NEW YORK STATE OF OPPORTUNITY. Department of Health

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Dear Hospital CEO/Birth Center Administrator:

Maternal deaths are devastating events with profound and prolonged effects on families and communities that can also have a heavy emotional impact on providers, nurses, and other staff involved in their treatment. The United States has the highest maternal mortality rate in the developed world, and New York State was ranked 23rd among US states in the most recent ranking. The NYS Maternal Mortality Review Board (MMRB) was established in 2019 by Public Health Law Section 2509 to comprehensively review pregnancy-associated deaths in NYS. Following its review of each death, the MMRB makes specific recommendations to reduce maternal mortality and morbidity.

Once the MMRB completely reviews a cohort of pregnancy-associated deaths, the board members identify a set of **key recommendations**. Key recommendations are categorized by level of action, such as System, Facility, or Provider. Level of action describes who would need to act to implement a particular recommendation. For example, recommendations at the Facility Level describe actions that facility management could put into effect, such as a hospital policy or procedure change.

Following their review of the 2018 pregnancy-associated death cohort, the MMRB identified 14 Key Recommendations, which were published in the New York State Report on Pregnancy-Associated Deaths in 2018. Please note that four of the 14 key recommendations are categorized at the Facility level:

- Hospital networks should implement the AIM[1] bundle to reduce cesarean delivery rates.
- Hospitals should ensure anesthesiologists and obstetricians follow a standard protocol for massive transfusion in hemorrhage during pregnancy, delivery, and postpartum.
- All facilities should implement universal (standardized) systems for quantification of blood loss and anesthesia during delivery and postpartum.
- All facilities should implement screening for venous thromboembolism and chemoprophylaxis during intrapartum and postpartum care.

Two additional recommendations that the MMRB categorized at the Provider level should be facilitated or implemented by facility policies or procedures:

- Obstetricians and other providers should utilize a multi-disciplinary approach for collaborative chronic care management of obstetrical patients including the postpartum period.

[1] Alliance for Innovation on Maternal Health

- Obstetrical providers and hospitals should engage community resources during prenatal and hospital discharge planning (e.g., doula, visiting nurses, community health workers/patient navigators, telehealth, and remote monitoring) to help support and link high risk mothers with chronic conditions and difficult access (e.g., rural areas) to follow-up care and community resources.

The maternal health experts comprising the MMRB have determined that implementing these recommendations now will help save the lives of pregnant and postpartum patients in the future. The MMRB and the Maternal Mortality and Morbidity Advisory Council also recognized the role of systemic racism in perpetuating large racial disparities of health outcomes, especially for pregnant and postpartum patients. The NYS Birth Equity Improvement Project assists birthing facilities in identifying how individual and systemic racism impact birth outcomes at their organizations and taking action to improve the experience of care and perinatal outcomes for Black birthing people in their patient communities.

NYSDOH encourages you to put these recommendations into action at your facility or facilities to help provide the best care for your patients, their families, and all the people involved in their care. For more information, please contact Dr. Marilyn Kacica, Medical Director, Division of Family Health (Marilyn.Kacica@health.ny.gov or 518 473-9883).

Sincerely,

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