



**NEW YORK CITY DEPARTMENT OF  
HEALTH AND MENTAL HYGIENE**

Ashwin Vasani, MD, PhD  
*Commissioner*

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Dear Health Care Professional,

New York City (NYC) is in the midst of an ongoing battle to improve maternal health with a focus on communities of color, and we need your help to succeed. While the pregnancy-related mortality ratio in NYC has declined in recent years,<sup>1</sup> recent reports indicate that Black women were nine times more likely to die from a pregnancy-related cause<sup>2</sup> and three times more likely to experience severe maternal morbidity (SMM)<sup>3</sup> than White women. Women of Latina origin also experienced SMM<sup>3</sup> and pregnancy-related deaths<sup>2</sup> at nearly twice the rate of White non-Latina women.

These inequities cannot be explained by genetic predispositions or poor lifestyle choices. Structural racism has led to people of color having fewer opportunities to achieve optimal health. In fact, racism is such an important force shaping health outcomes that the NYC Board of Health declared racism a public health crisis in 2021. For example, as a result of structural injustices, Black women are more likely to live in environments that increase their risk for chronic conditions such as hypertension and diabetes.<sup>4</sup> Women with chronic conditions are almost three times as likely to experience SMM compared to women without.<sup>3</sup> In addition, research shows implicit biases — automatic, unconscious associations of stereotypes or attitudes toward particular groups — can affect clinical decisions.<sup>5</sup>

By working together with your patients throughout the life-course, you can help reduce the impact of these inequities. From identifying and managing chronic conditions before pregnancy to making sure your patients know the life-threatening warning signs after giving birth, you are an essential part of addressing these inequities. The NYC Department of Health and Mental Hygiene (Health Department) urges you to:

1. Screen all patients for hypertension and those at risk for type 2 diabetes during well visits to make sure there are no missed opportunities for care, and refer patients who meet diagnostic criteria to appropriate follow-up care.
2. Engage all patients on healthy eating, being physically active and maintaining regular follow-up care to optimize maternal health.
3. Provide patients with self-management tools and resources to support them in managing their hypertension and diabetes in between office visits and throughout the life-course.
4. Speak with patients who are pregnant about the NYC Standards for Respectful Care at Birth to support the highest-quality health care during pregnancy, labor and childbirth and after giving birth.

5. Support patients in recognizing and getting care for the warning signs associated with severe maternal morbidity and mortality during pregnancy and after giving birth. Actively listen to patients and encourage them to share concerns about their physical and mental health.

This Maternal Health Action Kit contains clinical tools, provider resources and patient education materials. Your NYC Health Department representative is available to discuss ways to routinely implement these recommendations into your clinical practice.

Sincerely,



Ashwin Vasan, MD, PhD  
Commissioner  
NYC Department of  
Health and Mental Hygiene



Michelle E. Morse, MD, MPH  
Chief Medical Officer  
NYC Department of  
Health and Mental Hygiene

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<sup>1</sup>New York City Department of Health and Mental Hygiene. *Pregnancy-Associated Mortality in New York City, 2018-2022*. <https://www.nyc.gov/assets/doh/downloads/pdf/data/maternal-mortality-annual-report-2021.pdf>.

<sup>2</sup>New York City Department of Health and Mental Hygiene. *Pregnancy Associated Mortality in New York City, 2011-2015*. 2020. <https://www.nyc.gov/assets/doh/downloads/pdf/ms/pregnancy-associated-mortality-report-2011-2015.pdf>

<sup>3</sup>New York City Department of Health and Mental Hygiene. *Severe Maternal Morbidity in New York City, 2008-2012*. 2016. <https://www.nyc.gov/assets/doh/downloads/pdf/data/maternal-morbidity-report-08-12.pdf>

<sup>4</sup>Bailey ZD, Krieger N, Agénor M, Graves J, Linos N, Bassett MT. Structural racism and health inequities in the USA: evidence and interventions. *The Lancet*. 2017;389(10077):1453-1463. [doi:10.1016/S0140-6736\(17\)30569-X](https://doi.org/10.1016/S0140-6736(17)30569-X)

<sup>5</sup>Chapman EN, Kaatz A, Carnes M. Physicians and implicit bias: how doctors may unwittingly perpetuate health care disparities. *J Gen Intern Med*. 2013;28(11):1504-1510. [doi:10.1007/s11606-013-2441-1](https://doi.org/10.1007/s11606-013-2441-1)