NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE
Ashwin Vasan, MD, PhD
Commissioner

Testimony

of

Michelle Morse, M.D, MPH
Chief Medical Officer and Deputy Commissioner of the Center for Health Equity and Community Wellness
New York City Department of Health and Mental Hygiene

before the

New York City Council
Committee on Health jointly with the Committee on Hospitals

on

Maternal Health, Mortality, and Morbidity in New York City

and

Introductions 86, 409, 472, 478, 482, 490, 508, 509 and Resolutions 201, 205, and 244

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Good morning, Chairs Schulman and Narcisse, and members of the committees. I am Dr. Michelle Morse, Chief Medical Officer for the New York City Department of Health and Mental Hygiene and Deputy Commissioner for the Center for Health Equity and Community Wellness. I am joined here today by my colleagues, Laura Louison, Assistant Commissioner, and Dr. Tara Stein, Medical Director, both from the Department's Bureau of Maternal, Infant, and Reproductive Health. I am also joined by our colleague, Machelle Allen, Chief Medical Officer from NYC Health + Hospitals, Dan Pollak, First Deputy Commissioner, and Claire Levitt, Deputy Commissioner from the Mayor's Office of Labor Relations. On behalf of the Administration, we thank you for the opportunity to speak today on the important issue of maternal health, sexual health, and birth equity.

We want to first acknowledge the Supreme Court's decision to overturn Roe v. Wade, and with it, the U.S. Constitutional right to a safe abortion, a right that was in place for half a century, and the profound and devastating impact this will have on health in this country. The City is committed to ensure all people have access to the appropriate resources to make an informed decision about their body. We plan to address abortion access in detail at the reproductive health hearing later this week.

Maternal mortality is a grave and urgent issue with persistent racial and ethnic inequities in our nation, and New York City (NYC) is no exception. Although we have seen a statistically significant decline in the maternal mortality rate since 2001, unacceptable inequities among racial/ethnic groups remain. In NYC, the average maternal mortality rate among Black pregnant people is more than nine times the rate of white pregnant people. Our review of pregnancy-related deaths indicates that the vast majority of these deaths of Black people were preventable. The borough that accounted for the most pregnancy-associated deaths was Brooklyn, followed by the Bronx.

Before proceeding further, I want to pause and acknowledge the heartbreaking injustice and human impact represented in those statistics. Every person who dies during childbirth is a

parent, sibling, child, friend, and community member, suddenly and tragically absent from the lives of their loved ones, and in many cases, their newborns. Every loss is a profound tragedy, with ripple effects in our communities. When a mother dies, no community is ever the same.

We are compelled to action as a City to address this crisis and reduce preventable birthing-related deaths and eliminate the unacceptable injustices that these deaths represent.

Birth inequities are driven by racism and bias – in government, in medicine, in education, housing, and economic policies, and much more - and the downstream effects of these intersecting systems of oppression will take years and even generations to undo. Differential access to power and resources has created these health inequities and it requires the investment of resources, and deliberate corrective efforts to repair. It requires a true anti-racism approach.

Our work is grounded in data, with a focus on outcomes among Black and Latina people who are pregnant or may become pregnant. We use that data to drive and design the programs, strategies, and policies that will support individuals' access to the supports they need for healthy pregnancies, reproductive health and parenting. We support new families through the New Family Home Visit Initiative, a range of linked home visiting programs, including Nurse Family Partnership, Newborn Home Visiting, the Citywide Doula Initiative and the By My Side Birth Support Program. We support systems change in partnership with hospitals, clinicians and community-based organizations through the New York City Maternal Mortality and Morbidity Review Committee, the Maternity Hospital Quality Improvement Network, the New York City Breastfeeding Hospital Collaborative, Centering Pregnancy & Centering Parenting, By My Side Birth Support Program, our Midwifery Initiative, and the Department's Birth Equity working group.

I'd like to share a bit more information about some of these initiatives that have relevance to our discussion today. In 2018, the Health Department established the New York City Maternal Mortality and Morbidity Review Committee, referred to as the MMRC. The committee meets monthly to conduct a multidisciplinary expert review of each maternal death in New York City from both clinical and social determinants of health perspectives. MMRC consists of 31 diverse, multidisciplinary members from all five boroughs and includes community activists, doulas, midwives, nurses, maternal-fetal medicine specialists, cardiologists, oncologists, OB/GYNs, case managers, public health workers, and police. At the end of every calendar year, the committee reviews and decides upon key recommendations, which if enacted, would improve the care of pregnant people. We then publish these in the annual report. The goal of the MMRC is to reduce preventable maternal deaths by gaining a holistic understanding of each maternal death to determine cause, assess preventability, and identify contributory factors and actionable recommendations to prevent future tragedies. The Committee's recommendations address systems, facility, provider and patient level factors.

Another flagship initiative from the Department is the newly expanded New Family Home Visit Initiative, which expands access to home visiting programs and community resources to an estimated additional 22,000 newly eligible families. The New Family Home Visit Initiative offers a range of evidence-based home-visiting services via trained health care workers and clinical providers such as social workers, nurses and lactation consultants —from breastfeeding support and creating a safe home, to mental health screenings, to connections to social services. The initiative has been supporting the expansion of the Newborn Home Visiting Program, Nurse-Family Partnership, Power of Two, and the Citywide Doula Initiative (CDI). The program is open to first-time families in the Taskforce for Racial Inclusion and Equity (TRIE) neighborhoods, those who live in NYCHA in the TRIE neighborhoods, or those who are engaged with child welfare.

I want to highlight our Nurse-Family Partnership (NFP) program, one of the home visiting programs included in the New Family Home Visit initiative. NFP is longstanding, evidence-based

home visiting program that connects first-time expectant parents with trained nurses to promote healthy pregnancy outcomes, child development, and economic independence. New mothers who participate in NFP experience lower rates of hypertensive disorders, decreases in tobacco use and lowered risk for preterm birth.

The Department has also long acknowledged and embraced the role of doulas in improving maternal health and birth equity. The expanded Citywide Doula Initiative provides doula support both at home and in the clinical setting, with three prenatal home visits, support during labor and delivery, and four postpartum visits. Clients who give birth at home receive the same number of visits. The program includes screening and referrals for family needs and stressors, such as food insecurity. The Citywide Doula Initiative ensures that the model of care is consistent across the city, and uniform data is collected for a rigorous evaluation of the doula services provided through this initiative. Doulas lead to less c-sections, healthier birthweight, less depression, and increased breastfeeding.

The Health Department has developed a series of public awareness campaigns to promote citywide understanding of healthy pregnancies, reproductive health and parenting. To gain community input on these campaigns, we conducted listening sessions with community members, as well as focus groups with healthcare providers. These campaigns include: Safe and Respectful Care, aimed at community residents and healthcare providers to educate New Yorkers about their rights and options before, during and after pregnancy, and to promote the Standards for Respectful Care. This is just a sample of programs and work – all of which demonstrate our fierce commitment to this issue.

We must hold all levels of government and health care accountable to make health equity a reality for all New Yorkers. That is precisely what the City is trying to do. The work we do at the Health Department is grounded in science, equity, and compassion. We are committed to focusing on improving the overall health of New Yorkers, and on ending racial and ethnic inequity in health outcomes. We envision a world where all New Yorkers live healthy, fulfilling

sexual and reproductive lives, where all children are born healthy, nurtured and loved and where all births are safe. And we are committed to making that vision a reality (inequities= unjust, avoidable).

Turning to the legislation being heard today – the bills in this package cover a wide range of protections for pregnant people and those who may become pregnant. We are grateful to Council for bringing further attention to these critical issues. The City supports the intent of Introductions 86, 409, 472, 478, 482, 490, 508, 509, and we look forward to discussing the specifics with Council after the hearing.

Introduction 86 would require the Department to educate about city standards for health care proxy forms, patients' rights, and respectful care at birth. We share the intention of this bill. As we mentioned earlier, the Health Department developed the Standards for Respectful Care at Birth through careful engagement with community stakeholders. We currently provide education about the standards at birth facilities and in other facilities used by people of reproductive age. We believe this bill would be most impactful as a joint agency strategy to provide reproductive health resources in multiple languages that are safe and accessible for New Yorkers.

Introduction 409 would require the Department to post an annual summary of vital statistics regarding maternal mortality in NYC on its website, and we are pleased to report that these reports are online under our “Special Reports” section.

Introduction 472 establishes a pilot program to train doulas and provide doula services to residents in all five boroughs. We are pleased to report that the Department runs a Citywide Doula program, as detailed in the earlier portion of my testimony, and look forward to discussing this historic program with Council.

Introduction 478 would require the Health Department to provide outreach and an education campaign on the benefits and services provided by doulas and midwives. We are aligned with the intent of this bill. In fact, the Health Department supports a funded outreach and education campaign for doulas and midwives. Currently, DOHMH's Citywide Doula Initiative has an outreach and education campaign in TRIE neighborhoods showing the benefits of doula services and offers a paid doula apprenticeship for local community residents.

Introduction 482 requires the Department to report on polycystic ovary syndrome and endometriosis. We have operational concerns with this bill, as the Department lacks a feasible mechanism to collect this data. We are eager to discuss the bill further with you after the hearing, to better understand the intent and work with you to meet your goals to address these and other related gynecological health issues.

And Introduction 490 codifies an office of sexual and reproductive health with the Health Department. Fortunately, the Bureau of Maternal, Infant, and Reproductive Health exists within the Department's organizational structure, and we are pleased to have the opportunity to talk about some of our work with you today at this hearing. Our teams undertake tireless, and often unsung, incredible work for New Yorkers every day.

Thank you for your time today. We look forward to working with Council in partnership on this topic, and my colleagues and I are happy to take your questions.