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Public Health

Report to the General Assembly

Public Health Committee

Maternal Health Report Card Advisory Committee

Manisha Juthani, MD, Commissioner

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State of Connecticut
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State of Connecticut Department of Public Health
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Executive Summary

Connecticut General Statutes (Conn. Gen. Stat.) Section 19a-59o directs the Connecticut Department of Public Health (DPH) to establish an annual Maternity Care Report Card that evaluates maternity care provided by hospitals and birth centers in Connecticut. The purpose of the Report Card is to promote high quality, patient centered, and equitable maternity care by presenting a clear and accessible assessment of maternal health outcomes, clinical quality measures, and patient reported experiences. The Report Card will also provide insight into persistent disparities in maternity care outcomes across demographic groups.

The report describes the Department's initial efforts to establish the required advisory committee as well as the quantitative metrics, qualitative measures, and the assessment methodology informed by that committee. These components will form the foundation of the Report Card that will be established by July 1, 2026, and publicly posted by January 1, 2027.

The Department has aligned this work with federal and state maternal health initiatives at DPH including the Maternal Health Innovation Grant, the Title V Maternal and Child Health Block Grant, the Alliance for Innovation on Maternal Health patient safety bundles, and recommendations from the Connecticut Maternal Mortality Review Committee. The approach prioritizes transparency, statistical rigor, culturally responsive measurement, and continuous improvement.

Committee Membership

The following table includes individuals who accepted Commissioner Juthani's invitation to join the committee.

Name	Agency/Organization	Role	Statutory Requirement: Perspective/Agency Fulfilled (if any)
Alison Tyliszczak	MCH Consultant	MCH Consultant	
Althea M. Brooks	Waterbury Bridge to Success	Executive Director	Connecticut-based organization focused on health equity and reducing disparities among vulnerable populations
Andy Beltran, MD	Hispanic Health Council	CMO	Connecticut-based organization focused on health equity and reducing disparities among vulnerable populations

Name	Agency/Organization	Role	Statutory Requirement: Perspective/Agency Fulfilled (if any)
Connie Heye	CT Office of Early Childhood (CT OEC)	Epidemiologist	
Cory Bernard	Postpartum Support International CT (PSI CT)	Perinatal Mental Health Professional	
Cynthia Hayle	CT Department of Social Services (CT DSS)	Nurse Consultant, Medical ASO Contract Liaison	
Daileann Hemmings	Hartford HealthCare	VP Maternal Health	Connecticut hospital with a significant percentage of high-risk births
Dante Costa	CT Department of Public Health (CT DPH)	Office of Policy, Legislation & Regulatory Affairs (works with birthing centers, doulas and midwives)	
Devin Brown	CT Department of Public Health (CT DPH)	Senior Project Manager	
Dr. Kim Karanda	CT Department of Mental Health & Addiction Services (CT DMHAS); CT PQC Office of the Commissioner	Regional Manager - Community Services Division at State of CT DMHAS	
Dr. Linda Barry	UConn School of Medicine	Associate Dean, Office of Multicultural and Community Affairs Associate Director, UConn Health Disparities Institute	
Ellen Blaschinski	CT Department of Public Health (CT DPH)	Community and Family Health	
Ellen Carter	CT Health Foundation	VP of Programs	
Erin Jones	March of Dimes	Sr Director, Legislative & Strategic Counsel for March of Dimes	
Fatmata Williams	CT Department of Social Services	Deputy Medicaid Director	
Kris Robles	CT Department of Children & Families (CT DCF)	Clinical Behavioral Health Manager	

Name	Agency/Organization	Role	Statutory Requirement: Perspective/Agency Fulfilled (if any)
Lauren Kittle	CT Department of Child and Families (CT DCF)	Program Supervisor	
Lawrence Young	CT Department of Public Health (CT DPH)	Director, Office of Health Equity	
Lisa Morrissey	CT Department of Public Health (CT DPH)	Deputy Commissioner of CT DPH	
Lucinda Canty	Lucinda's House	CEO/Nurse-midwife	
Manisha Juthani	CT Department of Public Health (CT DPH)	Commissioner of CT DPH	
Marcia Pessolano	CT Department of Public Health (CT DPH)	Public Health Services Manager/State WIC Director	
Marijane Carey	Carey Consulting	Principal/Owner	
Merryl Eaton	Mothers & Others for Justice	Executive Director	
Michele Scott	Mashantucket Pequot Tribal Nation	Tribal Councilor, Mashantucket Pequot Tribal Nation	
Miriam Miller	CT Department of Public Health (CT DPH)	Policy Director	
Natasha Ray	New Haven Healthy Start	Director of New Haven Healthy Start	
Rep. Dominique Johnson	LGBTQ+ Caucus, CT General Assembly	CT State Representative	
Rep. Kai Belton	CT State Representative	CT State Representative	
Reverend Robyn Anderson	Cross Street African Methodist Episcopal Zion Church, CT Health Foundation	Executive Director, Pastor	
Sabrina Selk	CT Health Foundation	Director of Policy	
Sara Eckhoff	CT Coalition Against Domestic Violence	Director of Prevention	
SciHonor Devotion, CPM	Earth's Natural Touch: Birth Care & Beyond, Inc. & Doulas4CT	Founding Director, Doula Trainer, and Community Midwife	
Selina A. Osei, MD	Connecticut Hospital Association	Director, Health Equity and Community Engagement	An association of hospitals in the state

Name	Agency/Organization	Role	Statutory Requirement: Perspective/Agency Fulfilled (if any)
Shayla Ranmal-Suppies	Wheeler Clinic	Program Manager, Substance Exposed Pregnancy Initiative of Connecticut (SEPI-CT)	
Shelly Nolan	CT Department of Mental Health & Addiction Services	Director of Women's Services	
Stephanie Ferguson	CT Department of Public Health (CT DPH)	Health Program Associate	
Yvette Highsmith Francis	Community Health Center, Inc. (CHCI)	Regional Vice President	
Yvette Martas, MD	Hispanic Health Council	Board Chair	Connecticut-based organization focused on health equity and reducing disparities among vulnerable populations

Introduction

Conn. Gen. Stat. Sec. 19a-59o requires the Commissioner of Public Health to create an annual Maternity Care Report Card for Connecticut hospitals and birth centers. The statute directs the Department to incorporate quantitative metrics, qualitative patient reported experience measures, and a validated assessment methodology that accounts for disparities, patient acuity, and privacy standards.

The Report Card is intended to improve public access to information about maternity care, support informed decision making by patients and families, and encourage system wide improvement in maternal health outcomes. The work described in this report supports Connecticut Department of Public Health obligations under the federal Maternal Health Innovation Program and complements existing activities under Title V, the Alliance for Innovation on Maternal Health program, and related maternal health quality initiatives.

Progress Update

Advisory Committee

In accordance with the statute, the Commissioner is convening an advisory committee to guide development of the metrics, qualitative measures, and methodology for the Report Card. Membership includes individuals with expertise in obstetrics, health equity, clinical quality measurement, hospital operations, patient experience, and data analysis. The table below displays the Department's progress in recruiting required representatives. For each required representative, DPH is either 1) still *recruiting*, 2) *confirming* a successful recruit's ability to fulfill the statutory requirement, or 3) the requirement has been *fulfilled* by a recruited/current member.

Statutorily Required Representative	Recruitment Status
A person with expertise in HIPAA	Fulfilled
An association of hospitals in the state	Fulfilled
A medical society of physicians in the state	Fulfilled
A professional membership organization for obstetrician-gynecologists	Confirming
Connecticut hospital with a significant percentage of high-risk births	Fulfilled
Independent hospital not part of a multihospital system	Confirming
Licensed birth center	Confirming
Connecticut-based organization focused on health equity and reducing disparities among vulnerable populations	Fulfilled

This advisory committee sits within the Department's existing Maternal Health Task Force (MHTF). The purpose of the MHTF is to serve as a statewide advisory body for DPH by providing guidance and coordination across all maternal health initiatives, while supporting DPH and partners in aligning activities under a unified statewide framework. The MHTF helps DPH align legislation, grants, clinical practice, and community insights, and keep equity, lived experience, and accountability visible in decision making. From examining state-specific maternal health data to implementing evidence-based interventions, the Task Force helps shape the maternal health landscape through the development of state-specific plans to guide efforts and improve outcome measurements. The MHTF worked with staff from the Department's Office of Health Equity to create a Maternal Health Strategic Plan (MHSP), focusing on addressing inequities, filling service gaps, and advocating for areas with the greatest needs to improve maternal health for diverse populations across the state.

Four MHTF meetings have been held, one of which was an in-person, two-day convening. During these sessions, partnership mapping and the development of the results statement were initiated, along with an initial review of the maternal health landscape, including an overview of data, existing strategic plans, coalitions, and maternal health activities in Connecticut. Factors influencing maternal mortality and morbidity were used as guidance to identify gaps and challenges in delivering high-quality care to birthing individuals across the state. Socioeconomic factors, racism, implicit biases in healthcare, and unequal access to resources were recognized as key contributors to disproportionately poor maternal health outcomes.

The Maternal Health Task Force Convening built alignment across a diverse and engaged group, reinforcing shared values of accountability, partnership, and the importance of listening to lived experiences. This convening offered productive, high-level discussion about the purpose of the maternal health report card and its metrics to promote transparency, support improvement, and reflect patient experiences. Overall, the convening established a strong foundation for continued strategic planning and alignment of maternal health activities across Connecticut. Since the start of 2026, DPH has hosted two Task Force general meetings, which have been followed by the first monthly meetings for each of the four subcommittees this April. General meetings will resume on a quarterly basis, with the next meeting take place on May 12, by which the Task Force will have had the second monthly meeting for two of four subcommittees. The substance of those subcommittee meetings is detailed below. The next regular MHTF meeting will be in June and will resume quarterly thereafter.

To ensure concentrated effort across a number of maternal health deliverables, the Task Force has four subcommittees:

1. Data, Evaluation, & Quality
2. Perinatal Mental Health
3. Doula-Friendly Hospitals: Workforce and Access
4. Community and Lived Experience

Appendix A includes a description of each subcommittee. For the explicit purposes of this statute, the *Data, Evaluation, & Quality* subcommittee will dedicate their efforts toward developing and publishing the Report Card while ensuring adherence to the statutory timeline. As currently

proposed, these subcommittees will meet monthly to discuss and advance progress on the Report Card. Each meeting will include a review of available data sources, a discussion of metric specifications, and consideration of equity stratification requirements. Between meetings, subcommittee members will provide feedback on relevant materials developed by DPH. Staff in the Department's Office of Health Equity support the committee with technical analysis, facilitation, and documentation before, during, and after meetings.

DPH introduced the idea of these subcommittees during the January 2026 Task Force meeting, to which the Department received the following feedback:

- Subcommittees were broadly supported as a practical way to advance statutory and systems-level work, particularly for the report card, perinatal mental health, and doula-friendly hospitals.
- Strong concern that community and lived experience should not be siloed into a single subcommittee and instead must be embedded across all subcommittees.*
- Participants warned that separating lived experience risks professional-heavy silos and could undermine the original intent of centering community voice.*
- Community members noted capacity and time constraints, making participation in multiple subcommittees difficult and inequitable.
- Clear roles, responsibilities, and expectations were requested for mixed groups of professionals and community members to ensure equitable participation.
- The Perinatal Mental Health subcommittee scope was viewed as potentially too narrow if substance use and co-occurring disorders are excluded.
- Participants cautioned against subcommittee silos and emphasized the need for intentional cross-committee communication and shared review of deliverables.
- There was agreement that subcommittee goals and focus areas should remain flexible and refined over time based on feedback.
- Strong emphasis on ensuring subcommittee outputs—especially the report card—reflect qualitative experiences of care, not just clinical metrics.

** While some Task Force members expressed concerns about having a separate subcommittee for individuals with lived experience, others emphasized the need for dedicated space where such individuals could feel comfortable and safe while ensuring their stories and experiences could be heard with care. Members of the latter perspective cautioned about the ability of all the subcommittees to provide that. To accommodate for these differing viewpoints, the individual subcommittee remains, but it has been accompanied with the agency's targeted recruitment of individuals with lived experience to join the other three subcommittees. This recruitment has been successful, with several such individuals in the process of joining the other three subcommittees.*

Metrics, Measures, and Methodology

The statute and Report Card were introduced to the MHTF during a two-day convening in fall 2025. On day two, Department staff provided legislative background for the new statutory requirement as well as the role of the group in its development. The scope, purpose, and goals of the report card were

discussed at length. Before the January 2026 MHTF meeting, DPH developed a preliminary, comprehensive, and evidence-informed set of maternal health indicators for the Task Force to evaluate and use as a starting point in their decision-making. For each metric, the Department has provided the definition, data source, and rationale.

The Department will stratify metrics by race, ethnicity, income, payer type, and geographic region whenever feasible and consistent with state and federal privacy standards. The advisory committee emphasized the importance of measuring disparities directly within the Report Card to illuminate structural inequities and inform targeted improvement strategies.

MHTF members were able to provide high-level feedback about gaps in metrics, overall intent of the Report Card, and how the ultimate product should function:

- Strong emphasis that the report card must capture patient and community experience, not only clinical outcomes or utilization.
- Clear call for qualitative metrics, recognizing that people can experience trauma or poor care even when outcomes are technically "good."
- Repeated feedback that behavioral health and substance use should be explicitly included, given their close relationship to severe maternal morbidity and mortality.
- Questions about how proposed metrics align with statutory language, particularly requirements focused on hospitals and birth centers.
- Interest in clearer crosswalks to other state report cards, including how Connecticut's approach compares and what informed metric selection.
- Requests to include workforce indicators, such as diversity of the maternity care workforce.
- Suggested additions included postpartum emergency department visits, intensive care unit admissions, and measures extending beyond delivery.
- Strong agreement that metrics should assess the experience of care, with patient-centered tools cited as useful models.

As identified by the MHTF, the preliminary list of metrics lacked adequate inclusion of qualitative measures. The Report Card will incorporate patient reported measures that capture key aspects of respectful and person-centered maternity care, including:

- Respect and dignity.
- Communication and shared decision-making.
- Cultural responsiveness and language access.
- Emotional support.
- Trust and perceptions of safety.

These measures will be interpreted alongside clinical outcomes and contextual factors to ensure balanced and meaningful assessment of care. Once the metrics and measures for the report card are finalized, the Data Subcommittee will discuss and recommend an appropriate methodology for incorporating appropriate measures, adding relevant risk adjustments, displaying them accessibly in the Report Card, and ensuring maximum utility of the tool by birthing people in the state.

Conclusion and Next Steps

In the following weeks, the Commissioner will complete recruitment for unfulfilled committee requirements. In addition, DPH will be soliciting more explicit feedback on each proposed Report Card metric. In a survey, members will be asked to indicate whether each metric is relevant and appropriate for inclusion in the Report Card moving forward. They will also have the opportunity to provide more holistic feedback. Questions surrounding the proposed composition of MHTF subcommittees will also be in the survey, allowing members to have an active role in shaping the subcommittees that will work on a number of deliverables, including the Report Card.

After the Task Force has helped to finalize the form and function of the subcommittees, they will begin meeting monthly on the Report Card. Between these meetings, the Department's Office of Health Equity team will work to deliver drafts, analyses, and reviews based on subcommittee discussions to facilitate progress on the Report Card.

Between February 1 and July 1, 2026, the Department will:

- Complete committee recruitment.
- Finalize metric specifications and methodology.
- Develop the Report Card framework.
- Pilot test selected measures in partnership with hospitals and birth centers to ensure feasibility, accuracy and appropriate interpretation of results.
- Develop communication and education materials to support hospitals, birth centers, and the public in understanding and appropriately interpreting the Report Card.

Between July 1, 2026, and January 1, 2027, the Department will:

- Conduct full data analysis.
- Complete design and formatting of the Report Card.
- Prepare for public release.
- Provide technical assistance to facilities.

Appendix A: Proposed Maternal Health Task Force Subcommittee Descriptions

Subcommittee Name	Purpose	Proposed Deliverables
Data, Evaluation, & Quality	Develop and publish the Maternity Care Report Card & align other DPH data activities with broader maternal health goals.	Develop a public-facing maternal health Hospital Report Card to help residents make informed decisions about where to give birth. Develop a state agency internal maternal health dashboard to guide decision making and support policy and resource allocation.
Perinatal Mental Health (PMH)	Identify system gaps, integrate AIM PMHC bundle data, and develop policy recommendations for the PMH legislative report including access, screening, treatment pathways, and workforce.	Report highlighting access, screening, treatment, and workforce barriers to perinatal mental health with proposed solutions to address these gaps.
Doula-Friendly Hospitals: Workforce and Access	Oversee doula-hospital collaboration, workforce equity, and expansion of birth centers and hospitals in underserved areas; coordinate OHS Access Plan.	A review of doulas per hospital (including access to doulas, their stance, number of doulas, etc.), and challenges to doula care in hospital settings. Development of study to recommend doulas in hospital and enhancements in workforce.
Community and Lived Experience	Recruit and compensate individuals with lived experience; embed community voice into all maternal health practices, policies, and deliverables.	Trauma-informed facilitation guidelines for all meetings in addition to development of ethical standards for the meetings and all interactions (respect, privacy, etc.). Analysis of key experiences, themes, and recommendations on maternal health to be embedded into policy and legislation.