

What is the evidence behind CHWs during the perinatal period?

Much of the [research on perinatal community health workers](#) (PCHWs) comes from low- and middle-income countries, where PCHW interventions have been associated with decreases in neonatal mortality and fetal deaths,¹⁻³ increased breastfeeding and immunizations,³ increased “appropriate care seeking” for illness and implications, and improved child nutrition status.⁴ The World Health Organization has developed several guides for using perinatal CHWs as an important component of reproductive, maternal and newborn healthcare.⁵⁻⁹

There is emerging data from the US as well. It includes:

- A randomized control trial (RCT) of the Maternal Infant Health Outreach Worker program in Tennessee, which found increased rates of breastfeeding duration and safe sleep practices, improved mental health, and increased connections with needed resources at 15 months postpartum among Latinx families randomized to PCHW care¹⁰.
- An evaluation of the “[Safe Start](#)” program in Philadelphia, where pregnant women with chronic health conditions have PCHW care that results in lower odds of inadequate prenatal care, lower rates of inpatient admission or triage visits during pregnancy, and higher odds of attendance at the postpartum visit and using postpartum contraception than a comparison group¹¹.
- An evaluation of the [Baby Love program in Rochester](#) found PCHW clients had fewer adverse outcomes such as preterm birth and low birthweight, and higher rates of postpartum visit attendance and well-child care, than non-participants¹².
- The [Health Start](#) PCHW program in Arizona is associated with significantly lower rates of low birthweight than a comparison group among mothers who are American Indians, Latinas, teens, or have pre-existing health conditions^{13,14}.
- Studies in Minnesota that indicated an association between community-based doulas and lower rates of preterm births and c-sections, increased rates of breastfeeding, and decreased costs compared to births without doulas.^{15,16}
- An RCT of a community-based doula program indicated it was associated with increased breastfeeding rates and delayed solid food introduction,¹⁷ as well as a positive impact on parent–child interactions, maternal attitudes about parenting practices, and a delayed impact on reducing maternal stress; however, the impact on parenting skills diminished after the end of the intervention.¹⁸
- The [Community Health Access Project in Ohio](#), which found perinatal CHWs were associated with lower risks of low birthweight, compared to a matched cohort.¹⁹

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