Maternal Health Equity: A Blueprint for Connecticut

Connecticut Health FOUNDATION
Changing Systems, Improving Lives.

By many measures, Connecticut ranks among the best places in the United States to give birth. But not everyone has the same opportunity for or likelihood of having a safe and healthy pregnancy, birth, and start to parenthood. **Black women in Connecticut are twice as likely as their white counterparts to experience life-threatening complications related to pregnancy – a condition known as severe maternal morbidity.** Connecticut ranks in the bottom half of the nation in this measure. This blueprint aims to close the gap, and outlines evidence-backed strategic actions that can be taken in the coming years.

Our vision is a 50 percent reduction in the burden of severe maternal morbidity among Black women over three years (2026-2029), closing the racial gap for Connecticut and improving outcomes for all. While this blueprint focuses on the population with the greatest risk of poor outcomes, many of the strategic recommendations have the potential to reduce severe complications for all people experiencing childbirth in our state.

This blueprint was developed through a rigorous and inclusive process involving extensive consultation and collaboration. This included:

- An advisory committee of experts in maternal health, representatives from community organizations, and individuals with lived experiences of maternal health inequities, who provided valuable insights, guidance, and oversight throughout the blueprint's development.
- A series of community and town hall convenings called "CT Insights" that engaged over 200 collaborators from across the state, including health care providers, community advocates, policymakers, researchers, and people with lived experience, for input and feedback on potential strategies and actions.
- Researchers who reviewed existing state and national data on maternal morbidity and examined successful models from other states.
- Six national experts who provided critical review at two points during blueprint development.
- Subject matter experts who participated in advisory committee meetings, presenting information on their work and experiences and answering questions.

The blueprint calls for action in support of five strategic priorities:

1. Treat inequities in severe maternal morbidity as a critical public health issue.

- Establish a statewide severe maternal morbidity review process.
- Prioritize data collection by establishing standards and a reporting mechanism.
- Identify a coordinating structure to support work to address severe maternal morbidity.
- Create a mechanism to track and evaluate policies for reducing severe maternal morbidity.
- Promote awareness of severe maternal morbidity as a critical public health issue.

2. Ensure patients can access a wide range of maternal health care providers.

- Build on financing reforms such as bundled payment models for maternity care services.
- Address implementation barriers to reforms that have already been secured.
- Study Medicaid's 12-month postpartum coverage to advance knowledge of how best to support patients after delivery.
- Support innovation in team-based care.
- Build on existing state efforts to improve health for individuals incarcerated while pregnant.

3. Strengthen connections between maternal health and behavioral health services.

- Ensure there is appropriate infrastructure (policy, funding, and training) to support maternal mental health needs from pregnancy to one year postpartum.
- Develop policies to integrate mental health screening and linkages to care at multiple entry points.
- Prioritize pregnant and postpartum people for substance use disorder resources and mental health care.
- Support a community-led task force to monitor maternal health services for Black birthing people and develop a hub to streamline access to services.

4. Address discrimination in health care and diversify the workforce.

- Increase the number and diversity of doulas, nurse-midwives, behavioral health workers, and ob-gyns – the parts of the perinatal workforce with the largest gaps.
- Mandate that frontline care providers receive training designed to advance equity and reduce bias in the health setting, using content and format with strong evidence of effectiveness.
- Set up multiple measurement systems to safeguard maternal health equity and foster accountability and mitigation at the provider- and health system-level.

5. Increase economic security and economic mobility among families.

- Champion efforts to address economic mobility before, during, and after pregnancy.
- Strengthen partnerships, coordination, and communication to better serve families during and after pregnancy.
- Make pregnancy and birth affordable.

These recommendations build on current resources and initiatives and are designed for collaborative action across sectors and organizations to reduce severe maternal morbidity among Black people. Each of these recommendations is supported by a set of actions that can be taken in the first year to move toward this goal.

Following the publication of this blueprint, the Connecticut Health Foundation plans to bring together those interested in implementing the recommendations and work toward the first-year actions. We also anticipate mapping the landscape of maternal health efforts in Connecticut to ensure there is strong coordination and recognition of the tremendous work occurring in the state. We hope those from every sector will join this effort. Together, we can create a healthier future for all the people of Connecticut.

To read the full blueprint, visit www.cthealth.org.