



## STATEMENT OF POLICY

### Preventing Pregnancy-Related Mortality

**Mission:** The mission of NYSPHA is to promote and protect the public's health through professional development, networking, advocacy, and education.

**Vision:** Strengthening public health and taking action to make New York the healthiest state.

#### **Problem Statement:**

Motherhood can be a positive and fulfilling experience for many people, but not everyone has the same experience or the resources or access to quality prenatal, intrapartum, and postpartum care to assist them throughout their pregnancy and delivery. In the United States, over 700 pregnant people die each year due to complications related to pregnancy or delivery; most of these deaths can be prevented.

Prenatal care during pregnancy and health care during childbirth can reduce complications, help to foster a healthier birth experience, and increase positive birth outcomes for newborns. Complications related to pregnancy and delivery can be reduced. These include low birth weight, neural tube defects pregnancy-related morbidity and mortality, and other potential chronic concerns such as infections, blood clots, postpartum depression (PPD), and postpartum hemorrhage (PPH), which all have the potential to be life-threatening. Pregnancy-related mortality affects all fifty states, age groups, and racial and ethnic backgrounds. Since 2018, New York has ranked 30<sup>th</sup> in the nation in pregnancy-related mortality.

Pregnancy-related mortality disparities exist among mothers of different racial and ethnic backgrounds, income, and educational levels as well as geographic locations (urban/rural). In New York State, pregnancy-related mortality needs to be addressed to lower the mortality rate during pregnancy, childbirth, and the postpartum period.

#### **Policy Statement:**

Pregnancy-related mortality impacts all 50 states, including New York and New York City. Most pregnancy-related deaths can be prevented with comprehensive prenatal, intrapartum, and postnatal care. NYSPHA encourages its members and its partners in the health care and public health systems to act in collaboration to address the underlying causes of pregnancy-related mortality and other poor birth outcomes.

NYSPHA recommends specifically:

1. Promote the health and well-being of pregnant people by improving their health and access to care through pre-conception care, intrapartum, and postpartum care. Continued care through early prenatal care, intrapartum and postpartum care to take preventive measures and to manage potential problems during and after pregnancy including decreasing the rate of unintended pregnancies, increasing optimal spacing of pregnancies, decreasing the prevalence and morbidity of sexually transmitted diseases, and improving family planning services to people of reproductive age.
2. Support equitable access and address systemic racism in access to maternal primary health care providers which includes mental health and social service professionals. Increase coverage of telehealth services for reproductive and maternal health. Increase access to substance use services to promote healthier pregnancies and decrease adverse health outcomes such as stillbirth, low birth weight, preterm birth, neonatal birth, congenital abnormalities, and other life-threatening complications.
3. Increase funding for prenatal care including community outreach for Federally Funded Qualified Health Centers (FQHC) and other safety net providers, and including providers such as doulas, community health workers, nurse-family partnerships, and others who provide care to poor and disadvantaged populations to improve health outcomes
4. Increase support for direct maternal and child health community interventions such as the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) to increase the availability and benefits of the program and decrease the impact of food deserts/swamps on NYS families
5. Increase academic funding and support for education throughout the medical field on ethnic and racial disparities including education about systemic racism and implicit bias in health care settings providing maternal care.
6. Support CDC's campaign "Hear Her" which supports efforts to prevent pregnancy-related deaths by sharing information on warning signs and complications of pregnancy and prioritizing mothers' voices in the postpartum phase.
7. Support outreach, education, and training for health care professionals to better understand the cultural and societal aspects of why mothers may be hesitant for prenatal and maternal care.

### **Justification**

According to the World Health Organization, in 2017, about 295,000 people worldwide died from causes relating to pregnancy and childbirth most of which were preventable. Of all pregnancy-related deaths, 94% occur in low and lower-middle-income countries with a mortality rate averaging 462 per 100,000 live births when compared to 11 per 100,000 live births in high-income countries per year. Most deaths could be prevented, and complications managed if pregnant people had access to high-quality care during pregnancy, delivery, and after childbirth. Complications that account for a higher mortality rate are severe bleeding, infections, high blood pressure, complications from delivery, and unsafe abortions. The factors that deter seeking health care during pregnancy include but are not limited to poverty, distance to a health care provider or clinic, education, poor quality of health care, and cultural beliefs and practices. To address pregnancy-related mortality, the Sustainable Development Goals 2030 have included a target to reduce "maternal mortality globally to less than 70 per 100,000 live births with no

country having a maternal mortality rate of more than twice the global average.” (World Health Organization, 2019).

According to the Center for Disease Control and Prevention, a pregnancy-related death is classified as death 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 psychological effects of pregnancy (Centers for Disease Control and Prevention, 2021). Postpartum complications can lead to chronic health conditions such as diabetes, heart disease, mental illness, and scar tissue pain (National Public Radio, 2019).

In the United States, in 2019, there were 754 pregnancy-related deaths, which was a significant increase from the 2018 statistic (658 deaths). There are significant disparities in race and ethnicity in the United States. In 2019, the pregnancy-related mortality rate for non-Hispanic Blacks was 2.5 times higher than the rate for non-Hispanic Whites and Hispanics. For Black over 30, the pregnancy-related mortality rate is four to five times higher than for whites, and for blacks, with at least a college degree, the rate is five times higher when compared to whites of the same educational level. The rate of pregnancy-related death for those over age 40 years is six times higher than the rate for those under 25 years (CDC, 2021).

The United States has the highest pregnancy-related mortality rate of any developed country and is the only country to see the mortality rates rising. Recent data shows the pregnancy-related mortality rate in New York at 19.2 per 100,000 live births per year, which is higher than 24 other states (World Population Review, 2022). The pregnancy-related mortality rate in New York State is almost 1.7 times higher than the rate of the Healthy People 2020 target, which is 11.4 deaths per 100,000 live births (Office of Disease Prevention and Health Promotion, 2022).

In 2018, New York ranked 30<sup>th</sup> in the nation in its pregnancy-related mortality rate according to America’s Health Rankings (New York State Department of Health, 2018). In New York, non-Hispanic Blacks were 3.3 times more likely to die than non-Hispanic Whites during childbirth (42.8 deaths per 100,000 live births vs. 13.0 deaths per 100,000 live births) (Thompson, 2022). Serious pregnancy-related health complications can occur and in 2018 alone, nearly 6000 pregnant people in New York State experienced these complications. Significant racial and ethnic disparities persist and can be noticed in the numbers affected by severe pregnancy-related morbidity. In 2018, New York City’s rate of severe pregnancy-related morbidity or complications during delivery was 2.3 times higher for Blacks when compared to Whites. When comparing regions of New York State, NYC’s rate of complications was more than 3.5 times higher than the Finger Lakes region with the lowest rate (NYS Health Foundation, 2020).

In New York State, there are maternity care deserts, which are defined as counties without a hospital or birth center offering obstetric care and without any obstetric care providers (March of Dimes, 2022). In New York, 3.3% of counties are maternity care deserts and 11.5% of counties have low or moderate, but not full, access to maternity care with nearly 84,597 people being impacted. In New York State, the WIC Program provides free healthy food and services to low-income pregnant people and their children. The program also offers nutrition counseling, breastfeeding support, health education, and referrals to other programs and services that can help to bridge the gaps in maternity care deserts (NYC Mayor’s Office for Economic Opportunity, 2022).

In April 2022, the New York State Department of Health, announced an increase in \$20 million in annual funds to expand access to pre and post-natal care and extend post-partum coverage for all for Medicaid-eligible people to one year after delivery (New York State Department of Health, 2022).

Pregnancy-related mortality is a public health concern. Understanding and addressing the reasons will result in a decrease in deaths. The US ratio of pregnancy-related deaths is higher when compared to similar countries and significant racial disparities remain. Many areas contributing to pregnancy-related mortality can be prevented and addressing these issues is key to reducing pregnancy-related mortality and morbidity.

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**Record of Action:**

5/11/2022 – Adopted by the NYSPHA Policy and Advocacy Committee (PAC)

5/25/2022 – Approved by NYSPHA Board of Directors