

Emergency Preparedness and Response:

CDC/Association of Maternal and Child Health Programs (AMCHP) Action Learning Collaborative

Impacts of Public Health Emergencies on Maternal and Child Health (MCH)

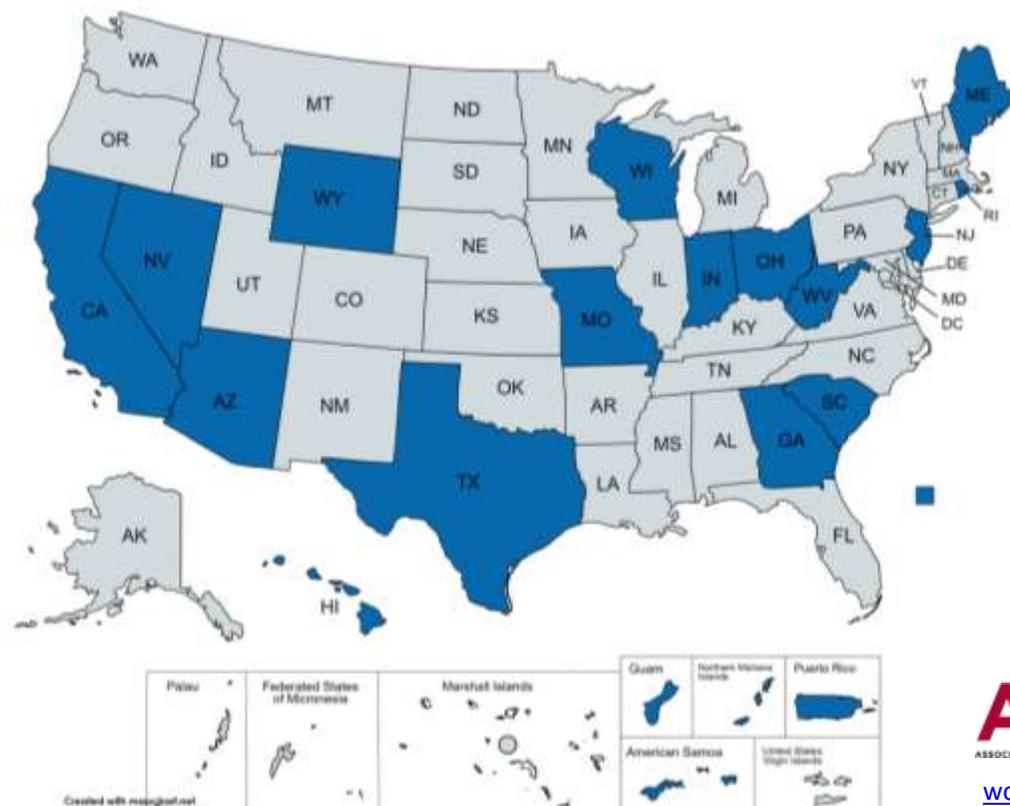
Public health emergencies – including natural disasters, emerging or pandemic diseases, and man-made disasters – disrupt lives, families, and communities. Disasters can affect access to medical and social services, increase stress, intensify physical work, and expand caregiving duties. Disasters may affect access to medical services and health outcomes among women of reproductive age (15 to 44 years), pregnant and postpartum people, and infants.

CDC's DRH Collaboration with AMCHP

Since 2018, CDC's DRH and AMCHP have partnered to design and implement [The Emergency Preparedness and Response Action Learning Collaborative \(EPR ALC\)](#) to strengthen EPR capacity at the state/ territorial level. The EPR ALC is a multi-year capacity building project that engages a yearly cohort of multidisciplinary teams with members representing MCH and Public Health Emergency Preparedness to:

- Build state, territorial, and jurisdictional EPR MCH capacity through collaboration with MCH partners;
- Promote learning from other states and territories; and
- Develop/adapt practical EPR MCH tools and resources

Map of U.S. jurisdictions that have participated in the ALC (2018-21)



Why Integrating EPR and MCH at the State/Territorial Level Is Important



Public health systems play an integral role in preparing, responding to and recovering from emerging threats and emergencies. However, MCH populations are not always prioritized in EPR plans, highlighting the need to build emergency preparedness capacity at the state, territorial, and local levels. Building EPR and MCH capacity is critical before an emergency happens to mitigate the impact of emergencies on MCH populations, especially those experiencing health disparities and inequitable outcomes. Sustainable partnerships promote collaboration to better implement strategies to ensure that the needs of women of reproductive age (WRA) and infants are met during public health emergencies.

Select EPR ALC Highlights and Outcomes

3 Cohorts



147 staff from 16 states and 4 territories participated across 3 ALC cohorts from 2018-2021.

21 Instructional Webinars



This includes virtual orientation and kick-off sessions, didactics, peer-to-peer learning, and team action planning.

Direct Technical Assistance



Monthly small group check-in meetings facilitated by assigned coaches.

EPR Checklist for Maternal & Infant Health



[Tool](#) to assess and build MCH EPR capacity to ensure that WRA and infants are planned for in a disaster.

Resources



[Web page](#) that features the recorded ALC presentations, trainings, workbooks, and other helpful tools.

Skills Building Workshops



Technical presentations and workshops on the applicability of the Checklist presented at CityMatCH, CSTE*, and AMCHP conferences.

* Council of State and Territorial Epidemiologists

Questions? Please contact:

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<https://www.cdc.gov/reproductivehealth/emergency/>