

Public Health Emergency Preparedness and Response Checklist for Maternal and Infant Health

Updated February 2021



Purpose

Originally designed to guide interdisciplinary teams from U.S. states, territories, or freely associated states (inclusively referred to as “jurisdictions” throughout the document) participating in AMCHP’s Emergency Preparedness and Response Action Learning Collaborative, this checklist is intended to augment the capacity of all jurisdictions to ensure that women of reproductive age, especially postpartum women, and infants are planned for in the event of emergencies – including multiple emergencies with intersecting impacts. Much of the content, however, has applicability for the broader maternal and child health (MCH) population, including children with special health care needs and their families.

Grounding

The structure and language in this document are based on the *Public Health Emergency Preparedness and Response Capabilities: National Standards for State, Local, Tribal, and Territorial Public Health* (CDC, 2018). These [standards](#) have been adapted for this document to focus on preparedness tasks and resources to meet the needs of women of reproductive age and infants during emergencies.

Components

The checklist includes four overarching strategies:

- 1) Integrate MCH considerations into the jurisdiction Emergency Preparedness and Response (EPR) plan.
- 2) Develop strategies to gather epidemiologic/surveillance data on women of reproductive age and infants to guide action.
- 3) Establish/promote EPR communication about target populations with clinical partners, public health and governmental partners, and the general public.
- 4) Identify public health programs, interventions, and policies to protect/promote health and prevent disease and injury in emergencies among maternal and infant populations.

Each strategy contains between six (6) and ten (10) associated activities. Activities are presented in the form of a question that jurisdictions can answer as a way to identify capacity gaps and monitor progress, with relevant hyperlinks embedded and an “Additional Comments” column for planning and implementation considerations – barriers, facilitators, etc. The checklist also identifies the most relevant Public Health Emergency Preparedness and Response (PHEP) Capability for each activity.

Guidance

CDC’s Division of Reproductive Health suggests that jurisdictions start with the Strategy #1 because the associated activities are foundational to building capacity overall, but the others can be completed in order of priority or simultaneously. Jurisdictions are encouraged to add their own priority activities and create its own list of required FEMA and other agency trainings.

AMCHP, in partnership with the CDC’s Division of Reproductive Health, is currently developing an online course, “Reproductive Health in Emergency Preparedness and Response,” to be released in mid-late 2021. This course will explore each checklist strategy in more detail; it will also include tools to support action planning and prioritization, as well as supplemental resources from AMCHP, CDC, and national partners. Please contact workforce@amchp.org or drhemergencyprep@cdc.gov with any questions or resource needs prior to the release of course content.

Public Health Emergency Preparedness and Response Checklist for Maternal and Infant Health

Updated February 2021



Strategy #1: Integrate MCH considerations into the jurisdiction Emergency Preparedness and Response (EPR) plan.			
PHEP Capability	Question	Y/N	Additional Comments
Community Preparedness	S1-A1. During the last 12 months, have the MCH Director and the PHEP Director met to discuss the EPR needs related to reproductive health? If yes, how many times?		
Community Preparedness	S1-A2. Are lists of key jurisdictional MCH partners, stakeholders, and/or social networks updated annually to reflect current contact information?		
Community Preparedness	S1-A3. Is an MCH staff member identified who regularly reviews and updates the sections of the jurisdiction plan that pertain to MCH populations? If yes, who?		
Mass Care	S1-A4. Does jurisdiction guidance for sheltering and other mass care address maternal and infant population-specific needs, such as supplies and instructions for infant feeding and safe sleep?		
Community Preparedness	S1-A5. Does MCH annually review the availability of portable prenatal records for pregnant women with MCH partners and stakeholders?		
Emergency Operations Coordination	S1-A6. Has staff evaluated the MCH role in the last jurisdiction response where the hazard had a disproportionate effect on women of reproductive age and/or infants (such as Zika virus or pandemic influenza)?		
Emergency Operations Coordination	S1-A7. Has your MCH Program defined how MCH staff become EPR trained and response-ready?		
Emergency Operations Coordination	S1-A8. Has your MCH Program set a goal for the proportion of MCH staff who are trained and response-ready? If yes, what percent of MCH staff?		
Emergency Operations Coordination	S1-A9. Does your MCH Program annually update its roster of MCH staff members who are trained to assume leadership and other positions during a response if the hazard has a disproportionate effect on women of reproductive age and/or infants? If no, why not?		
Emergency Operations Coordination	S1-A10. Does the PHEP Director or designee regularly review and update the roster of staff who have been trained about effects of emergencies on MCH populations?		

Public Health Emergency Preparedness and Response Checklist for Maternal and Infant Health

Updated February 2021



Strategy #2: Develop strategies to gather epidemiologic/surveillance data on women of reproductive age and infants to guide action.			
PHEP Capability	Question	Y/N	Additional Comments
Community Preparedness	S2-A1. During the last three years, has MCH published a report that describes demographic characteristics and locations of high-risk MCH populations who may be particularly vulnerable to effects of an emergency?		
Community Preparedness	S2-A2. Have two or more MCH or jurisdiction epidemiologists estimated the number of pregnant women in a jurisdiction?		
Community Preparedness	S2-A3. During the next three years, will your jurisdiction assess emergency preparedness among postpartum women using the Pregnancy Risk Assessment Monitoring System (PRAMS) or a PRAMS-like survey?		
Community Preparedness	S2-A4. During the next three years, will your jurisdiction assess preparedness needs among women of reproductive age (15-44 years) using selected disaster preparedness questions in the Behavioral Risk Factor Surveillance System (BRFSS)?		
Public Health Surveillance and Epidemiological Investigation	S2-A5. After at least one emergency response in the last three years, have MCH leaders and/or responders identified facilitators and barriers to collecting timely, actionable data about salient conditions and outcomes among pregnant and postpartum women and infants?		
Public Health Surveillance and Epidemiological Investigation	S2-A6. Does MCH have an in-agency agreement stating that identification of a pregnant woman (pregnant yes/no and due date) is included on all morbidity, mortality and other surveillance and epidemiological study electronic forms used in an emergency?		
Public Health Surveillance and Epidemiological Investigation	S2-A7. Has at least one MCH staff member assessed possible use of the Health Indicators for Disaster-Affected Pregnant Women, Postpartum Women, and Infants guide for assessment and surveillance published by DRH? If not, who is assigned to do this?		

Public Health Emergency Preparedness and Response Checklist for Maternal and Infant Health

Updated February 2021



Strategy #3: Establish/promote EPR communication about target populations with clinical partners, public health and governmental partners, and the general public.			
PHEP Capability	Question	Y/N	Additional Comments
Community Preparedness	S3-A1. Does training with jurisdiction MCH partners, stakeholders, and/or social networks include at least one session annually on maternal and infant health preparedness?		
Information Sharing	S3-A2. Does the MCH Program annually review established communication plans with MCH partners and stakeholders to disseminate preparedness messages to women of reproductive age, especially pregnant/postpartum/lactating women?		
Information Sharing	S3-A3. Does the MCH Program annually review its established communication plans with MCH partners and stakeholders for rapid dissemination of relevant critical emergency information?		
Information Sharing	S3-A4. Does the MCH Program annually review its communication plans with MCH partners and stakeholders for dissemination of general safety messages for pregnant/postpartum/lactating women before and during emergencies?		
Information Sharing	S3-A5. Has the MCH program disseminated targeted preparedness messages and/or training based on the previous assessment results in S2-A3 (PRAMS) and/or S2-A4 (BRFSS)?		
Information Sharing	S3-A6. Has the MCH Program determined the emergency conditions under which <i>Increasing Access to Contraception: A Toolkit for Program Development, Implementation, and Evaluation</i> or some of its components may be used?		

Public Health Emergency Preparedness and Response Checklist for Maternal and Infant Health

Updated February 2021



Strategy #4: Identify public health programs, interventions, and policies to protect/promote health and prevent disease and injury in emergencies among maternal and infant populations.			
PHEP Capability	Question	Y/N	Additional Comments
Community Preparedness	S4-A1. Does the MCH Program annually review plans for coordination of services with the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) to maternal and infant populations in emergencies?		
Community Preparedness	S4-A2. Does the MCH Program annually review hospital protocols for discharging newborns and postpartum women after an emergency, including those who are displaced from their disaster-affected homes?		
Community Preparedness	S4-A3. Does the MCH Program annually review the plan for ensuring that contraceptives are available to women of reproductive age during and after an emergency?		
Community Preparedness	S4-A4. Does the MCH Program annually review ongoing collaboration between MCH and other programs (such as prenatal/postnatal home visiting, immunization, etc.) to ensure post-emergency needs of maternal and infant populations are met?		
Public Health Laboratory Testing	S4-A5. Does the MCH Program annually review and update contingency plans for newborn screening during and after emergencies?		
Public Health Surveillance and Epidemiological Investigation	S4-A6. Does the MCH Program annually review/update contingency plans for registering vital events during and after emergencies?		