

March 17, 2026

Updates posted the week of March 16, 2026

Question: Would it be possible for our organization to apply to begin receiving referrals through the Moms Helpline while also applying for funding opportunities that may help support the expansion of services (either geographically, or by adding services such as ultrasound)? We want to ensure we are following the appropriate process while continuing to grow our capacity to serve patients.

Answer: Yes, you could apply both to begin receiving referrals and to expand the services you are able to offer to clients. You would use templates A and C to apply.

Question: For the requirement to serve all referred women in their own spoken language- We have various staff members who speak five non-English languages very well. We also have interpretive services for other language available. Would this meet that requirement?

Answer: Yes. Your on-site staff and the supplemental interpretive services meet the requirement.

Question: We cover multiple counties and need help reaching women in the low service areas. Could these funds be used to offset the cost of nursing while we work on setting this up? We will be able to sustain it after it is up and running.

Answer: Yes, these funds could be used to offset those costs. On [Template A – Implementation application](#), question #9, this is where you would address using the funds for this.

Question: We are already on the list to receive home visiting referrals through My Healthy Baby. Would this make us automatically on the referral list for prenatal care referrals as well?

Answer: You are in our database for home visiting referrals (My Healthy Baby). However, with this Prenatal Care network you will be added for prenatal care referrals, as well. Depending on the conversation our Moms Helpline Communication Specialists have with pregnant moms in your area, a prenatal care appointment will be offered, if she has not had one yet or home visiting if she is needing additional in-home supports, or both.

Question (from webinar): How do you see doulas contributing to and strengthening the prenatal care referral network through in-home visits, particularly in supporting care coordination, identifying maternal health risks early and helping families stay connected to clinical providers?

Answer: This RFA is focused on clinical prenatal care. We hope that doulas will be able to collaborate with clinical providers in their community to help support care coordination, identifying risks early, and helping families stay connected to clinical providers. However, these funds are not designed specifically to cover those costs.

Question (from webinar): If we fall into category A, do we have to wait until June, 2027? Or if it's going to take, say, five months to hire somebody and then you're ready to start taking referrals, do you have to wait? Or can you start taking referrals then?

Answer: You would not have to wait until June of 2027 to start receive referrals. June is the latest we would want you to be ready to receive referrals, but earlier would be fine. We would not want you to wait.

Question (from webinar): Can there be multiple awards per county? Say if we were going to work with an FQHC, but our local healthcare network is also applying. That's two different audiences, so is there a possibility for multiple awards per county?

Answer: We will be looking to get good coverage across the state. If we have to make difficult decisions, we will give priority to counties where early prenatal care rates are worse than the state average. But within those parameters, we did not place any restrictions on the number of awards that could potentially be made within one geographic area.

Question (from webinar): When you are talking about priorities, will any priority be given to counties that don't have a birthing facility (OB deserts)?

Answer: In the RFA we identified that particular attention will be given to counties with high rates of late entry into prenatal care, as the most directly relevant to this RFA. We would anticipate there would be significant overlap between these counties and OB deserts. There is also a question on the application about the prenatal care landscape, and this would be another place an organization could highlight risks factors such as lack of a birthing facility so we could take that into consideration.

Question (from webinar): Could this funding be used to work with local organizations to update the 211 databases?

Answer: The purpose of this funding is very specific, as laid out in the RFA. If there are local organizations that are ready to receive prenatal care referrals, please send them this RFA so they can be included in the network. If organizations want to be added to the 211 network, they can do that at <https://in.accessgov.com/fssa/Forms/Page/fssa/indiana-211-resource-listing-request-form>

Question (from webinar): Will the number of awardees be determined mostly on the number of applicants?

Answer: We're going to have to look at how much people apply for, and how many applicants there are. We will want to have the greatest possible reach, and focus on the areas of highest risk. We will work to make the funds go as far as possible.

Question (from webinar): Is this referral network initiative driven by large requests coming through the MOMS Helpline now? Are you currently seeing many calls coming in seeking prenatal care? Would there be any data that could be shared in this regard for our localities?

Answer: This RFA isnot in response to an increase in calls for prenatal care, but rather in response to our infant mortality rate (IMR) data, and as part of our work to enhance partnerships to address the IMR. As we focus on our population in MCH, ensuring women can get connected to prenatal care is at the top of our list, and we want to be sure we can close the loop in making that connection.



With that said, when the Moms Helpline team is talking to pregnant women, we do always ask if they are connected to prenatal care. If they are not, we offer them a list of providers in their community, but we do so knowing that they may call the providers and still not be able to find someone who has an appointment available for them. And anecdotally, we've heard from partners that in some areas of the state, it can be really difficult to find a provider who will see a patient before the 14th week of pregnancy. So we are trying to address some of those gaps and make sure that if we're talking to someone from anywhere in the state that need access to prenatal care, we can easily and quickly connect her to that care without asking her to make a lot of phone calls and experience frustration.

Updates posted the week of March 9, 2026

Question: Page 4 of the RFA states the following: "Organizations from anywhere in Indiana are encouraged to apply." Just to make sure that I understand correctly, may any type of entity (for example, nonprofit organizations, for-profit entities, local/state government, tribal government) apply for this program, or is eligibility limited to certain types of entities?

Answer: Yes, any organization that can provide prenatal care and provide the expected items listed on page 3-4 (below), are qualified to apply.

Expectations

Moms Helpline anticipates that partners participating in the prenatal care referral network will be able to do the following:

- Receive and accept referrals through the Moms Helpline online referral system. (For each referral, the organization will receive an email prompting them to log in and indicate acceptance of the referral).
- Serve all pregnant women referred by Moms Helpline regardless of insurance type or ability to pay
- Ensure the woman receives appointments with a physician (obstetrician, family or general practitioner) or advance practice provider (nurse midwife, nurse practitioner, physician assistant) for all prenatal care visits, with first appointment to be within two weeks of referral, regardless of gestational age 4 Last updated: 02.17.26
- Serve all referred women in their own spoken language
- Provide client-level data back to IDOH confirming the appointment date for each referred woman. (This will likely require that data sharing agreements be in place).

For the purposes of this opportunity, the first prenatal care appointment should include:

- Lab confirmation of pregnancy
- Review of medications
- Medical history
- Physical exam
- Social needs assessment
- Mental health assessment
- Substance use screen (includes nicotine and alcohol)
- Screening for interpersonal violence
- Prenatal vitamin prescription
- Education on pregnancy and prenatal care



- Ultrasound or referral for ultrasound (if this is not done or scheduled at the first visit, please explain your process.)

