



Connecticut Health  
FOUNDATION  
*Changing Systems, Improving Lives.*

# Maternal health equity: A blueprint for Connecticut

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**Council on Women and Girls  
Health and Safety Sub-committee**  
December 1, 2025



# 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.

# What we will review today

- This is a high-level overview of the Maternal Health Equity blueprint
- You will leave with an understanding of:
  - How the blueprint was created, who provided input, and what problem we're trying to solve
  - The five priority areas for improving severe maternal morbidity
  - The recommendations in each priority area
  - The first-year implementation goals
  - Next steps

# 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.
- There are things we can do.





# About the blueprint



- All pregnant people of color should have the opportunity for a 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.
- The blueprint aims to close the gap in severe maternal morbidity and outlines evidence-backed actions that we can take.

# 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  
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Commissioner,  
Department of  
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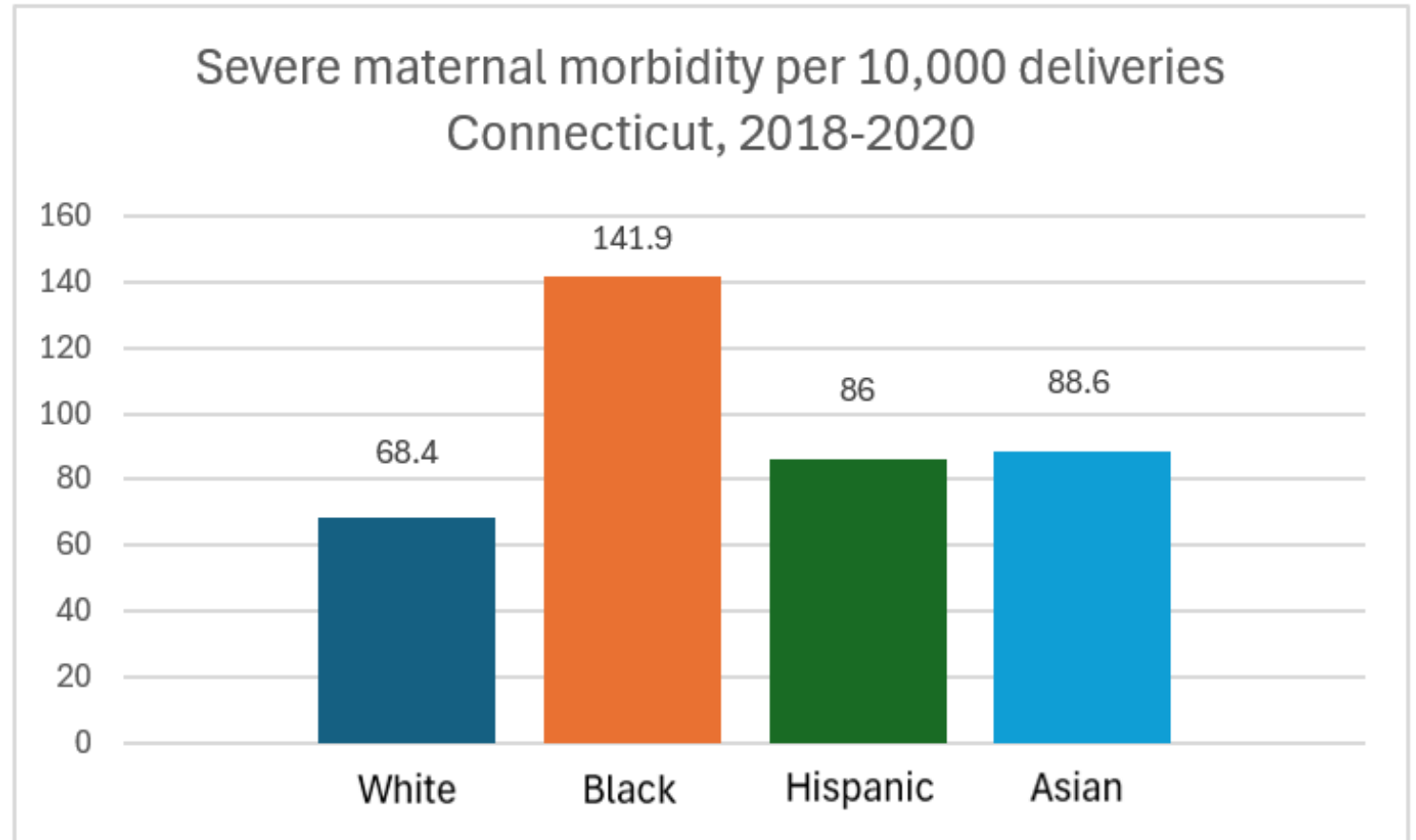


**Tamika Julien**

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# More about severe maternal morbidity

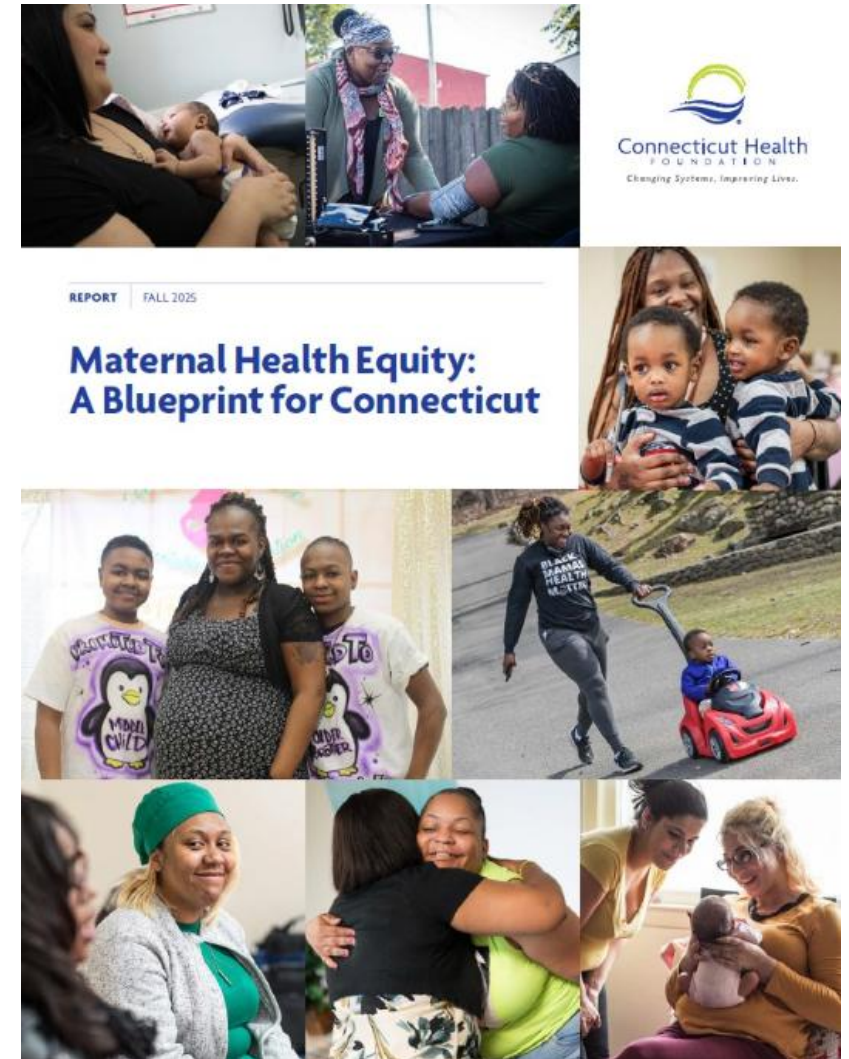
- CT ranks in the bottom half of the nation
- Black women in CT experience severe maternal morbidity at twice the rate of their peers
- Babies are five times more likely to die in deliveries where there is severe maternal morbidity
- There are steps we can take to improve





# What is in the blueprint?

- Data and research
- Best practices from around the country about how to improve severe maternal morbidity, especially among Black women
- Highlights from Connecticut maternal health efforts; there is a lot of great work already happening
- Suggestions on who is best positioned to lead actions in the first year of implementation



# 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**

# Priority 1 | **Treat inequities in severe maternal morbidity as a critical public health issue**

## **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 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
- 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

- **Getting the word out:** Join us at a launch event at the Bushnell on December 17<sup>th</sup>
- **Mapping the landscape:** Implementation will require a strong inventory of existing maternal health work. We will commission this to be done in 2026.
- **Building on existing work:** DPH has several maternal health tables. We are exploring which ones make sense to take on some of this work.
- **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.