



**Department  
of Health**

# **New York State Maternal Health Efforts**

***October 16, 2024***

# Statewide Maternal Health Innovation Grant

## Aim:

- Reduce maternal mortality and severe maternal morbidity by supporting state-led initiatives

## Focus:

- Improving maternal health through quality services, skilled workforce development, enhanced data quality, and innovative programming.
- Engaging public health professionals, providers, payers, and consumers in state-led Maternal Health Taskforces to review data
- Implementing evidence-based interventions addressing critical gaps and disparities

## Statewide Maternal Health Innovation (SMHI) Program

- Human Resources Services Administration (HRSA) 5-year funding cycle 2023-2028
- \$2M/year for five years
- NY is one of 35 states nationally awarded
- Building upon the existing maternal health work in NYS
- Development of innovative pilot projects that are new

# NYS Maternal Health Task Force (MHTF)

## Goal 1: Establish the MHTF and develop a strategic plan.

- Convene the MHTF to conduct and review needs assessment of maternal care and coverage, identifying gaps that impact health outcomes.
- Develop a strategic plan that aligns with the Title V Needs Assessment, promoting equity and addressing critical gaps.
- Engage a broad spectrum of partners, including community-based organizations, clinicians, and professional associations.
- Monitor progress annually, identify new priorities, and update the strategic plan to continuously improve maternal health outcomes.

# Responsibilities of the Taskforce

## Goals and objectives of the Maternal Health Taskforce:

- Identify and engage additional partners to enhance membership and contribute to the development and review of the strategic plan.
- Align the Taskforce's efforts with the overarching mission to reduce maternal mortality and severe maternal morbidity through evidence-based and equity-focused interventions.
- Ensure the sustainability of maternal health initiatives, with all aspects of maternal health being equitably represented and addressed.
- Promote the implementation of innovative maternal health practices and policies across the state.
- Facilitate ongoing collaboration and communication through regular meetings and active participation in subcommittees.

## Improving Maternal Health Data and Surveillance

### Goal 2: Improve state level maternal health data and surveillance.

- Finalize methodology for identifying and disaggregating severe maternal morbidity (SMM) cases and low-risk cesarean sections by maternal characteristics.
- Develop and disseminate annual and four-year surveillance reports on maternal health disparities.
- Link PRAMS data with other maternal health data sources to create a robust analytic database.
- Use data to inform policy and practice and improve maternal health outcomes.

## Universal Virtual Home Visiting (UVHV) Initiative

### Goal 3.1: Increase access to postpartum care through virtual home visits.

- Implement UVHV in two rural communities to increase virtual home visits by 30% by collaborating with local birthing hospitals and home visiting programs to provide comprehensive postpartum support.
  - St. Lawrence County – Canton-Potsdam Hospital & North Country Prenatal/Perinatal Council
  - Chenango County - United Health Services (UHS) Chenango Memorial Hospital & Mothers and Babies
- Improve access to care and equity for new parents through virtual visits.
- Collect and analyze data on service uptake and maternal health outcomes to inform best practices.

# Universal Virtual Home Visiting (UVHV) Initiative

## UVHV in-practice

New birthing persons are informed of the program by hospitals. Interested participants are referred to CBOs.

## Visit Structure

- Visit 1: Initial assessment within 24-48 hours, addressing immediate concerns, physical and mental health, and social determinants of health.
- Visit 2: Follow-up at 1 week, providing maternal and infant care support.
- Visit 3: Final assessment at 2-4 weeks, reviewing progress, mental health, substance use, and social determinants of health.
- Follow-up Call: Confirm postpartum appointment attendance and address any remaining needs.



## Perinatal Project ECHO

(Extension for Community Healthcare Outcomes)

### Goal 3.2: Build capacity among maternal health providers through peer learning.

- Develop and implement two Perinatal Project ECHO programs using approved curricula.
- *The **ECHO model** promotes collaborative learning, enhancing provider knowledge and capacity, particularly in underserved areas, and improving patient outcomes by sharing specialized knowledge and best practices. (Univ. New Mexico)*
- Increase participation of geographically diverse clinicians, nurse practitioners, midwives, and family medicine practitioners by 10% annually.

# Perinatal Project ECHO

(Extension for Community Healthcare Outcomes)

## Purpose

- Enhance provider knowledge and capacity to address maternal health care deserts and improve outcomes.
- Evaluate the impact on provider knowledge through pre- and post-session assessments.

## Participating Institutions:

- *University of Rochester Medical Center*
- *Westchester Medical Center*

# Maternal Health Landscape in New York State

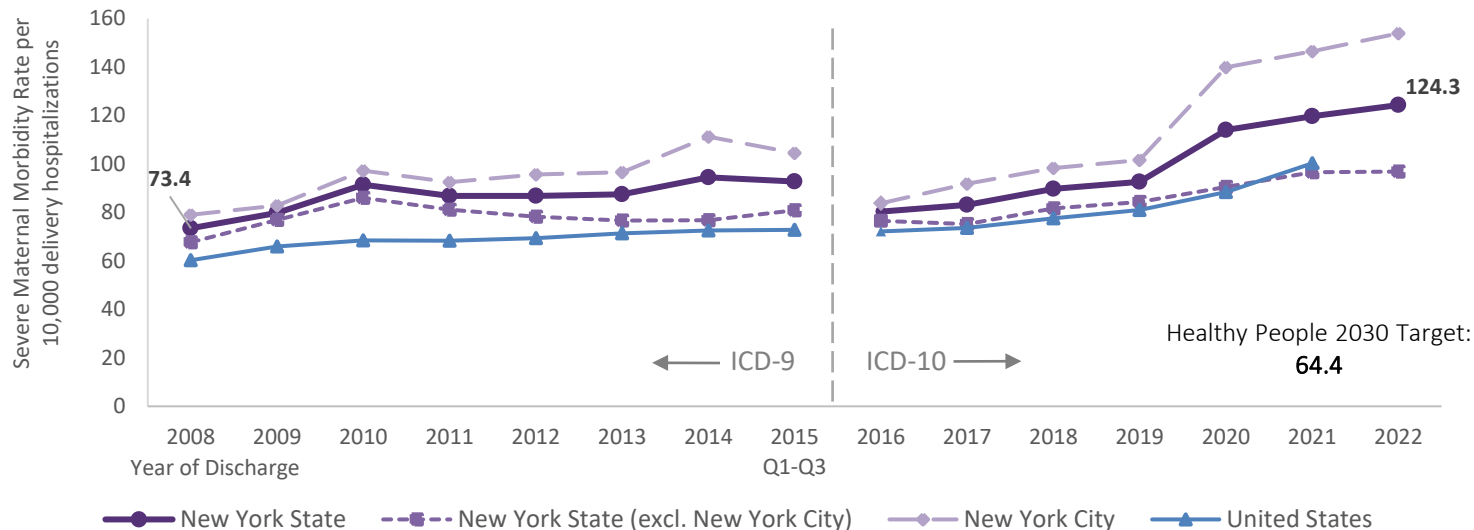
## Maternal and Infant Health Summary by Year

	2018	2019	2020	2021
Number of Births	225,162	220,536	207,590	209,947
Severe Maternal Morbidity	1,923	1,946	2,240	2,321
Maternal Mortality	118	124	144	161
Pregnancy Related	41	42	38	49
Pregnancy Associated	77	82	106	112
Infant Mortality	917	853	774	796

# Trends in Severe Maternal Morbidity (SMM) Rates in NYS (2008-2022)

Longitudinal Trends in Severe Maternal Morbidity Rates (per 10,000 delivery hospitalizations) between 2008-2022 in New York State, within and outside of New York City

Statewide SMM rates increased nearly 55% between 2016 and 2022



Data Source: New York Statewide Planning and Research Cooperative System (SPARCS)

(Based on patient county of residence. Among N=2,344,870 New York State resident delivery hospitalizations<sup>†</sup>)

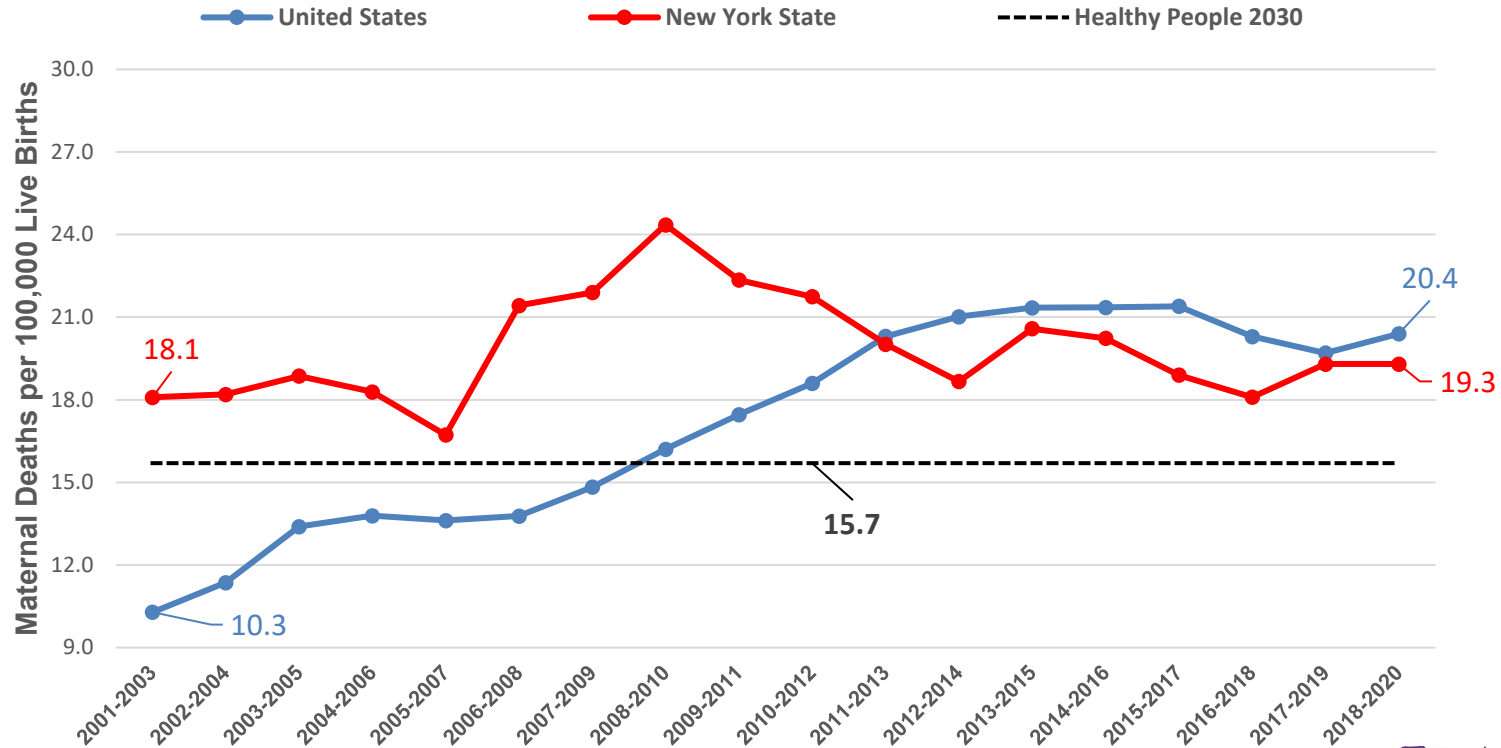
# Maternal Mortality Summary

- United States maternal mortality rate **doubled** over the past two decades.
- New York State ranked 46<sup>th</sup> in the nation in 2010.
- Currently ranked **16th\* in the nation** for maternal mortality.

\*: [https://www.americashealthrankings.org/explore/health-of-women-and-children/measure/maternal\\_mortality\\_c/state/NY](https://www.americashealthrankings.org/explore/health-of-women-and-children/measure/maternal_mortality_c/state/NY)



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



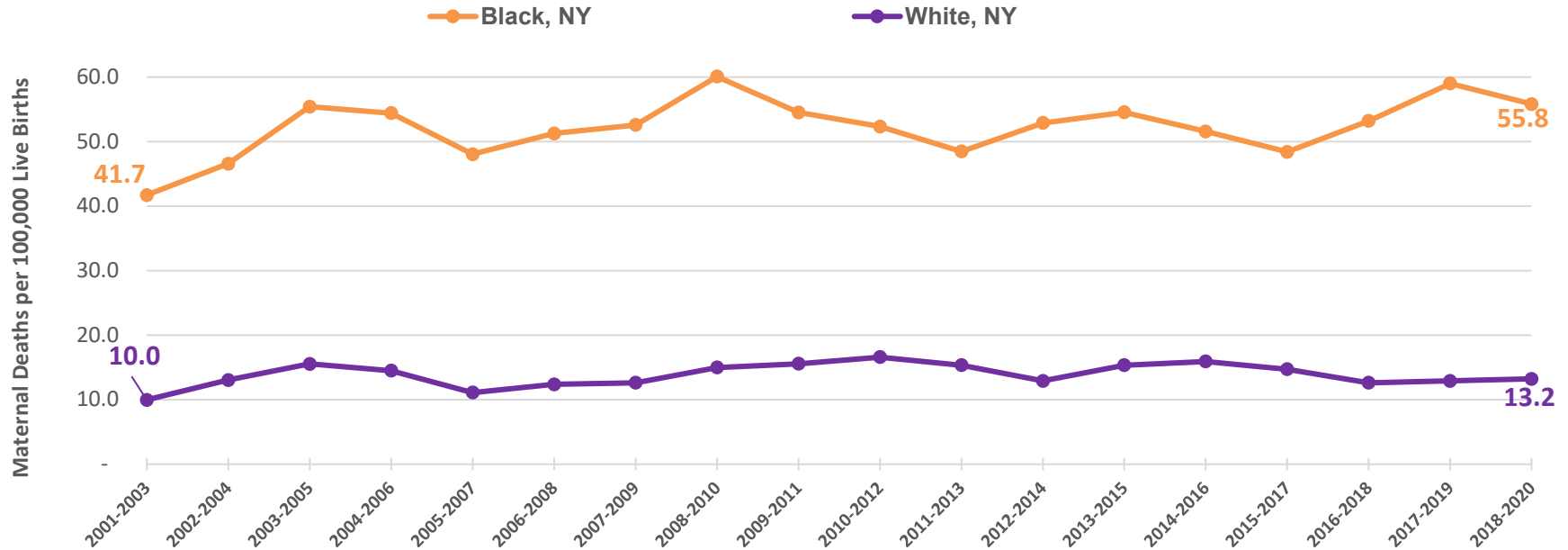
\*Causes of death from death records A34, O00-O95, O98-O99 (within 42 days of the end of pregnancy)

Data Source: National Data from CDC Wonder database and NY data from New York State Vital Statistics.



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



### Notes:

\*Causes of death from death records A34, O00-O95, O98-O99 (within 42 days of the end of pregnancy)

**Data Source:** National Data from CDC Wonder database and NY data from New York State Vital Statistics



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# Underlying Causes for All Pregnancy-Associated Deaths 2018-2020

1. Mental Health (90% included substance use disorder)
2. Cardiovascular
3. Hemorrhage
4. Embolism
5. Cancer
6. Infection

## Summary: Pregnancy-Related Mortality Ratio, 2018-2020

New York State's overall pregnancy-related mortality ratio for 2018-2020 was 18.5 deaths per 100,000 live births

18.2 in 2018, 19.0 in 2019, and 18.3 in 2020

Black, non-Hispanic women had the **highest** pregnancy-related mortality ratio:

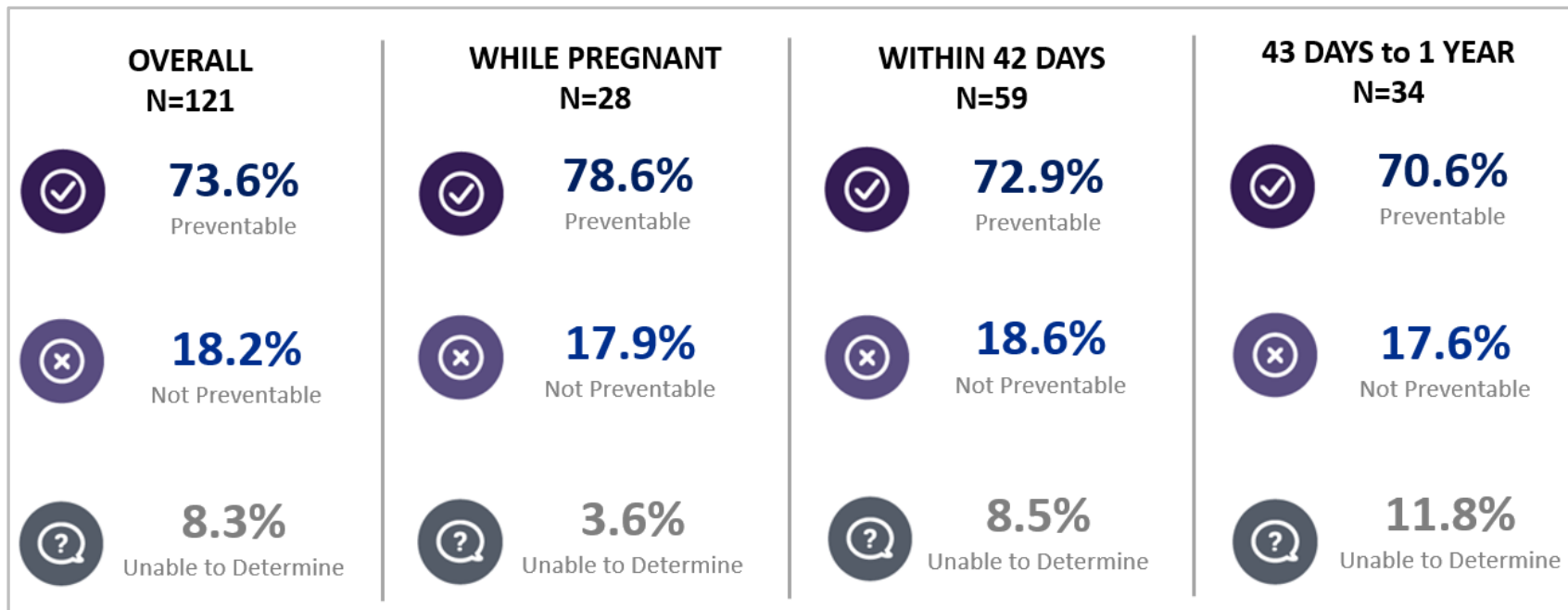
- Among all races
- For every education level
- For every Body Mass Index (BMI) level
- For both vaginal and cesarean deliveries
- For both Medicaid and private insurance

Higher mortality ratios were observed among women:

- Aged 40 years or older at the time of their death
- Who received Medicaid
- Who gave birth via cesarean section
- Who lived in New York City



## Preventability Among Pregnancy-Related Deaths by Timing in Relation to Pregnancy, 2018-2020



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# Physician and Health Professional Shortage

## Health Professional Shortage Areas (HPSAs)

- Over 5 million New Yorkers in Primary Care HPSAs
- Includes rural areas with high poverty and limited access to healthcare

## Maternity Care Target Areas (MCTAs)

- 17 counties with <6 OB/Gyns per 100,000 population
- 47 counties with <10 OB/Gyns per 100,000 population

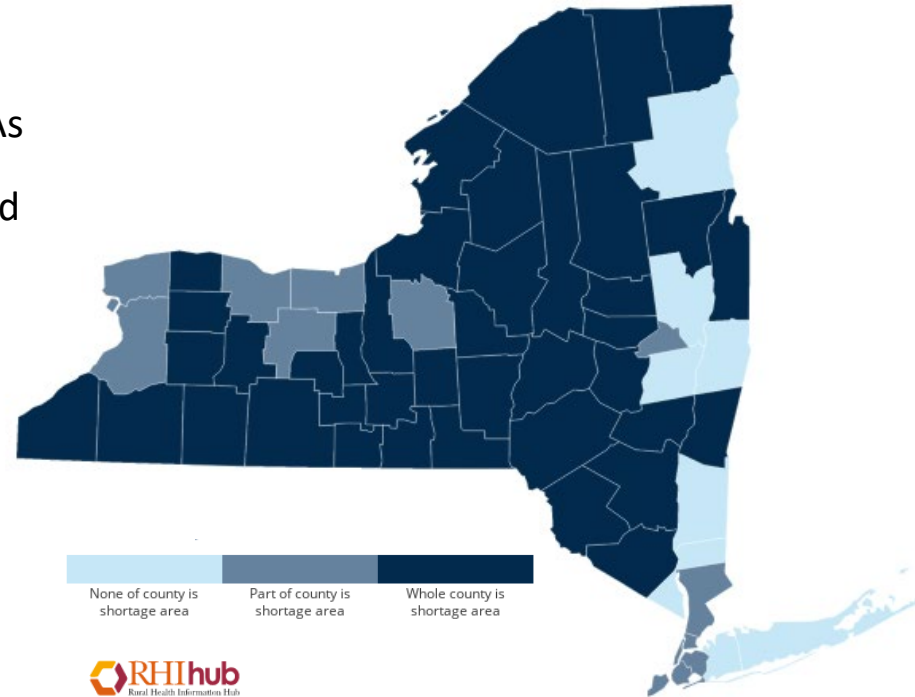


Image source: Rural Health Innovation Hub (<https://www.ruralhealthinfo.org/charts/5?state=NY>)

Data source: HRSA, July 2024

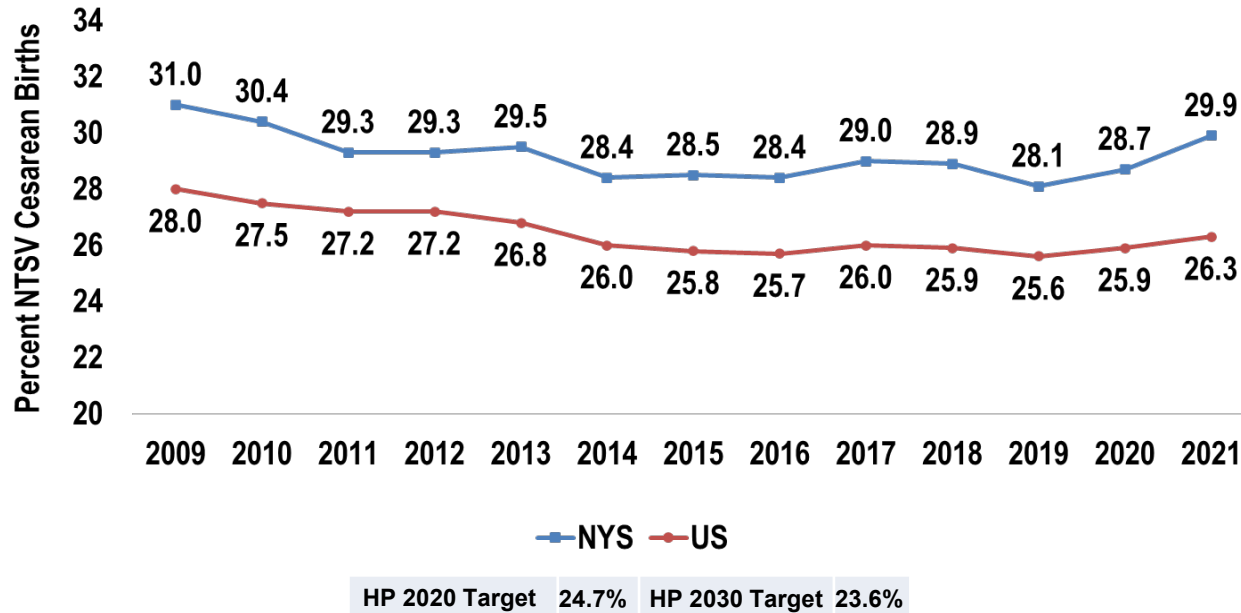
Maternity Care Target Areas (MCTA) Supplementary Score for Primary Care Health Professional Shortage Areas (HPSAs) ([HPSA Find \(hrsa.gov\)](https://hrsa.gov)),

September 2024



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## Percentage of NTSV Births Delivered by Cesarean Section, NYS and US, 2009 – 2021



Both US and NYS low risk (NTSV) cesarean section rates declined between 2009 and 2014, but began to increase between 2019 and 2021.

Neither has reached the Healthy People (HP) 2020 or 2030 target rate.

# Priority Population and Needs

**NYS Cesarean Section (CS) Rates  
by Race / Ethnicity (2021)**

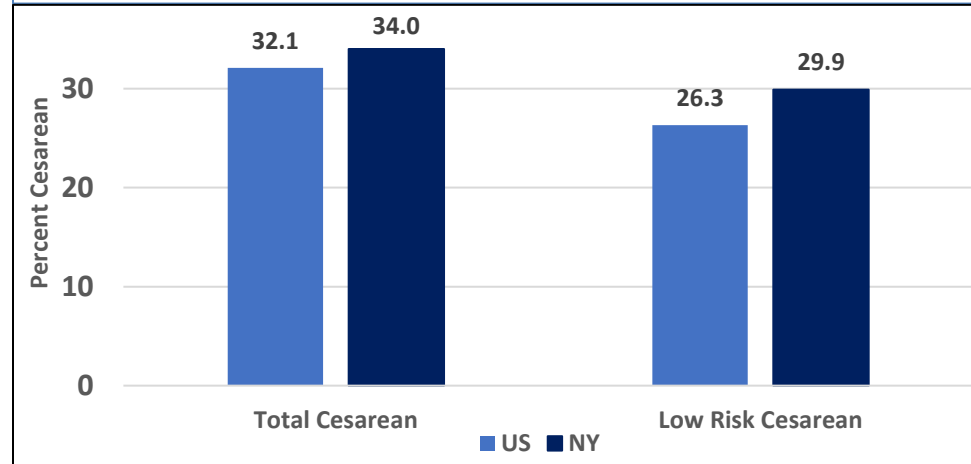
Racial/ Ethnic Group	Total CS Rate	Low-Risk* CS Rate
Hispanic	35.7%	30.2%
White, non-Hispanic	31.7%	28.5%
Black, non-Hispanic	39.6%	35.1%

\*Low Risk=first birth, full term (37+ weeks gestational age), singleton, headfirst presentation

**Both total and low risk cesarean section rates are:**

- higher in NYS than nationally
- highest among Black non-Hispanics

**Comparison of US and NYS  
Total and Low Risk\* Cesarean Section Rates**



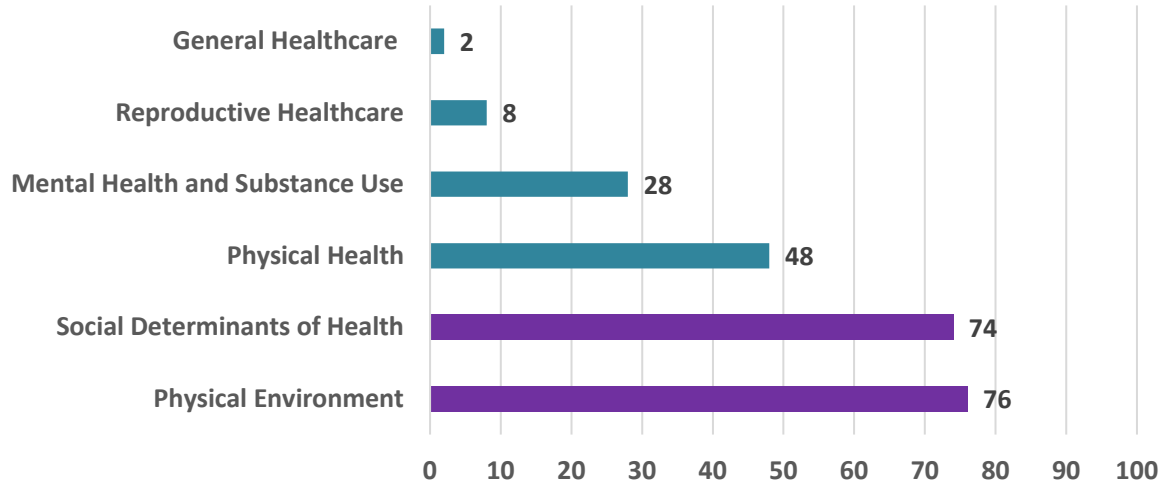
Sources: [Table 4: Live Birth Summary by Mother's Race/Ethnicity, New York State - 2021 \(ny.gov\)](#);

\*<https://www.health.ny.gov/statistics/community/minority/county/newyorkstate.htm>

# Maternal Vulnerability Index

(Higher scores indicate higher vulnerability)

Factors related to maternal vulnerability



## Social Determinants of Health:

- Educational Attainment
- Poverty Levels
- Food Insecurity
- Social Support.

## Physical Environment:

- Violent Crime Rates
- Housing Conditions
- Pollution
- Access to Transportation

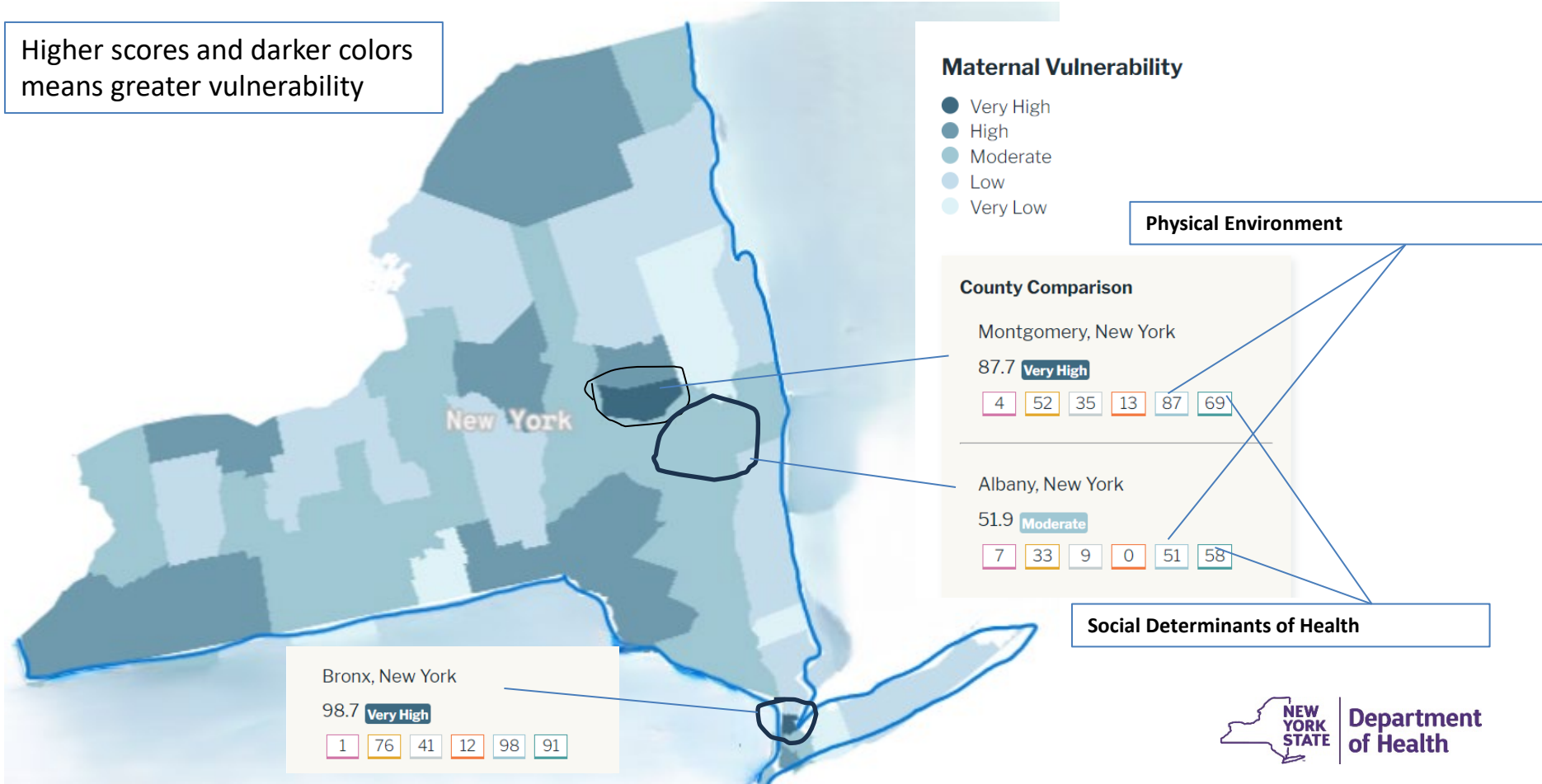
Birthing people in NYS are most vulnerable due to **socioeconomic determinants of health and physical environment.**

The Maternal Vulnerability Index (MVI) developed by Surgo Ventures includes United States Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics, 2021. [Nativity public-use data 2007-2020](#) and [Underlying Cause of Death, 1999-2020](#). Accessed on CDC WONDER Online Database 10/26/2020. MMRs were calculated using 2016-2020 data.



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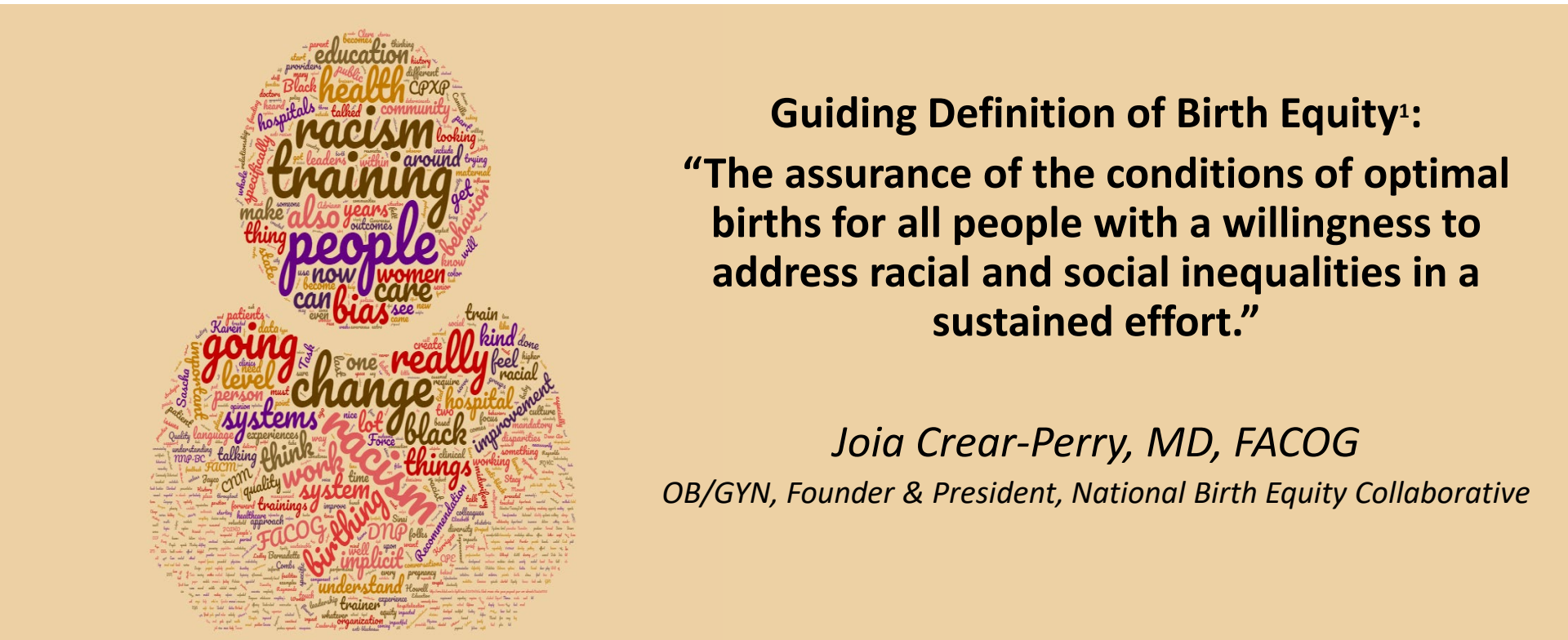
Higher scores and darker colors means greater vulnerability





## What we are doing

- **Perinatal Quality Collaborative**
- Regional Perinatal Centers
- Maternal, Infant, & Early Childhood Home Visiting
- Access to Community Health Workers
- Hear Her Campaign
- Family Planning and Teen Education
- Maternal Mortality Case Reviews



**“The assurance of the conditions of optimal births for all people with a willingness to address racial and social inequalities in a sustained effort.”**

*OB/GYN, Founder & President, National Birth Equity Collaborative*

# NYS Birth Equity Improvement Project

## Purpose & Goals

NYS birthing facilities are:

- Identifying how individual and systemic racism impact birth outcomes at their facility
- Improving both the experience of care and perinatal outcomes of Black birthing people in the communities their facility serves

## Timeline & Participation

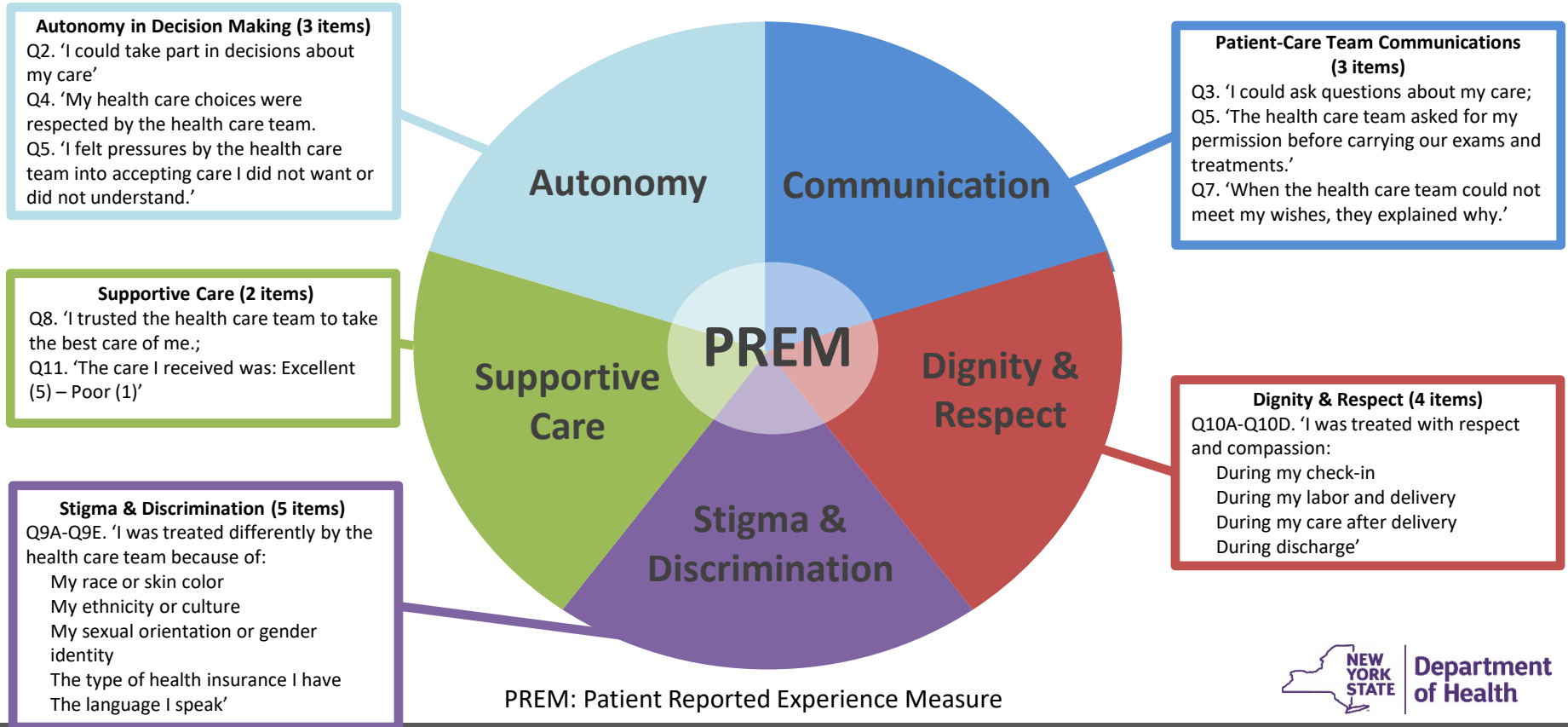
- Launched January 2021, ongoing
- 64 participating NYS birthing facilities
- All NYS regions and levels of perinatal designation represented

## Project Components to Support Systems Change



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# Overview of Birthing Person-Centered Care Domains



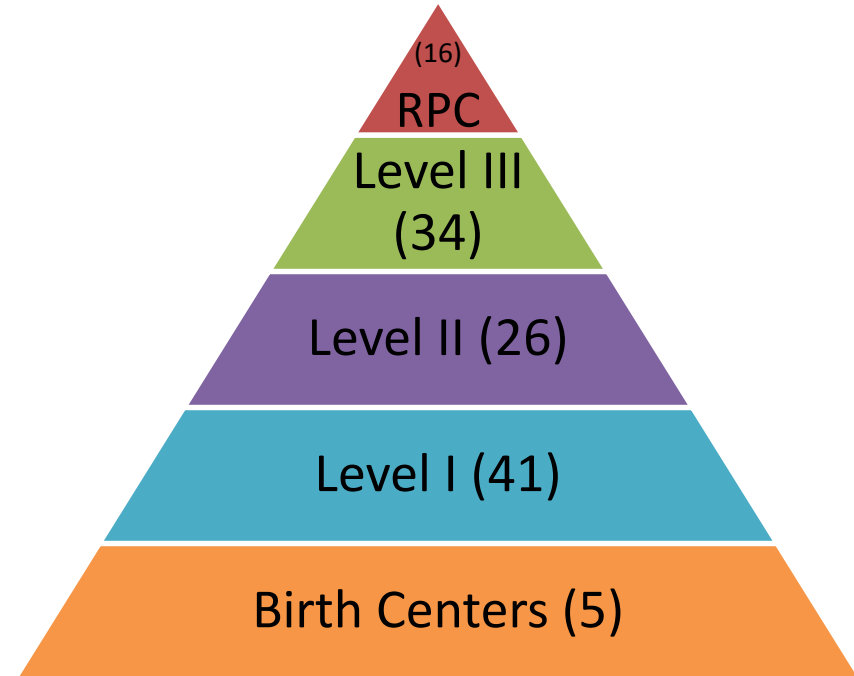
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# Birthing Hospitals & Centers

## Multi-level system of care

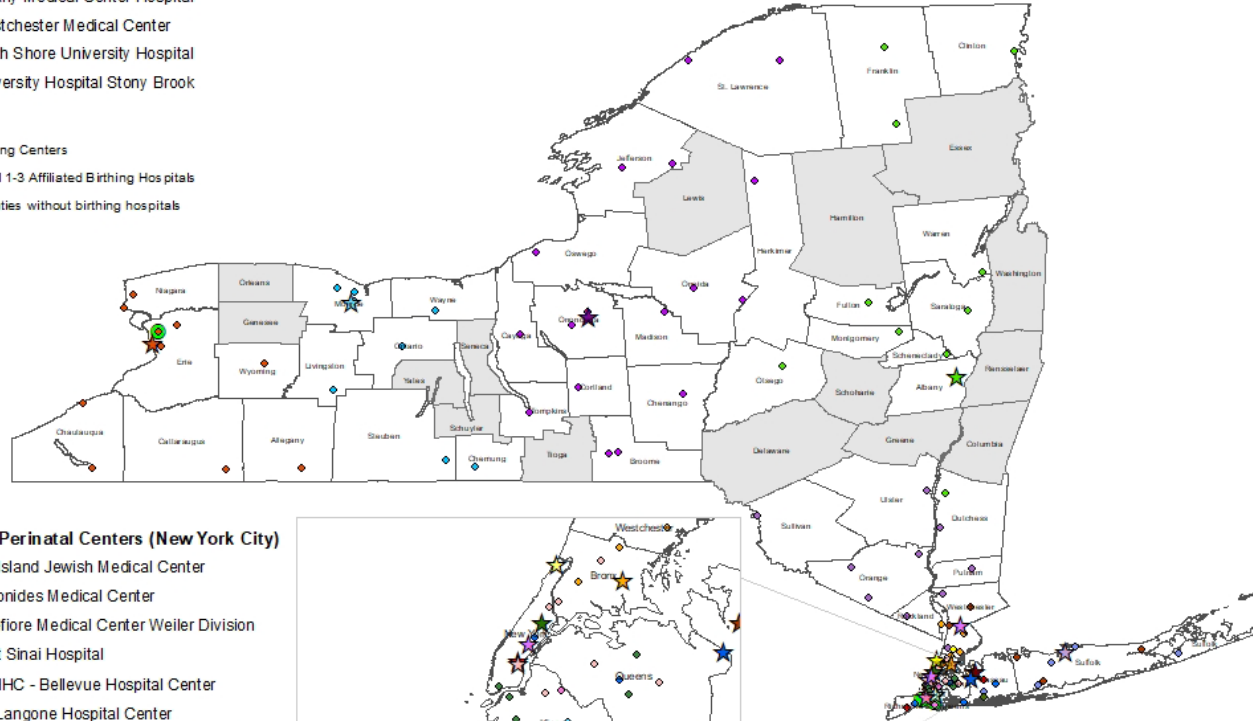
- Birth centers
- Level I (Community Hospitals)
- Level II (Specialty Care)
- Level III (Subspecialty Care)
- RPC (Subspecialty Care Plus)



### Regional Perinatal Center (New York State excluding New York City)

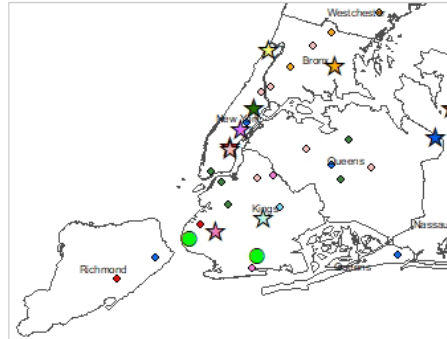
- ★ John R. Oishei Children's Hospital
- ★ Strong Memorial Hospital
- ★ Crouse Hospital
- ★ Albany Medical Center Hospital
- ★ Westchester Medical Center
- ★ North Shore University Hospital
- ★ University Hospital Stony Brook

- Birthing Centers
- ◇ Level 1-3 Affiliated Birthing Hospitals
- Counties without birthing hospitals



### Regional Perinatal Centers (New York City)

- ★ Long Island Jewish Medical Center
- ★ Maimonides Medical Center
- ★ Montefiore Medical Center Weiler Division
- ★ Mount Sinai Hospital
- ★ NYCHHC - Bellevue Hospital Center
- ★ NYU Langone Hospital Center
- ★ NY Presbyterian Columbia Presbyterian
- ★ NY Presbyterian Weill Cornell DH Koch
- ★ University Hospital Brooklyn



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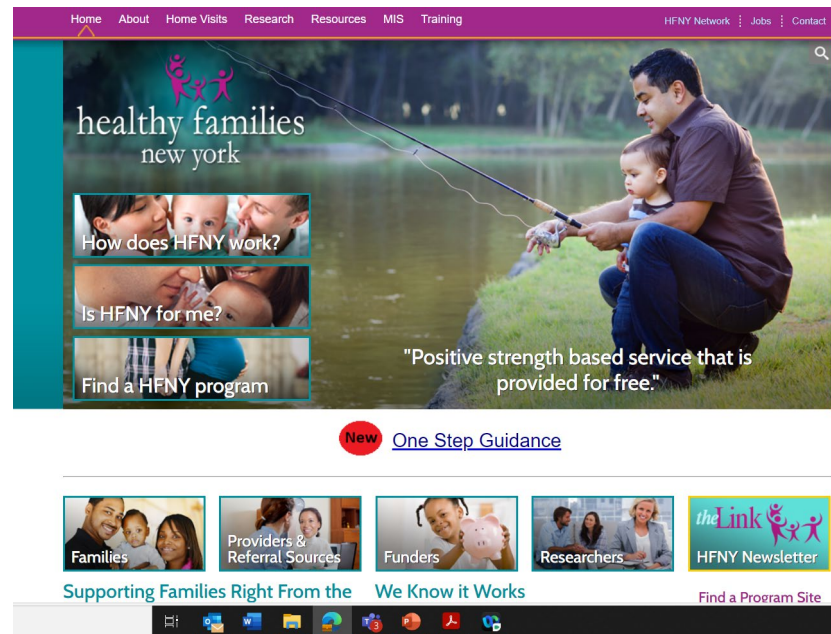
# Nurse Family Partnership & Healthy Families NY

NURSE-FAMILY PARTNERSHIP® IS A COMMUNITY HEALTH PROGRAM THAT TRULY CHANGES LIVES – FOR GENERATIONS TO COME.

Nurse-Family Partnership empowers first-time moms to transform their lives and create better futures for themselves and their babies. Watch our short video to learn about our program directly from families, NFP nurses, Dr. Olds and other advocates.



<https://youtu.be/rn8V784A6tE>



[Healthy Families New York Org](https://www.healthyfamiliesny.org)



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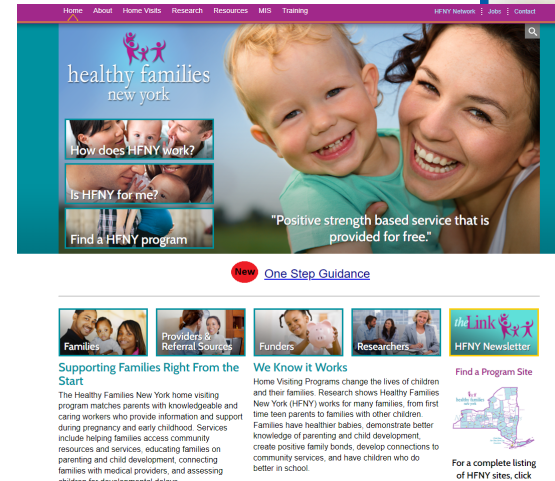
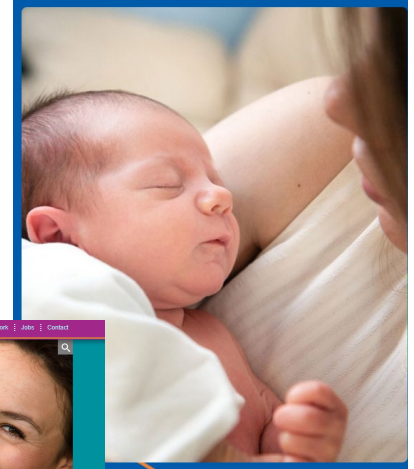
# Community Health Workers

- Perinatal and Infant Community Health Collaboratives

[Perinatal and Infant Community Health Collaboratives \(PICHC\) Initiative \(ny.gov\)](https://www.ny.gov/perinatal-and-infant-community-health-collaboratives-pichc-initiative)

- Healthy Families NY (OCFS)

[Healthy Families New York Org](https://www.healthyfamiliesny.org)



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# Hear Her Campaign



Over 700 women die each year in the U.S. from issues related to pregnancy or delivery. Two thirds of these pregnancy-related deaths could be prevented if people were better informed. Women know their own bodies better than anyone and can often tell when something does not feel right. The Hear Her campaign supports efforts to prevent pregnancy-related deaths by sharing potentially life-saving messages about "Urgent Maternal Warning Signs." The campaign also seeks to encourage everyone who supports pregnant and postpartum women to really listen when she tells you something doesn't feel right. This includes partners, friends, family, co-workers, and providers. Acting quickly could help save her life.

**[What to Watch for During Pregnancy and in the Year After Delivery](#)**

**[Hear Her. You Can Help Save Her Life. \(ny.gov\)](https://www.ny.gov/hear-her)**

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# Family Planning, Teen Education, & More



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## Comprehensive Family Planning and Reproductive Health Care Services Program





**Let's Talk Family Planning, it's for you!**

Your life, your decisions, and your well-being matter most to us. Family Planning programs aim to support people and educate them in choosing the timing and spacing of their pregnancies. We offer care in a confidential and respectful manner.

Family Planning services include birth control, emergency contraception, free condoms, sexually transmitted infection screening and treatment, and basic infertility services.

At all of New York State's 160 family planning clinic sites, everyone is welcome, no matter their financial situation or insurance status. Discounted fees based on income are available at all New York State Title X-funded Family Planning clinics.

**Finding a Clinic:**

Affordable and accessible reproductive and sexual health care is available at each family planning clinic. To find a clinic near you, select a county from the map below, or from a [statewide list of providers](#).

[Comprehensive Family Planning and Reproductive Health Care Services Program \(ny.gov\)](#)



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## Advancing Positive Youth Development and Adolescent Well-Being

**ACT (Assets Coming Together) for Youth**

ACT for Youth connects youth development research to practice. We offer guidance on the positive youth development (PYD) approach to adults who care about the well-being of young people.

[LEARN ABOUT PYD](#)



[ACT for Youth](#)

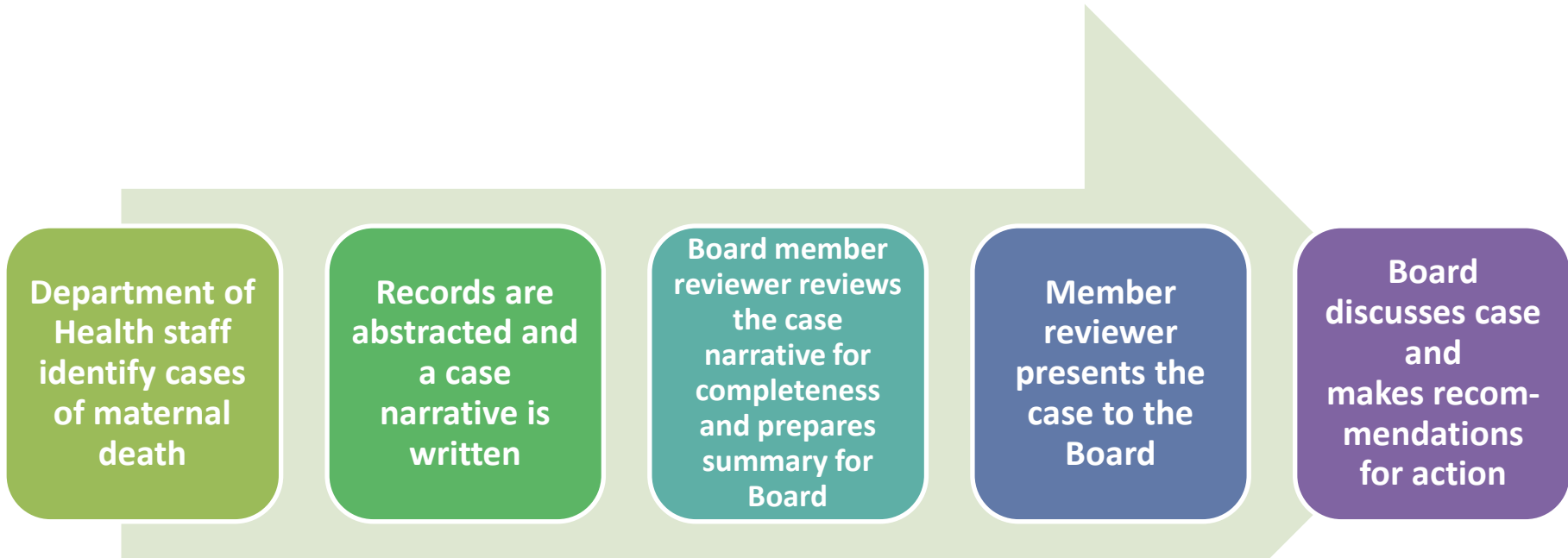
Plus: Sexual Violence Prevention, Abortion Access, Infertility Reimbursement, and Gestational Surrogacy

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# New York State Maternal Mortality Review



Note: Public Health Law Section 2509:

- Authorized the Commissioner to delegate the state Maternal Mortality Review Board's responsibilities for reviewing New York City's deaths to the New York City's Maternal Mortality and Morbidity Review Committee
- Provided authority for New York City's Maternal Mortality and Morbidity Review Committee to review deaths in New York City