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Newborn Supply Kits: A Case Study for City Leaders in Innovative Cross-Sector Collaboration to Support Families' Needs

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About the Good Services Lab

The Good Services Lab, led by [Kimberlyn Leary, Ph.D., MPA](#), is a think-and-do lab based at the Bloomberg Center for Cities at Harvard University. The lab supports current and future government and community leaders in data-driven innovation and to collaborate across boundaries to advance resident outcomes.

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**GOOD
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■ Newborn Supply Kits: A Case Study for City Leaders in Innovative Cross-Sector Collaboration to Support Families' Needs

How one federal team took a service design approach to program design and implementation, using the combined power of public, social, and private sectors to get families the resources they need— and how city leaders can adopt this framework in local communities.

City leaders have a uniquely powerful set of tools to improve the lives of young families, from direct service delivery to working with community stakeholders to create more space for innovation and entrepreneurship. With any approach, it's important to center the experience of families as they use the subway, visit a health care clinic, or collect vital goods at a diaper bank or food pantry. Beginning in earnest in 2016, the federal government started investing in putting people at the center of service delivery. Agencies began to study how [improving individual touchpoints with different services](#) could improve customer experience. In 2021, the Biden-Harris administration elevated this priority through an [Executive Order on Customer Experience](#) that directed federal agencies to work together to improve priority “[Life Experiences](#)”: moments in the lives of American families that often require interactions with different levels of government. The [Having a Child and Early Childhood \(“birth of a child”\) experience](#) was one of five selected life experiences launched in 2022.

Cities can adapt this life experience framework to improve a variety of municipal services and programs, from public transportation to health care—each of which has a significant impact that can be felt by parents, caregivers, and their children. In this brief, we outline how we used this framework as a step-by-step process to produce the Newborn Supply Kit pilot, a one-time delivery of one month's worth of basic supplies and educational resources about government programs, to mothers during the postpartum period. Interventions like this are simple but impactful—and well suited for local implementation.

“

This whole kit is amazing, and I love that it's been started. The U.S. has been behind other countries in supporting parents after birth, so I'm glad to see something like this. Please keep it up and spread it further. **Our parents need this support.**” – Arkansas Mom



“

This is an incredible and life-changing Kit for so many families in a state where **many people are struggling or worried about having the resources to care for their baby.**” – New Mexico Mom

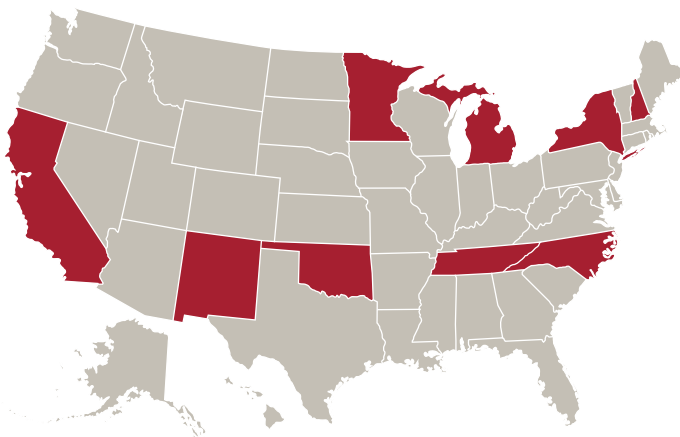
“

Seeing all this will make you **feel good about government.**” – Louisiana Mom

Building a Cross-Disciplinary Team

We created a multi-agency research team in March 2022 made up of staff from the U.S. Digital Service, the Department of Health and Human Services, [other partner agencies](#), and non-profits like the [Public Policy Lab](#) and the [New Practice Lab](#). Each of these organizations had a shared interest in improving the experience of families with young children in connecting to supportive services and benefits programs.

We [conducted almost six months of human-centered design research](#), including 121 interviews with families and operational innovators on the ground from 10 states (including community-based organizations, academics, health care workers, nonprofits and foundations, local and state government) to deeply understand the needs and challenges faced by American families, with an emphasis on low-income mothers.



- **The team spoke with:**
- 32** members of the public
 - 12** frontline staff
 - 13** state/program administrators
 - 64** subject matter experts

Collecting Insights on Challenges and Bright Spots

The fundamental support American mothers and their families need includes paid leave, affordable child care, and accessible high quality health care. As the team was building out the proposal for this work in late 2021 and early 2022, the [Build Back Better legislative package](#) proposed by the Biden-Harris administration collapsed in Congress. The legislation would have implemented a national child care program, universal pre-Kindergarten, and paid family leave, among other infrastructure supports for families and caregivers. Months later, the subsequent Supreme Court decision in *Dobbs v. Jackson Women's Health Organization* fundamentally altered the landscape for women's health and economic futures, with ripple effects that continue to accelerate health care provider shortages and exacerbate the country's [maternal health crisis](#).

Amid this context, the team was determined to find meaningful improvements that directly responded to the needs of families but were also feasible within the constraints of existing programs and resources.

Billions of dollars in existing public benefits programs never reach families because public programs are so hard to learn about, access, and use. In the team's research, the team validated that the important programs for families with young children include Medicaid, WIC (the US Special Supplemental Nutrition Program for Women, Infants and Children), SNAP (the US Supplemental Nutrition Assistance Program), child care subsidies, and housing vouchers.



► **Medicaid:** The insurance program for low-income families pays for about **42%** of all births in the United States



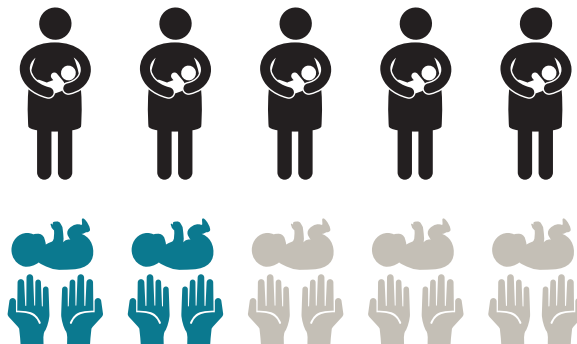
► **WIC:**

6.6 million

mothers participate in WIC based on 2023 data, including

39%

of all infants in the United States



► **Child Care Development Fund:**

1.8 million

children received child care subsidies in 2021, about

15%

of those eligible under federal rules



Yet these programs are still often underutilized. For example, [half of eligible moms were not enrolled in WIC](#) in 2021, a public health program that provides critical nutrition support and education for mothers and their babies. WIC has resulted in [better health and development outcomes](#) across decades of research. This significant enrollment gap is a missed opportunity to better serve mothers and their babies.

These programs are implemented at the state, county, and local levels, while being federally funded. Families often don't understand the connection between the services they receive locally and the federal programs that make them possible. For example, families connect their experience with their local WIC clinic and not with the United States Department of Agriculture-funded WIC program. Local leaders have the opportunity to innovate in how families learn about, apply for, and engage with these services, and build trust in wins for their residents.

“

You don't know about all the little things until you don't have the resources or money to get it... just diapers and wipes adds up... [I] didn't know how much things cost until I didn't have the money to afford it.” –
Louisiana Mom

Understanding Families' Top Challenges

[Following the discovery phase](#), our team identified four main pain points experienced by the families we spoke to, regardless of geography and demographics.



1. **Families aren't getting the right information at the right time.** They may not be aware of programs they are eligible for, or receive inaccurate information about whether they are eligible.



2. **Families don't complete benefits applications.** Applications can be lengthy, contain poorly worded or confusing questions, and require documentation that may be difficult to obtain. Many families begin applications but abandon the effort mid-way due to these challenges.



3. **Families can't always afford important physical goods, like diapers, after giving birth.** The immediate postpartum period is a time when household expenses have increased, while household income often decreases—especially in a country with no paid leave.



4. **Families struggle to maintain enrollment in benefits over time,** as programs have varying recertification deadlines and requirements. It can be challenging to remember to renew their participation in multiple programs, while juggling the other responsibilities of working and parenting.

Amid these challenges, a few bright spots emerged—there were places where local governments and community-based organizations were working with families to meet their needs. Local diaper banks are a common example of how this can work; these are nonprofit organizations that provide diapers and other supplies to families in need and often provide referrals to families for other supportive services. Examples included the [Metropolitan Detroit Diaper Bank](#), the [Greater DC Diaper Bank](#), and the [Western Pennsylvania Diaper Bank](#) in Pittsburgh.

Converting Research Insights into Concrete Program Ideas

Building from this research in successes within the United States, and drawing inspiration from countries that have universal baby box programs like [Finland](#) and [Scotland](#), the team developed three concrete demonstration projects, one of which was a “Newborn Supply Kit” to deliver critical items in the immediate postpartum period.

The Newborn Supply Kit was [launched by Vice President Kamala Harris](#) as a [public-private partnership](#) between the US Department of Health and Human Services (HHS) and a 501(c)(3) non-profit organization, Baby2Baby, in May 2023.

▶ The Newborn Supply Kit Vision: *How might we get families access to the physical supplies they need in the vulnerable first month postpartum, while also improving access to information about and enrollment in federal benefits programs and other forms of community support?*



Kit Contents

The [Kit](#), developed based on feedback from families, contains supplies for postpartum mothers (overnight pads, breastfeeding support), babies (diapers, wipes, clothing, and health items), and educational materials about benefits programs that could support families during the first years of the baby's life. The Kit was delivered in the hospital, federally qualified health center, or by a trusted community-based organization within one week postpartum or during the third trimester. The team's hypothesis was that by solving an immediate problem, families may be more likely to trust their community institutions and consider longer-term supports and community relationships that could improve their family's wellbeing.

Universal Approach

Every mom who delivered a child in a partner hospital or clinic received a Kit, within targeted high-need areas which were selected using multiple data sets, something city leaders will have an even stronger perspective on in their communities. The universal approach was important to reduce stigma and reduce administrative burden on families and partner staff to assess income level.

Measuring Impact

In the Executive Order, each Life Experience project was required to implement a structured approach to evaluation and learning, so we could be sure that the interventions delivered the intended impact, and that the field could gain insight into how to continually respond and improve in real time. Evaluating impact of program interventions is a key component of service design, whether at the federal or city level. The different evaluation approaches adopted by Life Experience teams demonstrates a variety of mixed-method approaches to how this can be done to suit the intervention, learning phase, and activity.

The Newborn Supply Kit's [2023 Evaluation Report](#) results include:

1. 97% of recipients were satisfied or extremely satisfied with their Kit and **would recommend it to other new parents.**
2. Two-thirds of survey respondents agreed or strongly agreed that receiving their Newborn Supply Kit **helped to make them feel less anxious or worried in general**; this was especially true for recipients who self-reported moderate to severe depression symptoms, 72% of whom agreed that the Newborn Supply Kit helped them to feel less anxious or worried.
3. Two-thirds of respondents agreed or strongly agreed that the Newborn Supply Kit **helped them to feel less stressed about money.** Among individuals with lower incomes, 77% said that the Newborn Supply Kit helped them to feel less stressed about money.
4. Self-reported **positive rates of trust in government** more than doubled upon receipt of the Newborn Supply Kit, suggesting that government services can restore trust in government with the American people.
5. The Newborn Supply Kit also shows a potentially promising path to connect eligible new parents to additional government resources and services. 36% of respondents said that **they applied for additional government benefits** because of the information in the Newborn Supply Kit; this trend was especially strong for Spanish-speaking populations, among whom nearly 70% reported applying to additional programs for which they may be eligible.

■ How It Was Done: A Blueprint for a Service Design Approach to Public Sector Delivery

1. *Co-Design with the Families as Partners*

The team didn't assume to know what families need or want, but instead kept each conversation open and led by interviewees—a core component of the human-centered design research process that was followed by all Life Experience teams. From initially understanding how important basic supplies are for families, to [co-designing the Kit contents based on family input](#), to considering evaluation outcomes that would most capture meaningful impact—mothers, their families, community workers, and partners across the delivery chain were involved.

2. *Creatively Manage Constraints*

The team had to work with the resources available. Many staff were dedicated part-time in-kind as a portion of their work, and others were reimbursed for their salary time through a unique federal fund that supports the President's Management Agenda Cross-Agency Priority Goals. Many executives in government have small discretionary accounts like this that can be creatively leveraged for cross-silo work. Each Life Experience team had access to about \$500,000 to support these staff reimbursements and evaluation efforts.

The team also thought about how non-profit and private partnerships could demonstrate the initial proof of concept. The funding for procurement and distribution of the Kits continues to come from Baby2Baby, a private nonprofit organization, and many of the contents of the Kits were or are donated from private companies.

These pilots were designed with an eye to long-term sustainability. The team knew from the beginning that projects could not be dependent on political support from one particular party or administration. Everyone on the team was a career civil servant, with political leadership as champions and collaborators. These civil servants already had a wealth of institutional knowledge about family policies, programs, and stakeholder relationships, and they don't usually leave their roles with a change of administration. The team used inter-agency detail appointments to incorporate career staff into our initial research phase.

Many of the career staff returned to their home agencies and became the institutional home and leads for the work. They deeply understood the goals and vision of the project because they were involved in the initial research phase and were empowered to take these ideas and turn them into a reality because of the political support given to them from the Executive Order and through their detail appointments. This emphasis on lifting up and empowering career civil servants has been instrumental to embedding these projects within HHS for long-term success.

3. *Build creative partnerships*

Bringing together a system of organizations across sectors is crucial, as each can play to their strengths. In this case, a government agency (HHS) has good data on where need exists, can provide neutral evaluation capacity, and is a trusted convener. The co-branding of the product itself to include a government logo with a non-profit partner helps to connect the dots and credit the government with services people are receiving, as well as providing a level of credibility. A non-profit organization can be flexible and creative on the ground and has local context, and private companies can procure, distribute, ship, and even donate goods - all of these pieces helped to make this partnership a success.

4. *Start Small, with Rapid Evidence Generation*

Drawing on a core value of starting small before scaling, the first phase began with 3,000 Kits in three states, with an intention to rapidly evaluate and communicate about pilot insights and adjust implementation plans to be responsive to mothers' feedback. The Kit contents were adjusted based on feedback from mothers about what they found most useful. The team is considering adjusting delivery timeframe based on mothers' feedback, so they can know what supplies they will receive, and what to buy on their own.

5. *Communicate Transparently to the Public*

There are many federal projects that are launched but never clearly reported to the public. One unique aspect of this set of projects was the rigorous cadence of public transparency that was directed by the Federal Customer Experience team. The team reported on [quarterly progress toward milestones](#), with adjustments as needed, and there was an opportunity to share why a milestone may have been adjusted. Links

to final deliverables or other resources generated as a result of the projects were shared in one place. The process helped to ensure that agency teams were on target for their assigned activities, and that the work continued to be prioritized among other competing demands.

The team shared a prospective plan for learning, and rapidly communicated evaluation results. Pilots were launched in Summer 2023, and by December 2023 [mid-year evaluation results were published](#).

Multiple public-facing events helped to draw attention to the impact of the Kits, including inviting local policymakers, those in control of budgets and federal programs, and popular media outlets to generate public awareness and support for the pilot, for example:

- [US Health and Human Services Secretary Xavier Becerra](#) launched the Louisiana pilot
- [Congresswoman Julia Letlow introduced the NEST Act](#)
- Baby2Baby kits were featured in popular national media, including [Essence Magazine](#), the [Today Show](#), and [Scripps News](#).

■ What Comes Next?

City leaders can create a huge impact in their communities by implementing similar initiatives to support families with critical supplies in the postpartum period. In 2024, the Newborn Supply Kit pilot scaled to [10 states with additional investment](#) from Huggies and the Kimberly-Clark Foundation, and the team just announced expansion to [an additional 3 states with contribution from Merck for Mothers](#) in 2025. There are also signs of growing support for a more systemic, institutionalized model for this work. After a little over a year of running the pilot, a bipartisan group of federal lawmakers has [proposed legislation](#) for a multi-million dollar program that could serve thousands more families each year.

States are taking local action too. Pennsylvania's state legislature has [introduced legislation](#) to implement a Maternal and Newborn Supply Kit program modeled off the federal public-private partnership, and [the state of New York is also implementing Newborn Supply Kits](#) for all mothers with Medicaid health coverage and served by partner organizations. At the city level, Baton Rouge—in partnership with federal and state legislators—is distributing the Newborn Supply Kit with hospital partners. New York City mayoral candidate Zohran Mamdani is advocating for a [“baby basket” program](#)

modeled similarly to the federal Newborn Supply Kit, combining essential supplies with educational materials about programs and resources that support new parents.

City leaders can implement similar initiatives at the local level by:

1. *Centering the needs of mothers and their families in the pilot design and implementation.*

This could include holding focus groups and one-to-one interviews with mothers and other caregivers to understand their needs for basic supplies to care for both mothers and babies in the postpartum period. Apart from diapers, items we frequently heard were cost-prohibitive included car seats, cribs, and strollers. Local transportation supports could be included, [as this has shown to be a barrier to postpartum health appointments](#).

2. *Entering into creative and ambitious cross-sector partnerships.* Include local institutions in the planning and development of the program, including hospitals and clinics, community organizations, staff from benefits offices where families frequently visit to gain access to programs like WIC and SNAP, and local home visiting programs. They already have deep connections and trust built with underserved communities. Don't be afraid to engage private companies who interact with residents during this moment in their lives since they can be important contributors and partners in the effort as well. Consider the "triple bottom line" - when corporate, social, and public interests align.

3. *Prioritizing evaluation and assessing impact.* Consider measurement and evaluation approaches at the start, even those that are lightweight—don't make the perfect the enemy of the good. Some projects can use administrative data for a more robust evaluation; others can rely on focus group feedback or surveys that are shared with families pre- and post-intervention. There are many different ways to run a structured learning approach and these can quickly generate interesting, useful insights about feasibility, effectiveness, and resident satisfaction and trust.

4. *Being transparent and communicating with the public.* It's critical to continue to engage with the community about how the work is going, including with stakeholders and partners involved in implementation. Consider the entire service journey, from the families receiving the service to the frontline staff that administer different components of the service. It's important to incorporate plans for continuous improvement on the basis of community feedback—this builds trust and shows you're listening, and being responsive, to families' needs.

