

North Dakota Maternal and Child Health (MCH) Priorities 2025 – 2030

The Maternal and Child Health (MCH) program is a federal-state partnership that is a key source of support for promoting and improving the health and well-being of mothers, children, and their families. Each year, North Dakota receives federal funding to achieve this goal. To identify where the greatest need is within the state, North Dakota's MCH program conducts a comprehensive statewide needs assessment on the health and well-being of mothers, children, and families every five years.

For the 2025-2030 comprehensive needs assessment, qualitative and quantitative data were collected and examined to gain a more complete understanding of the needs and health outcomes of the state's MCH populations. The table below summarizes the MCH priority areas selected for 2025-2030.

National Performance Measures (NPM): Fifteen NPMs across five population health domains were established for the Title V MCH Services Block Grant program. Based on its identified priority needs, States select a minimum of five NPMs for programmatic focus. For each of these selected NPMs, States develop at least one related Evidence-based or –informed Strategy Measures (ESMs) to assess and demonstrate the impact of its State Title V strategies on the NPM.

State Performance Measures (SPM): States may create SPMs to address other crosscutting priorities that NPMs do not cover.

Population Domains: Women, Perinatal/Infant, Child, Adolescent, and Children with Special Health Care Needs (CSHCN).

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Domain	Domain Leads	Performance Measure (NPM or SPM)	Priority	Programs/Partners that Align with the Priority (not an all-inclusive list)
Women	Alicia Belay, Angie Reinarts, Sarah Scott	Postpartum Visit: A) Percent of women who attended a postpartum checkup within 12 weeks after giving birth and B) Percent of women who attended a postpartum checkup and received recommended care components	Identify, reduce, or eliminate barriers preventing women from receiving recommended postpartum care components, including but not limited to mental health screening, breastfeeding support, care coordination, etc.	<ul style="list-style-type: none"> • MCH Women’s Health • Community Engagement • Family Planning • Maternal Mortality Review Committee (MMRC) • Alternatives to Abortion • Breastfeeding/MCH Nutrition • WIC • Medicaid
Perinatal/Infant	Beth Oestreich, Mikaela Schlosser	Safe Sleep: A) Percent of infants placed to sleep on their backs B) Percent of infants placed to sleep on a separate approved sleep surface C) Percent of infants placed to sleep without soft objects or loose bedding D) Percent of infants room-sharing with an adult	Support services, programs, and activities that encourage safe sleep	<ul style="list-style-type: none"> • Breastfeeding/MCH Nutrition • Medical Facility Partnerships • Child Fatality Review Panel • American Academy of Pediatrics (ND AAP) • Community Engagement (NFI, Tribal Partners) • Safe Kids • Early Childhood (NDDHHS) • Local Public Health • Home Visiting Programs
Child	Sarah Massey, Mikaela Schlosser	Food Sufficiency: Percent of children, ages 0 through 11, whose households were food sufficient in the past year	Improve accessibility to healthy food options through community resources (schools, food banks, health units, etc.)	<ul style="list-style-type: none"> • School Health • MCH Nutrition • Full-Service Community Schools • REA’s • WIC • SNAP • Local Public Health • Community Resources (Food Banks, Foundations, Clinics) • NDSU Extension • FirstLink
Child	Sarah Massey,	Medical Home-Care Coordination: Percent of children with and without	Improve care coordination to link the MCH population to	<ul style="list-style-type: none"> • School Health • MCH Nutrition

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	Mikaela Schlosser	special health care needs, ages 0 through 17, who receive needed care coordination.	essential services and resources	<ul style="list-style-type: none"> • Full-Service Community Schools • REA's • WIC • SNAP • Local Public Health • Community Resources (Food Banks, Foundations, Clinics) • NDSU Extension • FirstLink • CSHCN Domain Leads • Adolescent Health Domain Leads
Adolescent	Heather Kapella, Kimberly Hruby, Danielle Hoff, Beth Oestreich	Mental Health Treatment: Percent of adolescents, ages 12 through 17, who receive needed mental health treatment and counseling	Identify, reduce, or eliminate barriers preventing adolescents from receiving mental health treatment and counseling	<ul style="list-style-type: none"> • NDDHHS Behavioral Health Division (Pediatric Mental Healthcare Access Program, Suicide Prevention Program) • Suicide Prevention Coalition • School Nurses • ND DPI (Bullying Prevention) • ND AAP • Community Engagement (Youth Advisory Board) • Federation of Families • FirstLink
Children with Special Healthcare Needs (CSHCN)	Danielle Hoff, Heather Kapella, Kimberly Hruby, Tina Feigitsch	Medical Home-Overall: Increase the number of children with special healthcare needs engaged in medical home	Improve the system of care for children with special health care needs	<ul style="list-style-type: none"> • Child and Adolescent Domains • Family Support Organizations • ND AAP • Medical Facilities • School Nurses • ND DPI (Special Education) • Family Advisory/Medical Advisory Council • FirstLink • Local Public Health • Child Health Domain Leads • Adolescent Health Domain Leads
Cross-Cutting	Dawn Mayer, Beth Oestreich	“Vision Zero” state initiative to eliminate fatalities and serious injuries caused by motor vehicle crashes	Reduce serious motor vehicle injuries and fatalities to North Dakotans younger than 21 years of age	<ul style="list-style-type: none"> • ND DOT • Local Public Health • Safe Kids • Medical Facilities • Emergency Medical Services for

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				<ul style="list-style-type: none"> • Children (EMSC) • Child Fatality Review Panel • Law Enforcement
Cross-Cutting	Joyal Meyer, Amy Burke, Angie Reinarts, Heather Kapella, Beth Oestreich, Danielle Hoff	Implement North Dakota state mandates for the Maternal Child Health (MCH) population	To implement all North Dakota state mandates delegated to the NDDHHS Title V/Maternal and Child Health Programs	<ul style="list-style-type: none"> • NDDHHS
Cross-Cutting	Alicia Belay, Amy Burke, Mikaela Schlosser, Sarah Massey, Kimberly Hruby, Danielle Hoff	Improve access to health-related services to improve health and well-being	Increase awareness and the utilization of statewide services or resources	<ul style="list-style-type: none"> • SHIP (State Health Improvement Plan) • Multi-Partner Health Collaborative (MPHC) • Oral Health Program/Oral Health Coalition • ND Medicaid • Home Visiting Programs • Early Childhood (Right Track, Head Start) • Developmental Disabilities Resources (waivers, Early Intervention) • Local Public Health • Family Support Organizations