



**Department  
of Health**

# **New York State Maternal Mortality and Morbidity**

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**June 27, 2018**

# Presentation Overview

- **Surveillance**
  - Maternal Mortality Review (MMR) in New York State (NYS)
    - Maternal mortality
    - Severe maternal morbidity
    - Disparities
- **Action**
  - Guideline summary and resource development
  - New York State Perinatal Quality Collaborative (NYSPQC)
  - Promoting well woman care
    - Partnership for Maternal Health (PMH) Campaign
    - NYS Infant Mortality Collaborative Improvement & Innovation Network
  - Perinatal regionalization
  - Maternal Mortality Review Board
  - Governor Cuomo's comprehensive initiative



# Surveillance

# Maternal Mortality

- US ranks 47<sup>th</sup> in the world behind all other developed nations in maternal mortality
- 2010: NY ranks 46<sup>th</sup> among 50 states with a rate of **18.9**
- 2016: NY ranks 30<sup>th</sup> with a rate of **20.9**

Center, N.W.s.L., *Health Care Making the Grade on Women's Health: A National and State by State Report Card*. 2010.

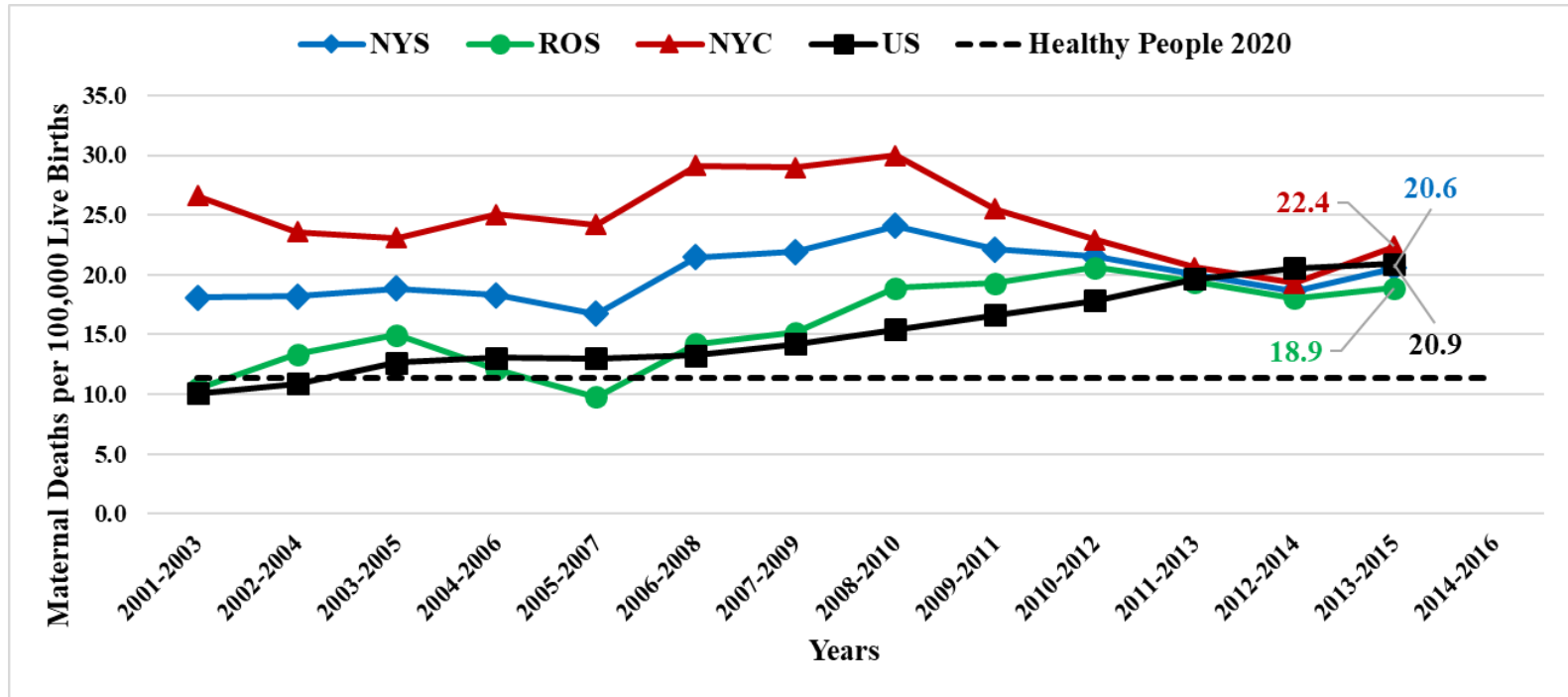
Available from: <http://hrc.nwlc.org/status-indicators/maternal-mortality-rate-100000>

*Explore Maternal Mortality in New York | 2016 Health of Women and Children Report*. 2017;

Available from: [http://www.americashealthrankings.org/explore/2016-health-of-women-and-children-report/measure/maternal\\_mortality/state/NY](http://www.americashealthrankings.org/explore/2016-health-of-women-and-children-report/measure/maternal_mortality/state/NY).

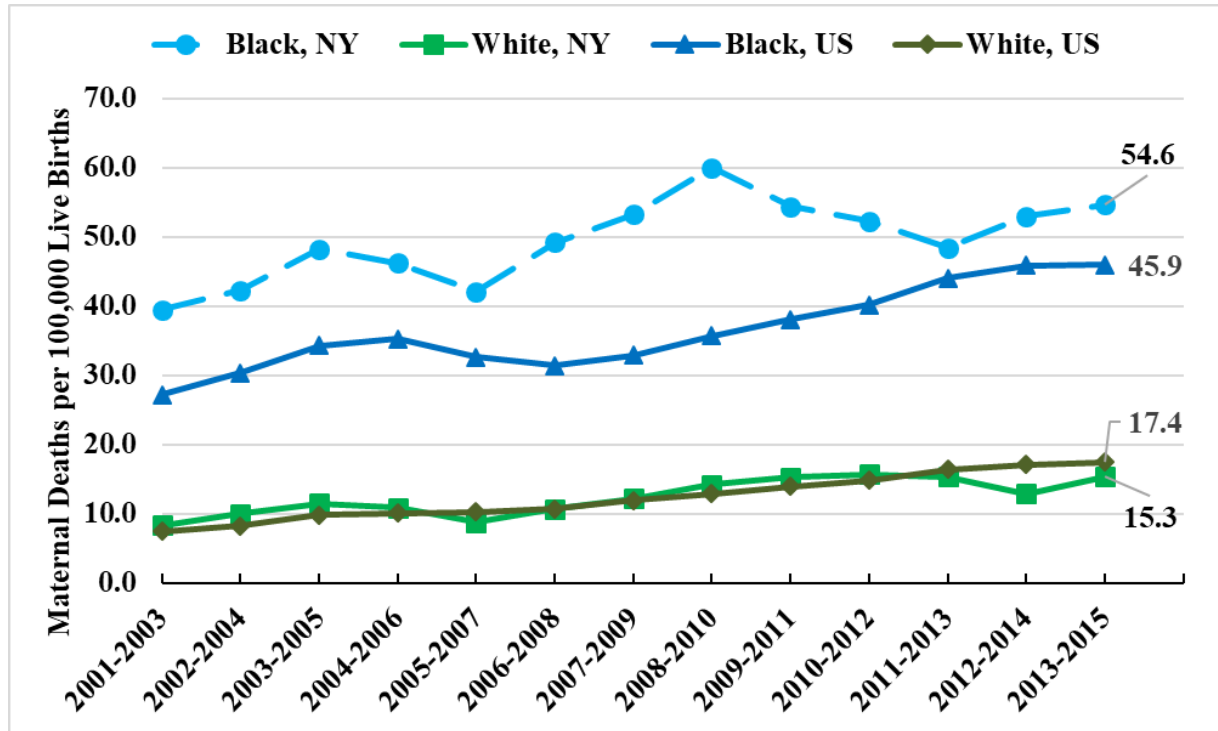


# Trends in Maternal Mortality as Reported in Vital Records\*



\*Causes of death from death records A34, O00-O95, O98-O99.  
 2000-2014 data from NY Vital Records. 2015 NY and national data from CDC Wonder database.

# Trends in Maternal Mortality as Reported in Vital Records\* by Race



\*Causes of death from death records A34, O00-O95, O98-O99.

National maternal mortality trends derived from CDC Wonder Database available at <https://wonder.cdc.gov/>

# Maternal Mortality Disparities in NYS

Racial disparities in maternal deaths are significant

- The Black to White mortality ratio peaked in 2006 at 6 to 1
- Decreased to 5 to 1 in 2009
- Continued to decrease to reach 3.4 to 1 in 2013
- Decreased to 2.8 to 1 in 2015



# Maternal Mortality Review Initiative

- Convened a multidisciplinary committee in 2010
- Comprehensive population based examination of maternal mortality
- Recommendations for focus and participation in education, developing materials, and quality improvement



# MMR Case Identification

## Standard surveillance

- Review of female deaths linked to a live birth with a year or less between the two events

## Enhanced surveillance

- Examination of female death records not linked to a live birth certificate
  - That occurred within a year after a hospitalization with an indication of pregnancy
  - OR with an obstetric cause of death or pregnancy indicated on death certificate

New York Patient Occurrence Reporting and Tracking System (NYPORTS)

# Maternal Mortality in New York State

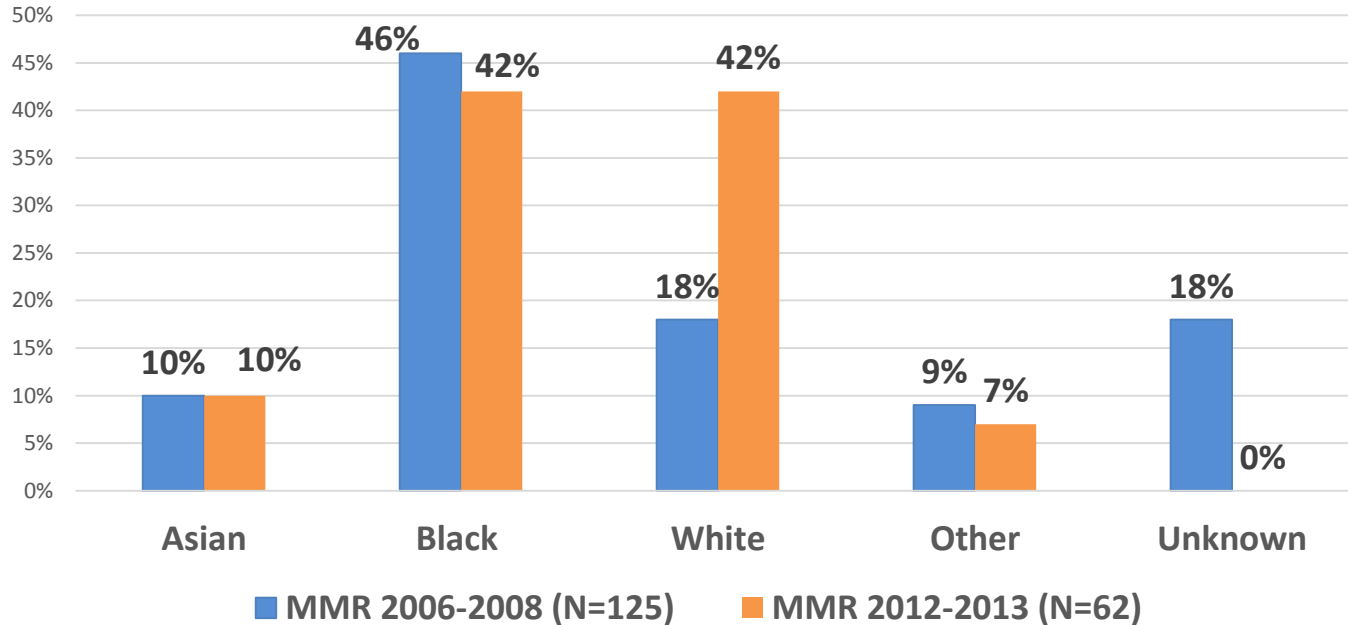
## What changed over time in maternal mortality:

- Black and White mothers contribute equally to the pregnancy-related cohort
  - 17% of live births are born to Black mothers
- An increasing majority of pregnancy-related deaths were covered by Medicaid
- Fewer pregnancy-related deaths due to hypertensive disorders
- Injury (substance abuse and suicide) is the leading cause of death among pregnancy-associated not related deaths

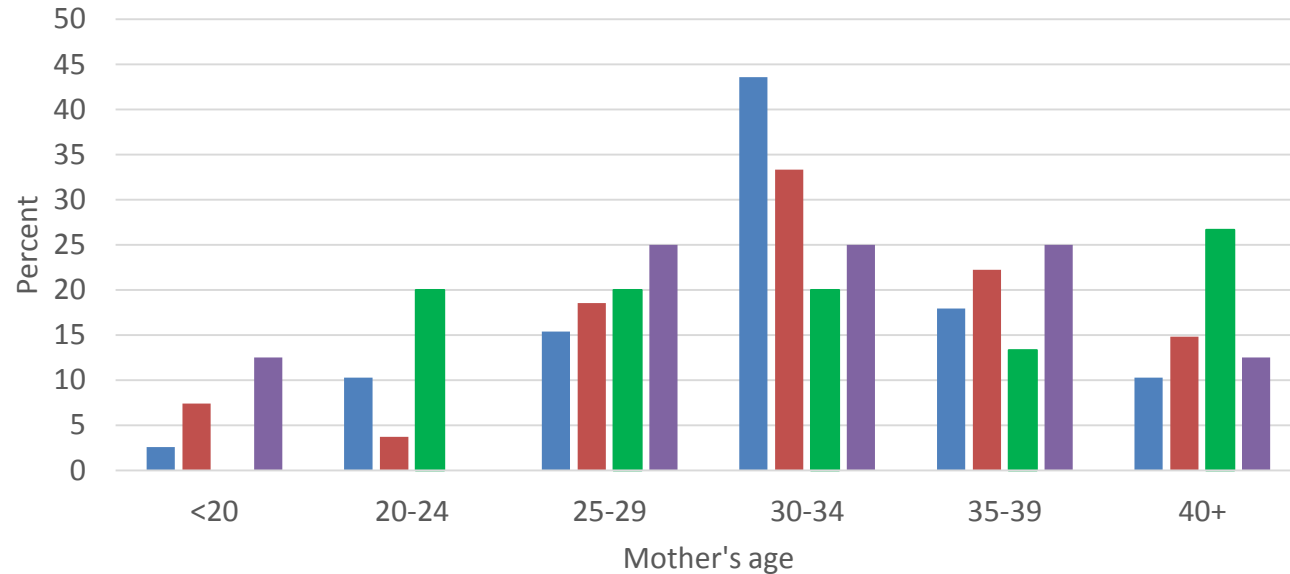
# Prenatally-Identified Risk Factors Pregnancy-related Deaths

| Risk Factors         | Percent of women with the risk factor |                   |
|----------------------|---------------------------------------|-------------------|
|                      | 2006-2008<br>n=125                    | 2012-2013<br>n=62 |
| Hematologic          | 29 (23%)                              | 16 (26%)          |
| Cardiac              | 20 (16%)                              | 11 (18%)          |
| Hypertension         | 26 (21%)                              | 11 (18%)          |
| Pulmonary            | 13 (10%)                              | 11 (18%)          |
| Endocrine            | 12 (10%)                              | 10 (16%)          |
| Psychiatric disorder | 8 (6%)                                | 7 (11%)           |

# Pregnancy-Related Deaths by Race 2006-2008 and 2012-2013



# Pregnancy-Related Deaths Race/Ethnicity by Mother's Age 2012-2014\*



- Black, non-Hispanic (n=39)
- White, non-Hispanic (n=27)
- Hispanic (n=15)
- Other, non-Hispanic (n=8)



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# Pregnancy-Related Deaths by Pre-Pregnancy Weight Status, 2006-2008 and 2012-2014\*

- Unhealthy pre-pregnancy weight status
  - Obese, BMI  $\geq$  30
    - 2006-2008: 30% (n=38)
    - 2012-2014: 51% (n=45)

## Pregnancy-Related Deaths by Pre-Pregnancy Weight Status and Race/Ethnicity, 2012-2013

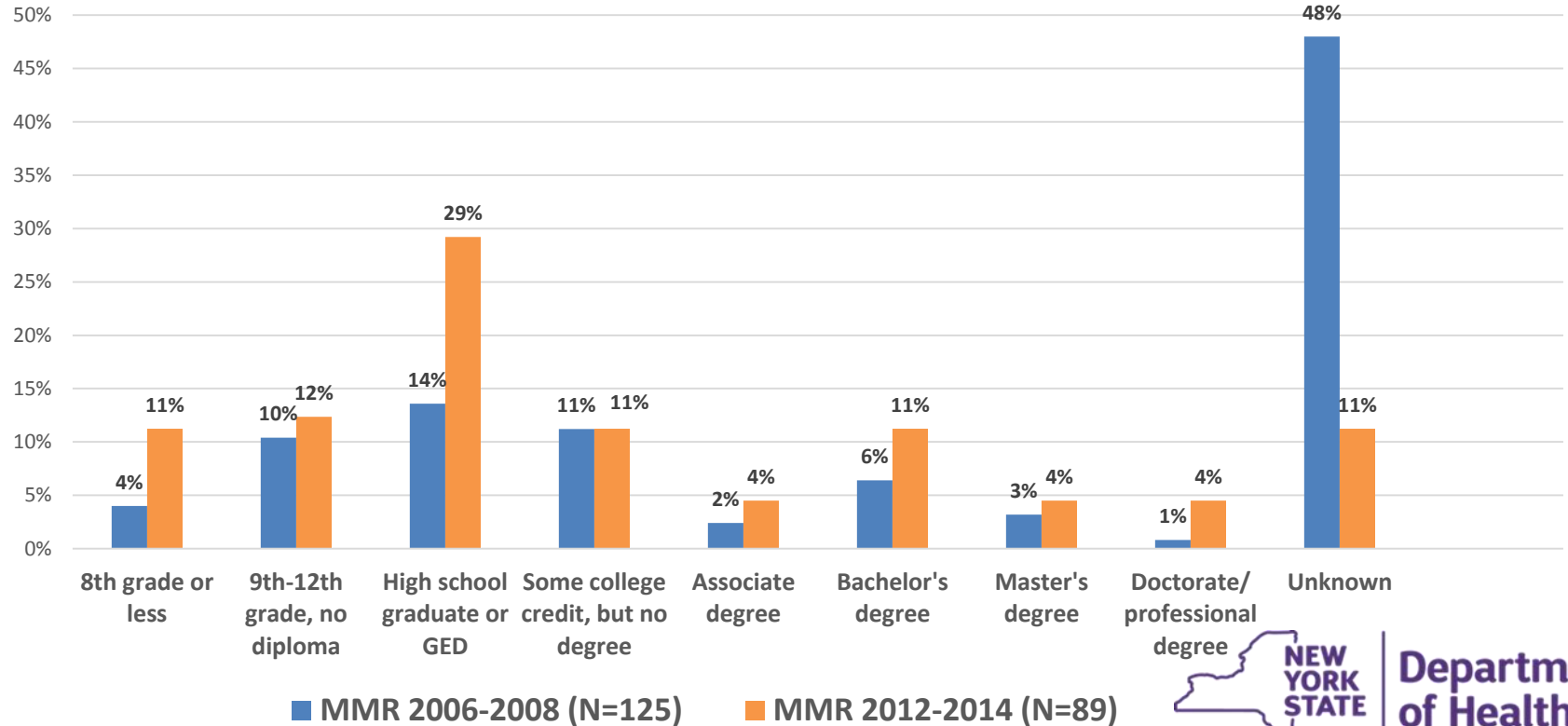
| Pre-Pregnancy BMI | Total            | White, Non-Hispanic | Black, Non-Hispanic | Hispanic  | Other    |
|-------------------|------------------|---------------------|---------------------|-----------|----------|
| Thin              | 1 (2%)           | 1                   | 0                   | 0         | 0        |
| Normal            | 10 (16%)         | 2                   | 5                   | 3         | 0        |
| Overweight        | 6 (10%)          | 3                   | 0                   | 2         | 1        |
| Obese             | 22 (35%)         | 3                   | 18                  | 1         | 0        |
| Unknown           | 23 (37%)         | 9                   | 3                   | 5         | 6        |
| <b>Total</b>      | <b>62 (100%)</b> | <b>18</b>           | <b>26</b>           | <b>11</b> | <b>7</b> |

Data source: NYS Maternal Mortality Review



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# Pregnancy-Related Deaths by Education 2006-2008 and 2012-2014\*

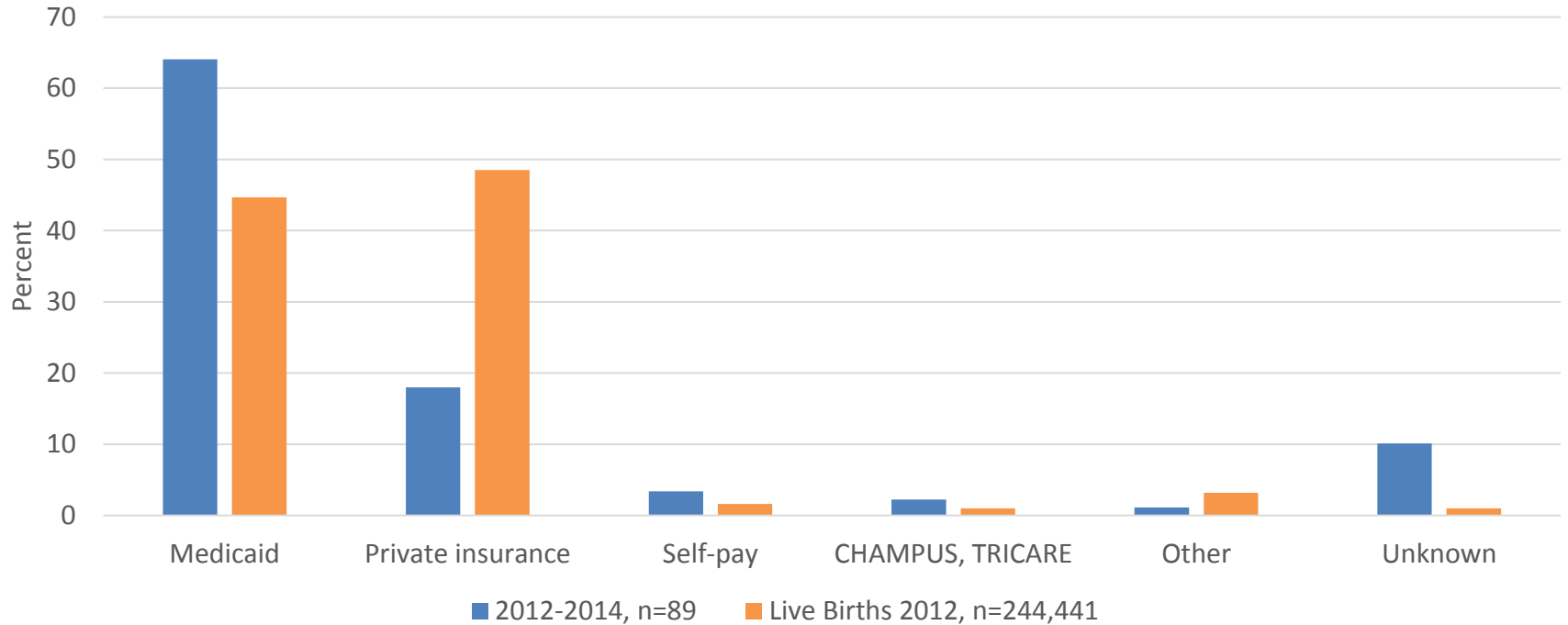


■ MMR 2006-2008 (N=125)    ■ MMR 2012-2014 (N=89)

Data source: NYS Maternal Mortality Review \*2014 not complete



# Pregnancy-Related Deaths by Health Insurance, 2012– 2014\*



Data source: NYS Maternal Mortality Review  
 \*2014 not complete

# Maternal Demographics

|                                   | 2006-2008 | 2012-2014* |
|-----------------------------------|-----------|------------|
| <b>Primary Language:</b> English  | 63%       | 69%        |
| <b>Marital Status:</b> Single     | 48%       | 53%        |
| Married                           | 48%       | 44%        |
| <b>Insurance:</b> Medicaid        | 45%       | 64%        |
| <b>Parity:</b> First time mothers | 30%       | 30%        |
| One previous live birth           | 26%       | 17%        |
| 2 or more previous births         | 33%       | 37%        |
| Unknown                           | 12%       | 16%        |

Data source: NYS Maternal Mortality Review

\*2014 not complete

# Prenatal History

| Prenatal care utilization | 2006-2008 | 2012-2014* |
|---------------------------|-----------|------------|
| Adequate prenatal care    | 25%       | 30%        |
| Intermediate              | 27%       | 25%        |
| Intensive                 | 6%        | 6%         |
| Inadequate                | 8%        | 6%         |
| No prenatal care          | 10%       | 4%         |
| Unknown                   | 24%       | 29%        |

Data source: NYS Maternal Mortality Review

\*2014 not complete



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# Prenatal History by Race/Ethnicity, 2012-2014\*

| Prenatal Care Utilization | Total 2012-2014 (n=89) | Black, non-Hispanic (n=39) | White, non-Hispanic (n=27) | Hispanic (n=15) | Other, non-Hispanic (n=8) |
|---------------------------|------------------------|----------------------------|----------------------------|-----------------|---------------------------|
| Adequate prenatal care    | 30%                    | 33%                        | 19%                        | 60%             | 0%                        |
| Intermediate              | 25%                    | 31%                        | 22%                        | 13%             | 38%                       |
| Intensive                 | 4%                     | 3%                         | 11%                        | 0%              | 0%                        |
| Inadequate                | 6%                     | 10%                        | 0%                         | 0%              | 12%                       |
| No prenatal care          | 4%                     | 3%                         | 7%                         | 7%              | 0%                        |
| Unknown                   | 29%                    | 21%                        | 41%                        | 20%             | 50%                       |
| <b>Total</b>              | <b>100%</b>            | <b>100%</b>                | <b>100%</b>                | <b>100%</b>     | <b>100%</b>               |

Data source: NYS Maternal Mortality Review

\*2014 not complete

# Timing of Death

Most of the pregnancy-related deaths occurred within a week of the end of the pregnancy.

2006-2008: 92/125, 74%

2012-2014: 58/89, 65%

|                           | 2006-2008 | 2012-2014* |
|---------------------------|-----------|------------|
| Antepartum                | 15 (12%)  | 12 (13%)   |
| During labor or delivery  | 11 (9%)   | 3 (3%)     |
| Within a day of delivery  | 40 (32%)  | 27 (30%)   |
| First week after delivery | 27 (22%)  | 16 (18%)   |
| 1-6 weeks postpartum      | 25 (20%)  | 16 (18%)   |
| 43 days to 1 year         | 7 (6%)    | 13 (15%)   |

Data source: NYS Maternal Mortality Review

\*2014 not complete

# Intrapartum Medical History

|   | 2006-2008 | 2012-2014* |
|---|-----------|------------|
| <b>Hospital of delivery or TOP: Level 3</b> | 46%       | 28%        |
| Regional Perinatal Center                   | 30%       | 36%        |
| <b>Type of Delivery:</b>                    |           |            |
| C-Sections:                                 | 63%       | 66%        |
| Emergent                                    | 32%       | 34%        |
| Unscheduled non-emergent                    | 14%       | 13%        |
| Elective scheduled                          | 10%       | 12%        |
| Peri or postmortem                          | 7%        | 7%         |
| Normal spontaneous vaginal deliveries       | 17%       | 19%        |
| Undelivered                                 | 12%       | 7%         |
| Other                                       | 6%        | 8%         |

Data source: NYS Maternal Mortality Review

\*2014 not complete

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# Cause of Death by Maternal Mortality Review Cohort

| Cause of Death            | 2006-2008 % (n)<br>(N=125) | 2012-2014* % (n)<br>(N=89) |
|---------------------------|----------------------------|----------------------------|
| Hemorrhage                | <b>23% (n=29)</b>          | <b>16% (n=14)</b>          |
| Hypertensive disorders    | <b>23% (n=29)</b>          | 7% (n=6)                   |
| Embolism (not cerebral)   | <b>17% (n=21)</b>          | <b>25% (n=22)</b>          |
| Cardiovascular conditions | 10% (n=12)                 | 7% (n=6)                   |
| Infection                 | 3% (n=4)                   | <b>17% (n=15)</b>          |
| Cardiomyopathy            | 2% (n=2)                   | 11% (n=10)                 |

Data source: NYS Maternal Mortality Review

\*2014 not complete



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# Cause of Death by Maternal Mortality Review Cohort

| Cause of Death                                     | 2006-2008 % (n)<br>(N=125) | 2012-2014* % (n)<br>(N=89) |
|--|----------------------------|----------------------------|
| Cardiac arrest/failure                             | 3% (n=4)                   | 2% (n=2)                   |
| Hematopoietic (sickle cell, thalassemia, ITP)      | 2% (n=3)                   | 2% (n=2)                   |
| Intracerebral hemorrhage (not associated with PIH) | 4% (n=5)                   | 5% (n=4)                   |
| Pulmonary problems                                 | 2% (n=3)                   | 3% (n=3)                   |
| Neurologic/neurovascular problems                  | 2% (n=3)                   | 3% (n=3)                   |
| Other  | 8% (n=10)                  | 2% (n=2)                   |

Data source: NYS Maternal Mortality Review

\*2014 not complete



## Cause of Death by Race/Ethnicity, 2012-2014\*

| Cause of Death          | Total    | White, Non-Hispanic | Black, Non-Hispanic | Hispanic | Other |
|-------------------------|----------|---------------------|---------------------|----------|-------|
| Embolism                | 22(25%)  | 6                   | 10                  | 3        | 3     |
| Hemorrhage              | 14 (16%) | 4                   | 4                   | 3        | 3     |
| Infection               | 15 (17%) | 6                   | 5                   | 3        | 1     |
| Cardiomyopathy          | 10 (11%) | 4                   | 4                   | 2        | 0     |
| Hypertensive disorders  | 6 (7%)   | 2                   | 4                   | 0        | 0     |
| Cardiovascular problems | 6 (7%)   | 0                   | 3                   | 2        | 1     |
| Cardiac arrest          | 2( 2%)   | 0                   | 1                   | 1        | 0     |
| Hematopoietic           | 2 (2%)   | 0                   | 2                   | 0        | 0     |

Data source: NYS Maternal Mortality Review  
\*2014 not complete



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## Cause of Death by Race/Ethnicity, 2012-2014\*

| Cause of Death           | Total            | White, Non-Hispanic | Black, Non-Hispanic | Hispanic  | Other    |
|--------------------------|------------------|---------------------|---------------------|-----------|----------|
| Intracerebral Hemorrhage | 4 (4%)           | 3                   | 1                   | 0         | 0        |
| Pulmonary Problems       | 3 (3%)           | 0                   | 3                   | 0         | 0        |
| Neurological             | 3 (3%)           | 2                   | 0                   | 1         | 0        |
| Other                    | 2 (2%)           | 0                   | 2                   | 0         | 0        |
| <b>Total</b>             | <b>89 (100%)</b> | <b>27</b>           | <b>39</b>           | <b>15</b> | <b>8</b> |

Data source: NYS Maternal Mortality Review  
 \*2014 not complete



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# Provider-Identified Prenatal Risk Factors Pregnancy-Related Deaths

| Number of risk factors (%) | Number of cases 2006-2008 (%) | Number of cases 2012-2013 (%) |
|----------------------------|-------------------------------|-------------------------------|
| 0                          | 45 (36%)                      | 9 (14.5%)                     |
| 1                          | 40 (32%)                      | 18 (29.0%)                    |
| 2                          | 23 (18%)                      | 15 (24.2%)                    |
| 3 or more                  | 8 (14%)                       | 20 (32.3%)                    |

Data source: NYS Maternal Mortality Review



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## Causes of Death Among Pregnancy-Associated Deaths by Race/Ethnicity 2012-2014\*

|                                | Total             | White, non-Hispanic | Black, non-Hispanic | Hispanic  | Other, non-Hispanic |
|--------------------------------|-------------------|---------------------|---------------------|-----------|---------------------|
| <b>Injury</b>                  | 77 (52%)          | 40                  | 15                  | 11        | 11                  |
| <b>Cancer</b>                  | 14 (10%)          | 8                   | 3                   | 3         | 0                   |
| <b>Infection</b>               | 7 (5%)            | 3                   | 2                   | 1         | 1                   |
| <b>Cardiac arrhythmia</b>      | 8 (5%)            | 5                   | 3                   | 0         | 0                   |
| <b>Unknown</b>                 | 6 (4%)            | 2                   | 2                   | 2         | 0                   |
| <b>Pulmonary problems</b>      | 8 (5%)            | 1                   | 5                   | 1         | 1                   |
| <b>Cardiomyopathy</b>          | 3 (2%)            | 0                   | 3                   | 0         | 0                   |
| <b>Cardiovascular problems</b> | 4 (3%)            | 1                   | 2                   | 1         | 0                   |
| <b>Other</b>                   | 20 (14%)          | 10                  | 5                   | 4         | 1                   |
| <b>Total</b>                   | <b>147 (100%)</b> | <b>70</b>           | <b>10</b>           | <b>23</b> | <b>14</b>           |

Data source: NYS Maternal Mortality Review \*2014 not complete

# Pregnancy-Associated Deaths by Race/Ethnicity – Injury 2012-2014\*

|                     | Total            | White, non-Hispanic | Black, non-Hispanic | Hispanic  | Other, non-Hispanic |
|---------------------|------------------|---------------------|---------------------|-----------|---------------------|
| Substance Abuse     | 23 (30%)         | 19                  | 1                   | 2         | 1                   |
| Suicide             | 13 (17%)         | 5                   | 2                   | 2         | 4                   |
| MVA                 | 17 (22%)         | 10                  | 2                   | 3         | 2                   |
| Homicide            | 15 (15%)         | 1                   | 7                   | 4         | 3                   |
| Undetermined injury | 9 (12%)          | 5                   | 3                   | 0         | 1                   |
| <b>Total</b>        | <b>77 (100%)</b> | <b>40</b>           | <b>15</b>           | <b>11</b> | <b>11</b>           |

Data source: NYS Maternal Mortality Review

\*2014 not complete



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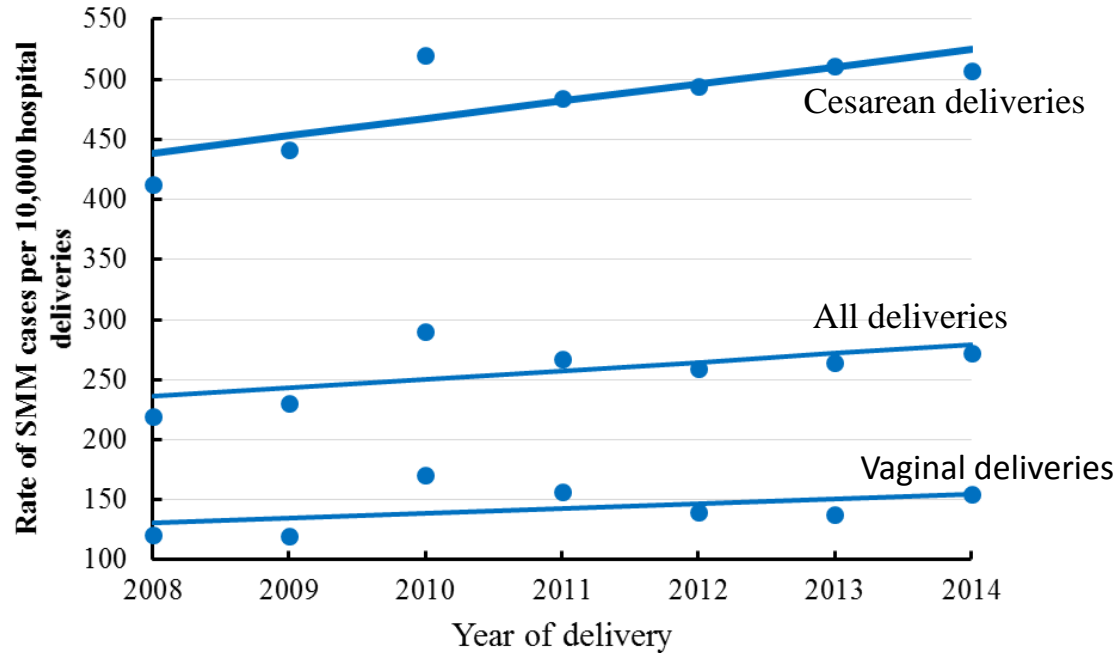
# Maternal Mortality in New York State

| Pregnancy-related deaths                            | NYS MMR 2006-2008                                       | NYS MMR 2012-2014*                                      |
|---|---|---|
| Race disparities:<br>Deaths per 100,000 live births | 48.9 Black<br>14.5 Hispanic<br>6.9 White                | 34.0 Black<br>9.0 Hispanic<br>6.6 White                 |
| Pre-pregnancy weight:<br>overweight or obese        | 15% overweight<br>30% obese                             | 9% overweight<br>51% obese                              |
| Low Income  | 45% Medicaid  | 64% Medicaid  |
| Method of delivery:<br>C-section                    | 63%   | 66%   |
| Education:  | 14% high school graduate<br>11% some college, no degree | 24% high school graduate<br>11% some college, no degree |

# Severe Maternal Morbidity (SMM)

“Severe maternal morbidity can be thought of as unintended outcomes of the process of labor and delivery that result in significant short-term or long-term consequences to a woman’s health.”

# SMM by Method of Delivery, New York State, 2008-2014



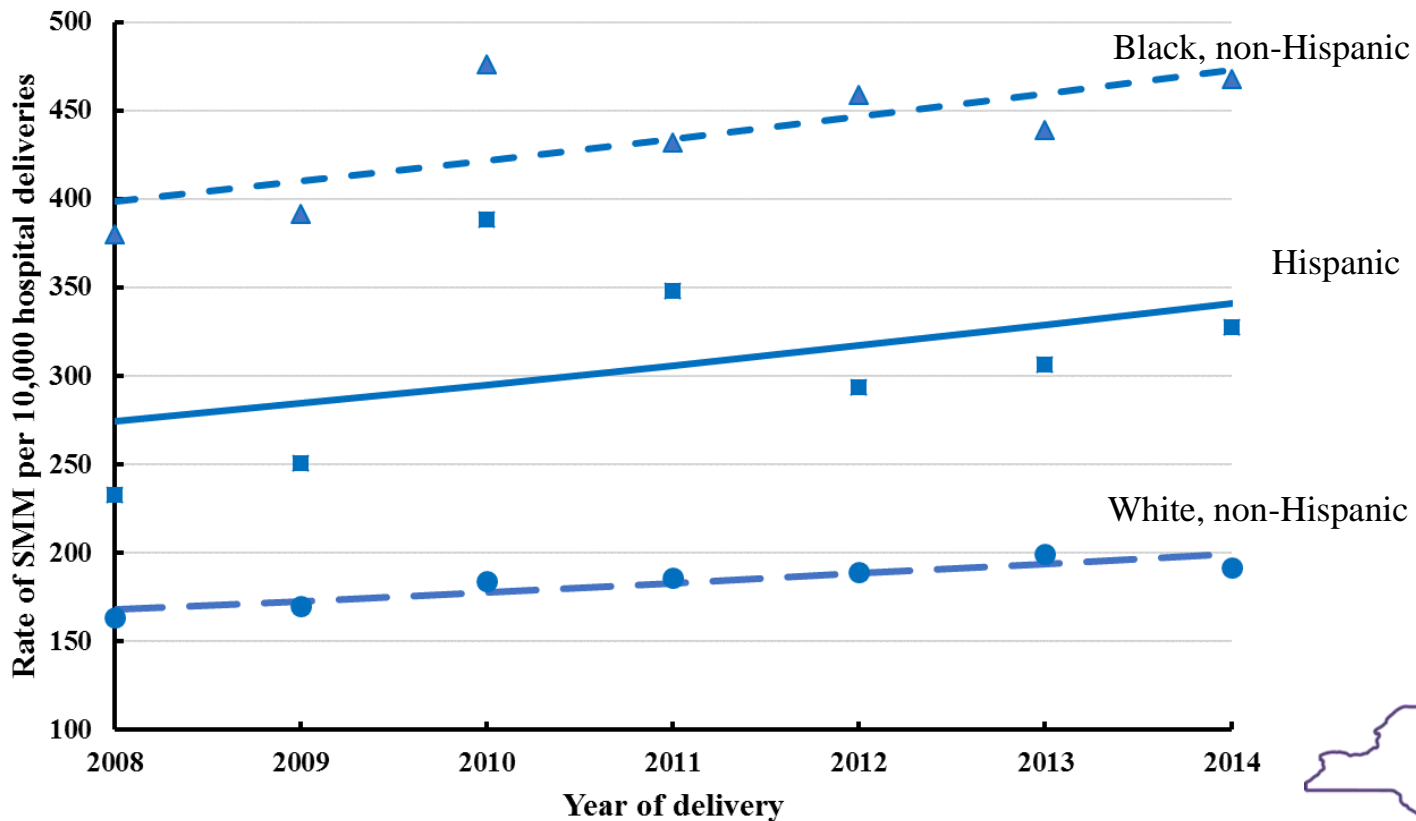


# SMM and Race/Ethnicity

- 15% of live births are born to Black, non-Hispanic mothers.
  - **27% of women experiencing SMM during delivery are Black, non-Hispanic**
- 23% of live births are born to Hispanic mothers
  - **29% of women with SMM during delivery are Hispanic**
- Black non-Hispanic women more likely to experience SMM during delivery
  - **Most of the disparity is among cesarean births**

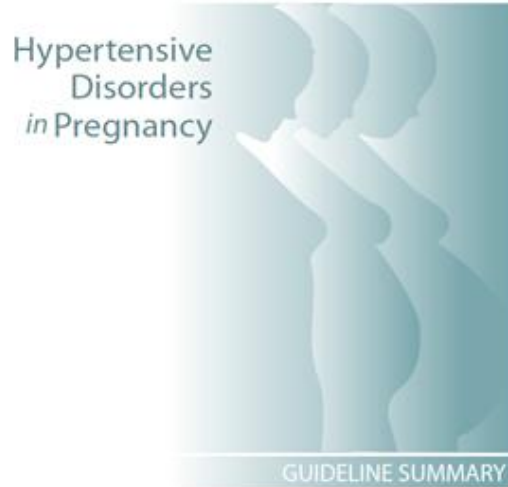


# SMM by Race/Ethnicity, New York State, 2008-2014



# Action

# NYS MMR Translation to Action



New York State Department of Health

May 2013

- Hypertensive Disorders in Pregnancy Guideline Summary released in 2013
- Posted on NYSDOH and NYSPQC websites and widely disseminated to hospitals across state

<http://www.health.ny.gov/professionals/patients/women.htm>



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# Resources Developed from Guidelines

## Blood Pressure Measuring Technique

**CUFF SIZE**  
Cuff bladder covers 75-100% of the arm circumference



**CONSIDERATIONS**

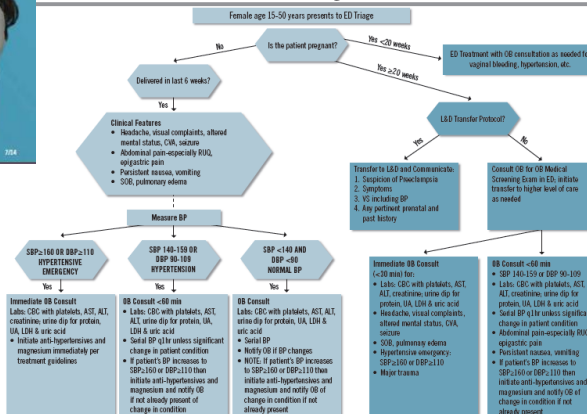
**POSTURE**  
Sitting with feet flat on floor back supported

**DEGREE OF STIMULATION**  
Avoid tobacco/caffeine for 30 minutes  
Undisturbed and at rest for 5 minutes

**TALKING**  
Silence during measurement



New York State Department of Health • Antepartum and Postpartum Preeclampsia and Eclampsia Management in the Emergency Department (ED) Evaluation and Diagnosis



New York State Department of Health Preeclampsia Early Recognition Tool (PERT)

| ASSAYS                            | YELLOW (LOW)  | ORANGE (MILD)  | RED (HIGH)  |
|-----------------------------------|---|--|---|
| <b>Anorexia</b>                   | Abdominal   | • Nausea/vomiting<br>• Diarrhea<br>• Difficulty speaking       | • Anorectic   |
| <b>Headache</b>                   | None  | • Mild headache<br>• Nausea, vomiting<br>• Blurred or impaired | • Intense headache<br>• Temporary blindness or blind spots                |
| <b>Visible</b>                    | None  | • Nausea, vomiting<br>• Blurred or impaired                    | • Temporary blindness or blind spots                                      |
| <b>Systolic BP (mm Hg)</b>        | 100-129   | 140-159  | ≥160  |
| <b>Diastolic BP (mm Hg)</b>       | 60-89   | 90-109   | ≥110  |
| <b>WBC</b>                        | 60-110  | 111-179  | ≥170  |
| <b>Temperature</b>                | 101.0-101.4   | 101.5-102  | ≥102.0  |
| <b>SOB</b>                        | Absent  | Present  | Present   |
| <b>RT Lat (CL)</b>                | ≤10   | 11-30  | ≥30   |
| <b>Pain, Abdomen or Chest</b>     | None  | • Nausea, vomiting<br>• Chest pain<br>• Abdominal pain         | • Chest pain<br>• Abdominal pain  |
| <b>Fetal Signs</b>                | • Category I<br>• Category II<br>• Non-reactive NST | • Category I<br>• Category II<br>• Non-reactive NST            | • Category III  |
| <b>Urine Output (ml/hr)</b>       | ≥20   | 10-20  | ≤10 (or 300)  |
| <b>Proteinuria</b>                | Trace   | • ≥ 1+**<br>• ≥100mg/24 hours                                  | • ≥ 3+ or greater on 2 samples 4 hours apart***<br>• ≥ 3 (On/24 hours)*** |
| <b>Platelets</b>                  | >100  | 100-100  | <50   |
| <b>ACT/PT</b>                     | normal  | 1-2x normal  | ≥2 normal or greater  |
| <b>Cratinine</b>                  | ≤1.0  | 1.1-1.3  | ≥1.3  |
| <b>Magnesium Sulfate Toxicity</b> | • STR 4.1<br>• Respirations 16-20                   | • Depression of patellar reflexes                              | • Respirations <12  |

## Ask Your Doctor or Midwife

# Preeclampsia

**What Is It?**  
Preeclampsia is a serious disease related to high blood pressure. It can happen to any pregnant woman during the second half of her pregnancy, or up to 6 weeks after delivery.

### Risks to You

- Seizures
- Stroke
- Organ damage
- Death

### Risks to Your Baby

- Premature birth
- Death

### Signs of Preeclampsia

Stomach pain

Headaches

Feeling nauseous; throwing up

Seeing spots

Swelling in your hands and face

Gaining more than 5 pounds (2,3 kg) in a week

### What Should You Do?

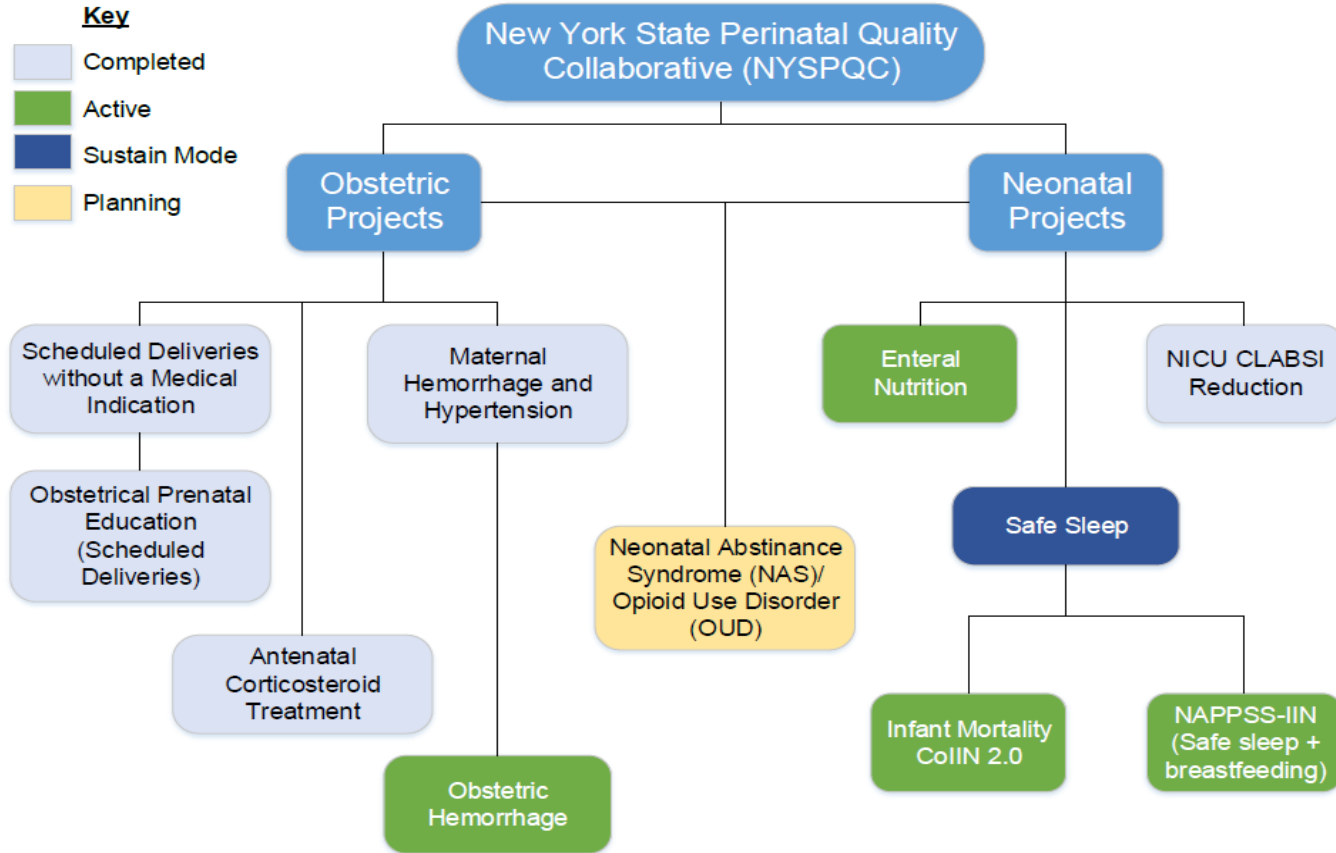
Call your doctor or midwife right away. Finding preeclampsia early is important for you and your baby.

For more information go to [www.preeclampsia.org](http://www.preeclampsia.org)

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# New York State Perinatal Quality Collaborative (NYSPQC)

The NYSPQC aims to provide the best and safest care for women and infants in NYS by collaborating with birthing hospitals, perinatal care providers, professional organizations and other key stakeholders to prevent and minimize harm through the translation of evidence-based guidelines to clinical practice.



# Partnership for Maternal Health

- **Goal:** promote equity in maternal health outcomes within at-risk populations, to reduce ethnic and economic disparities, and preventable maternal mortality and morbidity in NYS.
- Collaboration among public health organizations, professional societies, hospital associations, and providers



# Promoting Well Woman Care

- Certain medical conditions, personal behaviors, psychosocial risks, and environmental exposures associated with negative pregnancy outcomes can be identified and modified before conception through clinical interventions.
- Chronic conditions contribute to increased maternal mortality rates in NYS
- Every Woman, Every Time.
  - Discuss reproductive plans
  - Prescribe contraception, if appropriate
  - Address risk factors and chronic conditions that could compromise maternal health



# Promoting Well Woman Care

DOH Commissioner, Dr. Howard Zucker sent a “Dear Colleague” letter recognizing well woman care as key to improving maternal health:

- Recognized the formation of the New York State Partnership for Maternal Health
- Asked all clinicians to initiate conversations with all female patients of reproductive age : *“Would you like to become pregnant within the next year?”*
- Identified resources to support their practice- “Before and Beyond” CME-accredited educational modules developed by the National Preconception Health and Health Care Initiative



ANDREW M. CUOMO  
Governor

Department  
of Health

HOWARD A. ZUCKER, M.D., J.D.  
Commissioner

SALLY DRESLIN, M.S., R.N.  
Executive Deputy Commissioner

September 9, 2016

Dear Colleague:

I am writing to provide important information about prevention of maternal mortality and morbidity and to ask you to initiate conversations with women in your care about preconception health, to improve women's health in New York State (NYS).

In November 2015, the New York State Department of Health (Department) joined with the American Congress of Obstetricians and Gynecologists District II, the New York City Department of Health and Mental Hygiene, the Healthcare Association of NYS, the Greater New York Hospital Association, and the New York Academy of Medicine, to form the New York State Partnership for Maternal Health (NYSPMH). The goal of the NYSPMH is to reduce disparities in preventable maternal mortality and morbidity in NYS by focusing on those factors that impact the health of women most at risk of poor pregnancy outcomes.

Maternal mortality and morbidity are key indicators of the health of a society. NYS ranks 46th among 50 states in maternal mortality rates, and NYS rates remain 1.5 times higher than the Healthy People 2020 objective of 11.4 maternal deaths per 100,000 live births. Despite moderate improvement, significant disparities in maternal deaths persist.

Approximately 45% of births in NYS are unintended, meaning the pregnancy was mistimed, unplanned or unwanted at the time of conception. Therefore, the chance to prepare for a healthy pregnancy and have a proactive conversation with a health care provider has been lost, especially for women with chronic conditions, where preconception health management is critical. In order to address this, the NYSPMH has chosen to focus on preconception care as a starting point to reduce maternal mortality and morbidity. Preconception care is important for all women but especially for those with chronic conditions. As a provider in NYS, you play an important role in assuring the health care women receive supports their pregnancy intentions.

I am asking that you join us by initiating conversations with all female patients of reproductive age, including those being seen for well visits, and ask this one essential question: “Would you like to become pregnant within the next year?”. Asking this one essential question is the responsibility of all health care providers, which include primary care and specialist providers, not just reproductive health providers. A woman's response will guide her primary and specialty care and improve her health outcomes.

Preconception care is key to improving maternal health, and is a goal of the NYS Prevention Agenda. The Prevention Agenda recognizes that women of reproductive age have an increased burden of chronic disease. This means, when they do become pregnant, they may be at a higher risk of pregnancy complications and poor health outcomes. It is imperative for providers to work with their patients and understand patients' pregnancy goals as a step toward improving maternal health. Primary care providers are well positioned to ask women whether they intend to get pregnant, assure they have the right resources to achieve their goal,

# Partnership for Maternal Health

- Currently developing a multi-pronged provider education campaign
  - Created webinar for continuing education credits on well woman care targeting all health care providers
    - Available for CMEs in Summer 2018
  - Develop educational pieces for email lists/newsletters
  - Design material for offices on pregnancy intendedness and contraception

## NYS Infant Mortality Collaborative Improvement & Innovation Network (NYS IM CoIIN)

Through NYS's work on the **national CoIIN to reduce infant mortality (IM CoIIN)**, the NYSDOH facilitated three initiatives, which have:

- Engaged six MICHCs and three FQHCs across the state to work collaboratively on goals such as:
  - Improving birth spacing/intention by increasing adherence to the post-partum visit, and increasing selection and use of an effective contraceptive method; and
  - Improving the integration of evidence-based preconception messages into routine preventive care services.
    - *Would you like to become pregnant in the next year?*



# Perinatal Regionalization

A comprehensive, coordinated geographically structured system of care organized around a series of Regional Perinatal Centers (RPCs), each supporting and providing clinical expertise, education and quality improvement to a group of affiliate hospitals.

# Perinatal Regionalization

- To ensure that women and their babies will have ready access to the services they need through:
  - Ensuring access to an expert health care team
  - Ensuring high quality, comprehensive care for women and babies
  - Maximizing resources of the various facilities across the state – centralizes technology
  - Allows for ongoing quality improvement to better ensure quality services across all levels of perinatal care

# Maternal Mortality Review Board

- Priority of the Council on Women and Girls
- A multidisciplinary review of each maternal death
- A more complete assessment of:
  - Causes of death
  - Factors leading to death
  - Preventability
  - Opportunities for intervention
- Translate trends and issues to action
  - Collaborate to develop Issue Briefs, Grand Rounds
  - Quality improvement projects
    - Working collaboratively with partners (NYSDOH, ACOG, GNYHA, HANYS, RPCs)
  - Issue maternal mortality report



# Governor Cuomo's Initiative Maternal Mortality and Reduce Racial Disparities

- Taskforce on Maternal Mortality and Disparate Racial Outcomes
- Establish Maternal Mortality Review Board
- Best Practice Summit with Hospitals and OB-GYNs
- Pilot the Expansion of Medicaid Coverage for Doulas
- Support Centering Pregnancy Demonstrations
- Require Continuing Medical Education and Curriculum Development
- Expand the New York State Perinatal Quality Collaborative
- Launch Commissioner Listening Sessions

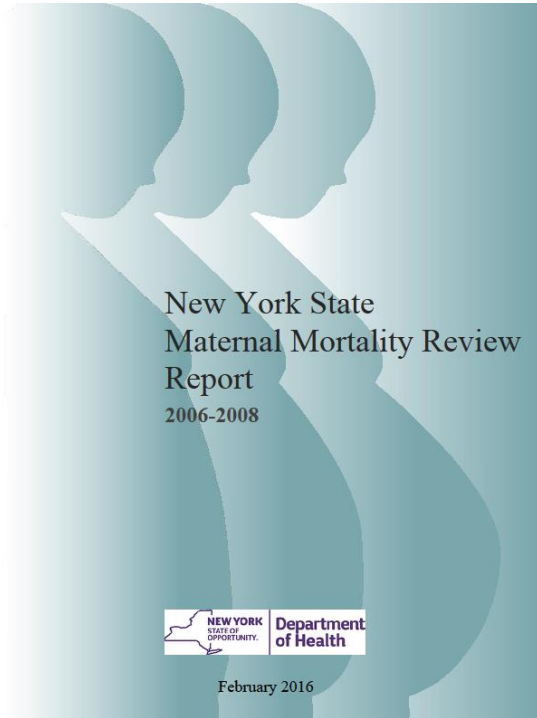
Press Release April 23, 2018. Governor Cuomo Announces Comprehensive Initiative to Target Maternal Mortality and Reduce Racial Disparities in Outcomes



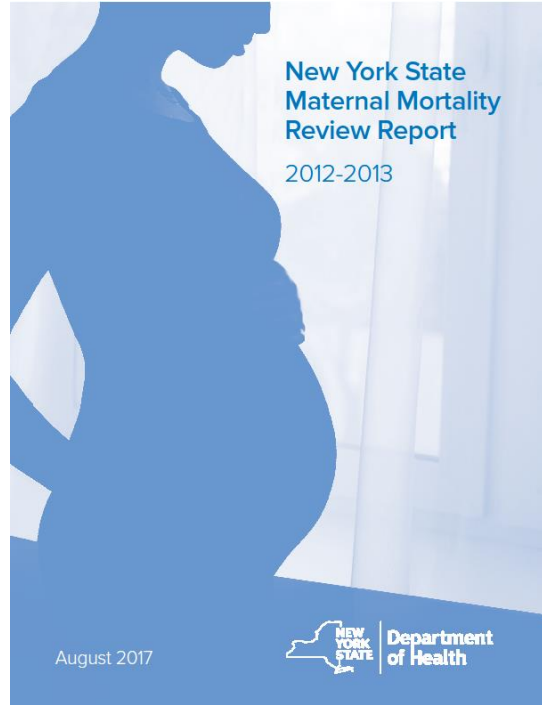
**Department  
of Health**



# Maternal Mortality in New York



[https://www.health.ny.gov/community/adults/women/docs/maternal\\_mortality\\_review\\_2006-2008.pdf](https://www.health.ny.gov/community/adults/women/docs/maternal_mortality_review_2006-2008.pdf)



[https://www.health.ny.gov/community/adults/women/docs/maternal\\_mortality\\_review\\_2012-2013.pdf](https://www.health.ny.gov/community/adults/women/docs/maternal_mortality_review_2012-2013.pdf)

