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 does not need to be the case. The maternal health equity blueprint for Connecticut aims to close the gap in severe maternal morbidity and outlines evidence-backed strategic actions that can be taken in our state in the coming years.

What's in the blueprint

The blueprint focuses on reducing severe maternal morbidity – life-threatening complications related to pregnancy – in Black women.

- Connecticut ranks 35th in the nation in this measure.
- Black women in Connecticut experience severe maternal morbidity at twice the rate of their white peers.
- Deliveries with severe maternal morbidity are five times more likely to result in the baby dying.
- The strategies in the blueprint have the potential to reduce severe complications for everyone giving birth in the state.

What the blueprint recommends

The blueprint's recommendations focus on five key topics:

- **Tracking and awareness**: Treating inequities in severe maternal morbidity as a critical public health issue.
- **Access to all provider types**: Ensuring patients can access a wide range of maternal health care providers, including doulas and community health workers.
- **Behavioral health:** Strengthening connections between maternal health and behavioral health services.
- **Workforce diversity and training:** Addressing discrimination in health care and diversifying the workforce.
- **Economic stability:** Increasing economic security and economic mobility among families.

The first steps to take

The blueprint includes a set of actions for the first year of implementation. By category, they are:

Legislative:

- ☐ Authorize a severe maternal morbidity review committee (similar to the existing maternal mortality review committee), with plans for long-term funding.
- ☐ Appropriate funding for Medicaid coverage of community health worker services.
- ☐ Work to shield pregnant and postpartum people from any Medicaid cuts.
- ☐ Expand the state child tax credit and ensure sustainability of CT Baby Bonds.

State agencies:

- ☐ Work with doulas and health care providers to address barriers to participation in the Medicaid maternity bundle.
- ☐ Work with community-based organizations to establish a community-led maternal mental health task force.
- ☐ Work with care providers to identify trainings on maternal health equity for frontline health care providers and work together to incorporate these trainings into existing mandated trainings. These trainings should be evidence-based and trauma-informed, and selected with input from people with lived experience.

Philanthropy:

- ☐ Plan for implementation of the blueprint, in coordination with existing maternal health coalitions and working groups.
- ☐ Convene partners to develop a plan to coordinate piloting and expanding guaranteed basic income programs in the state.

Health care providers:

- ☐ Work with state agencies to identify trainings on maternal health equity for frontline health care providers and work together to incorporate these trainings into existing mandated trainings. These trainings should be evidence-based and trauma-informed, and selected with input from people with lived experience.
- ☐ Work with researchers to identify an evidence-based measure of discrimination that would provide just-in-time data for clinical providers. The goal would be to find a measure that can be implemented.
- ☐ Work with community-based organizations to identify and publicize the costs associated with childbirth, including the costs of diapers and not being able to access daycare without providing diapers.

Community-based organizations:

- ☐ Work with state agencies to establish a community-led maternal mental health task force.
- ☐ Work with hospitals to identify and publicize the costs associated with childbirth, including the costs of diapers and not being able to access daycare without providing diapers.

Research needed:

- ☐ Identify creative opportunities for financing team-based maternal health care.
- ☐ Identify an evidence-based measure of discrimination that would provide just-in-time data for clinical providers. The goal would be to find a measure that can be implemented.

How the blueprint was developed

- The blueprint was developed by a multidisciplinary team including researchers and clinical care providers.
- The process included intensive research, focus groups and town hall meetings with more than 200 people, and feedback from subject-matter experts in Connecticut and across the country.
- The blueprint development was guided by an advisory committee representing many sectors and people with lived experiences.
- *While the blueprint was informed by maternal health work happening in Connecticut now, it is not a comprehensive source on existing efforts. We hope people already working in this space will incorporate the blueprint into their existing efforts, where it makes sense.*

What's next

- The Connecticut Health Foundation plans to share the blueprint widely and intends to convene those interested in working on implementing the blueprint by working toward the year-one actions.
- We hope others will see roles for themselves in the blueprint and commit to moving forward parts of this work.
- We hope the work will be coordinated, but we don't own it; we hope others will move forward with aspects of the blueprint that they would like to pursue.

Learn more

To read the full blueprint and see related resources, visit www.cthealth.org.