

# 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, MFMs, 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 PICHC DMIS and Center for Community Action (Training and TA)



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## **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

Department of Health

NEW YORK STATE OF OPPORTUNITY.

## 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





