New York State
Maternal Health Update

Division of Family Health
Public Health and Health Planning Committee
March 1, 2022
Department Initiatives

Initiatives that support the Department’s priority to reduce mortality and morbidity:

- Maternal Mortality Review Board
- Maternal Mortality and Morbidity Advisory Council
- Perinatal Quality Collaborative
  - Hemorrhage
  - OUD-NAS
  - Birth Equity Improvement Project
- Regional Perinatal Birth Centers
- Community Health Workers
- Education and Training
Establish a Statewide Maternal Mortality Review Board (MMRB)

- MMRB signed into law and convened in August 2019
- Over 25 maternal health experts identified including: OB/GYNs, MFM, midwives, internal medicine and family medicine, pathologist, anesthesiologist, psychiatrist, social worker, community representative and nurses
- Case reviews are reported in the CDC’s Maternal Mortality Reporting Information Application (MMRIA)
- Meets 4-6 x/year to review cases and publish findings in aggregate
- Biennial reports – report of 2018 maternal death cohort
NYS Maternal Mortality & Morbidity Advisory Council

- Included in 2019 legislation authorizing the MMRB
- Charged with working collaboratively with the MMRB to review findings and address structural and social determinant factors that impact maternal health outcomes
- Members from across NYS from many different disciplines including community members, perinatal network professionals, midwives, doulas, home visitors, physicians, nurses, social workers
NYS Perinatal Quality Collaborative

Improve Widespread Adoption of Patient Safety Bundles & Policies

- NYS Obstetric Hemorrhage Project (Nov. 2017 - June 2021)
  
  Outcomes: Among patients with an obstetric hemorrhage, transfer to higher care, including the Intensive Care Unit or a higher-level hospital (e.g., the Regional Perinatal Center), decreased 64% and hysterectomies decreased 29%.

Optimize Treatment of Pregnant & Postpartum Women with Mental Health Conditions/Substance Abuse Disorders

- NYS Opioid Use Disorder in Pregnancy & Neonatal Syndrome Project (current)
  
  Outcomes: Most recent project data shows that 85-90% of maternity patients with OUD have existing or newly initiated referral/linkage to Medication Assisted Treatment or other treatment of opioid use at time of discharge.
NYS Birth Equity Improvement Project

- Learning collaborative framework based on the NYS Perinatal Quality Collaborative (NYSPQC) structure
- Emphasis placed on structural and systems change within participating facilities to develop anti-racist policies and procedures
- Participating facilities are conducting individual surveys of patient’s experience of care
- Project began in January 2021
- The 66 participating facilities cover approximately 70% of NYS births
Community Health Workers

Improve Access to Care

- Expanded and enhanced Community Health Worker (CHW) services
  - Additional $1.6 M in funding for MICHC programs to fund additional CHWs (increased from 70 in 2019 to 108 in 2021)
  - Funding for new Perinatal and Infant Community Health Collaboratives beginning 7/1/22 (anticipate up to 128 CHWs). Also funding PICHIC DMIS and Center for Community Action (Training and TA)
Perinatal Regulation Updates - System

RPCs – Highest risk pregnancy; supports regional birthing facilities

Level III – High-risk pregnancy

Level II – Moderate- to high-risk pregnancy; neonatal ICU

Level I – Low- to moderate-risk pregnancy

Midwifery and Physician-led Birth Centers – Lowest risk pregnancy

Addition to System
NYS Perinatal System Recommendations to Ensure Appropriate Level of Care Determination

Impact of proposed regulations:

• Expanded the regionalized system in New York State to incorporate birthing centers, including midwifery birthing centers as the first level of care.

• Formalized a relationship with the Regional Perinatal Center (RPC) for training, consultation and quality improvement through an affiliation agreement.

• Strengthened the requirement for transfer agreements with higher level perinatal hospitals.

• Strengthened the requirements for all levels including birthing centers to improve maternal and neonatal outcomes.
Additional NYS Actions to Address Maternal Mortality and Reduce Racial Disparities

Improve provider training:
- DOH contracted with Association of Women’s Health, Obstetrical and Neonatal Nurses (AWOHNN) to provide the POST-BIRTH Warning Signs Education Program for all NYS birthing hospitals.
- NYSPQC, ACOG District II, and Project TEACH hosted four webinars focused on maternal mental health access, integrating mental health into OB/GYN practices, and the impact of social determinates of health on maternal mental health.

Improve Public Education and Awareness
- DOH implemented the CDC’s Hear Her Campaign to increase awareness of serious pregnancy-related complications and their warning signs, empower women to speak up, encourage women’s support systems to have important conversations, and provide tools to facilitate conversations for women and providers.
- DOH conducted a Perinatal Mood and Anxiety Disorder Campaign
QUESTIONS