

Maternal Health Community Conversations: 2025



WISCONSIN DEPARTMENT
of HEALTH SERVICES

Purpose

The Wisconsin [Maternal Health Innovation \(MHI\)](#) program works in collaboration with the Wisconsin [Maternal Mortality Review](#) and [Title V](#) programs to support prevention of maternal mortality while improving services for all pregnant and postpartum women. In July 2024, the MHI program formed a statewide MHI task force to support the development and execution of a [maternal health strategic plan](#). Three themes emerged from the strategic plan process as areas of focus in maternal health:

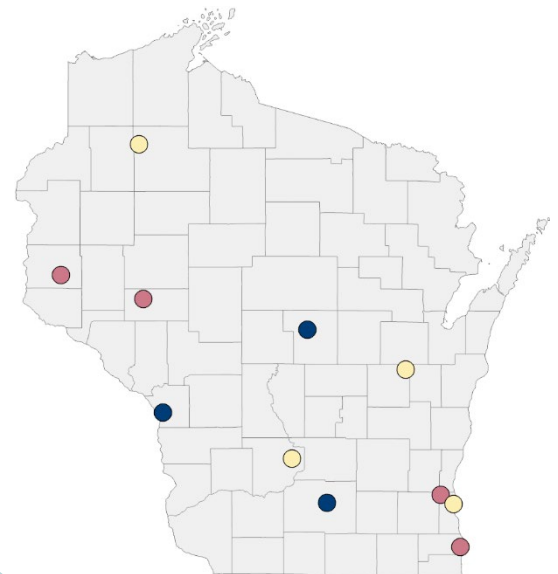
- Access to quality care
- Maternal mental health and substance use
- Trust and safety in health care settings

A deeper understanding of these topics, including hearing directly from Wisconsin mothers, was important to inform and direct the strategic plan activities.

Approach

In August–September 2025, the MHI program partnered with 11 organizations across Wisconsin to host 11 different community conversations. The conversations were small events where individuals with lived experience around pregnancy or birth could share about their experiences. Each conversation focused on one of the three strategic plan themes. Conversations took place in English, Spanish, and Hmong. Participants were compensated for their time, and child care, transportation, and meals were provided at no cost.

The MHI program partnered with organizations across Wisconsin to host 11 community conversations focused on **access to quality care**, **mental health and substance use**, and **trust and safety in health care settings**.



Immediately before and after the conversations, participants completed surveys that collected information on demographics, experiences, and conversation feedback. Two MHI program staff took notes during each conversation. Notes were merged, coded, and analyzed using DeDoose software. Coded themes were categorized as *personal experiences* or *recommendations for change* based on reoccurring statements and context from participants. The key themes shared in this report were the themes most often reported by participants.

Conversation findings

Participants

In total, 114 individuals participated in the community conversations. The median age of participants was 28 years. Nearly 20% of participants were pregnant at the time of the conversation, and, among those who were not pregnant, the median time since their last pregnancy was one year. Participants identified as white (41.7%), Black or African American (28.7%), Asian (11.1%), multiple races (9.3%), American Indian or Alaska Native (1.9%), or another race (7.4%). Just over 1 in 3 participants identified as Hispanic or Latino.

"I like how I had a safe space to share my experience and how vulnerable everyone was to share theirs."
–Conversation participant

Many participants felt positively about their conversation. Among the 109 participants who provided feedback on the conversation, 100% reported that it was a very or somewhat valuable use of their time. Many shared the sentiment that it was nice to connect with other mothers to both share and listen to stories.

Overall themes

Certain key themes were shared by participants across all conversations. Participants talked about how health care providers play a critical role in their experiences during and after pregnancy. A common recommendation for change was improved education from providers, including education around delivery. This highlights the opportunity for health care systems to identify ways to improve education from providers and other staff (such as nurses, midwives, or doulas) so that women feeling more supported and prepared as they approach delivery. While many participants felt prepared to care for their infant post-delivery, some did not feel aware of all the potential medical interventions during delivery or what their post-delivery recovery would look like. They recognized the systemic barriers that providers often face, including provider shortages and workload demands, that prevent longer appointment times. Additional recommendations from participants include improved support from providers and engaging in shared decision making between patients and providers.

Some themes emerged differently across conversations in [urban or rural counties](#). Urban county residing participants shared experiences around system versus person-centered care, non-clinical support, and adult health concerns. Their recommendations included increased access for non-hospital providers (such as home visitors or doulas), mental

health awareness, and peer support systems. Rural county residing participants shared experiences around utilizing technology, mental health symptoms, and lacking provider education around their pregnancy. Their recommendations included improving coordinated care specific to their own health care needs, engaging community partners, and expanding insurance coverage to ensure access to health care beyond the 60-day postpartum period. *This conversation was conducted prior to Wisconsin implementing 12-month Medicaid postpartum coverage.*

Access to quality care

Key themes shared were using technology to inform care (including online communication with providers), receiving non-clinical support, and having adult health concerns. Participants recommended improved delivery education, shared decision making, and increased access to non-hospital providers. Participants noted that financial and physical health resources could help to improve access to care.

Mental health and substance use

While participants experienced mental health symptoms and were screened, they also reported fear and stigma around those experiences. They recommended coordinated care between providers and systems, access to non-hospital providers, and provider support as key to ensuring mental health and substance use support. Participants liked it when their provider discussed both medication and non-medical interventions to support their treatment.

35% of conversation participants experienced mental health challenges during or after pregnancy.

Little information about substance use was shared during conversations, potentially due to perceived risks of use disclosure. In summer 2026, there will be an additional eight community conversations focused on perinatal substance use. These conversations will be hosted by providers who have established relationships with individuals around their substance recovery to prevent fear or stigma during the conversation.

Trust and safety in health care settings

Participants shared impactful experiences about their relationships with providers, large system barriers, and adult health concerns. They recommended improving provider support, shared decision making, and delivery education as key areas of focus. Participants expressed that the ability to bring questions to their provider to drive their care would help them to feel confident in the care they were receiving. Some participants noted that while the provider sees many patients daily, this is often their first or second pregnancy, and they wanted personalized care.

Summary of key themes

	Personal experiences	Recommendations for change
All conversations	Relationship with provider had significant impact on perinatal experiences.	Improved education for patients on delivery expectations and options.
Access to quality care	Technology helped to improve connections with providers.	Increased access to non-clinical providers and supports.
Mental health and substance use	Fear and stigma were felt around mental health symptoms.	Expanded care coordination between providers and systems.
Trust and safety in health care settings	Large system barriers impacted their health care experiences.	Shared decision making between patients and providers.

Moving stories to action

Engaging with individuals with lived experience is important to understand any topic. Individuals with lived experience should be incorporated into organizational quality improvement processes to inform, educate, and develop solutions for system improvement. While quantitative data is key to informing practice improvements, qualitative data elevates voices that can speak to community needs, experiences, and recommendations. The MHI program encourages all maternal health spaces to improve upon the inclusion of individuals with lived experience to include compensation, leadership development, and consistent participatory roles in quality improvement practices.

If you want to learn about future opportunities to participate in MHI program activities, please use the QR code to join our mailing list where you can learn about initiatives, upcoming community meetings and trainings and pledge to support improvement in maternal health.



[MHI email listserv](#)

The MHI program would like to thank the host organizations and the individuals who provided their personal experiences in support of improving care for all mothers in Wisconsin. The MHI program remains committed to improving maternal care by including those with lived experience as partners and experts. If you have lived experience with pregnancy or birth and would like to join a quarterly lived experience workgroup, please use the QR code to request a meeting invitation.



[Lived experience workgroup](#)