



Connecticut Health  
FOUNDATION  
*Changing Systems, Improving Lives.*

# Maternal health equity: A blueprint for Connecticut

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Medical Assistance Program Oversight Council (MAPOC)  
*Women and Children's Health Committee*

April 13, 2026

# About the Connecticut Health Foundation

- Connecticut's **largest independent health philanthropy**.
- Since 1999, the foundation has supported innovative **grant-making, public policy research, strategic communications, and leadership development** to achieve its mission – to improve the health of the people of Connecticut.
- We focus on improving health outcomes for people of color.
- We have awarded grants totaling more than \$80,000,000 to nonprofit organizations and public entities.
- Our theory is that by investing in **systems change**, we will make lasting changes that impact more lives.
- Maternal health equity is a new focus area for us.

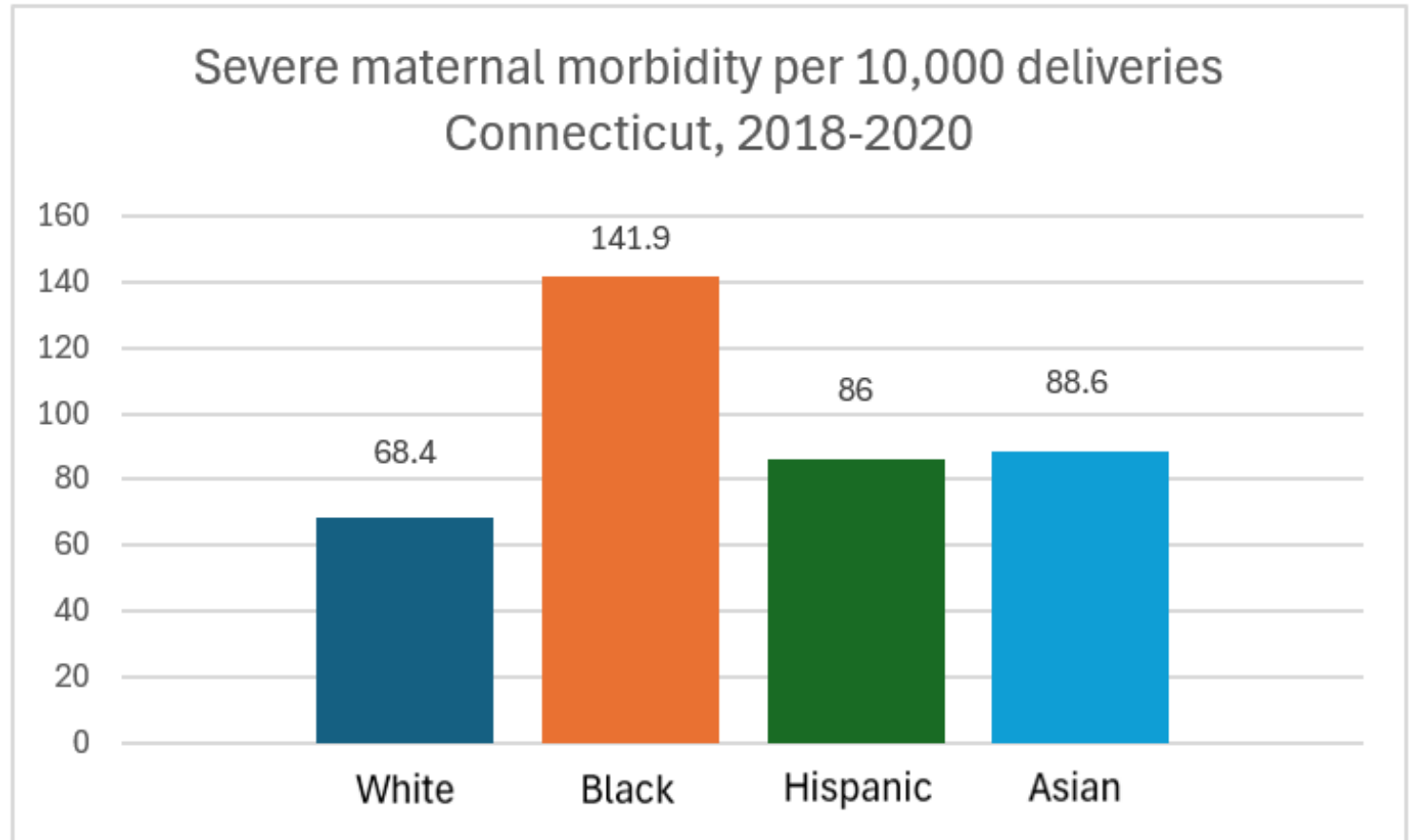
# Why we're talking about maternal health

- The U.S. has the highest maternal mortality rate among wealthy countries – and it's getting worse.
- The majority of pregnancy-related deaths in the U.S. and in Connecticut are preventable.
- There are severe disparities in maternal health outcomes by race, and one of the causes of this is racism.
- In a recent survey, one in five women said they experienced mistreatment during their most recent pregnancy or childbirth.



# Severe maternal morbidity in CT

- CT ranks in the bottom half of the nation
- Black women in CT experience severe maternal morbidity at twice the rate of their peers
- Babies are five times more likely to die in deliveries where there is severe maternal morbidity



**Severe maternal morbidity:** *The unexpected life-threatening complications that arise during pregnancy, childbirth, or the postpartum period, often leaving long-term physical and emotional scars and potentially affecting future pregnancies.*

# About the blueprint



- All pregnant people of color should have the opportunity for a healthy pregnancy, birth, and start to parenthood.
- The blueprint aims to close the gap in severe maternal morbidity and outlines evidence-backed actions that we can take.
- Built on best practices from around the country about how to improve severe maternal morbidity, especially among Black women

# About the process

- Facilitated by the Yale Global Health Leadership Initiative and Yale Equity Research and Innovation Center
- Started with research
- Established the focus on severe maternal morbidity
- Tested assumptions through community engagement
- Prioritized interventions
- Developed action steps and first-year milestones

## Advisory committee

Included key partners from diverse sectors with expertise in maternal health and public policy

*(Committee met monthly)*

## Subject matter experts

Included people with specific areas of expertise, such as health care financing and clinical care delivery

*(Provided briefings to advisory committee)*

## Community input

Hosted town-halls with Connecticut-based organizations, networks, and people with lived experience

*(Over 200 people engaged)*

## Expert review

National experts from fields related to maternal health, policy & equity

*(Engaged midpoint and reviewed final plan)*

# Advisory Committee



**Althea Marshall  
Brooks**

Executive Director,  
Waterbury Bridge to  
Success Community  
Partnership



**Andrea Barton  
Reeves**

Commissioner,  
Department of  
Social Services



**Deidre Gifford**

Former  
Commissioner,  
Office of Health  
Strategy



**Djana Harp**

Chief Medical Officer,  
Obstetrics, & Gynecology  
Norwalk Community  
Health Center



**Iyanna Liles**

OB/GYN Physician,  
American College of  
Obstetricians and  
Gynecologists



**Lisa Morrissey**

Deputy Commissioner,  
Connecticut  
Department of Public  
Health



**Lutonya Russell-Humes**

Vice President, Grants &  
Programs, Fairfield  
County's Community  
Foundation



**Manisha Juthani**

Commissioner,  
Department of Public  
Health



**Mark Schaefer**

Vice President,  
System Innovation &  
Financing  
Connecticut Hospital  
Association



**Milagrosa Seguinot**

Executive Director,  
Community Health  
Workers Association of  
Connecticut



**Natasha Ray**

Director, New  
Haven Healthy  
Start



**SciHonor Devotion**

Founding Director,  
Earth's Natural  
Touch: Birth Care &  
Beyond



**Tabassum Firoz**

Physician- Obstetric  
Internal Medicine, Yale  
New Haven Health-  
Bridgeport Hospital



**Tamika Julien**

Senior Lecturer in  
Nursing & Director of the  
Midwifery Faculty  
Practice, Yale School of  
Nursing

# Five priorities for action

01

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

02

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

03

Strengthen connections between maternal health and behavioral health services

04

Address discrimination in health care and diversify the workforce

05

Increase economic security and economic mobility among families

## Recommendations

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

## Year 1 actions

- Authorize a severe maternal morbidity review committee, with plans for initial and longer-term funding
- Work with existing maternal health coalitions and working groups to plan for implementation of the blueprint recommendations
- Create or identify a coordinating structure to support work on severe maternal morbidity

## Priority 2 | Ensure patients can access a wide range of maternal health care providers

### Recommendations

- 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 to best support patients after delivery
- Support innovation in team-based care
- Build on existing state efforts to improve health for individuals incarcerated while pregnant

### Year 1 actions

- Identify creative opportunities for financing team-based maternal health care, to inform future statewide efforts
- Implement previously approved legislation supporting Medicaid coverage of community health worker services for pregnant and postpartum people
- Work with doulas and health care providers to identify and address barriers to participation in the Medicaid maternity bundle
- Shield pregnant and postpartum people from any Medicaid cuts.

# Priority 3 | Strengthen connections between maternal health and behavioral health services

## Recommendations

- Ensure there is appropriate infrastructure 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.

## Year 1 actions

- Community-based organizations and state agencies should work together to establish a community-led maternal mental health task force.

# Priority 4 | Address discrimination in health care and diversify the workforce

## Recommendations

- 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 that has strong evidence of effectiveness.
- Set up multiple systems of measurement to safeguard maternal health equity and foster accountability and mitigation at the provider- and health system-level.

## Year 1 actions

- Identify evidence-based, trauma-informed curricula on maternal health equity for frontline health care providers, with input from people with lived experience
- Incorporate trainings into existing mandated trainings
- Identify an evidence-based measure of discrimination that would provide just-in-time data for clinical providers and be feasible and acceptable to use

# Priority 5 | Increase economic security and economic mobility among families

## Recommendations

- 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.

## Year 1 actions

- Develop a plan to coordinate piloting and expanding guaranteed basic income programs in the state
- Expand the state child tax credit and ensure the sustainability of the Baby Bonds program
- Identify and publicize the financial and opportunity costs associated with childbirth (e.g., the cost of diapers and not being able to use daycare without providing diapers)

# Aligning with other efforts

- There is a lot of energy and momentum to improve maternal health in Connecticut
- We have an opportunity to build on recent legislation and other important planning efforts, like community health needs assessments
- Where there is alignment:
  - Department of Public Health's Maternal Health Innovation grant planning
  - Public Act 25-38: developing a plan to increase birth centers in CT and enhance Medicaid payments for doulas
  - Special Act 25-7: creating a task force to look at perinatal mental health care services and gaps, studying doula-friendly practices, and creating a report card for hospitals and birth centers providing maternity care



# Next steps: Implementation

- **Mapping the landscape:** Implementation will require an inventory of existing maternal health work. This work has started.
- **Convening and coordinating:** We will bring together a wider group of people to identify which organizations plan to take on different parts of the blueprint.
- **Building a grantmaking strategy:** We will work with a consultant to identify how to support the blueprint's goals through grantmaking.



# Where you can learn more

- To download the blueprint, the executive summary, and fact sheets: <https://www.cthealth.org/publication/maternal-health-equity-blueprint-ct/>
- For highlights from the recent maternal health equity blueprint launch: <https://www.cthealth.org/latest-news/blog-posts/highlights-from-the-maternal-health-equity-blueprint-launch/>
- Other questions? Contact Arielle Levin Becker ([Arielle@cthealth.org](mailto:Arielle@cthealth.org)) or Ellen Carter ([ellen@cthealth.org](mailto:ellen@cthealth.org))