PREVENTING MATERNAL MORALITY IN NEW YORK

Full Policy

Being pregnant while Black in America shouldn't be deadly. New Yorkers, especially those of color, are facing a maternal health emergency. Maya Wiley is proposing a path forward to address the structural racism and implicit bias that pervades our healthcare system, expand paid to care benefits, and ultimately, save lives. Every pregnant person, regardless of color, immigration status, insurance, disability, language, or pre-existing mental, addiction or physical conditions should be able to have a safe and joyous birthing experience. However, every year, 700 women die from pregnancy and birth related complications and over 50,000 suffer severe complications in America. Reviews of maternal deaths have shown that at least 60% of the deaths are preventable. Maternal deaths and illness are declining across the globe except the United States (ranking 56th in the world for maternal mortality) where rates have been increasing at an alarming rate over the past 20 years. While there are myriad reasons mortality rates are higher here (including the increased rate of C-sections, the focus on fetal health over maternal wellbeing, a fragmented healthcare system, and more), studies have shown that the driving causes are structural racism and gender based oppression. **Maternal mortality and complications are increasing and disproportionately affect Black women and women of color.** New York City has a higher mortality rate compared to the U.S. as a whole, a tragedy which falls disproportionately on Black and Latinx New Yorkers. Structural racism and gender oppression complicate the already corrosive effects of a medicalized health system that treats pregnancy as a disease. Our healthcare system is routinely inattentive to the needs of expectant and birthing people, and the lack of midwife-led and non-hospital birthing options exacerbate these biases. In New York City, Black women are 8 times more likely to die and three times more likely to almost die than white women, and at least 60% of these deaths are preventable. In 2017 alone, Black women gave birth to 23% of New York City's babies, yet they accounted for 55% of the maternal deaths recorded that year. Women are dying, not because they are Black, but because being Black in America means living in a society that profoundly undermines the health of nonwhite people – multiplying maternal health risks many times over. Black, brown, and Asian New Yorkers contend with the daily injustices of structural racism as well as the impact of intentional disinvestment in their neighborhoods. Structural racism and implicit bias are primary contributors to poor health, resulting in underinvestment in neighborhoods where people of color live and limited access to high-quality health care and social services, healthy foods, and other

resources critical to good health and pregnancy outcomes. For each maternal death, 100 women suffer a severe maternal morbidity (SMM) during or after childbirth, including heavy bleeding, blood clots, kidney failure, stroke, or heart attack. Between 2,500 to 3,000 NYC women are impacted every year, with Black women experiencing these health effects three times and Latinx women twice as often as white women. Importantly, these racial disparities are not cured by income. Black women living in high-income neighborhoods experience SMM at 4x the rate of white women who live in low-income communities. College-educated Black women have higher rates of severe pregnancy-related outcomes than non-Black women who did not complete high school. And the same ratio results when comparing Black privately insured individuals to white Medicaid recipients. Ending the maternal mortality crisis will take a combination of local, state, federal and structural changes. In order to address this, Maya will: **Direct $4.35M to build birthing centers at every city-owned H+H hospital, and one freestanding center on the North Shore of Staten Island, targeting communities of color that have had the highest instances of maternal mortality.** Evidence has shown that non-hospital, midwife led birthing services lead to better birthing outcomes. Even so, of the 40 birthing facilities in New York City, only 2 are holistic birthing centers. H+H sites are located in [neighborhoods](#) that have historically had the highest rates of maternal mortality in the city. Maya will use funds through her New Deal New York infrastructure spending plan to construct a holistic birthing center at each of the 11 city-owned hospitals and one freestanding center in Staten Island so there is access in every borough, in particular in areas with high rates of maternal mortality. While capital costs will be funded through New Deal New York, available stimulus funding will supplement any additional operational costs. **Expand integrated midwifery services within the H+H hospital system.** Twenty-four percent of births (and 27% of births to Black women) occur at City-owned hospitals, yet a majority of them do not offer these services currently. **Create a council of midwives and doulas to help inform, craft, and implement policies and strategies related to maternal health.** The council will be appointed by the Mayor and work closely with relevant agencies to craft and launch a citywide program to address structural factors that impact maternal mortality outcomes, racial disparities, and ensure a safe, healthy recovery birthing process for both parents and children. **Establish maternal health as mayoral priority and task the Department of Health and Mental Hygiene to lead and coordinate citywide work on maternal health.**

- DOHMH's work will require looking beyond traditional health agencies including HPD, ACS, Homeless Services. For example, each year 1,800 babies are born while living in shelters and spend, on average, one year in shelter – a situation which puts both mother and infant at risk.
- DOHMH will establish NYC Perinatal Health Taskforce that includes DOHMH Commissioner and H+H President, Deputy Mayor of HHS, Office of Gender Equity, Office of Gender-Based Violence, NYC Commission on Human Rights, and community-based leaders and activists.

Encourage and fund midwifery programs in the City's nursing schools, particularly at CUNY colleges. In addition to building the infrastructure for mothers to give birth safely in a non-hospital environment, Maya will encourage development of midwifery programs. Maya will work with CUNY colleges and licensed midwives to establish a pipeline to midwifery programs for

people of color including doulas and work to lessen financial barriers to attending midwifery school and support them to survive and thrive while in school. **Expand the DOHMH home visit program and provide greater access to at-home screenings for anxiety and postpartum depression, and connect families to relevant mental-health services.** This expansion was planned and then held because of COVID. Maya will restart the expansion and will guarantee all pregnant people access to 1 prenatal visit and multiple postpartum visits**. Prioritize data collection to increase access to accurate and up to date data about the scale of this crisis so we can improve birthing outcomes for New Yorkers. Maya will** require all providers to make detailed reports, including clinical details and patient demographics, to the NYC DoHMH. The CDC, NYS Department of Health, and NYC DoHMH have already mapped the data elements that would indicate a SMM or a pregnancy-related death. A [similar interactive data collection](#) and sharing effort helped California reduce maternal deaths by 55% between 2006 and 2013 at the same rate they were increasing elsewhere. *Fight to expand paid time-to-care programs at the state and city level.* Promoting healthy, safe pregnancies requires ensuring parents have the resources they need to heal and thrive outside of the hospital or medical setting. Strong workplace protections and paid time off are essential to lowering maternal mortality, and we must fight to expand existing State and City paid time-to-care provisions that afford expectant families comprehensive space to recover, bond, and address follow-up care. Maya will fight to:

- Eliminate the wait period for and increase the amount of NYS Temporary Disability Insurance.
- Extend NYS Paid Family Leave beyond the current 12 weeks to care for seriously ill family members.
- Extend these safety net programs to people working for small employers.
- Review the ACA, NYS and NYC pregnancy and breastfeeding accommodation laws to ensure that all expectant people have access to workplace protections under the law and close any gaps that perpetuate race and gender disparities.
- Enact stricter workplace protections for expectant parents so they can attend all prenatal visits without fear of losing their job or income.
- Advocate for NYS to opt in to the extension now permitted by Federal law of Medicaid coverage for postpartum primary care to a full year – up from the 60 days now covered in New York State.

Promote Federal and State initiatives and funding for safe births. In March 2019, the Governor announced programs to increase funding for midwives, create a SUNY scholarship set-aside for midwives "to address diversity," expand community health worker programs, and institute loan forgiveness for education of under-represented minorities training to practice maternal health. Maya will:

- Work to hold the Governor accountable to put these vital programs in place.
- Work with state government to expand and support [the New York State Doula Pilot Program](#), with a goal of enacting universal access to doulas in NYC to help guide, assist, and advocate for pregnant women, and postpartum parents.
- Advocate for [federal legislation](#), including The Black Maternal Health Momnibus, a comprehensive packet of bills sponsored by the Black Maternal Health Caucus members.

If enacted, many of the recommendations above for City and State action would be covered by Federal law and funding.