

Maxillofacial Review Boards



In the United States

- 1 in every 700 babies is born with cleft lip and cleft palate.
- 1 in every 1,500 babies is born with a cleft palate without a cleft lip.
- 1 in every 2,800 babies is born with a cleft lip without a cleft palate.

Did You Know?

- Cleft lip and cleft palate happen when a baby's lip or mouth do not form properly during pregnancy.
- Cleft lip and cleft palate are the most common birth disorders in the U.S.
- Cleft lip and cleft palate can happen on their own or as part of a complex genetic health condition.
- Children with cleft lip or palate need care in areas like feeding, growth, dental, speech, hearing, and development.
- Children born with cleft lip or cleft palate may need early treatment and ongoing check-ups. They often need team-based medical care to make sure steps in their medical care happen in the correct order.

There are 4 regional Maxillofacial Review Boards in Washington. The Washington State Department of Health (DOH) supports 3 of them through contracts. These boards coordinate and provide the multidisciplinary critical care infants with cleft lip and cleft palate need. They ensure that providers plan and carry out treatment in a coordinated, step-by-step manner as the child grows.

The boards follow the American Cleft Palate-Craniofacial Association standards. They provide care based on a medical home model. This model focuses on team-based care that centers the needs of the patient and their family. It can be beneficial for people with disabilities and chronic health conditions. A medical home model is one of the [key standards of care](#) for children and youth with special health care needs (Association of Maternal and Child Health Programs).

Each Maxillofacial Review Board has a team of experienced and qualified professionals. A craniofacial team coordinator oversees care for the children and their families and maintain the organizational structure of the review board.

State Supplements Care Coordination: \$154,580

Each year, we provide \$154,580 each year to supplement the care coordination costs of the southwest, central, and eastern regional review boards. The regional northwest review board does not need supplemental funding from the state.

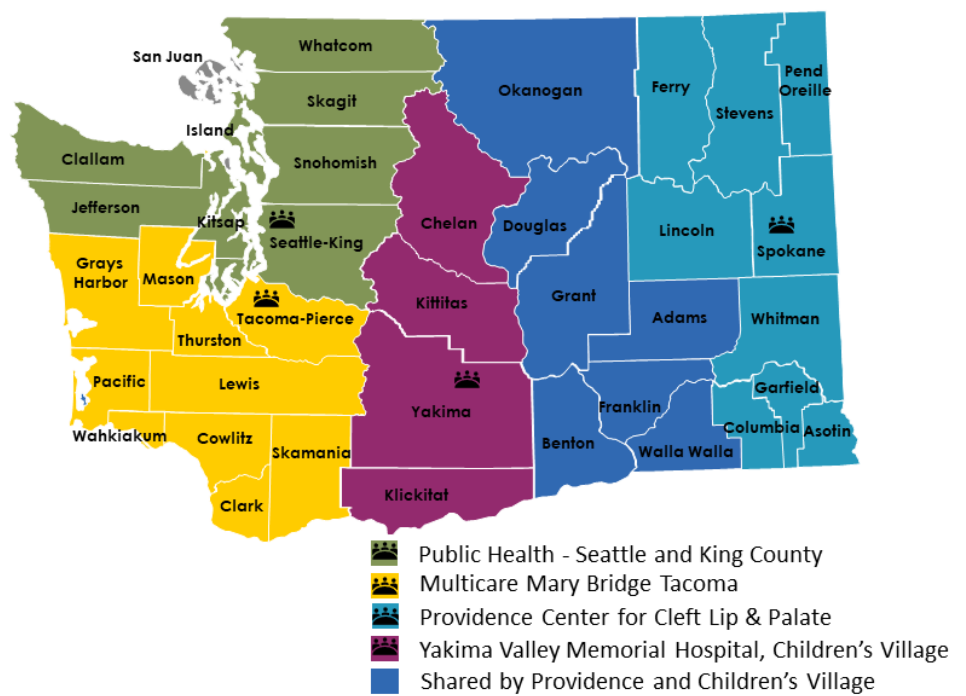
Northwest Region	Seattle Children’s Hospital	---
Southwest Region*	Mary Bridge Children’s - MultiCare Health Systems Tacoma	\$50,918
Central Region	Children’s Village - Yakima Valley Memorial Hospital	\$50,288
East Region	Providence Center for Cleft Lip & Palate - Spokane	\$53,374
*The Pediatric Craniofacial and Cleft Palate Program at the Oregon Health & Science University in Portland also serves some children who live in southwest Washington		

Ensuring Care Standards

Maxillofacial Review Boards follow the standards of care set by the American Cleft Palate-Craniofacial Association. The standards of care are essential for a team of different specialists to provide quality care. They address:

- Team composition
- Team management and responsibilities
- Patient and family or caregiver communication
- Cultural competence
- Psychological and social services

Maxillofacial Review Boards and Regions Served



Guiding Families Through Their Care Journey

“Being the team coordinator and being the main point of contact for families is so rewarding. Cleft care requires so much more than just surgery. I am excited and honored to continue in my role as the MFRB Spokane Team Coordinator.” — MarSue Chagnon, RN/MFRB Coordinator (East Region)

“As the MFRB Coordinator, I have a flexible schedule and long-term rapport (up to 18 years) with families. We offer a holistic approach to families and include their concerns and opinions when providing a Plan of Care for their children.” — Rebecca Ericson, RN/MFRB Coordinator (SW Region)