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NEW YORK CITY DEPARTMENT OF HEALTH

Ms. Ilsh Neely said that said that we're two different sides of the Department of Health coming together focusing on maternal health and infant health. So the slides are just basically an overview of some of the terms we use and I'm going to go through it with you all and then Hannah is going to go through a few more statistics with you guys. So just for FYI definitely hold onto the slides for future reference because as you read the news and maternal health becomes a hotter topic. So these terms you might see moving forward in news articles

So the first one is Maternal Mortality/Pregnancy Related Mortality Ratio and so it's basically the death of a woman while she's either pregnant or up to one-year after delivery. The little acronyms we put there because again depending on what you guys are reading you might see the acronyms so that you can have some context. The next term is Severe Maternal Morbidity Rate and that's basically any complication that may or may not take the life of the Mom during child birth. So did anything rupture or did she have any sought of failure, did she have a stroke or a heart attack during the delivery process. Infant Mortality is basically the death of an infant within one-year of birth. The last term is Fetal Infant Mortality Rate and that's basically the death of a fetus that's stillborn or infant death.

So in the next page the Health in Context just summarizes how we see that social determinants effect health where are the women living, where are the infants sleeping what kinds of food that folks have access and so you'll see if you dig a little deeper how a normal day can make or break it for a woman whom might need a C-Section having high blood pressure during pregnancy losing her life or the babies. So this quote we like to use it's actually really a great quote to summarize on how Mom's feel once they deliver so the baby is the candy and the Mom is the wrapper and once the candy is out the wrapper is cast aside. So during the pre-natal period people want to rub the Mom's belly and once the baby comes no one asks how the Mom is doing. They're not asking if she went to her post-partum appointment, they're not asking how is breast feeding going or if she's eating at all or if she has post-partum depression.

So everybody likes to use this particular slide the iceberg and so when you look at what's really underneath the surface of what is Maternal Health there are a lot of things that we're not really focused on yet there has been such a push again to new stories and new literature that has come out. We can see

maternal death but what we don't always take into account is the women that almost died and what can we do to prevent women from even getting to that point.

The next slide is just basically saying just how infant mortality and maternal mortality is a problem for all women. However Black women are 12 times more likely to die as a result of trying to deliver bringing life into the world, Asian and Pacific Islanders are 4 times greater than White women to die and then Hispanic women 3 times greater and there are just a hosts of as to why people sort of suspect this is a thing. If you go on into slides which will show what folks are attributing to Black women are 12 times more likely die just because of the inequalities of where she's receiving her treatment. With her maternity leave a lot are so stressed about even trying to take off wondering if they're job will be there when they get back. So that's a reason why people are saying maybe it's to stress that's why women are delivering early or they're Doctor's pushing them into a C-Section because of the reimbursement that they will probably get. As a Health Institution are more Black and Brown women pushed into having a C-Section maybe because the Doctor wants to go on vacation. I've heard people say "my Doctor wants to go on vacation" and so they scheduled me a C-Section before he goes, I've heard my clients say that.

So if you turn the page to severe maternal morbidity in New York City it has increased 28 percent it's like maternal sickness. The interesting thing about that is while the maternal sickness increased in New York City the amount of babies dying has decreased. So basically there has been an inkling that technology has become that great in which where were able to keep more babies alive. Black women are 3 times more likely to experience severe maternal mortality as White women and of course all women can get severe maternal mortality and morbidity. Low-income neighborhoods had the highest SMM rates compared to high-income neighborhoods and that's true for all ethnicities. Many Bronx communities experience higher infant mortality rates and the highest are Soundview, Williamsbridge and Pelham Parkway. So if you take a look at those three neighborhoods whose living in those areas, how many resources do they actually have there are a lot of programs in the South Bronx they have different CBO's, qualified health centers and all those sort of things. But as you go a little bit north it's a little bit slim even the home visiting programs don't necessarily go to these areas. So maybe that's a reason why if the mortality has taken an upswing in those areas. Even though infant mortality is declining why is there basically still a gap so while we have made strides in the amount of babies that we lose there's still a difference between a White baby being born and a baby of color. The baby of color still has a higher rate so you're being born sick or having a complication in making it at all. What do we have to eliminate birth inequity in the Bronx it's where our meetings and presentations come in with you all.

Ms. Hannah Emple said that I've brought a few copies with all the data that Ilish was talking about. It's pretty data heavy but it goes in depth on the life threatening complications and provides examples of what those complications might be and then also some of the risk factors.

One project I want to highlight on the slide here is our Maternal Mortality and Morbidity Steering and Review Committee. So essentially what that is we are now looking at every maternal death that happens in a very in depth process where we get copies of the persons medical records. A team including Doctors, Nurses, Community Activists and people who run non-profit organizations etc. are looking in depth to figure out what happened and why. So they go through the details of each case and figure out could this death have been prevented if so who would have needed to act in order to prevent the death. So that work is ongoing and I just want to bring it to everyone's attention because it's important in what it's going to allow us to do is to go back to hospitals non-profits and Social Workers and say here's what we saw and

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here is where you could intervene in the future so that we can prevent these sorts of events from taking place. So that's pretty important and exciting work.

One of the big issues that we're seeing effects particularly women of color that providers are not always listening to their patients. So this document we produced with what is called the Sexual and Reproductive Justice Community Engagement Group which is community members that have come together to advise and lead the Health Department on basically on all reproductive health. So they put this poster together and I have copies that we can leave. This is a guide this is to help people and their Doctors communicate better. So it's sort of outlining what should be the standard the footprint for how care should be handled. The work with the complications are a part of a project working with hospitals because most of the people are having their babies at hospitals. It means that the hospitals really have to play an active role in improving the standard of their clinical care. So that process is being rolled out across the city by the Maternity Hospital Improvement Network and the hospitals have not been selected yet. I believe 10 or 13 hospitals in the first year and then an additional 10 for a total of 23 and there's only 39 birthing facilities so it's going to be a substantial portion.

Ms. Ilish Neely said that there are three neighborhood Family Wellness Centers one in Brownville, East Harlem and East Tremont. We basically focus on women's health and everything we do is free.

Questions and Comments

The Chairwoman asked for a motion to adjourn.

Motion made to adjourn. Motion made duly seconded. Motion called and passed unanimously.

MEETING ADJOURNED.