New York City Council

Committee on Hospitals
Committee on Health
Committee on Women and Gender Equity

Hearing Testimony:
"Maternal Mortality and Morbidity"

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GREATER NEW YORK HOSPITAL ASSOCIATION

Chairs Rivera, Levine, and Rosenthal and members of the Committee on Hospitals, the Committee on Health, and the Committee on Women and Gender Equity, my name is Lorraine Ryan, Senior Vice President for Legal, Regulatory, and Professional Affairs at Greater New York Hospital Association (GNYHA). GNYHA proudly represents all hospitals in New York City, both not-for-profit and public, and hospitals throughout New York State, New Jersey, Connecticut, and Rhode Island.

Thank you for the opportunity to speak with you today about the extremely important issue of maternal mortality and morbidity. I have worked on clinical care improvement initiatives as a nurse and for over a decade as GNYHA's director of quality improvement (QI) and patient safety programs. I currently serve as a member of Governor Andrew Cuomo's Taskforce on Maternal Mortality and Disparate Racial Outcomes and his COVID-19 Maternity Task Force, and the New York City Department of Health and Mental Hygiene's (DOHMH) Maternal Mortality Steering Committee. I am also currently helping plan a Maternal Child Health Equity summit to be held next month sponsored by the New York Academy of Medicine and participating in the development of the New York State Department of Health (DOH) health equity improvement collaborative.

GNYHA and our member hospitals believe health care is a human right and work toward ensuring universal coverage and the highest quality of patient care. While for-profit hospitals are becoming the norm in other states, New York's not-for-profit and public hospitals continue their mission to care for the most vulnerable. Addressing racial disparities in maternal mortality and morbidity is a key element of that mission.

There are clear racial disparities in maternal mortality and morbidity. Black and Latina women die or experience severe complications at higher rates than white women during and after pregnancy. A recent study (based on data from 2010–2014) found that severe maternal morbidity among black and Latina women was higher than among white women—even when they delivered at the same New York City hospital—regardless of socioeconomic or insurance status.[1] In 2019, New York State ranked 23rd in the nation with 25.5 pregnancy-related deaths per 100,000 live births.[2] This has since improved to 20.8 pregnancy-related deaths per 100,000 live births.[3]

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1 Howell, Elizabeth A., MD, MPP; Egorova, Natalia N., PhD, MPH; Janevic, Teresa, PhD, MPH; Brodman, Michael, MD; Balbierz, Amy, MPH; Zeitlin, Jennifer, DSc, MA; Hebert, Paul L., PhD, "Race and Ethnicity, Medical Insurance, and Within-Hospital Severe Maternal Morbidity Disparities," *Obstetrics and Gynecology* (February 2020).

2 United Health Foundation, America's Health Rankings, "Maternal Mortality." Available at https://www.americashealthrankings.org/explore/health-of-women-and-children/measure/maternal_mortality_a/state/NY.

3 *ibid*

However, the status quo remains unacceptable and New York's hospitals are committed to addressing it, as well as the root causes of these disparities: poverty, discrimination, and systemic and structural racism.

Today I will address maternal health within the context of the ongoing COVID-19 pandemic and broader efforts to address maternal mortality and morbidity.

Maternal Health during the COVID-19 Pandemic

The COVID-19 pandemic has shone a light on racial disparities in health care. Black and brown communities have been disproportionately impacted by the virus.

COVID-19 potentially increases the risk of severe maternal illness and pre-term birth. During the early stages of the pandemic, New York State took steps to protect maternal health by expanding access to telehealth visits and midwives, authorizing out-of-state obstetrician-gynecologists to practice in New York to improve surge capacity, and identifying sexual and reproductive health services as essential, meaning they were not subject to the ban on elective surgeries.

Soon after the initial patient surge in the spring, the Governor convened a COVID-19 Maternity Task Force, upon which I serve. Secretary to the Governor Melissa DeRosa issued the Task Force's initial recommendations to the Governor on April 29, 2020, who accepted them in full. Some of the Task Force's recommendations[4] include:

- diversifying birthing site options to support patient choice
- authorizing support persons to accompany a pregnant individual for the duration of their hospital stay, and a doula as an additional support person, as medically appropriate
- universal testing of pregnant patients, and testing of the support person as testing becomes available
- ensuring equity by engaging community-based organizations and community members involved in maternal health
- enhancing messaging and education to rebuild confidence in maternity care, explain infection control practices, and for patient maternal health literacy
- collaboration on reviewing the impact of COVID-19 on pregnancy and newborns

Throughout the pandemic, DOH has issued new and updated guidance for health care providers related to pregnancy and COVID-19, including the following:

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[4] See COVID-19 Maternity Task Force, "Recommendations to the Governor to Promote Increased Choice and Access to Safe Maternity Care During the COVID-19 Pandemic," April 29, 2020. https://www.governor.ny.gov/sites/governor.ny.gov/files/atoms/files/042920_CMTF_Recommendations.pdf.

- Pregnancy and COVID-19 Resources for Health Care Providers
- Health Advisory: COVID-19 and Provision of Prenatal and Postpartum Care
- Initial Care of Newborns Born to Pregnant Persons with Suspected or Confirmed COVID-19
- Protocol for COVID-19 Testing Applicable for Pregnant People and Support Persons

Additionally, DOH has developed patient education materials that can be used with patients in an inpatient or outpatient setting as appropriate. These include:

- Pregnancy and COVID-19 resources for pregnant people and their families
- COVID-19 breastfeeding guidance
- Information for patients after giving birth

Even as a second wave is bearing down on New York City, hospitals continue to provide the same level of maternal care services they offered before the pandemic. We cannot stress enough how important it is for pregnant persons not to delay their care. Hospitals have implemented robust infection control measures and other strategies to ensure the safety of patients and hospital workers alike. These include:

- Strict adherence to Centers for Disease Control and Prevent infection control guidelines
- Separating known COVID-19 patients as much as possible from non-COVID-19 patients, including in emergency rooms, waiting rooms, and obstetrical units
- Aggressively screening for the virus at all points of entry
- Ensuring adequate testing capabilities for staff and patients
- Innovative protocols for maintaining social distancing
- Appropriate communications with patients to pre-screen for COVID-19 and to ensure personal protective equipment (PPE) is in place prior to anyone entering hospital facilities
- Engineering controls, including adequate air exchanges
- Requiring patients to wear masks and providing them with one if necessary
- Offering patients telehealth visits when appropriate
- Prioritizing scheduled and medically necessary surgeries and services
- Implementing alternative scheduling strategies, like reserving early morning appointments for the most vulnerable patients

State DOH Guidance for COVID-19 Testing of All Pregnant Individuals

DOH continues to expand COVID-19 diagnostic and serologic testing for New Yorkers and recently issued the following guidance to implement the testing recommendations of the Governor's COVID-19 Maternity Task Force:

- Universal COVID-19 testing of all pregnant individuals during pregnancy and within one week prior to their estimated due date or upon admission if second test is not conducted one week prior to delivery;
- As testing becomes increasingly available, support persons may also be tested, either at the hospital or birthing center upon admission for delivery or prior to accompanying the pregnant patient to the hospital or birth center. Hospitals and birth centers may develop their own policies about support person testing, based on capacity of the facility and testing capabilities.

Hospital Visitation

The birth of a child is an extremely special life event, and we understand the desire of pregnant people to have loved ones by their side. Unfortunately, the reality of the pandemic has forced hospitals to adopt more restrictive visitation polices—based on DOH guidance—to protect patients and hospital workers and preserve hospital capacity.

During the initial patient surge in the spring, hospitals implemented a DOH directive to suspend all visitation to slow and control the spread of the virus. In late March, DOH made exceptions and expanded visitation for four categories of patients, including pediatrics, cognitively impaired, immediate end of life, and labor, delivery and post-partum (which permitted a "support person" to attend the delivery). In April, the Governor's Maternity Task Force recommended that a doula be permitted to attend the labor, delivery, and post-partum phase of hospital care at the request of the patient, in addition to the support person.

During the summer, as cases fell and hospital capacity grew, GNYHA helped develop a pilot program to expand hospital visitation for all patients. Visits were time limited, and visitors were required to wear PPE and were subject to symptom and temperature checks. DOH developed and disseminated new visitation guidance based on the success of the pilot program, resulting in more expansive, but well-controlled visitation restrictions for all patients. Currently, most hospitals limit visitation to one individual at a time—except for obstetrics. Due to recent high rates of COVID-19 infectivity, several hospitals across the State have shut down visitation to all but obstetrics and the other three aforementioned categories of patients.

Efforts to Address Maternal Mortality and Morbidity

Below is a general overview of efforts to address maternal mortality and morbidity and associated racial disparities.

Legislation and Government Policy

US Department of Health and Human Services

Last week, the US Department of Health and Human Services issued an action plan aimed at reducing maternal deaths and disparities that put women at risk before, during, and following pregnancy. Many of the recommended approaches and targeted initiatives in the report to reduce mortality and morbidity in pregnancy are priorities for GNYHA, our clinicians, and hospitals and will guide our ongoing efforts.

Taskforce on Maternal Mortality and Disparate Racial Outcomes. In 2018, Governor Cuomo created a multidisciplinary group of clinical experts, medical practitioners, policymakers, and community members to inform State policy on maternal mortality and morbidity. Its co-chairs are DOH Commissioner Howard Zucker, New York State Association of Licensed Midwives President Sascha James Conterelli, former SUNY Upstate President Danielle Laraque-Arena, and Wendy Wilcox, chair of the Department of Obstetrics and Gynecology at NYC Health + Hospitals/Kings County. The Taskforce released a report in 2019 recommending 10 steps to address maternal mortality and continues to advise policymakers.[5]

Maternal Mortality Review Boards (MMRB). Examining cases of maternal mortality and morbidity is key to improving patient care and birth outcomes and reducing racial disparities. In 2019, Governor Cuomo signed legislation (A.2376/S.1819) to create a group of experts for this purpose. Its multidisciplinary team is tasked with reviewing maternal death data, identifying the causes of the poor outcomes, and disseminating evidence-based best practices to prevent them in the future. The board focuses on QI, reviewing outcomes of care, conducting peer reviews, and collaborating on process improvements.

New York City has its own MMRB, a right that is specified in State law. DOHMH also operates the aforementioned Maternal Mortality and Morbidity Steering Committee, which focuses on addressing the root causes of death and morbidity in pregnancy. GNYHA supported the State legislation, advocated for its passage in Albany, and coordinates with DOH and DOHMH on these efforts.

2019-20 State Budget Initiatives. The fiscal year 2019-20 New York State budget allocated $8 million over two years to fund initiatives addressing maternal mortality, including the MMRB. Components of the plan include:

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5 See Taskforce on Maternal Mortality, "Recommendations to the Governor," March 2019, pp. 6-7. The recommendations are as follows: 1) establish a statewide MMRB, 2) design and implement a training program for hospitals on implicit racial bias, 3) establish a perinatal data warehouse, 4) provide equitable reimbursement to midwives, 5) expand and enhance community health worker services, 6) create a SUNY scholarship for midwives to promote diversity, 7) create competency-based curricula for providers and medical and nursing schools, 8) establish a loan forgiveness program for underrepresented providers that intend to practice women's health care services, 9) convene a statewide work group to improve postpartum care, and 10) promote universal birth preparedness and postpartum continuity of care.

- more community health workers
- implicit bias training and post-birth training for medical professionals
- building a perinatal data warehouse to shape QI efforts and State policy
- a program to increase the ratio of minority perinatal health care providers
- pilots in Erie County and Brooklyn to increase the use of doulas

Quality Improvement Programs

DOHMH, DOH, the American College of Obstetricians and Gynecologists (ACOG), and hospitals are working together to implement clinical and community health interventions to reduce maternal mortality and associated racial disparities. GNYHA is an active participant in all of these initiatives and supports member hospitals on the initiatives outlined below:

Promoting Health Equity

DOH is developing the New York State Birth Equity Improvement Project that will address clinical and communication strategies to ensure equity in the delivery of prenatal, intrapartum, post-partum, and newborn care. GNYHA is on the advisory group to develop this initiative and will support implementation by helping members of the birthing team, including physicians, midwives, nurses, and doulas understand their patients' unique circumstances and use that knowledge to deliver equitable, culturally competent care to all pregnant persons.

GNYHA will provide online training resources to supplement our member hospitals' own initiatives that address implicit bias.

Prenatal QI Programs

- Led by DOHMH, New York City implemented a **maternal depression screening program** as part of the wider Thrive NYC initiative. GNYHA helped implement the program, which screens pregnant persons for depression before delivery and post-partum and connects them to proper services if necessary.
- New York State leads a statewide improvement collaborative to reduce **opioid use disorder (OUD) in pregnancy and neonatal abstinence syndrome**. This effort (the Opioid Use Disorder in Pregnancy & Neonatal Abstinence Syndrome Project) trains maternal care providers to screen pregnant persons for OUD and refers them to appropriate services, including substance use counselors and treatment. It also includes training emergency department and labor and delivery staff to destigmatize the use of these services. The effort's goal is to teach practitioners to ask questions in nonjudgmental ways and screen all patients—not just a subset of people. GNYHA, our member hospitals, the Healthcare Association of New York State (HANYS), and ACOG all collaborate on this project. Process measures show

an increase in screening for OUD in pregnancy and earlier intervention in newborns that have been exposed to substance use in pregnancy.

Perinatal QI Programs

Through the DOH-led **New York State Perinatal Quality Collaborative (NYSPQC)**,[6] hospitals work with government, maternal care providers, and others to improve care for women and babies by promoting evidence-based care. Some NYSPQC projects are detailed below:

- The **Obstetric Hemorrhage Project** aims to implement obstetric hemorrhage protocols in hospitals and reduce mortality and morbidity from hemorrhage. GNYHA, our member hospitals, HANYS, and ACOG are working on a voluntary basis to actively engage all birthing hospitals across the State in implementing ACOG's Safe Motherhood Initiative bundle of best practices. To date, 100% of the regional perinatal centers and over 70% of all other birthing hospitals across the State have been actively engaged in bundle implementation.
- The aforementioned **Opioid Use Disorder in Pregnancy & Neonatal Abstinence Syndrome Project** is also part of the NYSPQC
- New York State hospitals are working with maternal health providers, DOH, and DOHMH to promote **safe sleep practices** to reduce infant mortality

Through past DOH-led collaborative initiatives supported by GNYHA, ACOG, and HANYS, hospitals and maternal care providers have implemented best practices to manage **hypertension** (high blood pressure) and **venous thromboembolism** (blood clots) throughout pregnancy to reduce related complications, which are associated with maternal mortality and morbidity.

Postpartum Care Expert Workgroup

Early this year, DOH convened the first meeting of its Postpartum Care Expert Workgroup, which will identify and address barriers and challenges to providing comprehensive post-partum care to women across New York State. GNYHA is an active participant.

We Can and Must Do More

GNYHA and our member hospitals are collaborating with government, community-based organizations, and other health care stakeholders to address maternal mortality and morbidity and associated disparities. Even amid the pandemic, hospitals deliver high-quality care to every patient, run programs to combat bias and promote culturally

6 SUNY University at Albany, School of Public Health, "New York State Perinatal Quality Collaborative." Available at https://www.albany.edu/cphce/mch_nyspqc.shtml.

competent and equitable care,[7] support legislative efforts to improve birth outcomes, collaborate with community-based organizations, and participate in robust clinical QI programs. Hospitals are working to implement recommendations made by the Governor's taskforce and are constantly looking for ways to improve maternal care.

However, there is still work to be done. We must place a greater emphasis on addressing the social determinants of health that contribute to disparities in maternal mortality and morbidity—structural racism, food and housing insecurity, language barriers, lack of access to primary care, education, and emotional support, poor health literacy and transportation options, and much more. While hospitals constantly strive to improve maternal care, they can ultimately only control what happens inside their four walls. That is why we must all continue to collaborate to better address the issues that underlie and can lead to maternal mortality and morbidity.

GNYHA and our members support bolstering the fraying social safety net that has been further imperiled by the pandemic-induced recession. GNYHA is fighting in Washington for a substantial relief package, without which New York State may be forced to slash the Medicaid budget by 20-30%. This would wreak havoc on the State's health care system and exacerbate maternal mortality and morbidity issues among Black and Latina women, who rely more heavily on the Medicaid program than white women. We must continue to protect and further invest in programs that strengthen marginalized communities. Social justice must be our guiding principle.

Conclusion

Thank you for the opportunity to testify before the City Council on this critically important issue. GNYHA and our member hospitals are committed to working with the City Council to address maternal mortality and morbidity issues. I am happy to answer any questions you may have.

7 GNYHA continues to support hospitals as they seek to improve the cultural competence of the care they deliver. Efforts include cultural competence training provided to almost 2,000 frontline staff (mostly from New York City hospitals) under a DOH grant, sharing best practices and challenges on language access, and helping hospitals to identify and share best practices in LGBTQ+ care. See GNYHA testimony on "The Delivery of Culturally Competent & Equitable Health Care Services in New York City Hospitals," submitted for the Hospitals Committee hearing on September 18, 2019, for more information.