

Governor’s Council on Women and Girls

Subcommittee on Health & Safety

MEETING MINUTES

Monday June 1st, 2026, at 10:00 am

Virtual Meeting - TEAMS

I. Welcome & Opening Remarks

Manisha Juthani, MD, Department of Public Health Commissioner (DPH) called the meeting to order at 10:02am and welcomed members. She introduced Ellen Carter, Vice President of Program at Connecticut Health Foundation (CHF), Arielle Becker, Chief of Staff and Communications Director, and Sabrina Selkooser, Director of Policy. Noted there were 24 attendees on call.

II. Presentation: ‘Maternal Health Equity: A Blueprint for Connecticut’ – Ellen Carter

Ellen Carter began the presentation by discussing the blueprint, which outlines recommendations and first year goals related to maternal health equity. She explained that it will focus on the five priority areas for improving severe maternal morbidity, as well as the recommendations for each priority area. The detailed plan for year one actions moving forward will also be addressed.

Research done in Connecticut shows that one in five women said they have experienced mistreatment during pregnancy or childbirth. Connecticut ranks in the bottom half of the nation on severe maternal morbidity rates. Per 10,000 deliveries, Black pregnant people have experienced the highest rates of severe maternal morbidity, followed by Asian and Hispanic pregnant people. Moving forward, the recommendations will highlight Black pregnant people, focusing on the population with the poorest outcomes to improve outcome for everyone in the state.

For this presentation, severe maternal morbidity is defined as the unexpected life-threatening complications that occur during pregnancy, childbirth, and the postpartum period. They can leave long-term physical and emotional outcomes, as well as influence future pregnancies. The blueprint looks to reduce severe maternal morbidity by 50% in three years. Using the five priorities for action includes treating inequities as a critical public health crisis, ensuring patients have access to a wide range of maternal health care and providers, bridging the gap between maternal health and behavioral health services, addressing discrimination in healthcare and diversity in workforce, and increasing economic security.

Arielle Becker follows up by discussing the five priorities alongside their respective recommendations and year one action plans.

Priority 1: Treat Inequities in severe maternal morbidity as a critical public health issue

Establishing a review process for severe maternal morbidity along with data standards and reporting mechanisms. Track and evaluate policies related to equity and maternal health to make sure they are being implemented well to see if they are having the intended effects. First year actions include authorizing the review committee for severe maternal morbidity, working alongside coalitions and work groups for implementations, and creating a structure that supports this work.

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

This priority ensures patients have access to proper care relative to their financial needs. This includes looking at financing reforms (bundled payment models) to identify the best support-team care. Addressing barriers to implementing reforms that have already passed to understand certain deficiencies within those reforms. The blueprint also recommends understanding how Connecticut's Medicaid coverage for pregnant people and for 12 months postpartum works to identify any gaps in coverage and best time to deliver interventions during postpartum period. It also highlights support for innovative team-based care and maternity care for people who are incarcerated while pregnant.

Some first-year actions include identifying financing opportunities for team-based maternal health care, implementing passed legislation, supporting Medicaid coverage of health workers, addressing barriers to maternity bundle participation, and making sure pregnant and postpartum people stay covered despite policy and restrictions.

Priority 3: Strengthen connections between maternal health and behavioral health services

This focuses on the connections between maternal health and behavioral health, which includes both mental health and substance use disorders. The recommendations ensure that there are appropriate protocols that support mental health needs ranging from pregnancy to one year postpartum. Ensuring that providers can conduct mental health screenings and refer patients to appropriate care. Supporting community led task force to monitor maternal health services for Black birthing people and developing a hub to streamline access to services. These recommendations should lead back to year one action of having community-based organizations work together with state agencies.

Priority 4: Address discrimination in health care and diversify the workforce

Increasing the number and diversity of doulas, nurses, midwives, behavioral health workers, and OB/GYNs. Evidence-based training should be implemented to reduce bias in health care settings while also identifying effective existing trainings. Setting up measurement tools that hold systems accountable for discrimination at the hospital and provider level. Year one actions include establishing an evidence-based trauma-informed curriculum for frontline healthcare workers on mental health equity. This also includes incorporating new trainings into already existing ones and identifying real-time data for providers on the measure of current discrimination.

Priority 5: Increase economic security and economic mobility among families

Building practices that support economic mobility in Connecticut by evaluating and expanding programs such as paid sick leave, family and medical leave, and CT baby bonds. Year one action plans help develop those plans to coordinate expansion of basic income programs existing in the state, expanding state child tax credit, and ensuring CT baby bonds remain sustainable. It also aims to capture financial and opportunity costs associated with childbirth.

III. Adjournment

The Department of Public Health Commissioner, Manisha Juthani, MD adjourned the meeting at 10:57am.