



**Department
of Health**

New York State Building a Strong Perinatal System

**New York State Perinatal Association
Perinatal Partnership Conference
June 6, 2019**

Presentation Objectives

- **Perinatal Regionalization in New York State**
 - Review the status of efforts to update standards for perinatal levels of care
- **Maternal Mortality and Morbidity in New York State (NYS)**
 - Review background and NYS Maternal Mortality Review (MMR) Initiative
 - Discuss MMR results and racial disparities in maternal mortality and morbidity
- **Governor Cuomo's Comprehensive Initiative to Target Maternal Mortality (MM) and Reduce Racial Disparities**
 - Overview
 - Taskforce on maternal mortality and disparate racial outcomes
 - Updates on additional initiatives
- **Title V Maternal and Services Health Block Grant and Maternal, Infant and Early Childhood Home Visiting Needs Assessment**
 - Overview of process and opportunities to engage partners

Perinatal Regionalization



Perinatal Regionalization is an comprehensive, coordinated geographically structured system of care organized around a series of Regional Perinatal Centers (RPCs), each supporting and providing clinical expertise, education and quality improvement to a group of affiliate birthing centers and hospitals.

Levels of Perinatal Regionalized Care

- Regional Perinatal Center (RPC)
 - Provides the highest level of care
- Level III
 - Provides care to high risk women and neonates with subspecialty services
- Level II
 - Provides care to moderately complicated women and neonates
- Level I
 - Basic care for low risk women and newborns
 - No neonatal intensive care unit services.
- Birth Center
 - Provides care to low risk women and newborns

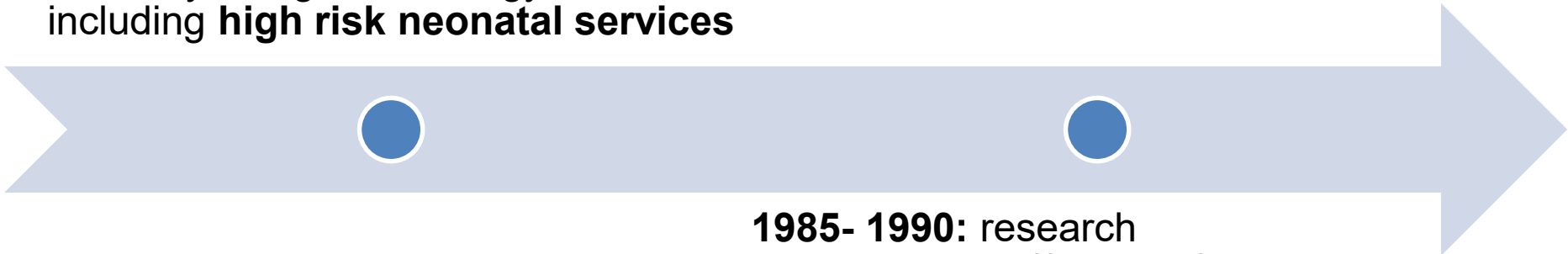
Why Perinatal Regionalization?

To ensure that women and their babies will have ready access to the services they need through:

- Ensuring access to an expert health care team
- Maximizing resources of the various facilities across the state – centralizes technology
- Allows for ongoing quality improvement to better ensure quality services across all levels of perinatal care.

Regionalization in New York State

1985: Office of Health Systems Management (OHSM) initiates “appropriateness review” examining delivery of high technology services, including **high risk neonatal services**

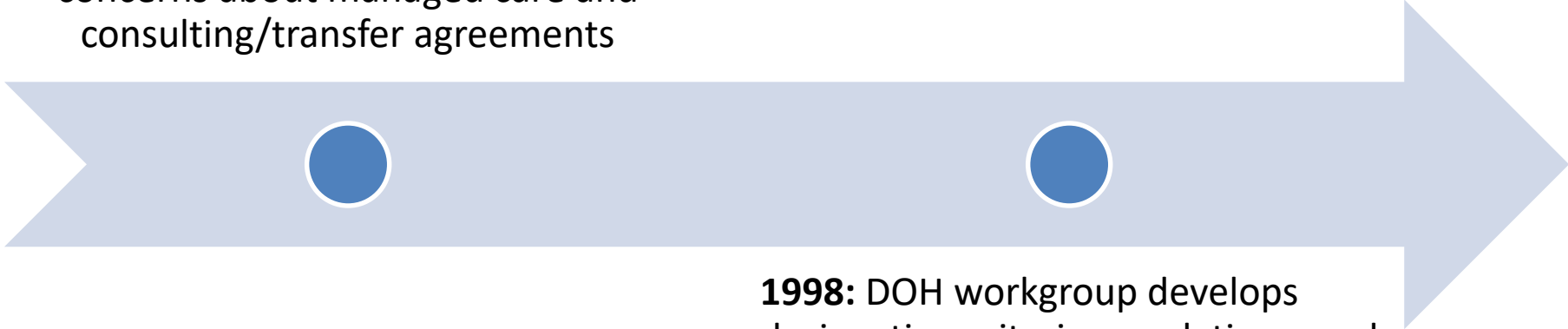


1985- 1990: research **underscores efficacy of regionalization** and improvement of outcomes for high risk mothers and neonates



Regionalization in New York State

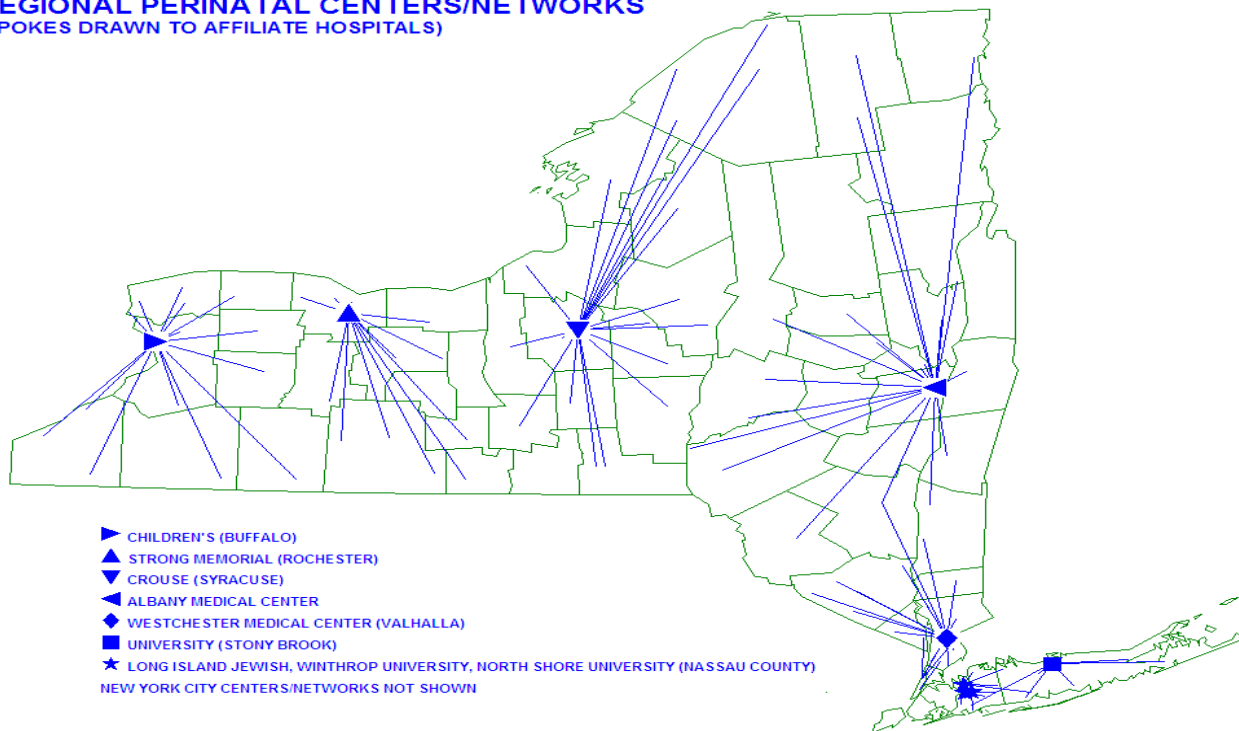
1996 – 1997: Perinatal ad hoc work group convened responding to concerns about managed care and consulting/transfer agreements



1998: DOH workgroup develops designation criteria, regulations, and Statewide Perinatal Data System (SPDS)

Perinatal Regionalized System in NYS

REGIONAL PERINATAL CENTERS/NETWORKS
(SPOKES DRAWN TO AFFILIATE HOSPITALS)



Process for Developing Standards Recommendations

- Identified current standards of perinatal care
 - *Guidelines for Perinatal Care* – 8th Edition; ACOG *Obstetric Care Consensus – Levels of Maternal Care*; Commission for Accreditation of Birth Centers; literature review.
- New York State Department of Health (NYSDOH) convened 49 member Expert Panel
 - Chaired by Greg Young, MD, Associate Commissioner NYSDOH Western Regional Office and Christa Christakis, MPP, Executive Director, ACOG
 - Representatives from Regional Perinatal Centers (RPCs), Level I, II and III perinatal hospitals, NYS Association of Licensed Midwives, hospital associations, health plans, and other partners.
 - Panel met three times (September and November 2017; May 2018).
 - Subcommittees formed for those more complex topics requiring more in-depth discussion.

Process for Developing Standards Recommendations

- Subcommittees included:
 - Role of the Regional Perinatal Center and Affiliation Agreements
 - Transfers
 - Neonatal Services
 - Behavioral Health & Substance Use
 - Subspecialists (obstetric and neonatal)
 - Finance
- Subcommittees recommendations were brought to the full Panel for review and approval.

Standards Topics Addressed

- Staffing
 - Chiefs of service (Obstetrics, Maternal Fetal Medicine, Neonatology)
 - Subspecialists (Obstetrical and Neonatal)
 - Advanced practitioners (Nursing, Midwives, Nurse Practitioners and Physician Assistants)
 - Psychosocial services (Social services, psychosocial/behavioral health specialist)
 - Anesthesiology and radiology
 - Ancillary staff (Dietician, pharmacist, lactation consultant)
 - Therapists (Physical and occupational therapists, speech language pathologists)
 - Pediatric and Adult Medical/Surgical Specialists and Subspecialists



Standards Topics Addressed

- Facility Capabilities
 - Anesthesia services
 - Respiratory support services
 - Radiology services/advanced medical imaging
 - Laboratory services
 - Intensive care unit/Critical care services
 - Pharmacy services
- RPC Role and affiliation agreement
- Transfer agreement
- Finance

Next Steps

- NYSDOH has reviewed final recommendations and drafted revised regulations.
 - Preliminary on-line survey of birth centers and all perinatal hospitals (Level I through RPCs)
 - Stakeholder input
- Regulations will be finalized and forwarded through the State process.
- Once regulations are finalized, surveys will be developed based on the new regulations for all levels of care.
 - On-site visits will be performed by multidisciplinary teams as follows:
 - All RPCs and Level III hospitals
 - At least 20% of Level I and II hospitals and birth centers
 - Any hospital requesting an increase level of care.
- Will initiate the development of standard metrics to assess the functioning of the birthing center, perinatal hospitals and overall perinatal system. t

Maternal Mortality and Morbidity

Maternal Mortality in the U.S. and in NYS

- 2015: US ranked 46th in the world in maternal mortality
Trends in maternal mortality: 1990-2015 | WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division;
Available from: <https://www.who.int/reproductivehealth/publications/monitoring/maternal-mortality-2015/en/>
- 2016: NY ranked 30th with a rate of 20.9 deaths per 100,000 live births

Explore Maternal Mortality in New York | 2016 Health of Women and Children Report. 2017;

Available from: http://www.americashealthrankings.org/explore/2016-health-of-women-and-children-report/measure/maternal_mortality/state/NY.

Maternal Mortality Definitions

- Maternal mortality: the death of a woman during pregnancy or within 42 days of termination of pregnancy
- A pregnancy-related death: the death of a woman during pregnancy or within one year of the end of pregnancy from a pregnancy complication, a chain of events initiated by pregnancy, or the aggravation of an unrelated condition by the physiologic effects of pregnancy.
- A pregnancy-associated but Not related death: the death of a woman during pregnancy or within one year of the end of pregnancy from a cause that is not related to pregnancy.

Callaghan WM. Overview of Maternal Mortality in the United States. Semin Perinatol. 2012;36(1):2-6.

Maternal Mortality Review Committee Facilitation Guide:

https://reviewtoaction.org/sites/default/files/national-portal-material/MMRC%20Facilitation%20Guide_V2docx_0.pdf

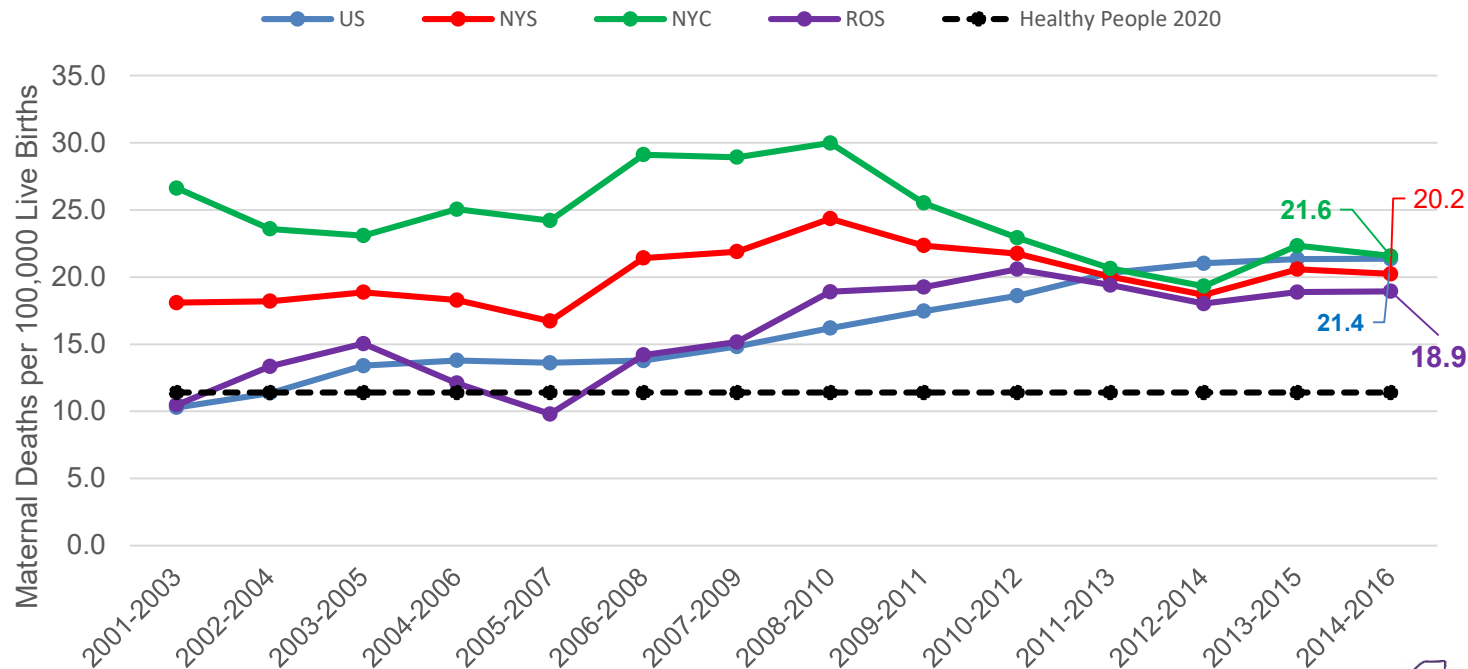


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New York State Maternal Mortality Review Initiative

- Comprehensive population-based review of all maternal deaths in New York State
- Started in 2010 and examines:
 - Pregnancy-Related Deaths
 - Pregnancy-Associated but Not Related Deaths
- Informs interventions to reduce risk of maternal deaths

Trends in Maternal Mortality In the U.S. and in NYS as Reported in Vital Records*



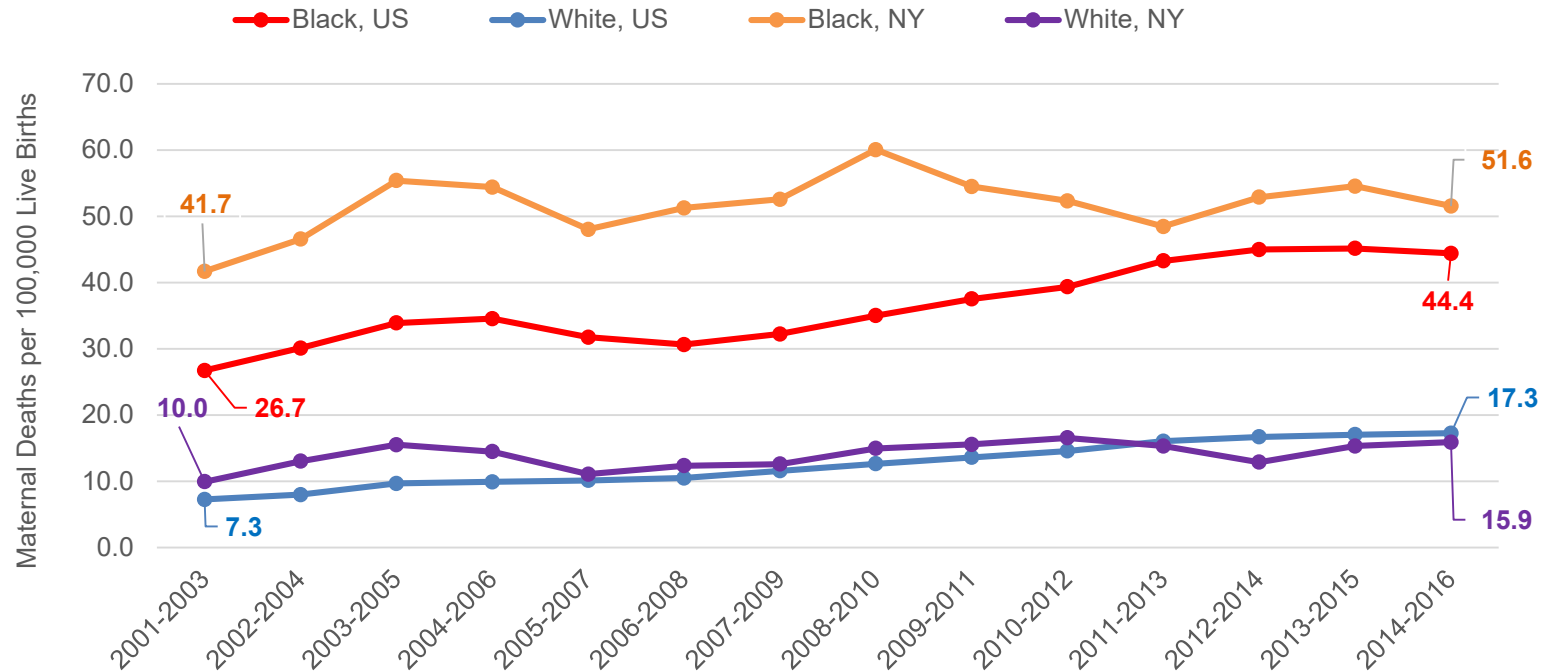
*Causes of death from death records A34, O00-O95, O98-O99.

Data Source: National Data from CDC Wonder database and NY data from NYS Vital Statistics.



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Trends in Maternal Mortality by Race in the U.S and in NYS as Reported in Vital Records*



*Causes of death from death records A34, O00-O95, O98-O99.

Data Source: National Data from CDC Wonder database and NY data from NYS Vital Statistics



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Caveats for MMR 2012-2014 Results

There were 96 cases of pregnancy related deaths for the 2012-2014 MMR cohort:

- 43(45%) were Black, Non-Hispanic
- 29(30%) were White, Non-Hispanic
- 15(16%) were Hispanic
- 9(9%) were Other, Non-Hispanic
- Due to the small number of cases in the cohort, rates may be unstable and must be cautiously interpreted.

Pregnancy-Related Mortality Rate by Race/Ethnicity and Pre-Pregnancy Weight Status*, 2012-2014

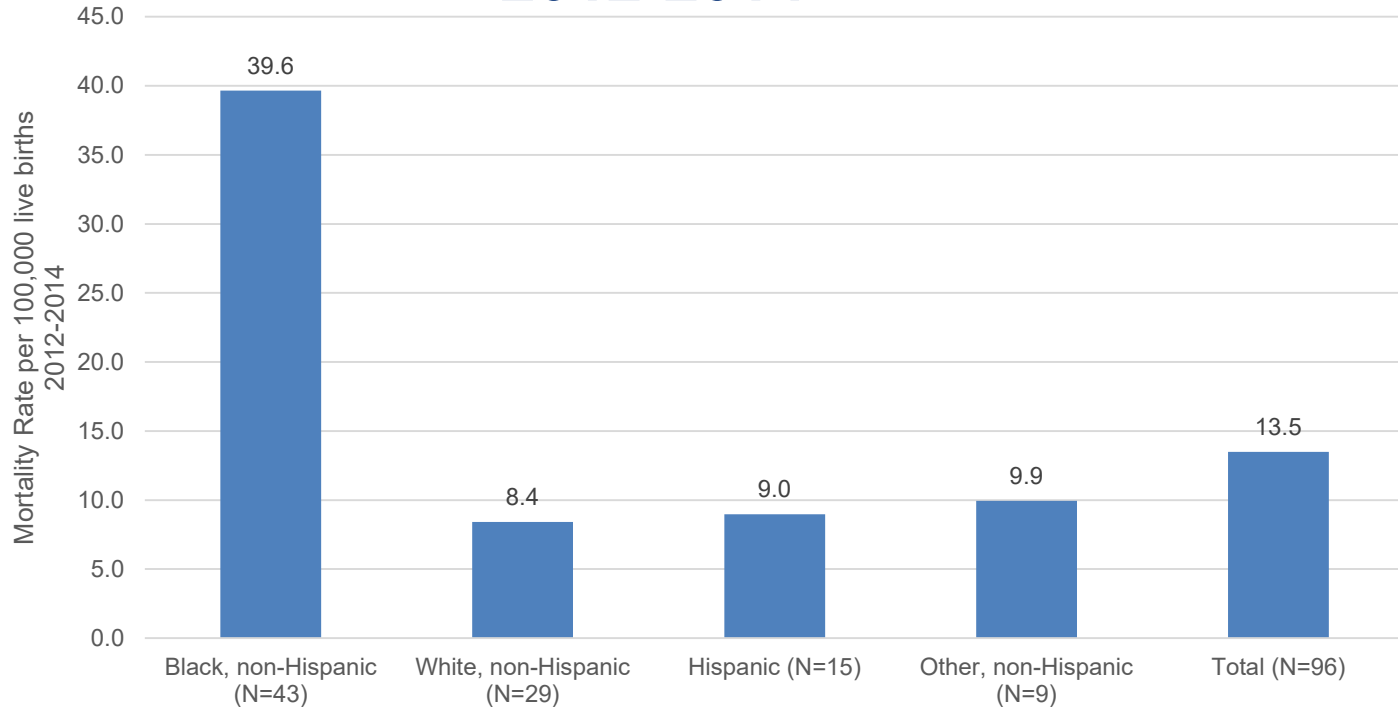
❑ In general:

- Women with obesity had a higher pregnancy-related mortality rate
- Black, Non-Hispanic women had a higher pregnancy-related mortality rate than White, Non-Hispanic women

❑ Source data quality issues:

- Weight data is missing from significant proportions of the “White, Non-Hispanic” and “Other, Non-Hispanic” Race/Ethnicity categories
- This missing data precludes a valid comparison of weight status across Race/Ethnicity categories

Pregnancy-Related Mortality Rate by Race/Ethnicity 2012-2014

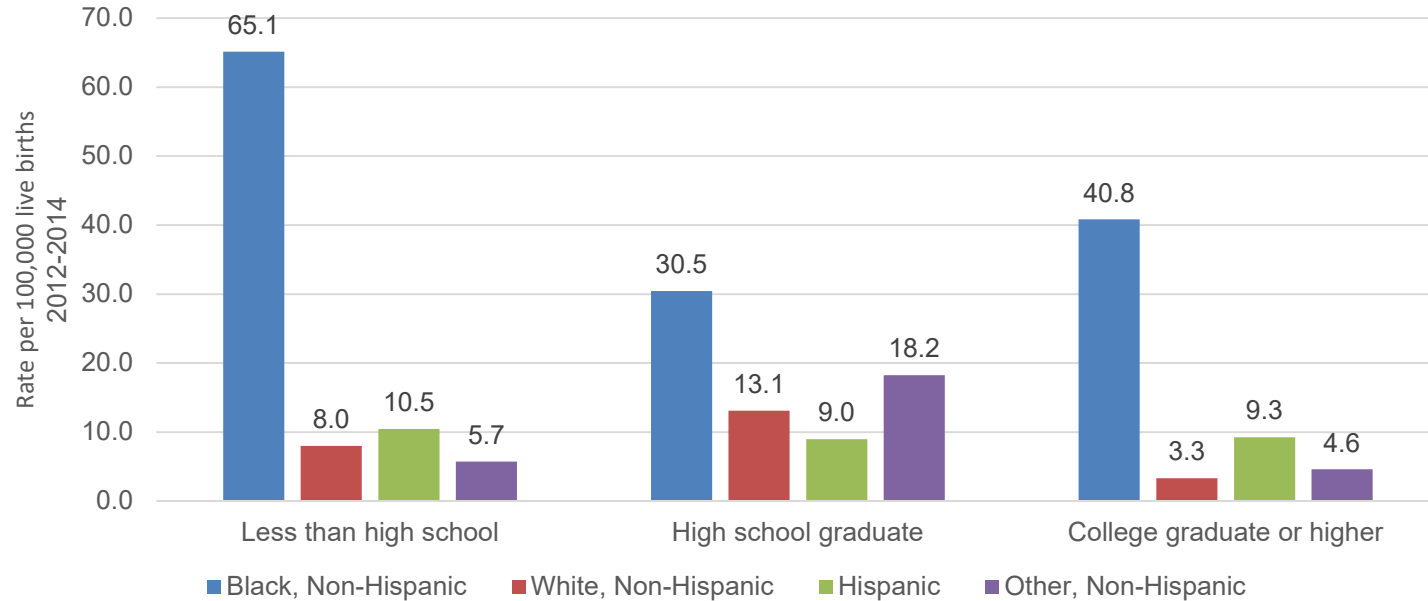


Data source: NYS Maternal Mortality Review and NYS Vital Statistics
Mortality Rate is death per 100, 000 live births in 2012-2014



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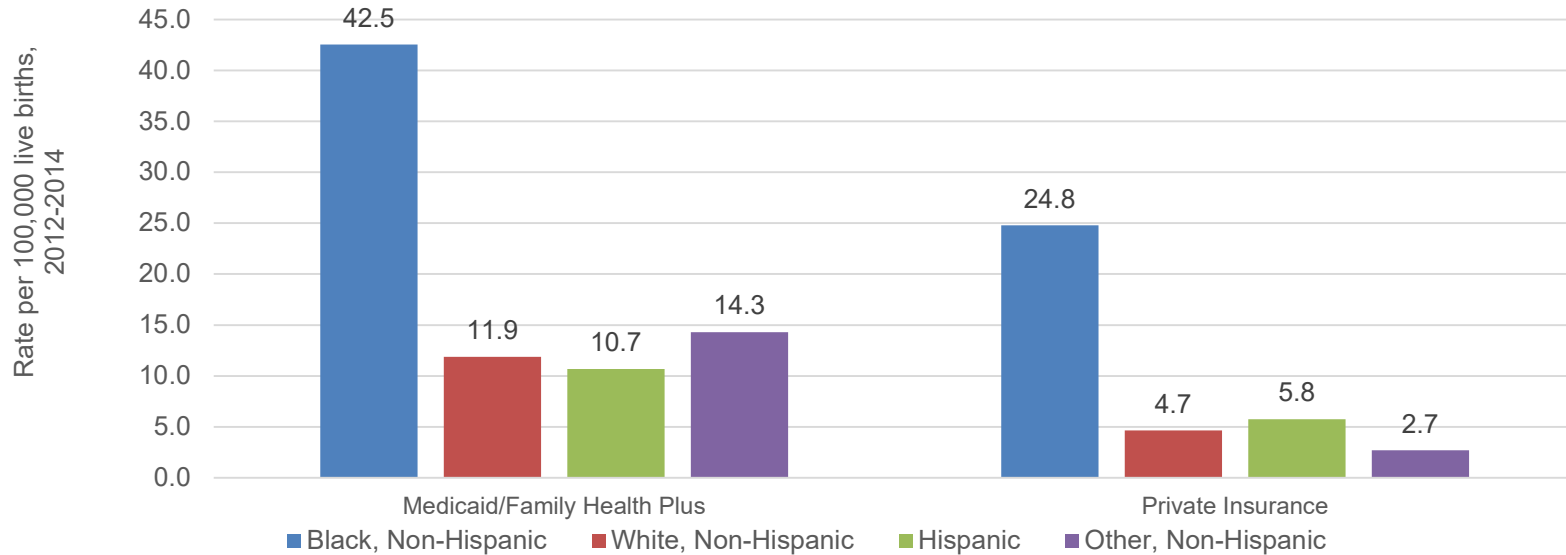
Pregnancy-Related Mortality Rate by Race/Ethnicity and Education Level*, 2012-2014



Data source: NYS Maternal Mortality Review
Mortality Rate is death per 100,000 live births in 2012-2014

* : Due to the small number of cases in the cohort, rates may be unstable and must be cautiously interpreted.

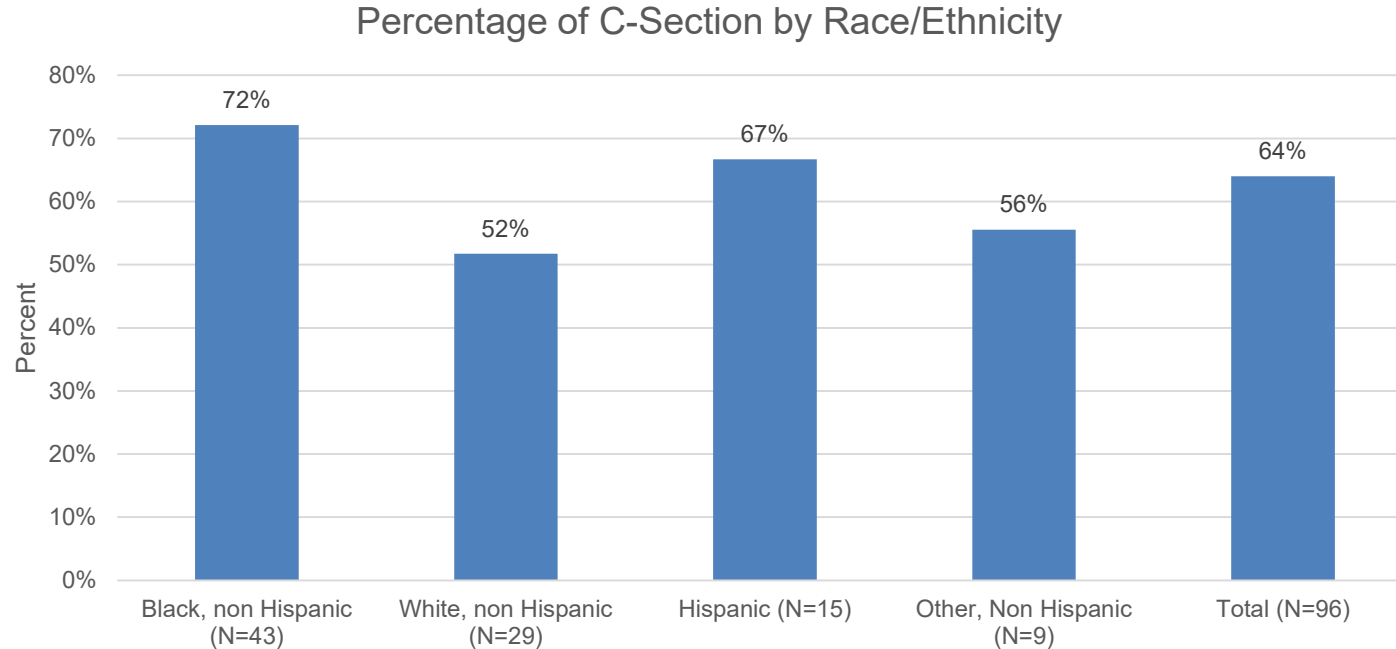
Pregnancy-Related Mortality Rate by Race/Ethnicity and Insurance*, 2012-2014



Data source: NYS Maternal Mortality Review and NYS Vital Statistics
Mortality Rate is death per 100,000 live births in 2012-2014

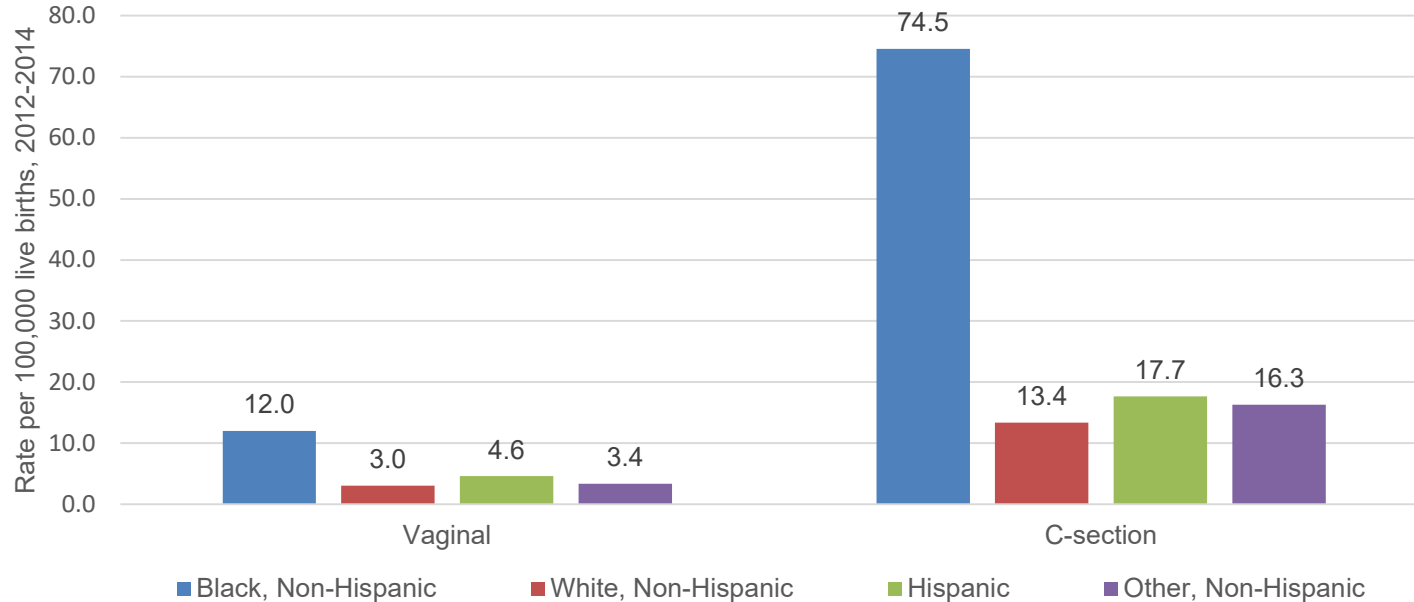
* : Due to the small number of cases in the cohort, rates may be unstable and must be cautiously interpreted.

Percentage of C-Section among Pregnancy Related Death by Race/Ethnicity, 2012-2014



Data source: NYS Maternal Mortality Review

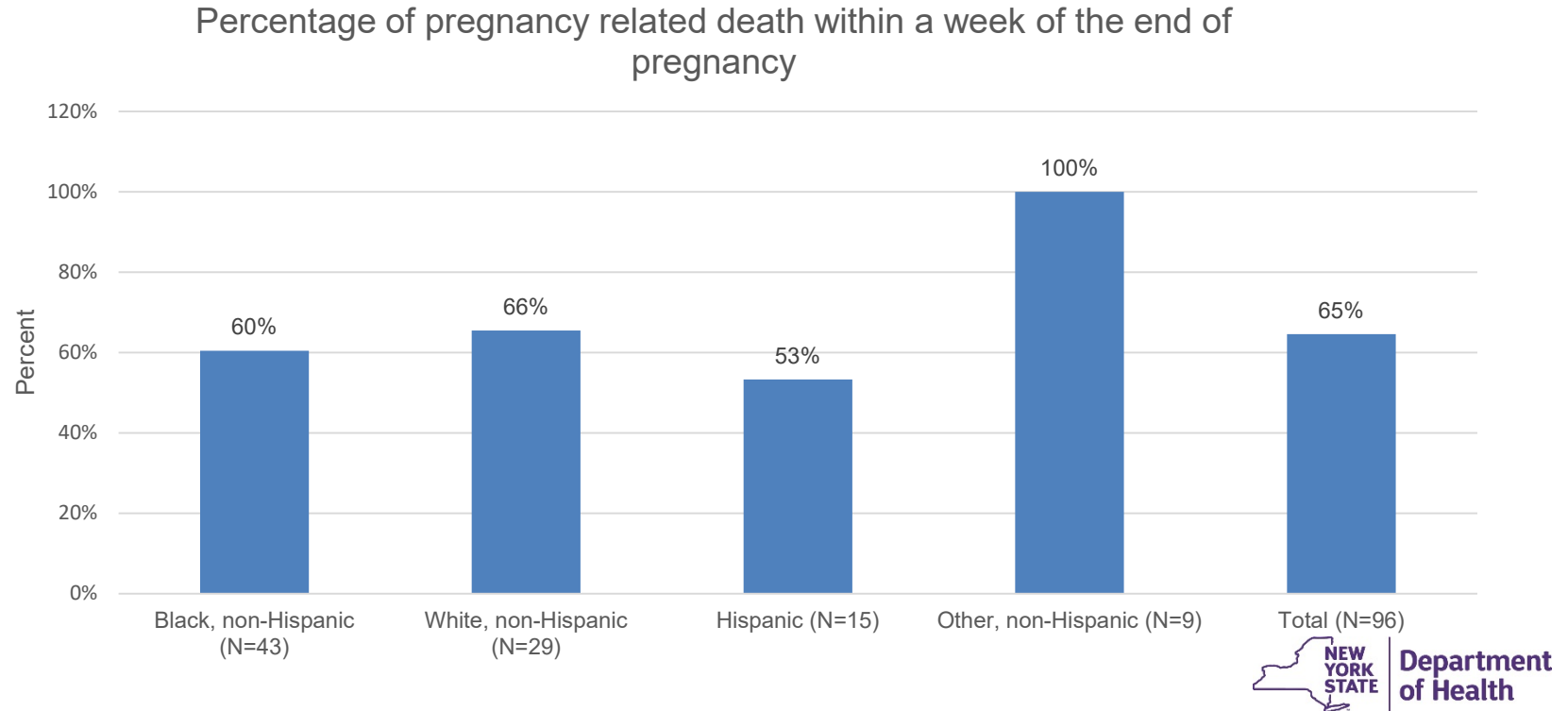
Pregnancy-Related Mortality Rate by Race/Ethnicity and Delivery Method*, 2012-2014



Data source: NYS Maternal Mortality Review and NYS Vital Statistics
Mortality Rate is death per 100,000 live births in 2012-2014

* : Due to the small number of cases in the cohort, rates may be unstable and must be cautiously interpreted.

Pregnancy-Related Death within a Week of the End of Pregnancy by Race/Ethnicity, 2012-2014



Data source: NYS Maternal Mortality Review

Top Six Causes of Death from Pregnancy-Related Deaths by Race/Ethnicity, 2012-2014

Cause of Death	Total (N =96)	White, Non- Hispanic (N =29)	Black, Non- Hispanic (N=43)	Hispanic (N=15)	Other, Non- Hispanic (N=9)
Embolism (not cerebral)	22(23%)	7(24%)	10(23%)	3(20%)	2(22%)
Hemorrhage	16(17%)	4(14%)	6(14%)	3(20%)	3(33%)
Infection	16(17%)	6(21%)	6(14%)	3(20%)	1(11%)
Cardiomyopathy	11(11%)	4(14%)	5(12%)	2(13%)	0(0%)
Cardiovascular problems	7(7%)	1(3%)	3(7%)	2(13%)	1(11%)
Hypertensive disorders	6(6%)	2(7%)	4(9%)	0(0%)	0(0%)

Data source: NYS Maternal Mortality Review



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Summary of findings in NYS

- Black women in NY have a 16% higher maternal mortality rate than in the US during 2014-2016.
- 2012-2014 MMR results showed Non-Hispanic Black women were 4.7 times more likely to die from pregnancy-related deaths compared to non-Hispanic White women.
- 2012-2014 MMR results showed that 64% of pregnancy-related deaths in NYS involved a C-section
 - Non-Hispanic Black women who had a C-section were 5 times more likely to die than Non-Hispanic White women who had a C-section.

Governor Cuomo's Comprehensive Initiative to Target Maternal Mortality and Reduce Racial Disparities

Governor Cuomo announced a comprehensive initiative to target maternal mortality and reduce racial disparities in health outcomes:

- Establish Taskforce on Maternal Mortality and Disparate Racial Outcomes
- Direct the Department to establish a Maternal Mortality Review Board
- Launch the Best Practice Summit with Hospitals and Obstetricians-Gynecologists
- Establish a Medicaid Doula Pilot
- Support CenteringPregnancy Demonstration Projects
- Require Continuing Medical Education and Curriculum Development
- Expand the New York State Perinatal Quality Collaborative
- Conduct Listening Sessions
- Promote Well Women Care

The NYS Taskforce on Maternal Mortality and Disparate Racial Outcomes

Key stakeholders came together to reduce maternal mortality and racial disparities:

- Convened by Secretary to the Governor, the Lieutenant Governor and the New York City Public Advocate
- Comprised of
 - Appointees from the NYS Senate and Assembly
 - Obstetricians, hospital representatives, doulas
 - Other stakeholders and members of the community

Goal:

- Promote equity in maternal health outcomes within at-risk populations in NYS to
 - Reduce racial disparities
 - Reduce preventable maternal mortality and morbidity
 - Provide recommendations to the Governor



The NYS Taskforce on Maternal Mortality and Disparate Racial Outcomes

Activities: Met three times between June and December 2018

- Heard from State and national experts on maternal mortality in the US and in NYS
- Discussed implicit bias and the impact of racism on black maternal health outcomes
- Taskforce members submitted proposals to the Governor on ways to reduce disparities and preventable maternal mortality and morbidity
- Taskforce members ranked the proposals and advanced with ten recommendations

Top 10 Taskforce Recommendations

1. Establish a Statewide Maternal Mortality Review Board (MMRB) in Statute
2. Establish a Pilot Grant Program for Hospitals to Administer Staff-Wide Training on Implicit Bias
3. Establish a Robust Data Repository and Develop a Perinatal Dashboard that includes Disparities
4. Provide Equitable Reimbursement to Midwives
5. Expand and Enhance Community Health Worker (CHW) Services in NYS
6. Create a SUNY Scholarship Program for Midwives to Address Needed Diversity
7. Create Competency-Based Curricula for Providers as well as Medical and Nursing Schools
8. Establish an Educational Loan Forgiveness Program for Obstetric Healthcare Providers that Represent Populations Disproportionately Impacted by Maternal Mortality and Morbidity
9. Convene a Statewide Expert Work Group to Optimize Postpartum Care in NYS
10. Promote Universal Birth Preparedness and Postpartum Continuity of Care for Women in Facilities Most Frequently Providing Maternal Care for Black Women

Updates on Governor Cuomo's Maternal Mortality Initiatives

The NYS Perinatal Quality Collaborative has expanded its focus to include obstetric hemorrhage, a leading cause of maternal morbidity and mortality statewide, through the NYS Obstetric Hemorrhage Project. Eighty-six birthing hospitals are participating with the NYSDOH on the project which seeks to translate evidence-based guidelines to clinical practice to reduce maternal mortality and morbidity.

Commissioner Dr. Howard Zucker sponsored seven community listening sessions across NYS - in Albany, Bronx, Brooklyn, Buffalo, Harlem, Queens and Syracuse. Participants included recently and currently pregnant women and families, the majority of whom were African-American. Common themes emerged which were incorporated into the taskforce's recommendations.

November 1, 2018 - ACOG District II, HANYS, and GNYHA jointly hosted a Symposium on Racial Disparities and Implicit Bias in Obstetrical Care at the New York State Health Foundation in NYC to identify concrete strategies to reduce racial disparities in health outcomes.

Updates on Governor Cuomo's Maternal Mortality Initiatives (Cont'd)

The SUNY Office of Academic Health and Hospital Affairs formed a workgroup of SUNY maternal fetal medicine experts that generated recommendations for undergraduate, graduate and continuing medical education curricula on maternal mortality/morbidity and disparate racial outcomes.

March 1, 2019 - the NYSDOH will launch a pilot expansion of NYS' Medicaid program to cover doula services beginning in Erie County and parts of Kings County. In early November 2018, the NYSDOH Office of Health Insurance Programs (OHIP) hosted a webinar to share information with the stakeholder community, including doulas, providers and managed care organizations, on the final details of the pilot program.

March 1, 2019 - the NYSDOH is planning to conduct a Medicaid managed care focused clinical study to evaluate the impact of the CenteringPregnancy model of prenatal care on improving birth outcomes.

Title V Maternal and Child Health Services Block Grant and Maternal, Infant and Early Childhood Home Visiting Needs Assessment Process

Maternal and Child Health Services Block Grant (Title V)

- New York applies for Title V funding annually; due July 15th
- July 15, 2019 is the 5th year of the five year application cycle
- July 15, 2020 starts the new five-year application cycle and requires a comprehensive needs assessment

Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program

- New York funds evidence-based home visiting programs through federal MIECHV funding.
- Currently supports 2 evidence-based models (Nurse Family Partnership and Healthy Families New York).
- MIECHV needs assessment will be conducted in collaboration with the Title V Needs Assessment
 - Must identify communities with concentration of risk
 - Must be completed by September 2020.

Population Domains	NYS MCHSBG Priorities 2016-20
Maternal & Women's Health	1. Reduce maternal mortality and morbidity
Perinatal & Infant Health	2. Reduce infant mortality and morbidity
Child Health	3. Support and enhance children's and adolescents' social-emotional development and relationships
Adolescent Health	
Children & Youth with Special Health Care Needs	4. Increase supports to address the special health care needs of children and youth
Cross Cutting or Life Course	5. Increase use of preventive health care services across the life course
	6. Promote oral health and reduce tooth decay across the life course
	7. Promote home and community environments that support health, safety, physical activity and healthy food choices
	8. Reduce racial, ethnic, economic and geographic disparities and promote health equity for MCH population



Population Health Domains

Equity & Life Course

Maternal &
Women's
Health

Perinatal &
Infant Health

Child Health

Adolescent
Health

Children & Youth with
Special Health Care Needs

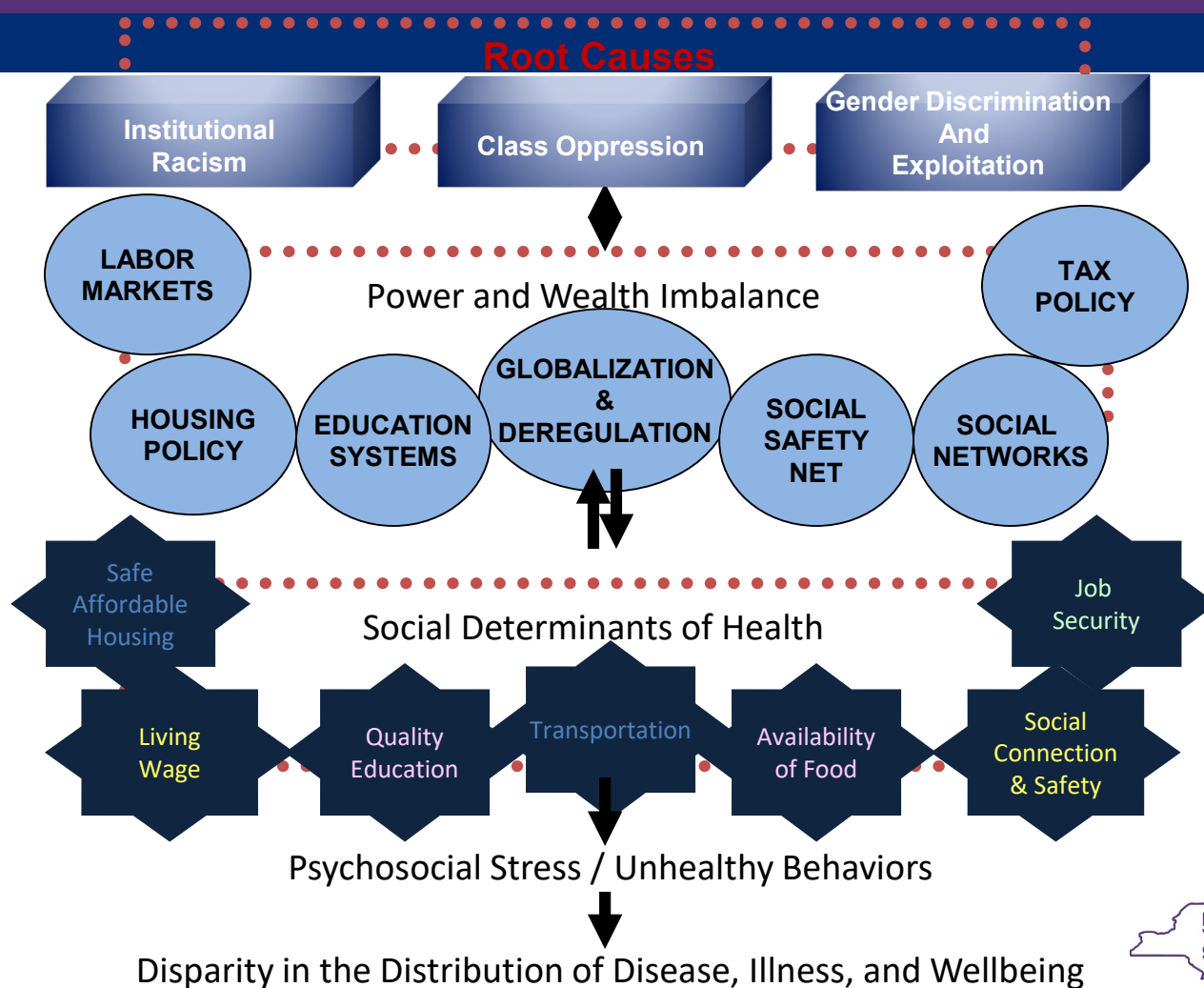


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Improving Health Outcomes through MCHSBG State Action Plan and MIECHV

To improve health outcomes and promote equity, actions must:

- Address social determinants of health
- Maximize impact with evidence based interventions
- Strengthen collaboration across health and non-health agencies, between state and local agencies, among counties, cities and towns, and between public and private organizations



Adapted from R. Hofrichter, *Tackling Health Inequities Through Public Health Practice*.





Housing



Childcare




Medical
Care




Healthy
Food






Jobs



Clean Air




Parks and
Activities

We each
have a role




Policy
Makers




Education



Economic
Justice



Preschool



Safe
Neighbor-
hoods



Residents





Transport
ation

Needs Assessment Next Steps

- Solicit volunteers interested in serving on the MCH – MIECHV Stakeholder Workgroup
 - Ensure committee is broadly representative of groups and demonstrate wide geographic distribution
 - All organizations that serve as members must:
 - Commit to supporting at least one consumer to serve with them on the committee to provide insight into MCH needs.
 - Identify constituencies they will represent.

Timeline for Comprehensive Needs Assessments

June 2019

- In-person Kick-off meeting with full Stakeholder Workgroup
- Workgroup members will bring at least one consumer to participate
- Review and discuss information gathering and establish a framework for community input

July 2019-September 2019

- Workgroup members meet with their constituents to obtain input on needs of the community
- Workgroup members will summarize feedback into single document/reporting template
- Already established meetings will be used where possible

October 2019-December 2019

- In-person meeting with Stakeholder Workgroup with possible remote location sites
- Review and synthesize input received
- Draft preliminary needs assessment based upon findings
- Develop preliminary recommendations



Questions

- To express interest in participating on the Steering Committee, send a note to mch-miechv@health.ny.gov

Questions & Discussion