

COMMUNITY NEED:

LATINAS ARE LIKELY TO HAVE POOR ACCESS TO PRENATAL CARE AND POOR BIRTH OUTCOMES IN CONNECTICUT.

In Connecticut, Hispanic¹ women are much more likely than non-Hispanic women to have late or no prenatal care.

- Latinas are more likely to have late or no prenatal care than any other racial or ethnic group in Connecticut (see Figure 1).²
- Between 2002 and 2006, nearly one in four Latinas (23.6%) had late or no prenatal care during the first trimester of pregnancy—a rate three times higher than the rate for non-Hispanic White women (7.8%).³

Although national estimates of Hispanic birth outcomes are positive, there is reason for concern for Hispanic infants in Connecticut.

- In Connecticut, between 2001 and 2005, the infant mortality rate for Hispanics was 6.5 deaths per 1,000 live births—a rate that is lower than that of non-Hispanic Blacks (13 deaths per 1,000 live births) but substantially higher than those of Whites (3.9 per 1,000) and Asians/Pacific Islanders (2.4 per 1,000).
- Similarly, between 2002 and 2006, Latinos and other racial or ethnic minorities in the state were more likely than Whites to have low birth weights. For Latinos, 8.5% of all live births had low birth weight, compared to 12.9% for Blacks, 8.3% for American Indians/Alaska Natives, 8.2% for Asians/Pacific Islanders, and 6.7% for Whites.⁵

COMMUNITY RESPONSE:

COMMUNITY HEALTH WORKERS PROMOTE MATERNAL AND CHILD HEALTH.

Inadequate access to prenatal care and health education during pregnancy puts women and their infants at risk for a lifetime of health problems—and even death. Models such as the *Comadrona*/Healthy Start program at the Hispanic Health Council (HHC) in Hartford, Connecticut can improve women’s access to health care that supports healthy pregnancies, decreasing the chance of low birth weight and infant mortality.

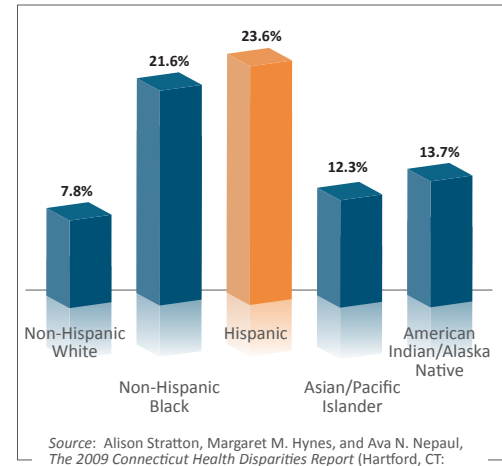
The Hispanic Health Council is a community-based organization that has served the poor and underserved residents of Hartford for more than three decades. HHC began as a research organization but started to provide direct services to the community when it became clear that evidence-based solutions were not being made available to low-income Latino families. Today, HHC delivers culturally and linguistically appropriate services devoted to improving the health and well-being of the community.

The *Comadrona* program within HHC’s Center for Women and Children’s Health recreates the traditional social support network—which includes *comadronas*, or “midwives”—that is present in many Latino communities by engaging trained community health workers to promote maternal and infant health. Through home visits, staff provide culturally and linguistically appropriate case management and education to mothers identified as being at risk of having poor birth outcomes.

Evaluation of the *Comadrona* program shows that women who participate are less likely to give birth to preterm infants or infants with low birth weight. As a result, every dollar invested in the program generates \$2.20 in savings for the state. The program has served almost 5,000 families since its inception in 1983 and continues to ensure that Connecticut’s next generation of Latino children gets a healthy start in life.

Figure 1:

Connecticut Women Receiving Late or No Prenatal Care by Race/Ethnicity, 2002–2006



Source: Alison Stratton, Margaret M. Hynes, and Ava N. Nepal, *The 2009 Connecticut Health Disparities Report* (Hartford, CT: Connecticut Department of Public Health, 2009).

Supporting Rosa’s High-Risk Pregnancy

When Rosa, a 25-year-old Puerto Rican woman with a history of substance abuse, enrolled in the Hispanic Health Council’s *Comadrona* program, her case was referred to Maria Serrano, a veteran community health worker who assists women with the highest risk for poor birth outcomes.

Serrano arranged for Rosa to enroll in a residential treatment program and walked Rosa through every step of her pregnancy, connecting her with prenatal care, educating her, and preparing her for childbirth and the baby’s needs at home. Additionally, she helped Rosa access assistance programs and secured donations of baby items from local community groups to ensure that the young family would have all they needed for a healthy beginning.

Rosa gave birth to a healthy girl who weighed six pounds, ten ounces and was 19.5 inches long—a robust, full-term baby. Rosa, who completed the treatment program and is training to become a certified nurse’s aide, lives with her family and has enrolled in HHC’s parenting program. Serrano continues to visit Rosa and her daughter, ensuring that they remain connected to the health care services and resources that mother and daughter need to remain healthy. “I’m proud of her,” Serrano says.

Endnotes

¹ The terms “Hispanic” and “Latino” are used interchangeably by the U.S. Census Bureau and throughout this document to refer to persons of Mexican, Puerto Rican, Cuban, Central and South American, Dominican, Spanish, and other Hispanic descent; they may be of any race. Furthermore, unless otherwise noted, estimates in this document do not include the 3.9 million residents of Puerto Rico.

² Alison Stratton, Margaret M. Hynes, and Ava N. Nepaul, *The 2009 Connecticut Health Disparities Report* (Hartford, CT: Connecticut Department of Public Health, 2009).

³ Ibid.

⁴ Ibid