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Women's Health Disparities and Midwifery Care Spotlight on Connecticut

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Snapshot

Although Connecticut's Medicaid programs, Husky A and B, are essential providers of coverage for maternity care, there are still major racial and ethnic disparities in access to, use of, and quality of prenatal care in Connecticut. The cesarean birth rate in the state is almost 9% higher than the US average.¹ African American/black and Hispanic mothers experience comparatively high rates of low birth weight births.² Furthermore, Connecticut is home to a substantial rural population which experiences unique challenges to accessing adequate health care.³ While 75% of the Connecticut population is non-Hispanic white, 9% is African American/black, 12% is Hispanic and 4% is categorized as having other racial/ethnic backgrounds.⁴

Reproductive, Maternal and Infant Health

Teen Pregnancy

In 2005, the estimated teen birth rate was 11 per 1,000 for non-Hispanic white women, 77 per 1,000 for Hispanic women, and 43 per 1,000 for African American/black women.⁵

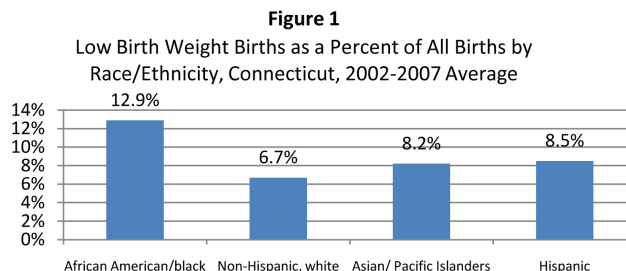
Prenatal Care

For the 2007 birth cohort in Connecticut, utilization of adequate prenatal care reflected racial/ethnic disparities. The percent of non-adequate prenatal care was 17.5% among non-Hispanic white/Caucasian women, 27.5% among Hispanic women, and 30% among African American/black women.⁶

When asked how they would describe their pregnancy, more than 8% of non-Hispanic black/African American women living in Connecticut who responded in 2002 and 2003 reported that the pregnancy was one of the worst times in their life, a percentage almost three times greater than that of non-Hispanic white/Caucasian women (2.8%).⁷

Low Birth Weight

Of all births to African American/black mothers between 2002 and 2006, 12.9% were low birth weight babies. Close to one-tenth (8.5%) of all births to Hispanic mothers during the same time period were low birth weight.⁸



Source: *Health Disparities Report 2009*. Connecticut Department of Public Health.

Health Insurance, Access and Providers

Medicaid is an essential source of coverage for maternity care and covers 28.4% of all births in Connecticut.⁹ Among first-time mothers in Connecticut enrolled in Medicaid in 2000, only 55% were enrolled in the Special Supplemental Nutritional Program for Women, Infants and Children (WIC) during pregnancy, and less than one-third were enrolled in parenting classes.¹⁰

It is estimated that, in 2008, 8.9% of the Connecticut population was living in Primary Care Health Professional Shortage Areas.¹¹

Midwifery Care

There are currently 150 Certified Nurse-Midwives (CNMs) in Connecticut. In 2002, Connecticut CNMs attended approximately 3,863 births or 9.2% of all births attended that year. CNMs in Connecticut are not required to maintain RN licensure and are licensed separately. CNMs in Connecticut receive mandated third-party reimbursement from indemnity insurance plans. Since 1989, Connecticut CNMs have had prescription-writing authority.¹² Direct-Entry Midwives are not legally regulated by the state but not prohibited.¹³

Better Understanding Disparities

While there has been increased attention to health disparities over the past decade, there are still alarmingly significant gaps in disparities research specific to women's health. Most data are drawn from national sources and combine both sexes, making it difficult to address region-specific differences among subgroups of women. Also, much of the research to date emphasizes racial/ethnic and economic status. More subtle, and perhaps less documented, disparities based on immigration status, level of education, and rural/urban residence have more recently been brought into the spotlight.

Selected Resources, Programs and Initiatives

Connecticut Health Disparities Project

This project represented a two-year effort by the Connecticut Department of Public Health to improve the statewide infrastructure for documenting, reporting, and addressing health disparities among racial and ethnic minority residents of the state.¹⁴

www.ct.gov/dph

Connecticut Breast and Cervical Cancer Early Detection Program (CBCCEDP)

This comprehensive screening program is available throughout Connecticut for medically underserved women. The primary objective of the program is to significantly increase the number of women who receive breast and cervical cancer screening.

www.ct.gov/dph

De Mujer a Mujer Program

This program is funded by the Connecticut Chapter of the March of Dimes to bring prenatal health and interconception health care information and resources to Hispanic women through the comfort of their own environments and among their families and friends.

www.easternctahc.org

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