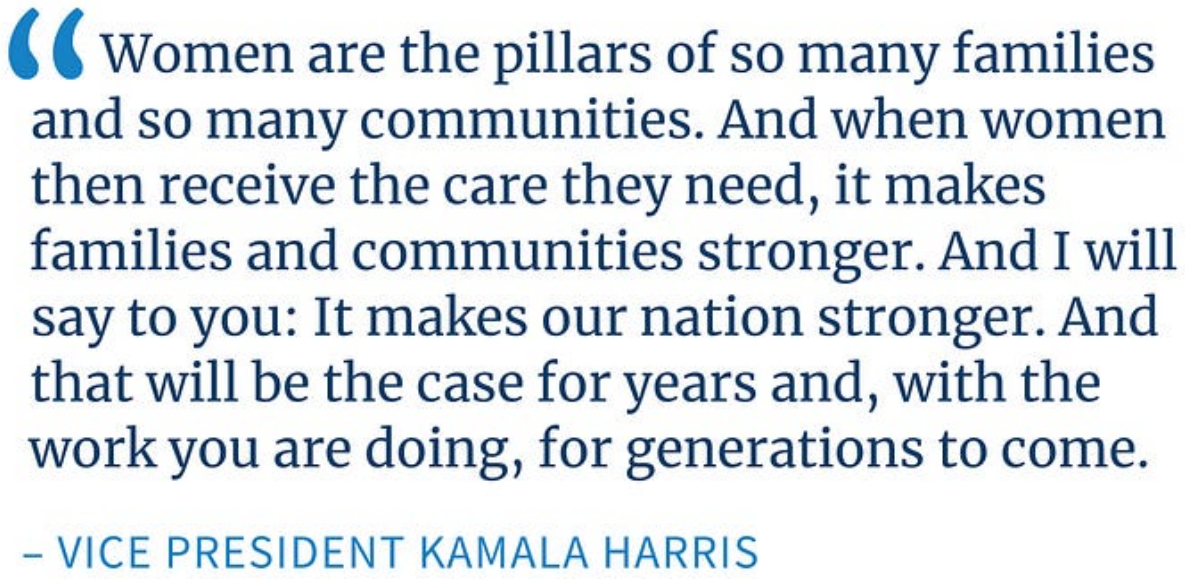
The multidisciplinary, multi-agency team, including leadership from the U.S. Digital Service (USDS), General Services Administration (GSA), Department of Labor (DOL), Department of Housing and Urban Development (HUD), Department of Agriculture (USDA), Office of Management and Budget (OMB), Department of Education (ED), and the Department of Health and Human Services (HHS) set out to understand families' experiences with federally funded support as they go through the journey of welcoming a new baby to their household.

In this process, we collaborated with over 120 families, community leaders, and numerous experts with extensive experience in managing family support programs to gain valuable insights into the root causes of the financial struggles faced by parents with young children. Beginning the discovery phase, we already knew that:

- Mothers experience a partial loss of income following birth, significantly impacting their households — the absence of paid leave and the growing expenses worsen the situation.
- Over five million children live in poverty during crucial developmental stages, with Black and Hispanic households disproportionately affected.
- Particularly during the pandemic, mothers have borne the weight of domestic violence, job loss, and limited access to child care options.

Despite government programs in place, approximately $60 billion in benefits intended for eligible families in need remains unused. Story after story, and expert after expert, confirm a troubling reality: the complex and fragmented system of services presents an insurmountable challenge for families to navigate.

Improving access to the safety net will contribute to a continuing post-pandemic economic recovery for working families and their communities, and improve families' health and well-being, as emphasized in the 2022 White House Blueprint for Addressing the Maternal Health Crisis.



Helping Families Navigate the 0–5 Benefit Enrollment Experience

Our team is working to simplify the benefit enrollment experience for new mothers and caregivers. As part of our research, we learned that parents are on their own without an authoritative, clear roadmap on

how to navigate government support. This leaves parents in a maze of complex information, duplicative requests for documentation, waiting lists, hour-long phone calls, and administrative hoops — where any missed deadline or forgotten requirement could result in a family not receiving resources to meet their basic needs.

Some critical supports for young families include:

Medicaid: Provides health coverage to people with limited income and resources.

Special Supplemental Nutrition Program for Women, Infants, and Children (WIC): Provides supplemental foods, health care referrals, and nutrition education for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women and to infants and children up to age five who are found to be at nutritional risk. Historically, WIC accounts for over half of U.S. formula consumption.

Supplemental Nutrition Assistance Program (SNAP): Provides nutrition benefits to supplement the food budget of needy families so they can purchase healthy food.

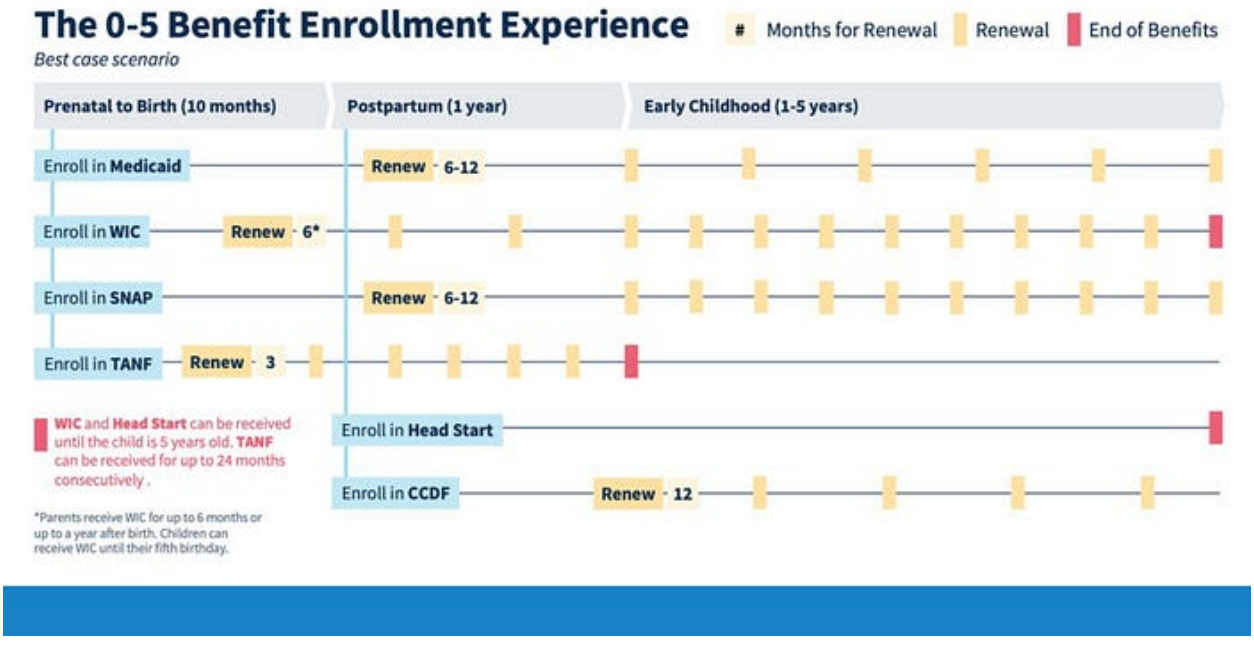
Temporary Assistance for Needy Families (TANF): Provides states and territories with flexibility in operating programs designed to help low-income families with children achieve economic self-

sufficiency. TANF dollars fund monthly cash assistance payments to low-income families with children and other services.

Child Care and Development Fund (CCDF): Provides financial assistance to low-income families to access child care so they can work or attend a job training or educational program.

Housing vouchers: Assists low-income families, the elderly, and the disabled to afford decent, safe, and sanitary housing in the private market.

Having identified which federal programs young families use most frequently, we created a composite diagram that mapped enrollment timelines for the pregnancy and early childhood journeys based on examples from four states.



Capturing the overall picture of timing of "0–5" benefits enrollment and renewal tasks, broken down into three sections: Prenatal to Birth (10 months), Postpartum (1 year), and Early Childhood (1–5 years).

This task map shows that figuring out and managing these workstreams are daunting for overworked, under-resourced parents. The systems that are supposed to support families during this life experience may in fact be causing more stress than their perceived worth by the family. This is especially difficult for eligible families with limited English proficiency, those who need transportation or child care, or those who cannot take time off work. Further, eligible families seeking assistance often must submit the same information over and over when they apply for each program individually and navigate slightly different requirements for each program.

Research demonstrates a possible connection between administrative burdens when applying for programs and increased anxiety and psychological harm. Parents' stress and mental health can directly impact family well-being and children's emotional and social development.

By improving access to these systems, we can contribute to the post-pandemic economic recovery of working families and their communities, while enhancing their overall health and well-being — a cornerstone priority of this Administration.

Advancing Maternal and Child Health: Collaborating for Innovative Government Services

To alleviate these burdens, we must streamline families' support systems. By reducing redundancy, ensuring clear communication, and minimizing barriers, we can foster an environment where families can access the assistance they need without undue stress and anxiety. Our team's work continues to drive better, more innovative government services for moms, families, and children. And it isn't — nor can it be — done alone.

We are working alongside federal, state, and local partners as well as external organizations with decades of expertise in advancing maternal and child health to help elevate and amplify promising practices while continuing to center families and their experiences at the center of how we administer government programs and supports.

Visit Having a Child and Early Childhood Life Experience page to explore the full portfolio of work, including the findings from our research, journey maps, customer stories, and common pain points.

Solutions by Families, for Families

How we're working with people across the country to pilot new ways of supporting families during the critical early years

United States Digital Service

Published in

U.S. Digital Service
10 min read
Oct 17, 2023

By Maya Uppaluru Mechenbier, Alana Buroff, Alex Bornkessel, Allison Abbott, and Whitney Robinson

This blog is part two in a four-part series that highlights our work on the Having a Child and Early Childhood Life Experience. You can read the first blog, "Why We're Designing Government to Work Better and Smarter for Families" on the U.S. Digital Service blog.

Human-centered design (HCD) is a problem-solving method that prioritizes research and collaborative creativity to develop solutions for people's needs.

In this blog, we will explore how an ongoing human-centered design research process can help to modernize and implement services that are more simple, accessible, and equitable.

The lived experience of a new mom

The HCD approach starts by listening to the stories of people who have gone through similar experiences and using their insights to develop solutions.

Our team connected with hundreds of mothers and caregivers who shared their real-life experiences with our interagency team, comprised of researchers, designers, evaluators, technical experts, and policy professionals. We created several composite profiles from these stories that represent the challenges people face.

Kailee* is a first-time mom. When she discovered she was pregnant, she had mixed feelings, both excited and nervous, about embarking on this journey as a single mother who had just lost her job.

During one of her first prenatal appointments, Kailee received a stack of pamphlets about different government benefit programs. However, she had felt ill all day, and the information overwhelmed her, so she put the information away in her bag to read when she could pay closer attention. But after leaving the doctor's appointment she was engulfed with her other responsibilities and forgot about the benefit program pamphlets.

Several months after giving birth, Kailee received an unexpected medical bill, even though she was enrolled in Medicaid. Panicked, she reached out to her church for advice. Her pastor shared that Kailee might be eligible for federally funded programs such as:

· The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

· The Supplemental Nutrition Assistance Program (SNAP)

· Temporary Assistance for Needy Families (TANF)

She called each office but was frustrated with the wait times or confusing phone systems. Instead, she figured going in person would be easier, but visiting each office required her to take several bus rides with her newborn and hours of sitting in a waiting room.

It was a stressful situation for Kailee, and she did her best to keep her newborn comfortable during these extended periods. This process spanned several days, and the cost of transportation cut into her grocery budget for the week.

Finally, after collecting all the required documents and providing nearly identical information in three separate applications, she waited to find out if she'd been approved.

Weeks passed without an update, and Kailee struggled to cover the cost of baby essentials, such as diapers and a stroller. Stretched thin, she reached out to a moms' mutual aid group for diapers and formula to hold her over as she waited for her benefits to kick in.

This story was typical of many mothers and caregivers who shared their experiences with us.

**Kailee's name is fictional to protect her privacy.*

Our approach

> "Solutions are never implemented and change never comes. There's inquiries and roundtables, but is it really just for information-sake or is it because we're really going to do something in the next term?
>
> – COMMUNITY HEALTH WORKER IN SOUTH CAROLINA WHO SUPPORTS NEW MOMS

The prenatal period is a critical time to learn and apply for benefits. Illustrated through Kailee's story, the access to easily understood information about relevant benefits, reinforced by touchpoints with trusted community advocates, is fundamental to preparing expectant parents for the journey ahead. Without support before birth, families may struggle with meeting their needs and navigating benefits with the added activity and stress of having a newborn.

The unique mandate of the Customer Experience Executive Order empowered our team to employ an HCD approach and develop solutions for improving the experience of families accessing multiple

government resources, beginning with insights from stories like Kailee's.

The "Birth of a child and early childhood" designated Life Experience team had the task of identifying ways to improve how we deliver federally funded services across agencies and programs to families with young children in America.

This area has decades of research behind it, with well-defined problems, but there are no easy solutions. We wanted to understand better how we could connect and deliver existing programs, using the resources and tools we had.

We wanted to ensure that we were:

· Co-designing with families

· Researching the ideas and work of civic thought leaders

· Synthesizing, not duplicating, existing research

We started by building a team of people with diverse experiences conducting research in and delivering programs related to maternal health, social determinants of health, and early childhood across agencies and levels of government. Additionally, we brought in experts

with agile skillsets to synthesize knowledge and develop feasible solutions for long-standing issues.

How we worked

Throughout the Discovery and Design phases of our projects, we adhered to several principles that can better enable more equitable solutions for real problems:

Design with users, not for them

Collaboration at every level is necessary to achieve co-creation. It is essential to consider diverse viewpoints from partners in the federal government, local government, community organizations, and individuals. To achieve fairness, we adopted an asset-based approach and asked questions that helped us understand:

· What are the community's strengths?

· How can we build from them?

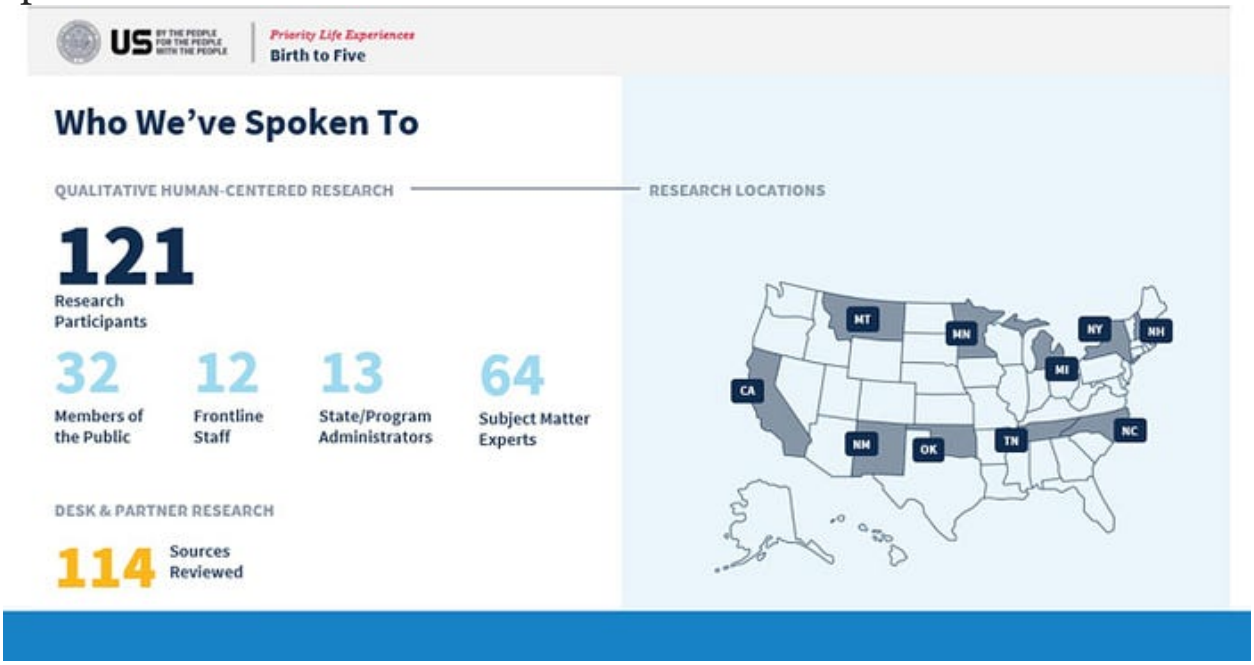
In practice

We created a safe, non-judgmental environment for vulnerable families to share their experiences. We collaborated with trusted community partners to identify families and conducted interviews at a comfortable location. We included Spanish speakers when possible and ensured families understood how their information would be used.

Families were given the option to end the interview if they felt uncomfortable.

During our initial discovery phase, we conducted over 120 interviews within a few months. As we progressed into the design phase, we conducted site visits across the country, which further increased the number of interviews. We interviewed families, community workers who serve them, and program employees of federal, state, local, and tribal governments.

We spoke with families from diverse backgrounds, including recent immigrants, non-native English speakers, and Tribal members, with varying geographic locations, income levels, and rural/urban spectrums.



Many communities in this country have creatively designed supports and provided vital services to new parents, despite limited resources and administrative and logistical barriers. We drew inspiration from these on-the-ground civic leaders and solutions to learn how our federal team could elevate and scale solutions that had proven outcomes driven by the power of innovative and courageous communities, rather than assume we knew what could work for them.

In our process, we created concept sketches based on their stories and insights. Visiting pilot sites early and often in our approach allowed us to have families and community leaders shape, validate, or change the design direction. Together, we built a path to a set of interventions that will be valuable to families.

Provide incentives to research participants for their time and effort

Federal agencies recognize the importance of including hard-to-reach populations — particularly those from underserved communities — in customer research to improve quality and representation.

With those insights, we obtained budget and legal approval to incentivize our user research participants for their time and effort. Given that we wanted to include underserved communities, providing incentives was essential for ensuring that the feedback we received was from an unbiased sample. For instance, many of our more vulnerable participants are juggling multiple jobs, caretaking duties, or complex illnesses while trying to renew their benefits; the sessions may be

frustrating and stressful for the participants, or they may have had a poor experience with government services in the past and would not otherwise participate.

In practice

We gave our research participants flexible gift cards in a fixed amount as an incentive for their time and effort.

Design for the user with the most challenging path today, inherently improving the usability for all

When designing with equity and inclusivity in mind, it's critical to design for the most complex use case, as this ultimately can make the service more simple, seamless, and accessible for all.

In practice

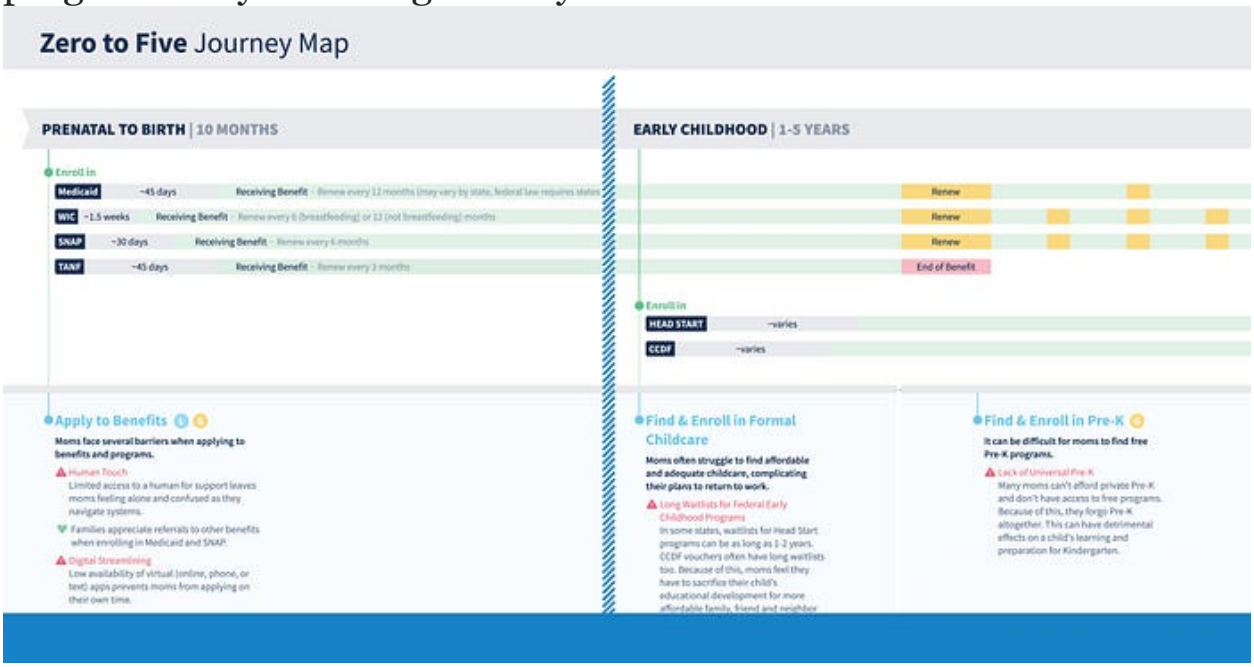
Our participant population was intentionally selected to include a higher proportion of families that often face more obstacles when raising a child during the early years. This included families with limited English proficiency, single-parent households, immigrant families, families of color, including Black and Indigenous families, and families with a caregiver experiencing substance use disorders.

Starting with lived experiences can improve solutions by accounting for stigma, language accessibility, technology, and distrust of

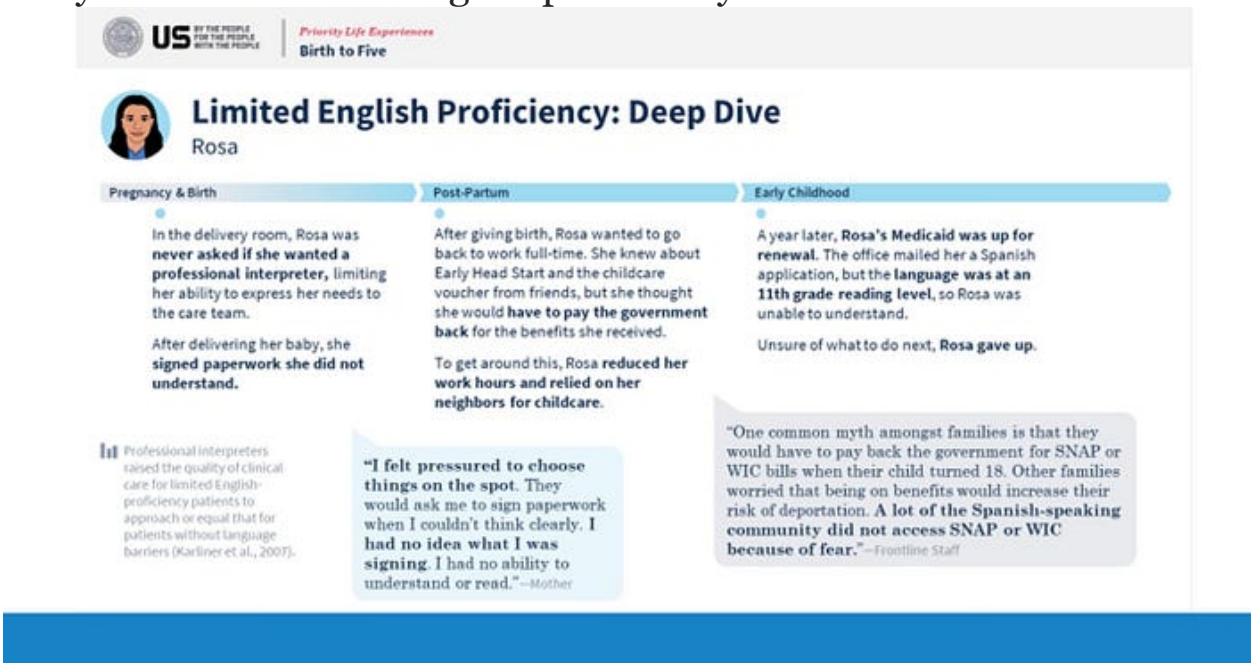
government. Solutions provided in advance can be helpful to those who do not encounter the same obstacles. Even if someone has multiple college degrees, they may not have the time to decipher complex instructions. In such cases, they would much rather read a plain language version when filling out a form.

Discovery phase findings

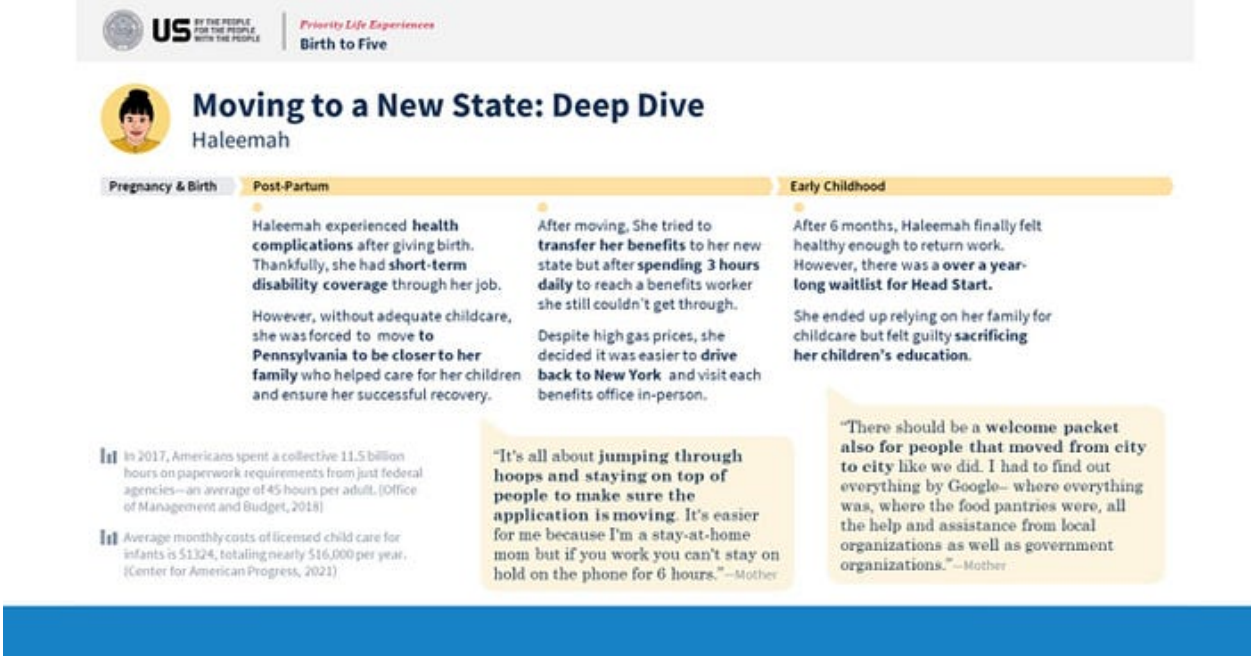
After conducting our HCD research, we put together a journey map that represents a significant portion of the experiences we learned about from families from their point of view. The map covers the period from when a family discovers they are expecting a new child to when the child begins kindergarten. The map includes interactions with medical providers, their community, and various benefit programs they use along the way.



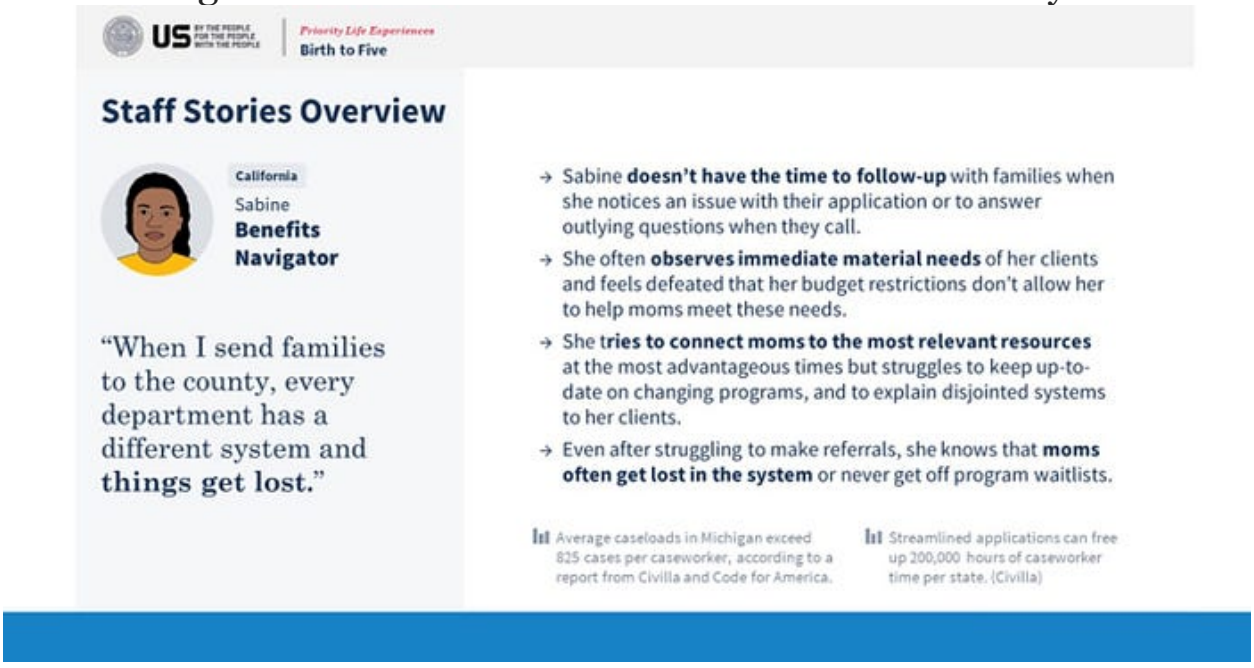
We combined familiar stories that paint the picture of a family's lived experience. In addition to Kailee's story at the beginning of this blog, we also mapped out recurring themes for those navigating the zero to five years with limited English proficiency.



We also mapped a story for those who move to a new state and must navigate transitioning their supports.



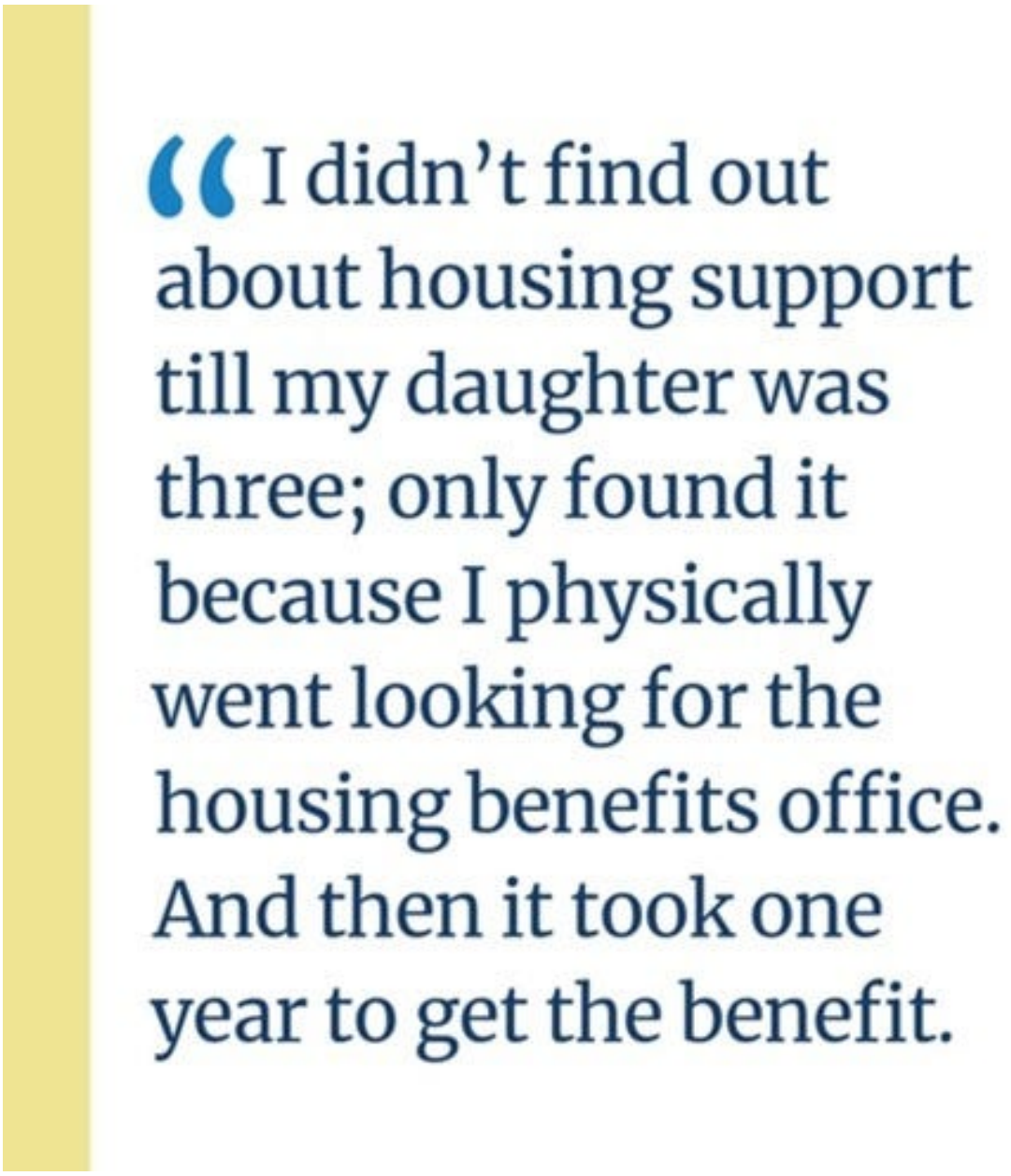
We knew any solution we designed must also work for the professionals on the front lines, serving families (for example, those who work in WIC offices or community health workers). To account for this perspective, we also developed a persona that reflects the common themes we gathered from our conversations with community workers.



In compiling these stories, mapping journeys, and synthesizing interviews, the team identified hundreds of pain points families face during their child's zero to five years. We focused in on what our team could feasibly address through interagency collaboration and executive action. Which problems could we solve with the resources we have available to us, given the need for legal and technical feasibility? How could we meaningfully move the needle in a reasonable timeframe?

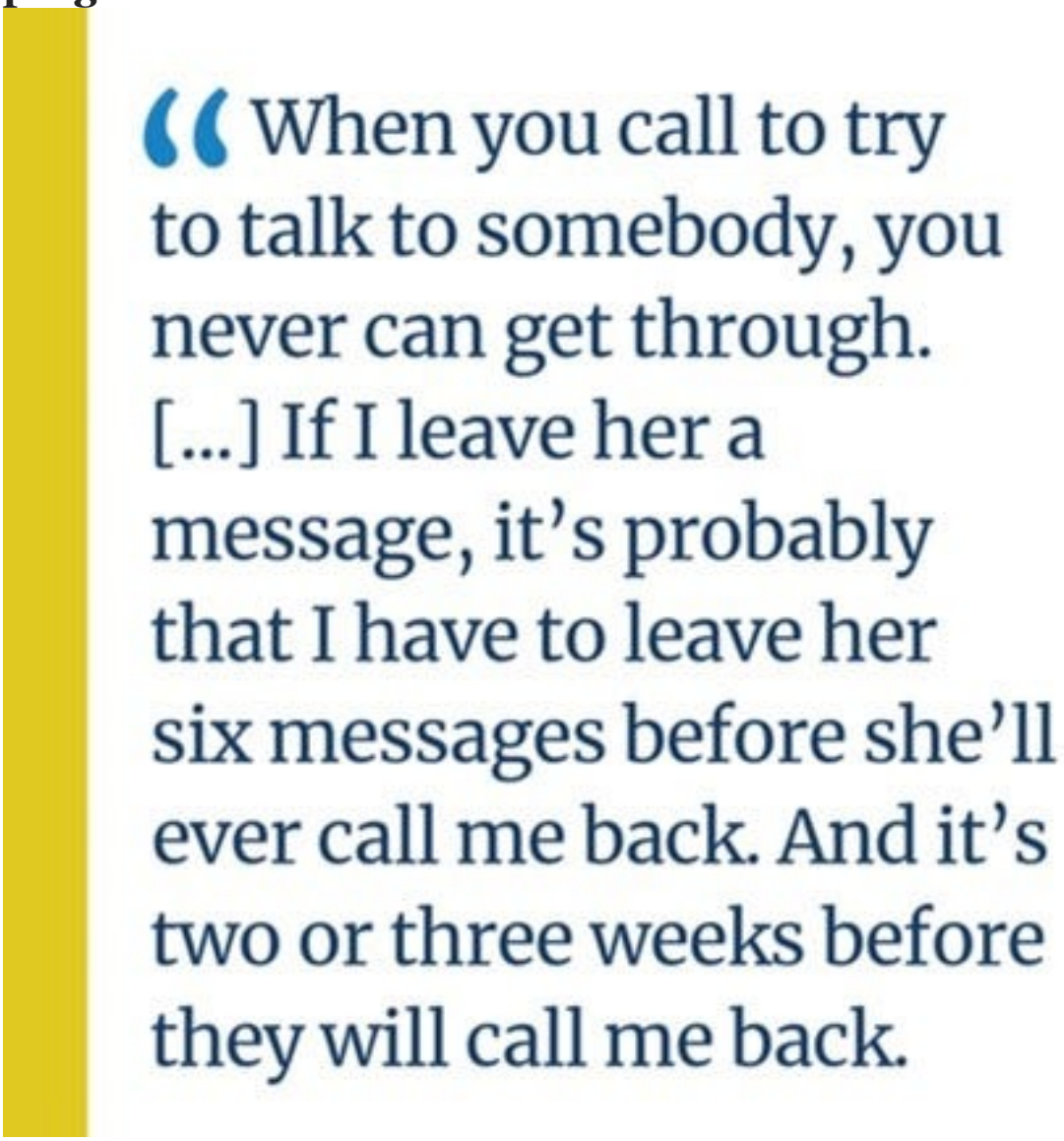
Four pain points rose to the top.

1. **Families aren't getting the right information at the right time.**



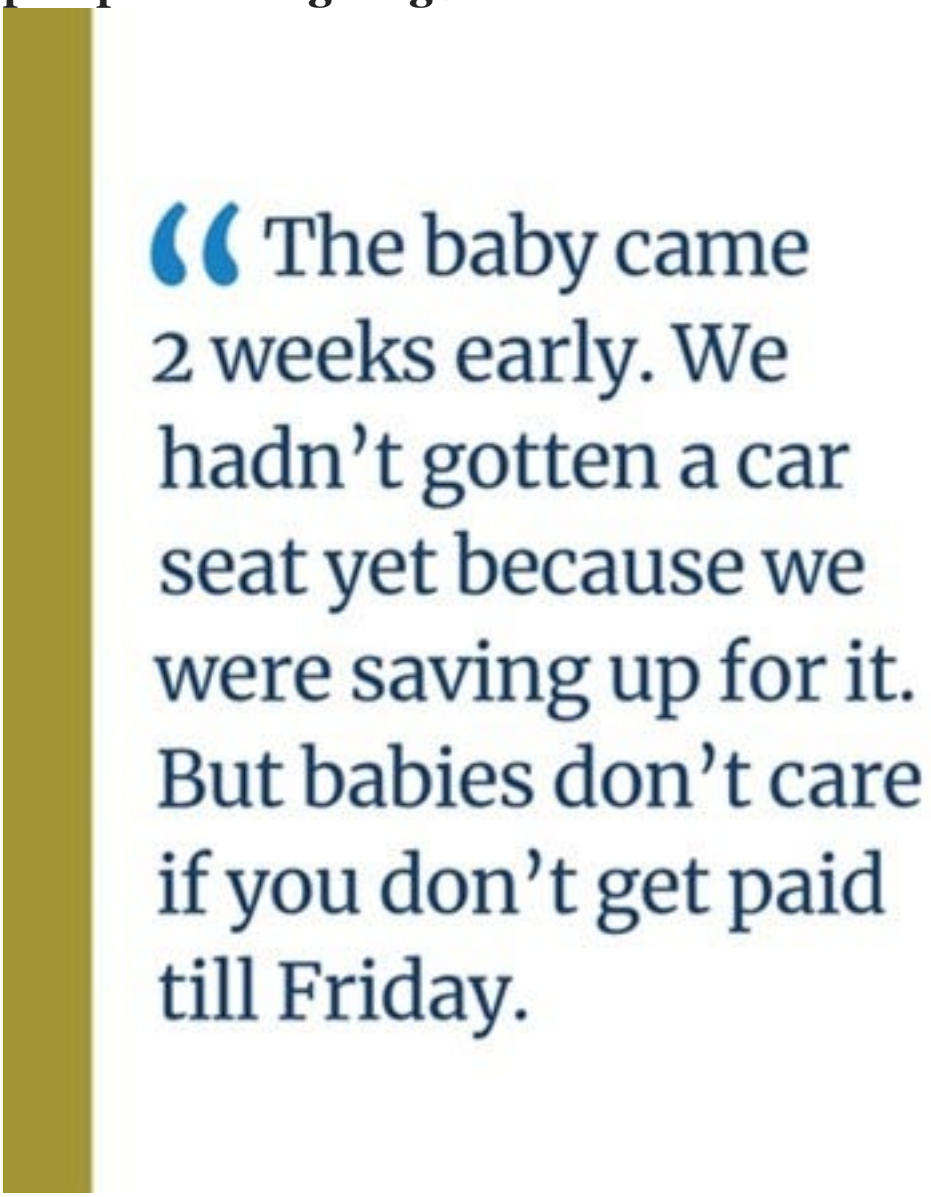
On one end of the spectrum, many new parents are unaware of the available programs. On the other hand, other parents may receive a one-time flood of resources that is difficult to digest, such as in the hours following giving birth.

2. Families face administrative barriers applying to programs.



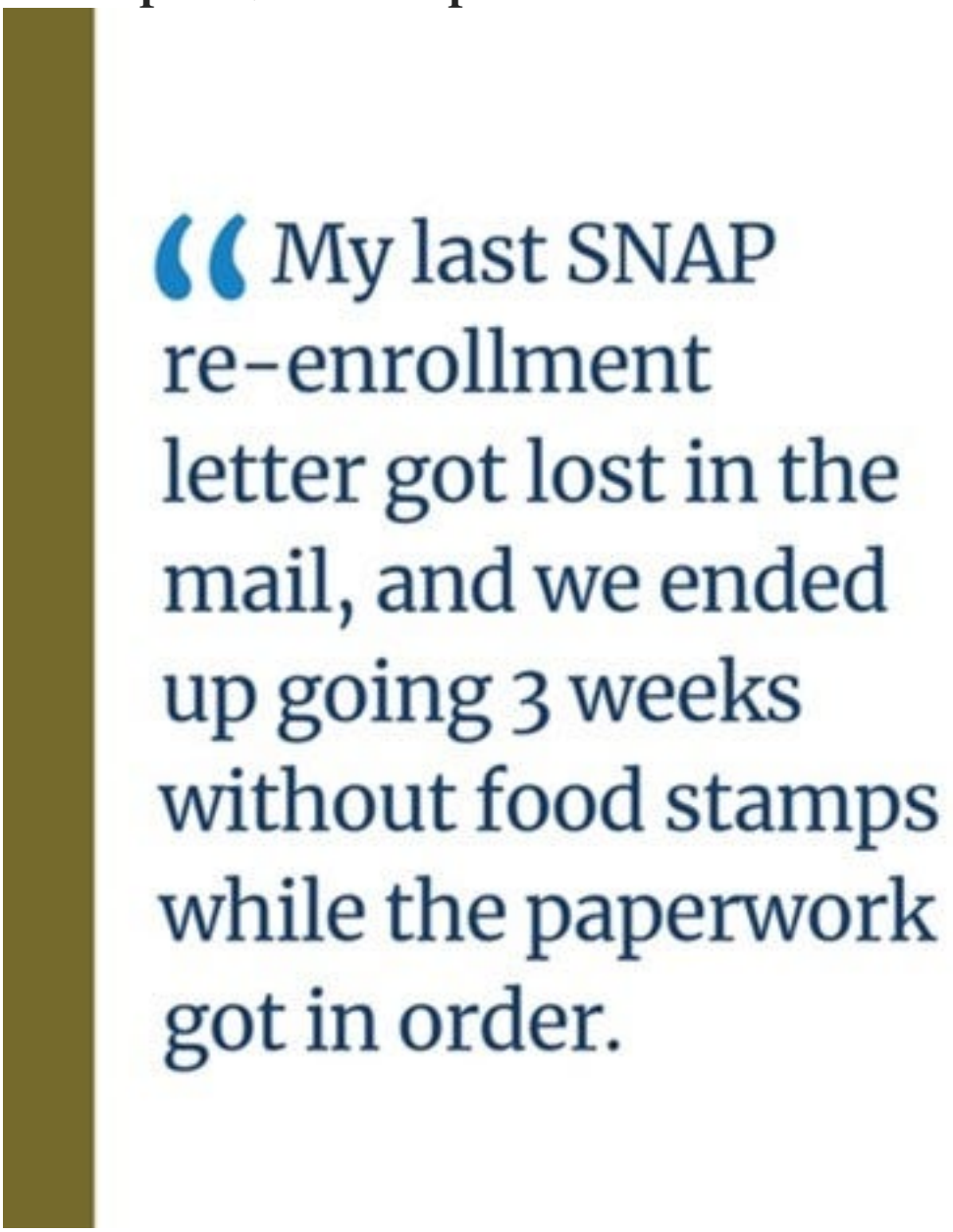
The application processes for expecting and new parents can be time-consuming and resource-intensive, with siloed procedures adding to the burden. Additionally, limited virtual options and inconvenient office hours prevent parents from being able to apply at a time that works for their work or transportation schedules.

3. Families lack key physical goods — like diapers and breast pumps — after giving birth.



The cost of critical family supplies, such as diapers and breast pumps, fall outside most benefits program coverage, and reimbursement can be slow and cumbersome for items that Medicaid covers.

4. Families face barriers to maintain benefits as they juggle the responsibilities of parenthood.



Benefits program communications about re-enrollment requirements and timelines can be confusing, especially as they often rely heavily on mail-based communications methods.

What's next?

As we implement the design phase, we'll continue to use a human-centered design approach that drives how we design, launch, and deliver public services.

Based on the insights we've gained from innovative community leaders and families, we are confident our team, working with communities and our pilot partners, can improve the way the federal government serves families in the early years.

Learn more about our pilot solutions and projects, and how we're testing them through continued co-design with families at the Having a child and early childhood life customer experience page.

This blog is part two in a four-part series that highlights the "Birth and early childhood" Life Experience team's work. Brought together by the Customer Experience Executive Order, teams are tackling the extraordinary challenge of modernizing and implementing government services that are simple, accessible, easy to use, and equitable for families.

Read the team's first blog, "Why We're Designing Government to Work Better and Smarter for Families" on the U.S. Digital Service blog.

Collective motherhood: Improving the parenthood journey through peer support

This blog is part of a series highlighting our work on the [Having a Child and Early Childhood Life Experience{:target="*blank"}, one of five "life experience" projects under the President's Executive Order on Improving Customer Experience. You can read the previous entries on the *[*U.S. Digital Service blog_](https://www.usds.gov/news-and-blog).

Active listening is a simple act that, for moms, can make all the difference.

In the summer of 2023, the U.S. Digital Service (USDS), our partners at the Health Resources and Services Administration (HRSA), and six community-based organizations in HRSA's Healthy Start program{:target="*blank"} launched a pilot service for moms—*Alumni Peer Navigator{:target="*blank"} (APN). This program was designed to help moms access social-emotional support, federal programs, and community resources. With mental health conditions comprising the leading cause of maternal mortality in the United States{:target="_blank"}, interventions that increase social connection and support are more crucial than ever.

> For some people, you could be the only opportunity to get a meal, a warm voice, shelter, diapers for their baby. Everyone has their story.– Markeitha B., Alumni Peer Navigator, Family Road Healthy Start Baton Rouge

Why APN Services?

Within the first six months of the pilot's launch, APN services supported over 200 families. Fifteen APNs were dedicated to six Healthy Start sites.

Three goals guided the APN service pilot:

1. Making benefits enrollment easier
2. Strengthening client support teams
3. Reducing maternal and caregiver stress

To date, how are APNs impacting families?

63% of families who have received support from an APN enrolled in benefits, and 71% of families found it easier to access federal or community resources with their APN's help.

Who are APNs?

APS are moms who have graduated from the Healthy Start program within the last four years and live within its service area. They act as guides who bring strong knowledge of community resources, support services, and benefits programs for families.

What do families have to say about APNs?

The pilot scored 4.5 out of 5 in satisfaction among 44 interviewed families.

The participatory design approach delivered initial promising results

The pilot's success can be attributed to its design, which considers the context of each pilot site, ensuring feasibility and adding value to each community. This meant prioritizing families' needs, the Healthy Start staff, and the APNs supporting them. Grounding in a participatory design approach{:target="*blank"}—a method of design that involves all stakeholders in the design process, including users, who are often the most affected by the problem—the team first conducted in-person and virtual learning visits with ten Healthy Start sites, followed by a round of in-person design visits with families and Healthy Start staff. The team co-designed the who, how, when, and where the APN service could best support families. Healthy Start sites shared successful family partnerships through appreciative inquiry{:target="*blank"}, an asset-based approach to dialogue and engagement that communities, organizations, and teams can utilize.

It was evident that supporting mental health was crucial for accessing assistance, which involved proactively addressing issues and fostering trusted relationships. Strong Healthy Start alumni communities helped strengthen the program, reach mothers, and spur a "collective motherhood" movement, a community-based approach to supporting women through the experience of having a new baby. This approach included creating a network of support aligned around a shared goal of providing mothers with resources, assistance, and emotional support so that all families can thrive.

Our team discovered that a triple win was possible:

1. We could help mothers navigate benefits by providing a trusted support person who would serve as a single touchpoint for the network of resources available.
2. Upon completing the Healthy Start program, we could offer mothers a flexible and meaningful career pathway and equip them with skills for new opportunities.
3. By building capacity for community health workers, we enhance their skills and ensure the sustainability of our program. This focus on their professional development instills confidence in the long-term success of our initiative.

Helping moms connect beyond benefits

I feel I am the right person because...I have the client's experience. I get to give support to moms, which I didn't have during my term. I feel like I have a lot of ideas I can share to add to the program based on what clients need.– Alumni Peer Navigator at SHIELDS for Families Healthy Start (South Los Angeles)

In July 2023, as the pilot was implemented across a diverse range of communities, APN services could not be a "one size fits all" approach. Families also shared how meaningful and life-giving it was to have someone listen and check in on them.

Sites were given a folder of customizable templates to help onboard APNs:

- A menu of services presented the ways APNs can support clients,
- A role description to help identify and recruit alums into the APN role,
- An offering description to help promote the service to their clients, and finally,
- Refresher documents on how to navigate the Medicaid and WIC enrollment process

How it's going

Since July 2023, APN services have been launched in six communities nationwide, and 15 navigators have served 200+ families across the United States in tribal, urban, and rural areas. Our initial pilot sites, all community-based organizations, include:

- Center for Black Women's Wellness, Atlanta Healthy Start Initiative, Atlanta, GA
- Family Road Healthy Start, Baton Rouge, Louisiana
- Great Plains Tribal Leaders' Health Board Healthy Start, Turtle Mountain Reservation, North Dakota
- Greater Harlem Healthy Start at Northern Manhattan Perinatal Partnership, Harlem, New York
- Pee Dee Healthy Start, Inc., Florence and surrounding Pee Dee Region, South Carolina
- SHIELDS for Families Healthy Start, South Los Angeles, California

Midway through the pilot, the team visited each community to connect with families and the APNs supporting them.

- 81% of families reported their APN made it easier for them to get access to resources
- 61% reported that after working with an APN, they felt confident they could find resources for themselves and their children.

Moms also shared how APNs directly improved their experience applying for benefits and community resources. "Navigators…they put a 'umph' in [the process], and we get approved quicker," a mom in Baton Rouge told our team.

Moms felt that the peer aspect of the service allowed for a comfortable and safe space to ask for help.

"Honestly, I am receiving more than I thought I would. I would feel like she was a very easy person to talk to. I feel safe with her. Just knowing that she wants to help me…Just having someone open doesn't feel like a job for her. It is genuine," a mom in Atlanta shared.

Building organizational capacity with APNs

In addition to speaking with families and APNs, our team sat with site leadership and community health workers (CHWs) to understand the impact of APN services at their Healthy Start site.

- 100% of Healthy Start pilot site leadership reported that APNs positively impacted Healthy Start care teams and that they would recommend the program to other Healthy Start sites.
- 85% of the Healthy Start pilot's leadership team stated that the APNS pilot improved their Healthy Start program overall.
- CHWs reported that APNs saved an average of 7.3 monthly hours once they started working at their site.

Our initial focus on streamlining benefits enrollment was just the beginning. APNs' unexpected but invaluable contribution went beyond facilitating a smoother customer experience.

Adding capacity means adding a dish to a bowl to catch overflow. This adds a wealth [of] worth of capacity to the organization. It allows us to serve better the community, which allows us to think about diversifying the funding. When you add more money to case managers, you are expanding the workload; you aren't addressing the depth of the work. By adding depth, I can add breadth. The Navigator has closed the gaps that have developed due to associated challenges that come with large case loads.– Krystal “Jet” Stewart, Harlem Pilot Site Lead

Looking to the future

We're not just stopping at launch; we're committed to continuous learning and improvement alongside HRSA and our pilot sites in 2024 and beyond.

I can see and feel the difference I’m making. One mom thought she was three months pregnant and was too scared of going to the doctor. Because of that she also couldn’t qualify for WIC. I kept encouraging her, and accompanied her so she would feel safe to go. It turns out she was actually eight months pregnant! She now has a healthy baby she sends me pictures of, and was able to qualify for WIC. I am so happy I could support her.– Alumni Peer Navigator in Harlem Healthy Start

Want to learn more? Watch the public webinar{:target="_blank"}, in which initial pilot results were shared across the 0-5 team's portfolio, including APN services.

The ‘Form We All Lie On’: Exploring the Experiences of Mothers Seeking Mental Health Care

The physical part of pregnancy wasn’t bad for me. The biggest struggle was the emotional and mental part. – C.S., a pregnant mother of two

Mental health conditions are the leading cause of pregnancy-related deaths{:target="_blank"} in the United States, and a significant number of these tragic deaths are preventable. Improving mental health screening, diagnosis, and access to treatment early in the motherhood journey can improve outcomes for the entire family.

The Department of Health and Human Services (HHS) Maternal Mental Health Task Force, led by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the HHS Office of Women’s Health, launched a National Strategy to Improve Maternal Mental Health Care{:target="_blank"} in response to the maternal mental health crisis.

As part of the strategy, the U.S. Digital Service (USDS) conducted a six-week research sprint, incorporating principles of human-centered design, to understand the lived experiences of the maternal mental health journey. This work is summarized in Pillar 5 of the National Strategy. Human-centered design (HCD) is a methodology that places real people at the heart of efforts to improve product or service delivery, by seeking to understand those individuals' goals, challenges, and experiences.

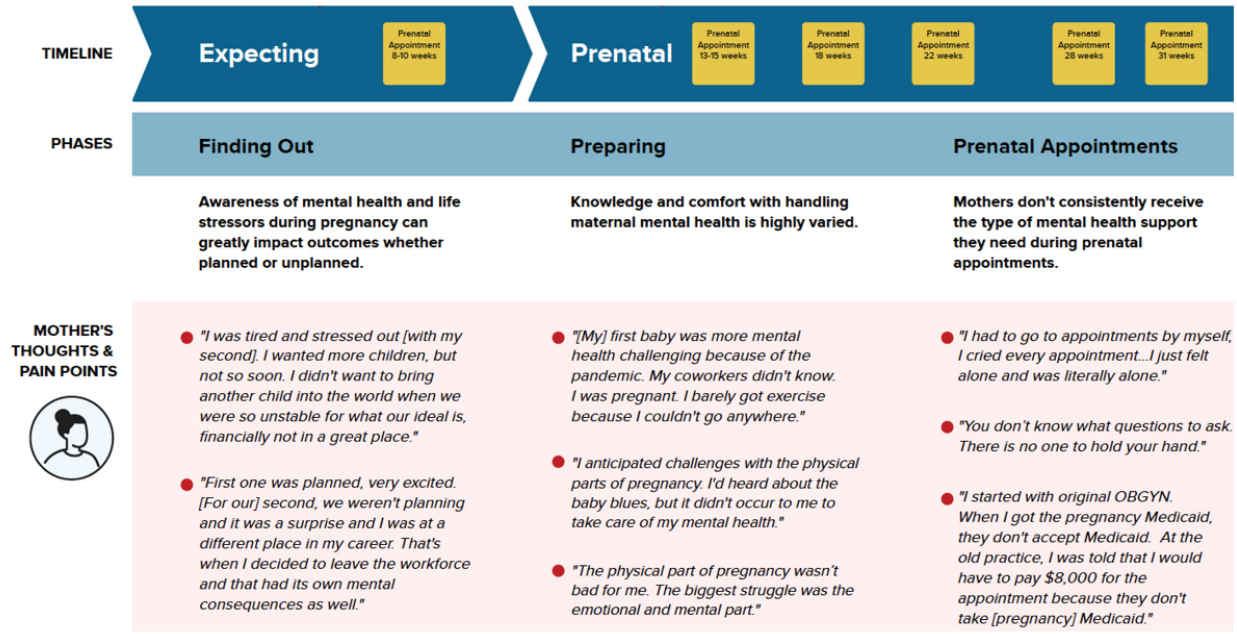
At USDS, our interdisciplinary teams of product managers, designers, and engineers share a core value of transforming critical services with our users, not for them. To develop policy solutions that truly solve the problems faced by American families, deep empathy and trauma-informed practices are required. Increasingly, human-centered design is becoming a best practice in policy making and service delivery improvement{:target="blank"}. USDS has also led an interagency team that is integrating a customer experience focus in federal program design and delivery for birth and early childhood{:target="blank"}.

The USDS team interviewed eleven mothers in nine urban, suburban, and rural states with different racial and ethnic backgrounds. Many mothers had given birth to at least one child during the pandemic. Medicaid covered some, and some were covered by private insurance or

health exchange plans, which helped the team understand how different insurance coverage might impact care.

Based on these interviews, the USDS team created a journey map that visualizes the challenges mothers face when determining whether they should seek help, go through screening and diagnosis, and find a provider for treatment.

[The Journey from Screening to Diagnosis to Treatment]{:target="_blank"}



{:target="_blank"}

Data from the visual journey map is described in all parts of the report that is linked. The points that are important are in the article itself. Please see link{:target="_blank"} for the complete data is in the report.

What the team heard

Mental health conditions are hard to recognize on your own

Mothers are often unprepared for the mental health challenges they face during pregnancy and postpartum. While conditions like postpartum depression are more common in the cultural discussion now, other conditions like anxiety and obsessive-compulsive disorder may be harder for mothers to recognize as valid and treatable.

Many mothers need mental health support from the prenatal period through postpartum, and mental health wellness visits as part of the default standard of care could help catch more early warning signs. Most mothers had just one postpartum visit at six weeks, which focuses primarily on the mother's physical health after birth. Most mothers are not asked about their mental health during that visit, yet it's a key opportunity for providers to check in and offer mental health resources and support.

Mothers also shared how they felt forgotten after birth, with all medical attention now turned to their new babies. This can leave them feeling vulnerable and unsupported during their transition into motherhood. As one mother put it, "I felt very cared for all through pregnancy, and then I had the baby, and it was like, okay, you are done, we are done caring for you, and now it's all about the baby. I was very confused by that dynamic."

Health, financial, and social stress compound

Pregnancy and postpartum is also a time when a mother's health and financial stress can compound with the physical challenges of pregnancy and postpartum recovery. This, combined with the lack of sleep accompanying newborn care, creates a perfect storm of risk factors for many women. Mothers also described the anxieties they felt giving birth and trying to stay safe during the COVID-19 pandemic.

One mother told the team, "I don't have a lot of friends who are parents, and through the pandemic, it was very scary to go in for appointments, ultrasounds, and to see the doctor. My husband wasn't allowed to go to a single appointment."

The pressure to be a "good mom" also causes mothers to ignore mental health warning signs because they worry about how they might be perceived for seeking treatment – by family, friends, or health care providers. Breastfeeding, in particular, came up again and again in the interviews. One mother shared, "I consider myself a feminist. I couldn't let it go that I thought mothers could do it easily. If I were a good mom, I could do it. Why can't I?"

Mental health screening tools aren't always effective

Mental health screening tools create anxiety and undermine trust if they are not delivered with care. Many mothers felt there was no context-setting or a conversation about why they were given the screener and what would happen afterward if they scored too high.

The team learned that the screener questions didn't match how mothers described their experiences. Their responses were influenced by their desires and fears about being perceived as good mothers. The team spoke to mothers of color who expressed a heightened sense of fear due to their perceived pressure to show even more competence as mothers. One woman described the screener as "the form we all lie on."

Accessing care is challenging

Even when mothers can recognize their own risk or score high on screening, they encounter many obstacles in seeking and receiving care. Finding an affordable provider with whom you can connect, who is available, and who you can access given work and child care responsibilities is challenging. Some mothers attempted to seek care but eventually gave up. Those with Medicaid had an even harder time finding quality providers who accepted their coverage.

Returning to work too soon

Returning to work before they were ready was a major trigger for mental health challenges, particularly in a country where there is no guaranteed paid parental leave. Many of the mothers the team spoke to described their need to return to work meant they had to sideline their recovery and the needs of their growing baby to keep their households financially afloat. As one mother put it, “At four months, your child is not sleeping, you are not sleeping enough, you’re a zombie at work, but still expected to show up in a certain way.”

Opportunities for change

There were also some important bright spots and opportunities to address the needs and pain points the team gathered from their interviews.

When providers–whether a doctor, nurse, midwife, or doula–took the time to ask mothers about their mental health and connected them with resources, they were more likely to be correctly diagnosed and receive appropriate care. Finding more ways to extend care teams through group and peer support models, could help provide much-needed community as they grow into their new role. Doulas and midwives were cited repeatedly as key providers that made a difference in mothers’ experiences. Mothers report higher trust when care teams are diverse and reflect their communities.

Screenings can be conducted as part of an interpersonal conversation, less like an “exam” that you could pass or fail, with more context about the purpose and what comes next. A more conversational approach could help make the screening more effective at identifying risk. A digital screener with more user-friendly language could also be helpful for mothers who aren’t making it to appointments or may feel more comfortable completing it at home rather than in a crowded waiting room where they are also juggling their new baby.

Paid parental leave is necessary for American families to take care of their babies and themselves, both physically and emotionally. Too many mothers are returning to work after just a few weeks when they and their babies are incredibly vulnerable and are still healing. The mental health impact of having to leave your baby and return to work before you are ready cannot be overstated.

Long-term impact

Read more about the six-week research sprint to understand the lived experiences of the maternal health journey conducted by USDS in Pillar 5 of the National Strategy{:target="_blank"}. Priority 5.2 details the importance of implementing recommendations that came directly from the lived experience research.

Based on the lived experience research, the Task Force on Maternal Mental Health included the following recommendations in the National Strategy:

- A national paid family and medical leave policy
- A diverse, interdisciplinary, culturally competent perinatal health workforce
- Peer support and a group care model
- Measures of the quality of patients' experiences with maternity care, including mental health care
- Holistic care models that integrate treatment of both mothers and babies
- Screenings for different types of perinatal mood and anxiety disorders (PMADs), such as anxiety, obsessive-compulsive disorder, and bipolar disorder
- Human-centered training and implementation of PMAD screening
- Closed-loop referral systems for perinatal mental health
- Continuing education requirements for perinatal mental health providers, including medication management

Pillar 5 in the National Strategy describes just a handful of experiences, but millions of mothers go through similar journeys daily as they expand their families. The mothers the team spoke to bravely shared their personal stories in the hope of helping more families avoid the challenges they faced. Together with HHS's leadership, our team is proud to have integrated these stories into the National Strategy, and we look forward to continuing to work together – including with mothers – on implementation.