Is Waterbury a Maternity Care Desert?





A brief report on pregnancy-related resources for Waterbury mothers, birthers, and their babies

Background: The State of Maternal Health in Connecticut

Structural racism in the healthcare system perpetuates racial and ethnic disparities in health, particularly in birthers and their babies. Black women are 3-4 times more likely to die from a pregnancy-related cause than their White counterparts. According to the Centers for the Disease Control and Prevention (CDC), roughly 20% of pregnancy-associated deaths happen between 43 days and one year postpartum.

The maternal and infant health crisis extends to our state, too: the Connecticut Health Foundation found that babies born to Black parents in Connecticut are **more than 4 times** as likely to die before their first birthday than babies born to white parents. The majority of pregnancy-related deaths can be prevented with regular health care and social support before, during, and after pregnancy. But do BIPOC families in Waterbury have high-quality access to such resources?

Findings: Waterbury Pregnancy-Related Resources Need to be More Accessible

The Connecticut Department of Social Services defines pregnancy-related services as: "Services across all phases of maternal health, including prenatal, labor and delivery, and postpartum." Such services, ranging from 40 weeks before birth to 12 months postpartum, includes licensed nurse midwife provider and hospital fees, x-rays, lab work and diagnostics, breastfeeding support, specialists, prescription drugs, newborn care, behavioral health, and substance use services.

Based on this criteria, the #Day43 landscape analysis found nearly 100 pregnancy-related resources in Waterbury, divided into three major categories:

Prenatal & Perinatal Medical Care



pregnancy testing

mobile site

pregnancy & family

providing support for Care Clinics

Postpartum Care

breastfeeding

Licensed Child Care

General Care Throughout



However, only about one-third of these services are offered in English and Spanish. Additionally, most of these services are located in Downtown Waterbury, while the North End-home to many Black and Hispanic familiescontained the least number of pregnancy-related resources. With limited access to affordable, high-quality, and culturally competent pregnancyrelated resources, Waterbury is a maternity care desert.

#Day43's Response: Conduct a Landscape Analysis

Launched in 2021, #Day43 strives to create solutions to combat Black maternal mortality and to support an all-around equitable environment for all women, birthing people, and their babies. By transforming systems, #Day43 will raise awareness on Black women's maternal health in the city of Waterbury through training, research, technical assistance, policy, advocacy, and community-centered collaboration.

OUR FOCUS AREAS







In summer 2022, #Day43 conducted a landscape analysis that sought to assess what culturally responsive pregnancy-related services exist in Waterbury.

#Day43's Response & Recommendations for Next Steps

1. Waterbury Mothers and birthers who want to learn what pregnancy-related resources are near them can view them on a map, available in English and Spanish, on our #Day43 webpage by scanning the QR code below:





SCAN ME

- 2. Healthcare centers should be transparent about costs of services and insurance coverage, expand time of operation beyond the traditional business hours, require implicit bias + racial equity and diversity training, and offer more services in Spanish, preferably in person.
- 3. The city of Waterbury must invest in the construction and maintenance of public transportation and infrastructure to facilitate access to pregnancy-related
- 4. The Department of Social Services and community-based organizations should increase awareness of HUSKY Health's prenatal and postpartum coverage for undocumented individuals and low-income families.
- 5. State legislation must be passed to implement certifications standards for doulas. This would allow doulas, who have been shown to improve birth outcomes in mothers, to directly provide services covered by Medicaid.