

A close-up photograph of a woman with curly hair holding a baby. The woman is looking down at the baby, and her hand is gently touching the baby's head. The baby is looking towards the camera. The image is used as a background for the title slide.

Perceptions and Experiences in Accessing Respectful Maternal Health Care among Connecticut Women

MAPOC Women and Children's Health Committee
December 8, 2025

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Outline

- Overview of the CT Reproductive Justice Alliance
- Overview of Respectful Maternity Care
- Presentation of Focus Group Findings
- Next steps



Connecticut Reproductive Justice Alliance



Alliance objectives are to **increase**:

- **Access** to respectful, quality maternity care;
- **Respectful** interactions between patients, providers and staff;
- **Quality** of health care systems, resources, and policies related to maternal health; and
- **Accountability** of health care systems by centering patients' voices.



What is Respectful Maternity Care (RMC)?

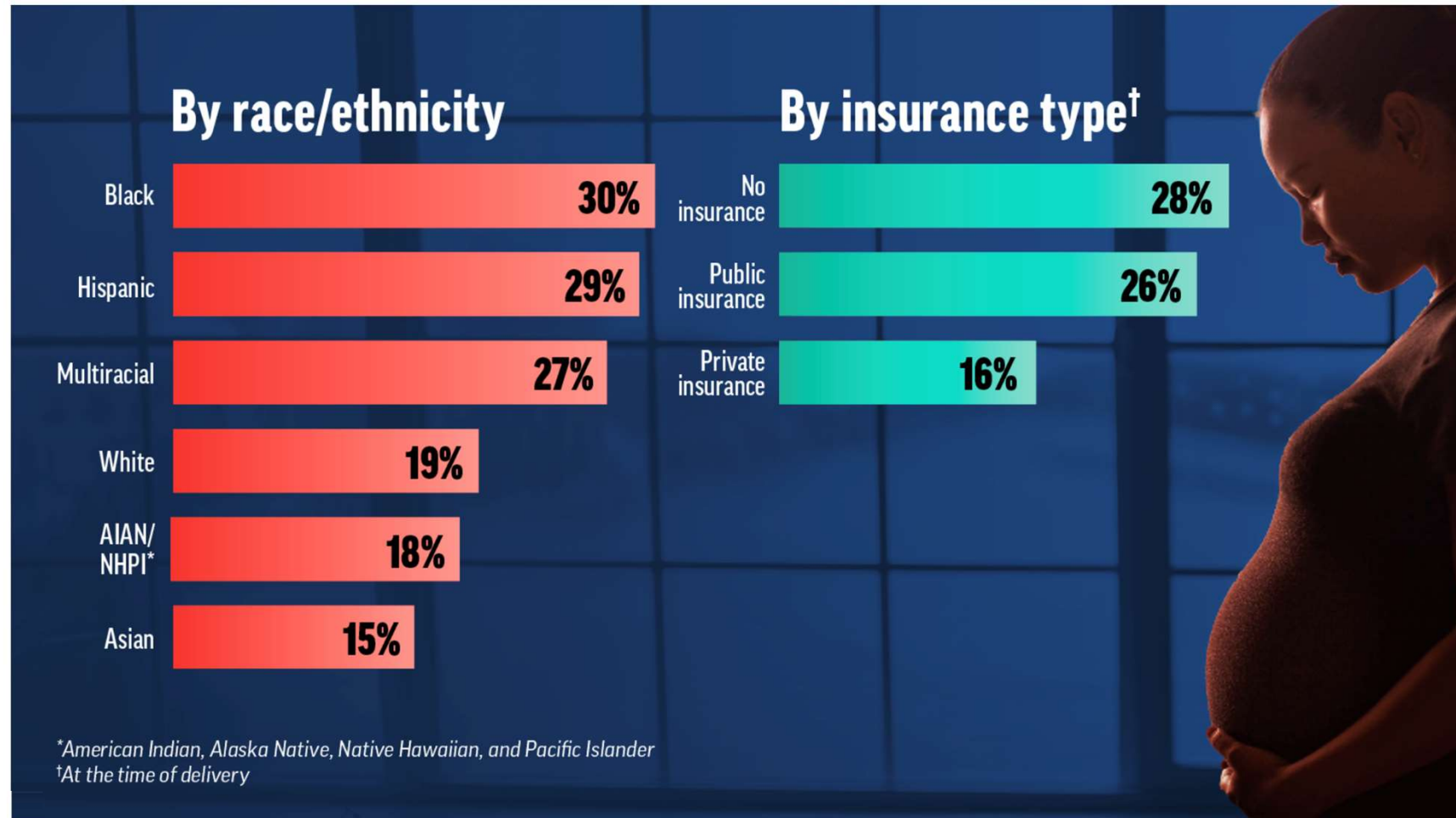
RMC is care that:

- Maintains dignity, privacy, and confidentiality of pregnant and birthing people
 - Ensures freedom from harm and mistreatment
 - Enables informed choice and continuous support during labor and birth
- Fundamental human right for all women
 - Prioritizes autonomy and rights of women
 - Calls on health systems and organizations to ensure that respectful care is central to care delivery



One in 5 Women Reported Mistreatment While Receiving Maternity Care

Mistreatment was reported most often by Black, Hispanic, and multiracial moms and those with public insurance or no insurance.



Why Respectful Maternity Care is Important

COMMENTARY HEALTH CARE

Black Maternal Mortality Is Still Rising. What Can Be Done?



FEBRUARY 14, 2025

'Nobody cared': Women who have reported mistreatment while giving birth say CDC report validates their trauma

Advocates call for systemic change in treatment of pregnant people.

By [Devin Dwyer](#) and [Patty See](#)
November 28, 2023, 5:10 AM



Fewer US women received early and adequate prenatal care last year - CDC

Decline in early prenatal care was accompanied by 5% rise in number of patients who received no prenatal care at all



CONNECTICUT
Public Health

A close-up photograph of a woman with curly hair kissing a baby on the forehead. The woman is wearing a light-colored sweater and a ring. The baby is wearing a white shirt. The background is blurred.

Focus Group Findings

We extend our sincerest appreciation and gratitude to all focus group discussion (FGD) participants. We dedicate our work to these individuals, as well as to those whose lives have been lost, harmed, or otherwise impacted by disrespectful and poor maternity care.





Focus Group Discussions

- **Share** thoughts & experiences
- **Generate** ideas
- **Promote** community engagement

Partnerships

- Alliance members
- Baby&MeCT at Family Centered Services of CT
- DPH WIC Program
- Greater Waterbury Health Partnership
- March of Dimes Connecticut Chapter
- Northwest Connecticut Community Foundation
- Parents as Teachers
- Women's Health CT



Research Questions

1

How do Black and/or Hispanic/Latina women in CT experience disrespectful maternity care?

2

What are perceived barriers to maternity care services for Black and/or Hispanic/Latina women?

3

What are some strategies to improve respectful maternity care in CT?



Population and Sampling

- Eligibility
 - Have given birth in CT within the past 12 months
 - Identified as Black and/or Hispanic/Latina
 - Aged 18 or older
- Convenience sampling in 6 of 8 counties
 - New Haven, Hartford, Fairfield, New London, Windham, and Litchfield



Timeframe

Expansion of
postpartum Medicaid
from 2 to 12 months
starts

Calendar 2022

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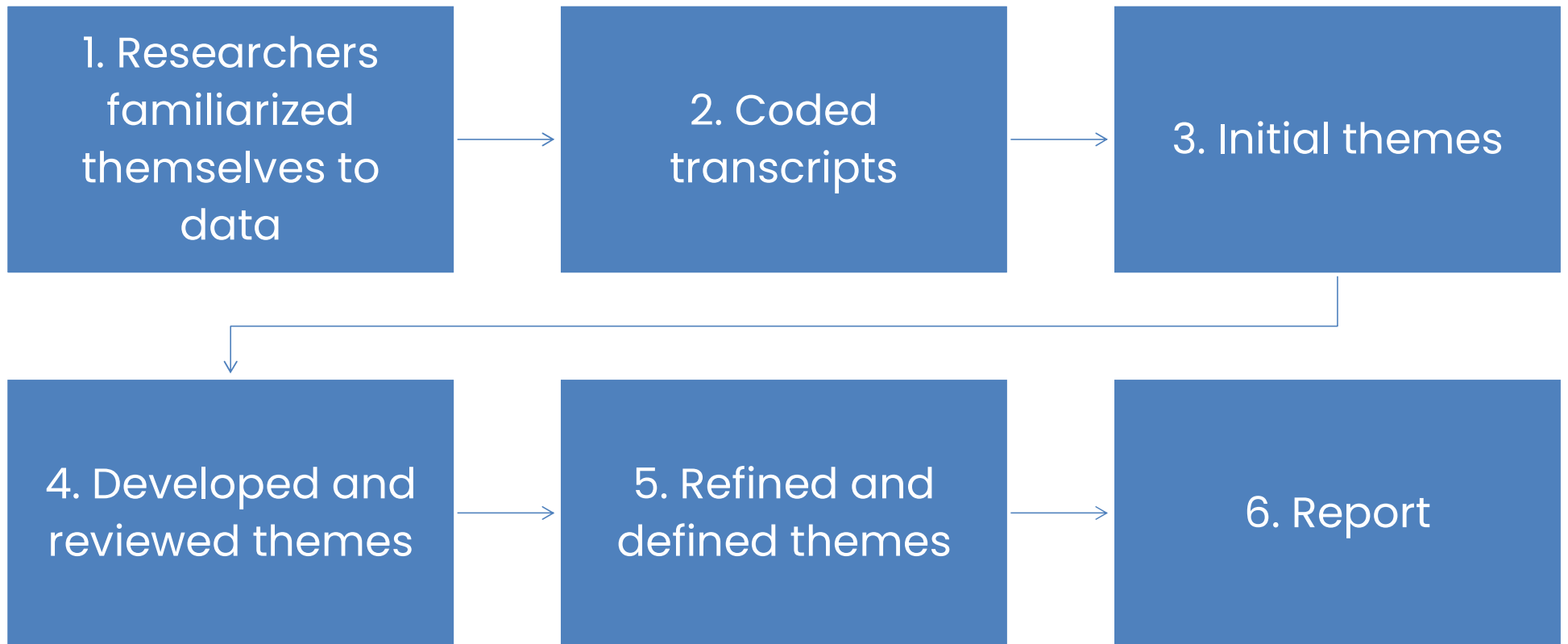
Start and end of
Focus Group
Discussions

Qualitative Methods

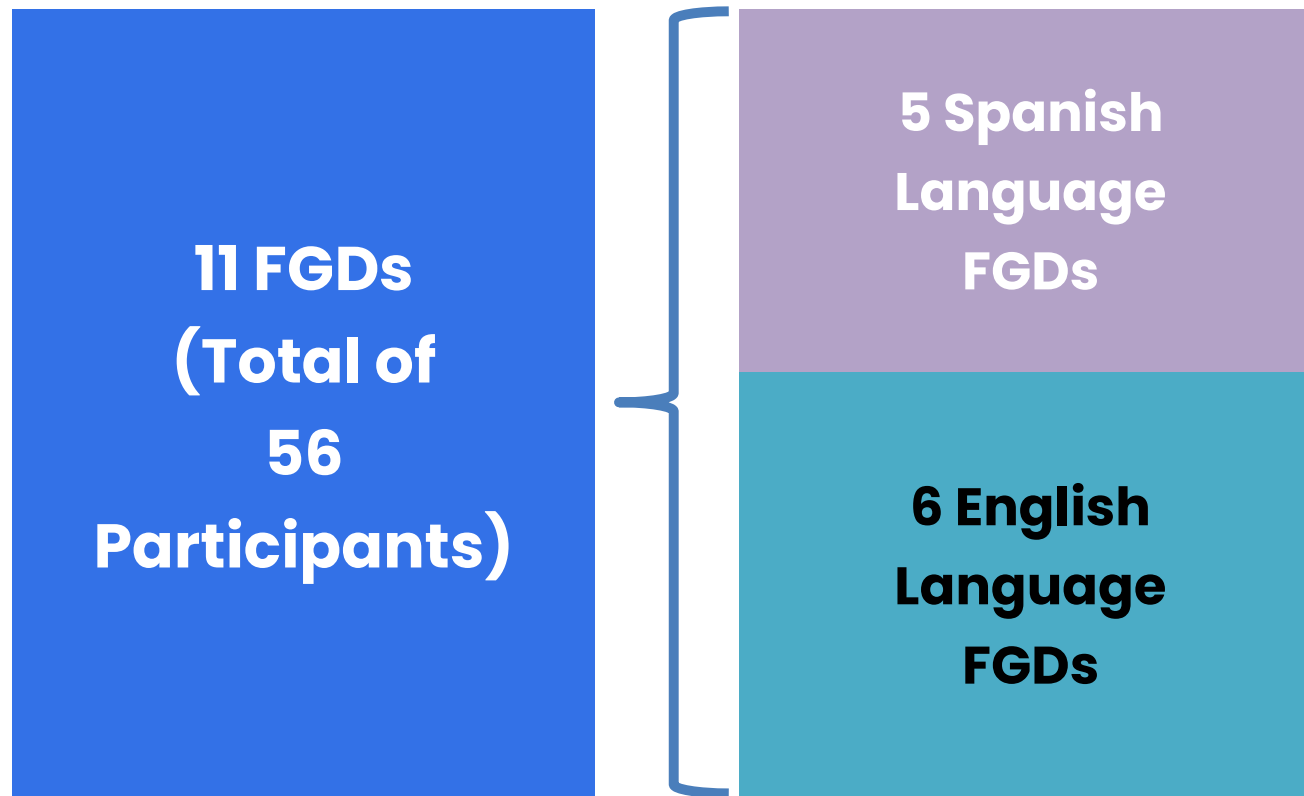
- Collected demographic information via survey
- Developed a semi-structured interview guide based on research questions
- Explored participants' experiences accessing maternity care, including barriers, facilitators, and recommendations
- Moderated by staff and a consultant of DPH
- Conducted virtually using MS Teams
- Recorded and transcribed



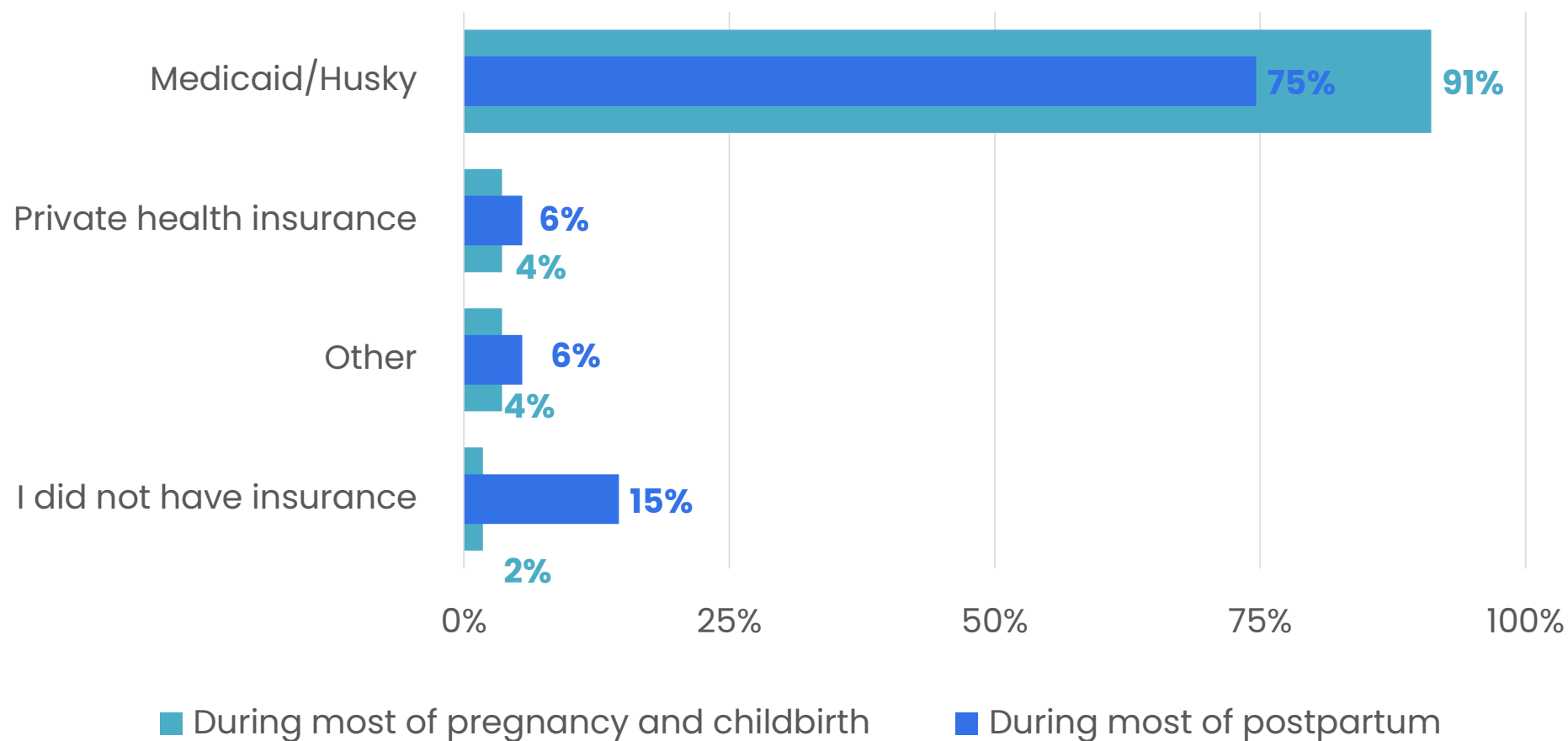
Qualitative Methods



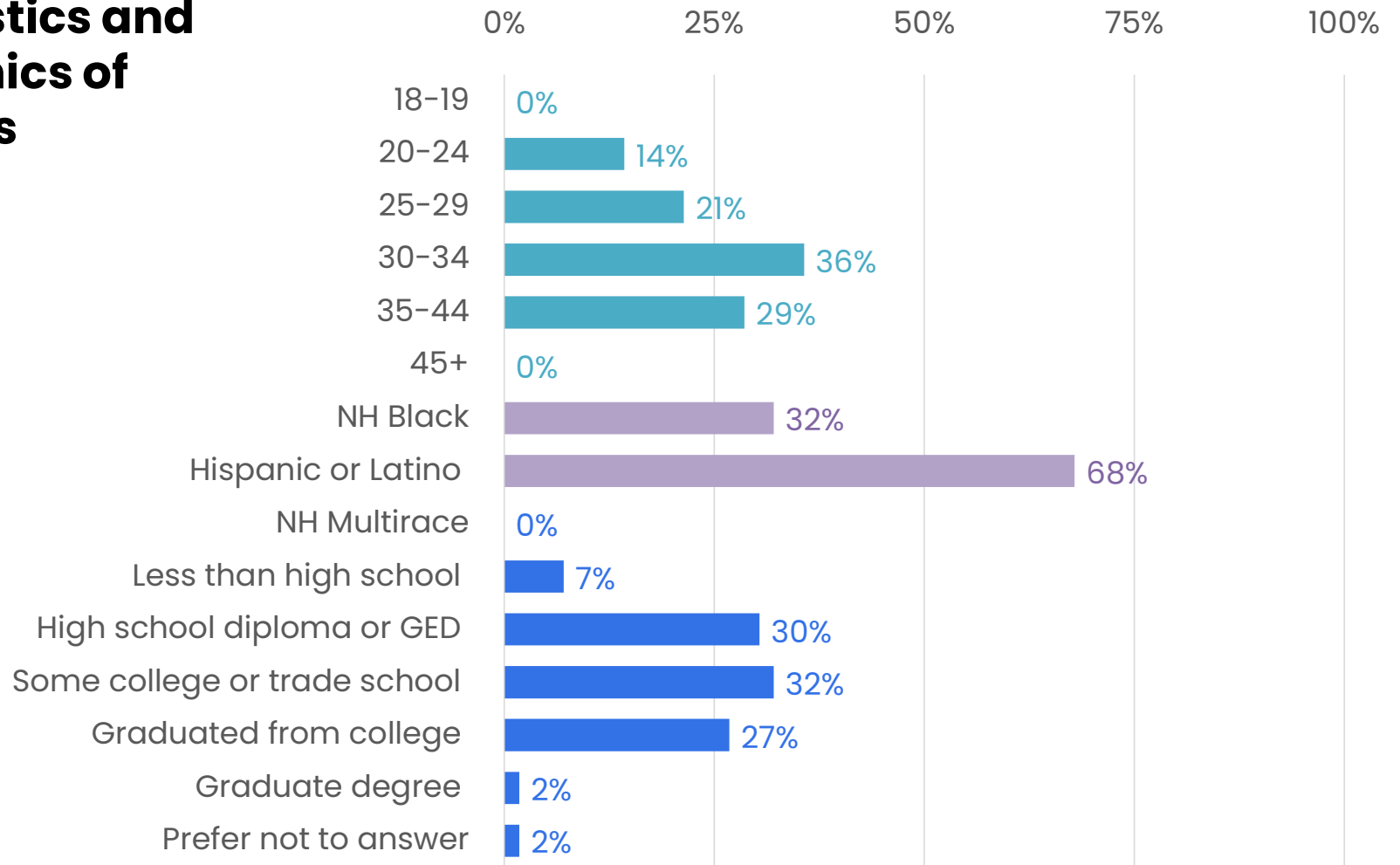
Focus Group Discussions



Characteristics and demographics of participants



Characteristics and demographics of participants





What are perceived barriers to
maternity care services for Black
and/or Hispanic/Latina women?



“

[My providers] were amazing. I will say **they were very patient**...We established a birthing plan, and they abided by it as much as possible, which I did respect immensely...They would speak in language like "As we've done studies regarding Black women" and so **they understood the medical disparities that existed**, and they tried to reassure me that they're aware of what occurs...So I really did appreciate that because they kind of just addressed everything. So **I felt really confident with my medical care**...they were aware of their own ideas or perceptions so that's why they **really looked at me as the expert** in giving them advice on my overall health and what I felt and what I needed.

- English Language FGD Participant

”



Insurance

- Lack of knowledge and confusion about insurance eligibility before and after childbirth
- Many had to pay-out-of-pocket or decline care
- Discontinuation of insurance after giving birth



“

I had to pay because I didn't know about the insurance. I didn't know I could benefit. So, it wasn't even the clinic...[or] the hospital that told me, but a WhatsApp group.

- Spanish Language FGD Participant

”



“

I had no idea how to get health insurance. That bothered me somewhat because you don't even know where to start, right?

- Spanish Language FGD Participant

”



“

[The insurance] didn't benefit me at all because I had been told that it was going to be active for a year after giving birth if I needed it for whatever reason. But no, it was withdrawn after a month. I tried to call to find out what had happened...But no, they told me that it was withdrawn.

- Spanish Language FGD Participant

”



Language Barriers

- Difficulty receiving care and obtaining needed resources
- Interpretation and translation services not always provided or granted
- Some participants reported relying on family and friends to interpret or translate for them



“

[The paperwork] was in English. My husband and I were in the delivery room so we were nervous; we were anxious, emotional, and we signed where they said to sign. We didn't read anything. We didn't know what we were signing. I knew it was paperwork to authorize a Cesarean section in an emergency--that's all we knew.

- Spanish Language FGD Participant

”



“

None of the [providers] I had spoke Spanish. I asked for an interpreter three or four times because sometimes I didn't understand what they were saying to me, but I didn't have an interpreter.

- Spanish Language FGD Participant

”



Transportation

- Limited or lack of reliable transportation
- Challenges navigating public transportation, especially for participants who were pregnant and had children



“

[I]t was really hard for me because at the time I didn't have a car. I had to take the bus, and I was already in so much pain...So that was really hard for me.

- English Language FGD Participant

”



Wait Times

- Challenges accessing care and resources
- Long wait times both in-person and via phone
- Inhibited timely and adequate care



“

I was trying to get someone at the health center, and I was in pain and I couldn't get anyone and I called and called and called. They even told me I could call them if anything happened, and I had to call [Hospital L] for them to transfer me to maternity for me to speak to a doctor.

- English Language FGD Participant

”



“

I was actually trying to get into prenatal care in [City] cause that's where I live, and I just couldn't get through. Like, I left messages and everything. **No one would ever answer the phone.** I left messages. No one would ever call me back, so that's why I really ended up in [another city] and it was really hard for me because at the time I didn't have a car.

- English Language FGD Participant

”



Facilitators

Healthcare
facilities close to
home or work

Trusted referral
sources

Established
relationships with
providers

Access to doulas
and midwives

Resources to
address social
determinants of
health

Flexibility of
appointment
scheduling



“

I decided to go with [my practice] because I have been with them for the last two pregnancies before that. And I was, at that time I was happy with the care that I received. And I wanted to stick with them because they had my health history and you know, I was comfortable with them at that time.

- English Language FGD Participant

”



“

[W]here I receive care, they had a place where I could choose some clothes for me and for my children, if I wanted. I mean, the care was very, very good. If I needed food, if I needed help, any way, they were going to help me.

- Spanish Language FGD Participant

”



“

[My doula] was extremely helpful with just educating me on the medical side of things of which some of the doctors just weren't able to because they speak their lingo and that's what they know. So, I think that that experience is extremely enlightening to me.

- English Language FGD Participant

”





What are some strategies to improve respectful maternity care in CT, given the shared experiences and recommendations?



Participant suggested recommendations

- Enhanced staff development to improve **communication** and **compassionate** patient care.
- Better reporting and **accountability** mechanisms.
- Increase patient **autonomy** and **shared decision-making**.
- Increase access to **doulas, midwives, and diverse staff**.
- Improve **social support** for women.
- Improve **language services** and **cultural competence**.



Conclusions

- CT women faced numerous barriers when accessing maternity care services
 - Barriers around postpartum insurance coverage may have lessened due to roll-out of postpartum Medicaid expansion
- Women experienced many facilitators to care, which are important levers in quality improvement efforts
- Participants' recommendations align those made by ongoing statewide maternal health initiatives
- This research provides deep insights into community-engaged needs and strategies



Public Health Implications

- **Barriers to maternity care** needs attention and targeted interventions to improve quality maternity care.
- **Programs, hospitals, and clinics** in CT can use the results of this study to identify targeted community-led strategies.

Next Steps

- In-depth interviews with staff and providers.
- Develop a list of recommendations to improve respectful maternity care with the Connecticut Reproductive Justice Alliance.
- Other next steps are being driven by the Alliance.



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Thank You!

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