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Case Study: Nurture NJ

A multiagency initiative forms to eliminate racial disparities in maternal and infant health outcomes.

What was the problem?

In 2019, New Jersey was ranked among the worst states in the nation for maternal health outcomes, with significant racial disparities in maternal and infant mortality rates—particularly between Black and white mothers and Black and white infants.

47th

rank in [maternal mortality](#) rate
out of the 50 states

6.6x

higher rate of [pregnancy-related death](#)
among Black women

2.9x

higher [infant mortality rate](#) among
babies of Black mothers

What was accomplished?

Recognizing the state's maternal health crisis, the Office of the First Lady Tammy Murphy launched **Nurture NJ** in 2019, a cross-sector initiative to improve maternal-child health outcomes and address racial disparities. Multiple state agencies, national and local maternal-child health organizations, health systems and providers, and research experts collaborated on a strategic plan to pursue these goals. By 2025, New Jersey had improved its ranking for maternal mortality, and Governor Phil Murphy had signed over 70 laws related to maternal and infant health. While there is still work to be done, public systems and policies have evolved significantly through:

- **Expanded public access to evidence-based interventions.** In 2024, New Jersey launched **Family Connects NJ**, the nation's most robust nurse home visitation program, in which trained nurses visit families of newborns in the weeks following birth. Since its launch, Family Connects NJ has conducted over 7,500 nurse visits; the program will be rolled out statewide in January 2027. The state also passed legislation to cover Medicaid doula care and group prenatal care, both of which have been proven to reduce disparities and improve outcomes for mothers and babies.
- **Bolstered paid family leave.** In 2019, the state doubled the length of paid family leave from six to 12 weeks and increased the weekly benefit from 66 percent to 85 percent of wages. By 2022, the utilization of paid family leave had [increased by 70 percent](#) compared to the 2014 baseline.
- **Increased the supply and quality of prenatal providers and workforce.** Nurture NJ established community doula training and recruitment programs; it also increased the number of sites offering the group prenatal care model known as **CenteringPregnancy**.
- **Established a dedicated state body.** In 2023, New Jersey launched the New Jersey Maternal and Infant Health Innovation Authority (NJMIHIA), a first-and-only-of-its-kind government authority dedicated to the health and well-being of mothers and babies. NJMIHIA is charged with continuing the work of Nurture NJ and will oversee the development of the Maternal and Infant Health Innovation Center, which will lead efforts to advance equitable maternal and infant health care in New Jersey.

What role did philanthropy play?

Both local and national funders directed philanthropic resources in multiple ways:

- **Built the evidence base.** Philanthropy supported research that drove the Nurture NJ campaign launch and informed the strategic plan. Findings included data on disparities in maternal health outcomes and evidence of the effectiveness of interventions and strategies, such as access to midwifery/doula services, group prenatal care, and socioeconomic supports.
- **Supported maternal health awareness efforts.** Philanthropy supported efforts to increase awareness of the maternal mortality crisis and connect families to resources, including funding community-based organizations to host Family Festivals—one-stop shops for families to find state and county resources. Family Festivals focused on

cities with high rates of Black and Latino infant mortality. Over the past eight years, nearly 17,000 families have connected with state, county, and local resources at over 24 Family Festivals.

- **Funded strategic planning and implementation capacity.** Philanthropic resources funded the development of the Nurture NJ strategic plan, which has served as a guide to coordinate state efforts to improve New Jersey's maternal and infant health outcomes. By the end of 2025, 80 percent of the plan had been completed or is underway.
- **Invested in pilots prior to public investment.** Philanthropy's funding of pilot programs, such as the Family Connects NJ home visitation and community doula programs, demonstrated the effectiveness of solutions and encouraged greater public investment in these programs.
- **Subsidized expansion of programs.** Funders supported the expansion of direct service programs that were part of the Nurture NJ strategy to support mothers—funding development of additional sites for programs like FamilyConnects and CenteringPregnancy, training for doulas, and translating program materials.

What were key milestones?

The launch of Nurture NJ has catalyzed significant public investment and expansion of services in just eight years.

- **2018** Spurred by data on maternal child health outcomes and racial disparities, New Jersey Governor Phil Murphy and First Lady Tammy Murphy held community engagement forums and launched the initiative Healthy Women, Healthy Families, dedicated to improving access to perinatal care to reduce disparities.
- **2019** First Lady Tammy Murphy launched Nurture NJ, a statewide initiative to reduce maternal and infant mortality and morbidity by ensuring equitable care among women and children of all races and ethnicities.
- **2021** The State of New Jersey released the Nurture NJ Maternal and Infant Health Strategic Plan, a result of collaborative planning by state agencies along with national and local maternal-child health organizations, health systems and providers, parents, and other stakeholders; during the legislative session, the state passed several bills aligned to the plan including expanded coverage of doula services and universal home visiting.
- **2023** The State established the NJMIHIA, which provides dedicated capacity and resources to continue the work of Nurture NJ.
- **2024** New Jersey launched Family Connects NJ to offer universal nurse home visiting in the state.
- **2025** New Jersey broke ground on the Maternal and Infant Health Innovation Center, which will serve as the epicenter for advancing maternal and infant health care across New Jersey. The state has committed \$86.7 million in state and federal funding to bring this project to life.

How was this achieved?

Sustained impact for pregnant women and their babies resulted from:

| COMPELLING DATA | PUBLIC FUNDING | COORDINATED EFFORT | PROVIDER ECOSYSTEM |
|---|--|--|--|
| Research was crucial to making a strong case, and new commissions maintain strong data systems. | While private funding took some initial risks in piloting efforts, public funding now sustains them. | State agencies, health providers, local and national nonprofits, parents, and other experts aligned on a strategic plan. | Training for the prenatal workforce improved, and more providers can now serve women and babies. |

Who made it happen?

A diverse, cross-sector group of actors contributed to the campaign's success, each bringing unique assets and roles:

| ANCHOR ACTORS | CROSS-SECTOR COLLABORATORS | PROXIMATE VOICES |
|--|---|--|
| The Office of the First Lady Tammy Murphy played a key role in drawing attention to the issue and organizing the collaborators on the Nurture NJ strategic plan. | <ul style="list-style-type: none"> • Twenty-two state agencies, including the Dept. of Health and Dept. of Children and Families, provided input on the plan. • Research experts collaborated, including Dr. Vijaya Hogan, a perinatal epidemiologist who led the team that wrote the strategic plan. • Nonprofit service programs, including CenteringPregnancy and Family Connects NJ, provide direct services to women and infants aligned with the Nurture NJ strategic plan. | Mothers, families, and perinatal providers such as midwives and doulas provided testimony and advocacy; their firsthand experiences are also represented in the strategic plan. |