

SUMMARY STATEMENT

With considerable support from Executive and Legislative leadership, the New York State Department of Health (Department) is dedicated to improving perinatal health outcomes across the state. Of particular focus are initiatives designed to address and improve racial and ethnic disparities in outcomes, especially in maternal mortality and morbidity. Black women in New York State (NYS) are between two and three times more likely to experience a maternal mortality than their white counterparts. This disparity among Black women persists across socio-economic, educational, and income groups and is a call to action for the perinatal continuum of care. By understanding the root cause of this disparity lay not in individual variations among people, but historical and systemic inequities rooted in racism, NYS is committed to centering its perinatal health work on anti-racist goals and activities.

ACTIVITIES AND RESULTS

Guided by a series of recommendations from the NYS Task Force on Maternal Mortality & Disparate Racial Outcomes the Department leads efforts to improve birth and maternal health outcomes which include:

The NYS Maternal Mortality Review Board (MMRB) is charged with reviewing all maternal deaths in NYS to determine cause and preventability. The MMRB is comprised of over 30 perinatal experts including physicians, midwives, and community-based providers.

The NYS Maternal Mortality & Morbidity Advisory Council is designed to work in collaboration with the MMRB to identify social determinant factors that impact maternal health outcomes and design recommendations to improve outcomes.

A comprehensive learning collaborative project designed to address the impact of racism on birth outcomes within birthing hospitals across NYS. This project will help birthing hospitals better understand the impact of racism on birth outcomes at their respective facilities, assess current policies and procedures and make changes to integrate an anti-racist framework when necessary, and take steps to integrate patient experience and feedback in hospital policy and assessment.

Develop a perinatal data module which can support access to timely perinatal data and quality improvement initiatives.

Increase access community health workers (CHWs) to provide education and support to pregnant and postpartum people and their families.

Establish a postpartum workgroup to offer recommendations to improve care and outcomes in NYS.

The Department is updating regulations that support the statewide system of perinatal regionalization for birthing hospitals. Focused on improving the quality of care for all pregnant and postpartum individuals and newborns in New York State, this process included an expert panel of perinatal health experts which provided recommendations to strengthen the system of perinatal care, addressing both obstetrical and neonatal services. These new regulations are intended to expand the regionalized system of birthing hospitals in NYS to incorporate birthing centers, including midwifery birthing centers as the first level of care; formalize the relationship between the Regional Perinatal Center (RPC) for training, consultation and quality improvement through an affiliation agreement; strengthen the requirement for transfer agreements with higher level perinatal hospitals as well as the requirements for all levels (including birthing centers) to improve obstetrical and neonatal outcomes.

In addition, the NYS Department of Health has continued its highly successful work through its NYS Perinatal Quality Collaborative (NYSPQC). Currently the NYSPQC is engaged with over 80 birthing hospitals in two active learning collaborative projects designed to improve care for obstetric hemorrhage and to address opioid use disorder in pregnancy and neonatal abstinence syndrome. Previous NYSPQC projects have included reduction of scheduled

deliveries <39 weeks gestation without a medical indication, hypertensive disorders of pregnancy, infant safe sleep and improving growth for neonates born <31 weeks gestational age.

While much of the work focused on improving outcomes with the Department of Health is overseen by the Division of Family Health, the NYS Medicaid program, operated by the Office of Health Insurance Programs is also engaged in several initiatives to improve perinatal and birth outcomes. This includes activities as part of the “First 1,000 Days Initiative” to improve birth outcomes for Medicaid recipients in the first thousand days of life. Through that initiative the Department is supporting several projects including a pilot for enhanced reimbursement to implement Centering Pregnancy, a home visiting pilot service, and a pilot study on Medicaid reimbursement for doula services. Ontario Health Insurance Plan (OHIP) is also prioritizing perinatal health improvements in ongoing activities to redesign the Medicaid system. As part of the Medicaid Redesign Team (MRT) II project, the Department is working on several perinatal improvement projects including a review of prenatal care standards, ongoing support of the NYSPQC work, our role in telehealth services, as well as improving care coordination and/or home visiting.

COVID RELATED WORK

As part of NYS COVID-19 response efforts, there has been a commitment to ensuring that pregnant and birthing individuals have access to care and support to deliver a baby during the pandemic. To that end, Governor Cuomo directed the NYS Council on Women & Girls to work in collaboration with the Department to convene a COVID-19 & Maternity Task Force. Chaired by Secretary to the Governor Melissa DeRosa, this Task Force was comprised of 15 members with expertise in perinatal health who met three times in April 2020 to assess the status of maternity care during the COVID-19 pandemic and recommend steps to improve care.

After three successful meetings the Task Force shared six different recommendations with Governor Cuomo in April 2020. Recommendations included: support for increasing the diversity of birthing site options (including access for midwifery led birthing centers), clarification of executive orders mandating that all birthing persons be allowed to have a support person accompany them, steps to ensure universal testing for all pregnant individuals, continued prioritization of racial justice and equity in all aspects of Department of Health work, creation of a messaging and education campaign on COVID-19 and pregnancy, and a literature review on the impact of COVID-19 and pregnancy with plans to share information with NYS Regional Perinatal Center staff. These recommendations were submitted to Governor Cuomo and the Department is working to implement them.