

Maternal and Child Health is now Family and Child Health

We've changed our name! Same services, new name

Why are we changing the name?

Using the word “Family” instead of “Maternal,” which is a gendered term describing mothers/parents who identify as women, helps us to more sensitively serve parents who are not women (trans, non-binary, gender non-conforming parents and fathers/male parents), to acknowledge the important role of kin and caregivers, and to advance equity.

What is health equity?

Health Equity means that everybody has a fair opportunity to be healthy. This especially includes people who are poor, disabled, LGBTQ+, BIPOC (Black, Indigenous, and people of color), and others who have experienced discrimination. Discrimination is the result of laws and social norms that value and benefit some of us and make life more difficult and dangerous for others. Achieving health equity means that we value everyone equally and write and enforce policies that benefit health for all.

What are health disparities?

Health disparities result from multiple factors, including:

- Poverty
- Environmental threats
- Inadequate access to health care
- Individual and behavioral factors
- Educational inequalities

Health disparities are preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations.

What are the consequences of health disparities?

They deprive communities of human resources and money. They drive up costs, decrease productivity, and diminish the quality of life for everyone. Many medical professionals are not yet aware of how health disparities impact the lives of their patients and the quality of the medical services they provide.

How does this name change support trans and gender non-conforming (TGNC) people?

Gender is a spectrum, so there are people who get pregnant, give birth, feed, parent, and take care of their child(ren) who do not identify as women or mothers. People can become parents in all kinds of ways, and parents can be of any gender. We want all parents and caregivers in Vermont to feel a sense of belonging in accessing our programs, regardless of their gender identity.

What about people who identify with the word maternal?

Maternal and Child Health is not abandoning the rich history and tradition that shines a light on women and mothers and uses terms like “maternal”. We have some experience already in embracing inclusive language like “pregnant Vermonters” across our work. A move toward inclusive language does not force any of us to stop using the language we know many people identify with; it simply creates more space for all of us as we expand our commitment to equity in all its forms.

Is there any data to support the change?

Transgender and gender non-conforming people face the highest rates of sexual and gender-based violence, and the poorest behavioral and mental health outcomes due to discrimination and systemic oppression. According to the 2019 Vermont Youth Risk Behavior Survey, lesbian, gay, bisexual, and transgender (LGBT) high school students are significantly more likely to make a suicide plan or attempt than their peers (plan 33% vs. 8%; attempt 18% vs. 4%). Safety, autonomy, and basic rights are at stake if we do not act.

Why now?

As of April 20, 2023, there are over 460 anti-trans laws proposed across the country (ranging from banning gender affirming care for youth and eradicating trans-competent healthcare to forcing cisgender norms in bathrooms, locker rooms and sports teams). Now is the time to adjust our language.

What else is changing?

Over time our name will be changed everywhere it shows up in print, on our website, and in the way we talk about our work.

We are also looking at other gender-neutral or gender-affirming language changes throughout descriptions of our work, like the use of “chest feeding”, “human milk feeding”, or “body feeding” in addition to breastfeeding.

What is staying the same?

Our services, our programming, our values, and our commitment to serving Vermont families.

What happens next? What can you expect?

Please take your time to digest this and start making the shift at your own pace. You will receive some packaged language to share with external stakeholders in early May, and continued guidance on “where” our name is changing as we go. We expect that by the end of the summer we will be fully transitioned to the use of Family and Child Health and will have made all the administrative changes needed.

How can you ask questions?

Please reach out to our Health Equity Lead Sara or our Information Director Shari with any questions or concerns.

What should I do about my: email signature, program and marketing materials, grant language, and business card?

You don't need to make any immediate changes. We will be receiving some support in finding and replacing our “old” title across our products and documents through the summer. Shari and Sara will let you know when we are ready to make broad changes, and your supervisor will be prepared to support you in that process.

How will these changes be rolled out to the community?

We will be contracting with a marketing vendor to launch a small public messaging campaign, and to guide us in the process of discerning where (in what documents or on which platforms) our “old” name needs to be replaced and how to communicate to partners. This will be an incremental process that could take us through the summer.

What should I tell my colleagues and partners for now?

Formal messaging to external grant and programming partners, as well as inter-Departmental colleagues, will be provided the week of May 1. It is fine if external partners hear about our name change in the interim, and we hope you will feel comfortable answering any questions that come your way and referring to this FAQ.

How do I use the “Division” part of our title?

We can adjust as we go, but for now you can use our title like we always have. We are the Division of Family and Child Health; our acronym is FCH.