

Maternal, Child, and Family Health

DEFINITIONS: AUGUST 2025 (PENDING SCHSAC APPROVAL)

A. Provide complete, accurate and locally relevant data and information as available to partners and the public on maternal, child, and family health trends.

1. Develop systems for collecting, analyzing, and sharing data related to maternal, child, and family health indicators, outcomes, and trends.
2. Access data from external sources for prevention and population health.
3. Analyze and validate data related to maternal and child health.
4. Provide surveillance of the population with respect to maternal and child health.
5. Establish metrics and monitor quality of prevention and population health improvement activities.
6. Provide education and technical assistance to organizations involved in preventing harm and improving health.

B. Develop a prevention plan for maternal, child, and family health in collaboration with community partners.

1. Identify and create connections with partners and communities, particularly those disproportionately affected by health inequities.
2. Assess the factors and conditions affecting maternal, child, and family health programs and their implementation.
3. Collaborate with partners and communities to understand maternal, child, and family health issues and culturally affirming programs.
4. Collaborate with partners and communities to create and implement maternal, child, and family health programs and strategies.
5. Develop, implement, maintain, and evaluate plans, systems, and infrastructure to address maternal, child, and family health issues.

C. Identify, disseminate, and promote emerging and evidence-based practices and programs which promote lifelong health and wellbeing.

1. Educate partners and communities on maternal, child, and family health risks, including prevention and control of those risks.
2. Develop, implement, and maintain systems and infrastructure for identifying and promoting evidence-based practices and programs.
3. Modify and adapt existing practices and programs to meet community and family needs.
4. Establish and document a process to review and continually improve practices and programs.

D. Maintain and utilize newborn screening and identification of infants with birth defects to support and coordinate follow up.

1. Support systems to assure infants with birth defects and/or newborn screening conditions are identified as soon as possible after birth.
2. Establish and maintain systems for follow-up, reporting, and connection to clinical care and early intervention for infants with newborn screening conditions.
3. Assure infants identified with a newborn screening condition have access to prompt diagnostic assessments.
4. Assure a complete referral from the state health department to local health departments for nursing follow-up, including documentation from the local health department to the state health department of the outcomes of the referral.
5. Assure the families of infants identified with birth defects and/or newborn screening conditions receive prompt nursing follow-up including health education and connection to clinical, educational, and social services.

6. Assess the availability, capacity, and distribution (or gaps therein) of clinical care for infants with birth defects and/or newborn screening conditions, including any barriers to accessing care.
7. Monitor the effectiveness of public health programs serving infants with birth defects and/or newborn screening conditions.
8. Inform and influence state policy related to newborn screening according to evidence-based practice and standards.

E. Coordinate, integrate, align, and address funding opportunities for maternal, child, and family health programs and activities.

1. Educate decision-makers about and advocate for resources needed for maternal, child, and family health programs and activities.
2. Seek out, apply for, and manage funding opportunities.
3. Assure and maintain baseline funding is being provided to support mandated maternal, child, and family health programs and activities.
4. Assure and maintain a competent and trained public health workforce specific to maternal, child, and family health programs and activities, including training on emerging and culturally affirming practices and programs.
5. Create and maintain a systematic intake, internal, and external referral process so referrals across available programs are well-coordinated.