

Prenatal-to-3 Policy Clearinghouse: Literature Search Parameters for Evidence Reviews

The documentation below explains the search parameters (e.g., search terms, databases, scope, etc.) of the evidence reviews for each policy included in the [Prenatal-to-3 Policy Clearinghouse](#).

Last updated: October 2022

Child Allowance

To search for literature on child allowances, we used the University of Texas library system and Google Scholar to identify research from peer-reviewed journals and working papers from think tanks and universities.

Pre-defined, targeted search terms included: child allowance, basic income, cash transfer, unconditional cash transfer, guaranteed income, child benefit.

Articles were considered relevant if they examined the impact of unconditional income transfers on families with children. Because of limited implementation of such policies at the statewide level in the US, studies of federal and local cash transfer programs (including simulations) were considered within the scope of this review, and international evidence is discussed as well.

No causal studies of statewide universal child allowances in the US were identified, but studies of cash transfers and child tax credits (of varying rigor, and in the US and international context) are discussed throughout the review.

Search as of September 30, 2021, for the evidence review updated as of October 2021.

Child Care Coaching

To search for literature on child care coaching, we used the following databases: Google Scholar, EBSCOhost (Academic Search Complete, eBook Collection, EconLit, Education Source, ERIC, Family Studies Abstracts, APA PsycARTICLES, Psychology and Behavioral Sciences Collection, APA PsycINFO), and Child Care & Early Education Research Connections.

Pre-defined, targeted search terms included: child care, early care, early education, early learning, and early childhood in combination with the following, coach or coaching; consultant, consultation, or consulting; and mentor or mentoring.

Articles were considered relevant if they included research on the theory of change, implications of state policies related to coaching, and the impact of coaching on caregiver behaviors (e.g., caregiver-child interactions, classroom practices), the overall observed quality of the early care environment, and on child outcomes (e.g., cognitive and social-emotional developmental outcomes). Articles were relevant if they focused on these indicators specific to the infant and toddler population (and their caregivers) and were published after 1995. Articles were considered

beyond the scope of the review if they did not specifically focus on coaching in a child care setting (e.g., parent coaching, coaching in the home visiting environment, early intervention), focused on children three and older, or focused on implementation metrics. Studies specific to infant and toddler mental health consulting were excluded and will be covered in a future evidence review.

In total, 4 articles contributed to our conclusions about the causal impact of child care coaching.

Search as of March 31, 2020, for the evidence review published as of September 2020.

Child Care Quality Rating and Improvement Systems

To search for literature on child care quality rating and improvement systems (QRIS), we used the following databases: Google Scholar, EBSCOhost (Academic Search Complete, eBook Collection, EconLit, Education Source, ERIC, Family Studies Abstracts, APA PsycARTICLES, Psychology and Behavioral Sciences Collection, APA PsycINFO).

Pre-defined, targeted search terms included: quality rating and improvement system(s), quality rating system(s), and QRIS, both alone and in combination with infants, toddlers, early care, and child care.

Articles were considered in scope if they included research on how QRIS affect early care and education (ECE) quality (e.g., ratings, continuous improvement, and validity in both center- and home-based settings), parental choices of ECE providers, and child outcomes (e.g. school readiness, cognitive, social-emotional, physical health among infants and toddlers); as well as research on pertinent elements of QRIS, QRIS participation, and the impact of QRIS in closing disparities in the level of ECE quality experience among subgroups of infants and toddlers. Articles were considered beyond the scope of the review if they focused exclusively on implementation of QRIS or on outcomes for children ages 3 to 5. Individual state QRIS validation reports (outside of meta-analyses or synthesis reports) were not considered within scope.

In total, 2 articles contributed to our conclusions about the causal impact of child care quality rating and improvement systems.

Search as of March 31, 2020, for the evidence review published as of September 2020.

Child Care Ratios

To search for literature on child care ratios, we used the following databases: Google Scholar, EBSCOhost (ERIC, APA PsycINFO), JSTOR, and Child Care & Early Education Research Connections.

Pre-defined, targeted search terms included: child care and ratio/ratios.

Articles were considered relevant if they included research on child care ratios and group sizes, including studies examining the impact of whether or not classrooms met recommended standards for ratios and group sizes. Articles were considered beyond the scope of the review if they focused on child care ratios experienced by children age 3 and older.

In total, 2 articles contributed to our conclusions about the causal impact of child care ratios.

Search as of March 31, 2020, for the evidence review published as of September 2020.

Child Care Subsidies

To search for literature on child care subsidies, we used the following databases: Google Scholar, EBSCOhost (Academic Search Complete, eBook Collection, EconLit, Education Source, ERIC, Family Studies Abstracts, APA PsycARTICLES, Psychology and Behavioral Sciences Collection, APA PsycINFO), and Child Care & Early Education Research Connections.

Pre-defined, targeted search terms included child care subsidy/subsidies, paired with: infant, toddler, quality, quality rating and improvement system, payment/reimbursement rate/tiered rates, equity and disparities. Searches also included the names of key legislation and programs: Child Care Development Fund, Child Care Development Block Grant.

Articles were considered relevant if they included research on the impact of subsidy receipt, state subsidy spending, and changes in subsidy policies. Studies were considered beyond the scope of review if: they did not include infants and toddlers (e.g., if subsidies were received when the child was age 3 and older only), they did not analyze impacts on outcomes related to the eight policy goals, data were from before 1996, the studies focused on a country or geographic region outside of the U.S., or their methodology was not sufficiently rigorous to allow for a causal inference. Studies using propensity score methods were excluded from the review due to concerns about selection bias. The literature search includes studies published after 1996, when the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) was passed, consolidating child care entitlement funds and the reauthorized the Child Care and Development Block Grant Act into the Child Care Development Fund.

In total, 7 articles contributed to our conclusions about the causal impact of child care subsidies.

Search as of February 28, 2022, for the evidence review updated as of October 2022.

Child Care Workforce Compensation

To search for literature on child care workforce compensation, we used the following databases: Google Scholar, PsycINFO, and EBSCOhost (Academic Search Complete, EconLit, Education Source, ERIC, Family Studies Abstracts, PsycARTICLES, Psychology and Behavioral Sciences Collection, PsycINFO).

Pre-defined, targeted search terms included: child care, daycare, early education, and relevant spelling variations; compensation, wages, pay, salary; teacher, worker, educator, instructor; and pay parity.

Articles were considered relevant if they included research on child care workforce compensation (pay and benefits) and impacts of varying compensation levels or policies on employee well-being, turnover, job satisfaction, as well as child care quality, care stability, and child outcomes. Evidence from specific programs addressing compensation of the child care workforce was also included.

Articles were considered beyond the scope of the review if they focused on the compensation of child care directors and administrators or focused on compensation of the child care workforce serving children ages 3 to 5.

In total, 2 articles contributed to our conclusions about the causal impact of child care workforce compensation.

Search as of November 12, 2021, for the evidence review published as of January 2022.

Child Care Workforce Qualifications

To search for literature on child care workforce qualifications, we used the following databases: Google Scholar, PsycINFO, and EBSCOhost (Academic Search Complete, EconLit, Education Source, ERIC, Family Studies Abstracts, PsycARTICLES, Psychology and Behavioral Sciences Collection, PsycINFO).

Pre-defined, targeted search terms included: child care, daycare, early education, and relevant spelling variations; workforce or teacher education, preparation, qualifications, training; quality; child outcomes, child wellbeing, and child development.

Articles were considered relevant if they included research on the education and training of the child care workforce (both lead and assistant teachers or aides, including pre-service requirements) and the association of education and specialized training with quality, workforce retention/turnover, recruitment, and birth-to-3 child outcomes. Articles were considered beyond the scope of the review if they focused on ongoing or in-service professional development, training, or coaching of the child care workforce while actively employed.

To date, no causal research has been identified that examines the impact of child care workforce qualifications on the prenatal-to-3 period.

Search as of March 31, 2020, for the evidence review published as of September 2020.

Comprehensive Screenings and Connection Programs

To search for literature on comprehensive screening and connection programs, we used the following databases: Google Scholar and EBSCOhost (Academic Search Complete, EconLit, Education Source, ERIC, Family Studies Abstracts, PsycARTICLES, Psychology and Behavioral Sciences Collection, PsycINFO).

Pre-defined, targeted search terms and phrases included: comprehensive screening paired with prenatal and parenting; universal approach screening child development; prenatal referral program, prenatal connection program alone and paired with universal, and social determinants of health and pediatric screening. Additionally, all programs (Family Connects, Welcome Baby [Los Angeles County], First Born, HealthySteps, and Triple P – Positive Parenting Program [Triple P]) highlighted in *The Future of Children's* journal volume *Universal Approaches to Promoting Healthy Development* (2019) were analyzed. These five programs were also entered into the abovementioned search engines. Potential comprehensive screening and connection programs

were also identified by looking at state agency websites (e.g., Department of Public Health) to see if any state-run programs fit the definition of comprehensive screening and connection programs (as outlined below). Any programs identified in the process were entered into the abovementioned search engines.

Evidence-based programs were considered relevant if they provided universal, periodic screenings of families prenatally, postpartum, and/or throughout the first year(s) of a child's life, and took place in the United States. Additionally, programs were considered relevant if they identified the needs of families early and made connections or "warm hand offs" to community resources/agencies. Programs were considered beyond the scope of the review if they focused exclusively on targeted interventions (such as postpartum depression screenings for new mothers) or if they predominantly required families to initiate the service or intervention. Studies focusing on implementation outcomes or specific interventions within the context of comprehensive screening and connection programs but not focused on the impacts of the programs themselves were also excluded.

The following programs were identified in this search process, but were not included in the evidence review:

- First Born, Health Access Nurturing Development Services (HANDS), Healthy Families, and Healthy Start were excluded because they were more closely aligned with home visiting programs rather than universal screenings;
- First5 Iowa, Welcome Baby (Los Angeles County), Welcome Baby (Tennessee), and Welcome Family were excluded because no randomized controlled trials (RCTs) were published on program findings;
- Help Me Grow was excluded because the model varies across states, families often need to initiate connections themselves, and no RCTs were published on the program findings; and
- Triple P was excluded as it did not provide comprehensive screenings to families.

A total of three programs were analyzed for further review – Developmental Understanding and Legal Collaboration for Everyone (DULCE), Family Connects, and HealthySteps. These programs met the definition of comprehensive screening and connection programs and had RCTs analyzing program effectiveness.

In total, 11 articles contributed to our conclusions about the causal impact of comprehensive screening and connection programs.

Search as of February 28, 2022, for the evidence review updated as of September 2022.

Early Head Start

To search for literature on Early Head Start (EHS), we used the following databases: Google Scholar and EBSCOhost (Academic Search Complete, EconLit, Education Source, ERIC, Family Studies Abstracts, PsycARTICLES, Psychology and Behavioral Sciences Collection, PsycINFO). HomVEE¹ was also reviewed for relevant articles; studies that were rates moderate or high were reviewed.

¹ The HomVEE review of Early Head Start was last updated in 2016.

Pre-defined, targeted search terms included Early Head Start and Early Head Start-Child Care Partnership(s) paired with: quality; child wellbeing, child development, child outcomes; parent outcomes, parent wellbeing, family wellbeing; Child Care Development Fund (CCDF) alignment; partnership, collaboration; equity; and disparities.

Articles were considered relevant if they included research on EHS, Early Head Start-Child Care Partnerships (EHS-CCP), and the impacts of these programs on early care and education quality, child wellbeing, parent and family wellbeing (including impacts on children, parents, and families beyond child age 3). This includes multiple EHS approaches (center-based, home-based, mixed approach, or locally designed programs). Articles were also considered relevant if they included research on EHS and successful collaboration or partnership and alignment with other child care policies (e.g., child care subsidies). Studies on enhanced EHS models, such as Educare, were also included in the review. Articles were considered beyond the scope of the review if they focused exclusively on Head Start or if they used EHS datasets (e.g. Baby FACES), and did not focus on the outcomes associated with EHS (e.g., descriptive or implementation-focused; these studies were included in background research and may be relevant for future implementation-focused work). Articles focusing on implementation outcomes (e.g., receipt of home visits) or specific interventions within the context of EHS (but not focused on the impacts of EHS itself) were also excluded. Studies were considered eligible for review if they were published after 1995, when the first grants for EHS were awarded.

In total, 25 articles contributed to our conclusions about the causal impact of Early Head Start.

Search as of February 28, 2022, for the evidence review updated as of October 2022.

Early Intervention Services

To search for literature on Early Intervention (EI) services, we searched the University of Texas library and Google Scholar databases, which identified articles from such journals as the *Journal of Perinatology*, *Journal of Early Intervention*, *Pediatrics*, *Child Development*, and more.

Pre-defined, targeted search terms included Early Intervention services, Individuals with Disabilities Education Act (IDEA Part C), early interventions for developmental delays, and early interventions for developmental disabilities, paired with: infants, toddlers, outcomes, impacts, randomized controlled trials, equity, and disparities.

Articles were considered relevant if they examined the causal impact of Early Intervention services or policies in the United States on children's outcomes in the prenatal-to-3 period. Articles were considered outside of the scope of this review if they examined impacts of programs on children older than 3 years old (e.g., IDEA Part B services) or examined early childhood interventions generally, without focusing on children with delays, disabilities, or who are at risk for delays/disabilities. Articles were also considered peripheral to the primary analysis of EI effectiveness if they compared various kinds of interventions to one another, rather than examining the impact of EI services compared to a lack of such services.

In total, 9 articles contributed to our conclusions about the causal impact of Early Intervention services. Seven of the articles are included in Table 2 (Evidence of Effectiveness), and two others are excluded from the table because they are follow-up analyses of studies already reflected in the table.

Search as of February 28, 2022, for the evidence review updated as of September 2022.

Evidence-Based Home Visiting Programs

To search for literature on evidence-based home visiting programs, we searched the University of Texas library, JSTOR, and Google Scholar databases, which identified articles from such journals as the *Infant Mental Health Journal*, *Pediatrics*, and *Child Abuse and Neglect*, among others. Pre-defined, targeted search terms included “home visiting” and results were constrained to meta-analyses.

Articles were considered relevant if they were meta-analyses of randomized controlled trials or quasi-experimental study designs that focused on the parental outcomes of home visiting programs (including the Mother and Infant Home Visiting Program Evaluation [MIHOPE] evaluation). Articles were considered beyond the scope of the review if they were not meta-analyses, reviewed outcomes other than parenting, were meta-analyses consisting of pre-post studies, or were individual RCTs.

In total, 5 articles contributed to our conclusions about the causal impact of evidence-based home visiting programs.

Search as of February 28, 2022, for the evidence review updated as of October 2022.

Expanded Income Eligibility for Health Insurance

To search for literature on expanded income eligibility for health insurance, we searched the University of Texas library and Google Scholar databases, which identified articles from such journals as the *American Journal of Public Health*, *Health Affairs*, *the American Journal of Industrial Medicine*, and *JAMA*, among others.

Pre-defined, targeted search terms included expanded income eligibility for health insurance and Medicaid expansion by itself and paired with: women of reproductive age, equity, and new mothers.

Articles were considered relevant if they examined the causal impact of states’ decisions to expand Medicaid related to the Affordable Care Act (ACA) in the United States. Articles were considered relevant if they examined state expansions of Medicaid eligibility including, but not limited to, state expansion through the ACA, early adoption of expansion, Section 1115 waivers, eligibility lotteries, etc. Articles were considered not relevant if they focused on other provisions of the ACA, including dependent coverage up through age 26 and studies about the ACA broadly rather than state expansions or the Marketplace. State Medicaid expansions in the 1980s or 1990s were not included in the evidence review.

Because evidence is still emerging, we varied our approach with respect to the included study samples. Articles were relevant regardless of whether their samples focused on families with children or adults in general for the Sufficient Household Resources goal. Any outcomes/indicators related to Parents' Ability to Work were considered outside of the scope of this review because the samples in the research literature were predominantly not specific to women of reproductive age or relevant to the perinatal period. Articles were considered relevant if the outcomes were pertinent to the perinatal period and the samples were inclusive of all parents, new mothers and/or women of reproductive age. Finally, the geographic scope of articles included both state and local studies, as long as statewide Medicaid expansion was the focus. Any studies specific to Medicaid based solely on pregnancy or extending Medicaid postpartum were excluded because the policy lever for extending coverage in these cases is distinct from the expansion of Medicaid income eligibility covered in this evidence review.

In total, 41 articles contributed to our conclusions about the causal impact of Medicaid expansion

Search as of February 28, 2022, for the evidence review updated as of October 2022.

Fair Work Scheduling

To search for literature on fair work scheduling, we used databases of scholarly and gray literature and pre-defined, targeted search terms. Articles were considered relevant if they included research on unpredictable work schedules, advance notice of schedules, sufficiency of hours, and related local or state policies.

To date, no causal research has been identified that examines the impact of fair work scheduling policies on the prenatal-to-3 period.

Search as of March 31, 2020, for the evidence review published as of September 2020.

Group Prenatal Care

To search for literature on Group Prenatal Care (GPNC), we searched the University of Texas library and Google Scholar databases, which identified articles from such journals as the *Health Affairs*, *Contraception*, *Journal of Women's Health*, and more.

Pre-defined, targeted search terms included augmented prenatal care and group prenatal care, as well as the names of known program models, including: CenteringPregnancy, Supportive Pregnancy Care, Expect With Me, Pregnancy & Parenting Partners, and Honey Child.

Articles were considered relevant if they were randomized controlled trials and were based in the United States. Articles were considered outside of the scope of this review if they included meta-analyses and samples of women who were exclusively seeing midwives for prenatal care. Studies using propensity score matching were included in the evidence review published in 2020; however, studies using propensity score matching were excluded from the evidence review in 2021 due to the difficulty of eliminating selection bias without random assignment into GPNC programs.

In total, 9 articles contributed to our conclusions about the causal impact of group prenatal care.

Search as of February 28, 2022, for the evidence review updated as of September 2022.

Paid Family Leave

To search for literature on paid family leave, we searched the University of Texas library and Google Scholar databases, which identified articles from journals such as *Health Affairs*, *Maternal and Child Health Journal*, *Pediatrics*, *Child Development*, *the Journal of Health Politics, Policy, & Law*, among others.

Pre-defined, targeted search terms included paid family leave, paid maternity/paternity leave, paid parental leave, and paid family and medical leave paired with: outcomes, infants, toddlers, health, birth, impacts, policy, state policy, equity, and disparities.

Articles were considered relevant if they examined the impact of paid parental leave policies at the statewide or city level. Studies of individuals' paid leave-taking and outcomes were not considered within the scope of the review unless they included an analysis of the impacts of a state- or city-level policy. Studies of unpaid leave were not considered within the scope of the review. Studies only examining the impacts of a state disability insurance program, in which pregnancy was considered a disability, were not considered within the scope of the review unless the analysis also examined the impacts of policies offering paid leave after a birth.

In total, 30 articles contributed to our conclusions about the causal impact of paid family leave.

Search as of February 28, 2022, for the evidence review updated as of October 2022.

Paid Sick Leave

To search for literature on paid sick leave, we searched the University of Texas library and Google Scholar databases, which identified articles from such journals as the *American Journal of Public Health*, *Work and Occupations*, *the American Journal of Industrial Medicine*, and *Labour Economics*, among others.

Pre-defined, targeted search terms included paid sick leave and paid sick time paired with: policy, state policy, specific state names and legislative acts, parents, children, families, equity, and disparities.

Articles were considered relevant if they examined the causal impact of paid sick leave policies (state or local) in the United States since 2012 (the effective year of the first state paid sick leave mandate). Articles were considered outside of the scope of this review if they examined unpaid sick leave or non-mandated leave only, or examined paid leave-taking without analyzing the impacts of a particular policy. Because evidence is still emerging for paid sick leave policies, we included articles regardless of whether their samples focused on families with children or adults in general, some of whom may be parents. As additional research is published, we will focus our review on the impacts of paid sick leave for the prenatal-to-3 period in particular.

In total, 11 articles contributed to our conclusions about the causal impact of paid sick leave.

Search as of June 31, 2021, for the evidence review updated as of September 2021.

Perinatal Telehealth Services

To search for literature on telehealth services and policy, we searched the University of Texas library and Google Scholar databases, which identified articles from journals such as *Telemedicine and e-Health*, *Pediatrics*, *the American Journal of Perinatology*, and *Obstetrics and Gynecology*, among others.

Pre-defined, targeted search terms included telehealth and telemedicine paired with: perinatal, infants, toddlers, children, prenatal, pregnancy, birth outcomes, effectiveness, impact, outcomes, pediatrics, rural, policy, state policy, equity, and disparities.

Articles were considered relevant if they examined the impact of telehealth services, as compared to in-person services, on clinical outcomes during the prenatal-to-3 period, or examined the impact of state telehealth policy on access to health care or on relevant perinatal or child outcomes. Articles were considered beyond the scope of the review if they examined telehealth services for children older than 3 or examined federal policies only. Given rapid developments in technology over the past 20 years, older research may be less applicable for understanding the impact of current telehealth technologies and programs, and this review is therefore limited to articles published in 2000 or later.

In total, 8 articles contributed to our conclusions about the causal impact of perinatal telehealth services.

Search as of August 31, 2021, for the evidence review updated as of October 2021.

Reduced Administrative Burden for SNAP

To search for literature on Reduced Administrative Burden for SNAP, we searched the University of Texas library, JSTOR, and Google Scholar databases, which identified articles from journals such as the *Journal of Policy Analysis and Management*, the *Journal of Human Resources*, the *Journal of Public Economics*, and more.

Pre-defined, targeted search terms included the Supplemental Nutrition Assistance Program/SNAP paired with: administrative burden, transaction cost, recertification periods, in-person interview, simplified income reporting, online case management, online application, call center, race, ethnicity, and disparities.

Articles were considered relevant if they examined policy changes affecting SNAP administration and the impact of administrative policy changes on SNAP participation rates. Articles were considered beyond the scope of the review if they included research on policies affecting SNAP eligibility rules or the impact of SNAP on outcomes other than participation (e.g., food security, health outcomes).

In total, 13 articles contributed to our conclusions about the causal impact of Reduced Administrative Burden for SNAP.

Search as of February 28, 2022 for the evidence review updated as of October 2022.

State Earned Income Tax Credit

To search for literature on state earned income tax credits (state EITC) we searched the University of Texas library and Google Scholar databases, which identified articles from journals such as the *Journal of Policy Analysis and Management*, *Economic Development Quarterly*, *Health Economics*, *Journal of Labor Economics*, *Review of Economics of the Household*, and more. We also searched the National Bureau of Economics Research (NBER) to identify working papers on the state EITC.

Pre-defined, targeted search terms included state earned income tax credit/EITC, paired with: infant, toddler, family, children, outcomes, impact, pregnancy, poverty, employment, earnings, health, births, equity, and disparities.

Articles were considered relevant if they included research on the impact of state earned income tax credits on child and family outcomes, or the impact of the state and federal credits together. Articles were considered beyond the scope of the review if they examined only the federal EITC, examined impacts on only adults without children, or examined implementation factors only (such as EITC claim rates and factors influencing EITC take-up).

In total, 55 articles contributed to our conclusions about the causal impact of the state earned income tax credit.

Search as of February 28, 2022, for the evidence review updated as of October 2022.

State Minimum Wage

To search for literature on state minimum wages, we searched the University of Texas library and Google Scholar databases, which identified articles from journals such as the *Journal of Policy Analysis and Management*, *Economic Inquiry*, *Journal of Epidemiology and Public Health*, *Social Science Quarterly*, *Children and Youth Services Review*, and working papers from the National Bureau of Economic Research, the Institute of Labor Economics, the Center on Wage and Employment Dynamics at the University of California, Berkeley, and other universities and research organizations.

Pre-defined, targeted search terms included state minimum wage and minimum wage paired with: child, children, infant, toddler, parents, birth outcomes, pregnancy, health, employment, poverty, child poverty, policy, equity, and disparities.

Articles were considered relevant if they examined the causal impact of state minimum wage increases (or changes in federal minimum wage policies that resulted in state increases) on parents, children, or families with children. Articles were considered beyond the scope of the

review if they examined only samples of adults in general, and did not examine impacts specific to parents or families with children.

In total, 19 articles contributed to our conclusions about the causal impact of the state minimum wage.

Search as of February 28, 2022, for the evidence review updated as of October 2022.

Strategies to Reduce Maternal Mortality and Morbidity

To search for literature on strategies to reduce maternal mortality and morbidity, we used the following databases: Google Scholar, JSTOR, and the University of Texas library system. Additionally, searches were conducted for resources from American College of Obstetrics and Gynecology publications, the National Network of Perinatal Quality Collaboratives, and the California Maternal Quality Care Collaborative.

Pre-defined, targeted search terms included: maternal mortality and morbidity combined with the following terms, toolkits or task forces, Medicaid expansion, doula, midwives, public policy, programs, interventions, caesarean delivery, anti-bias training, and anti-racism training; and perinatal quality collaboratives.

Articles were considered relevant if they included research on hospital protocols and toolkits (e.g., for obstetric hemorrhage, preeclampsia, and severe maternal hypertension), maternal death review boards, maternal mortality and morbidity task forces, state perinatal quality collaboratives, Medicaid coverage of doula, and birth bundles. Articles were considered beyond the scope of the review if recommendations did not have a specific theory of change or study outcomes focused on infant, rather than maternal, mortality.

To date, no causal research has been identified that examines the impact of strategies to reduce maternal mortality and morbidity.

Search as of March 31, 2020, for the evidence review published as of September 2020.

Two-Generation Programs for Parental Employment

To search for literature on two-generation programs for parental employment, we used the following databases: Google Scholar and University of Texas library system.

Pre-defined, targeted search terms included two-generation approach, in combination with infant, experimental design, employment, and evaluation.

Articles were considered relevant if they included research on two-generation programs focusing on parental employment, meaning only those programs that specifically provide employment support for parents and child care for their children are considered within the scope of this review. Two-generation programs with a focus outside of parental employment and child care are beyond the scope of this review.

In total, 4 articles contributed to our conclusions about the causal impact of two-generation programs for parental employment.

Search as of March 31, 2020, for the evidence review published as of September 2020.