



Testimony
of
Deborah Kaplan, DrPH, MPH, R-PA
Assistant Commissioner, Bureau of Maternal, Infant and Reproductive Health
New York City Department of Health and Mental Hygiene
before the
New York City Council Committee on Health
on
Examining Women's Preconception Care and Health Outcomes for Moms

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250 Broadway, 14th Floor Committee Room

Good afternoon, Chairperson Arroyo and members of the New York City Council Committee on Health. I am Dr. Deborah Kaplan, Assistant Commissioner of the Bureau of Maternal, Infant and Reproductive Health at the New York City Department of Health and Mental Hygiene. I am joined by Dr. Lorraine Boyd, the Bureau's Medical Director, and Dr. Tamisha Johnson, our Maternal Health Projects Coordinator. Thank you for the opportunity to submit testimony on the subject of Women's Preconception Care and Health Outcomes for Moms. Although this topic is somewhat broad, I'd like to spend my time today focusing on maternal morbidity and mortality, and, in particular, the reasons for racial disparities in maternal morbidity and mortality rates. This is a very important issue to the Department and we are pursuing a number of initiatives to help address it, which I will also be discussing today.

Maternal mortality is internationally recognized as an indicator of a community's health and the Department has, for decades, routinely reported the City's maternal mortality rates. From our most recent data, which includes surveillance through 2011, we know that, tragically, approximately 30 women die in New York City annually from conditions which were either caused or exacerbated by pregnancy, a rate that has been consistent for the past two decades. From this surveillance we also know that black women are three times more likely to die from conditions related to childbirth than non-Hispanic white women. This disparity is consistent with nationwide trends. To supplement this data, we conducted in-depth reviews of maternal deaths from 2001-2005 using an even broader definition of maternal death. The results from our review of these maternal deaths were published in the Department's report on pregnancy-associated mortality in the City. The leading causes of maternal mortality identified in this report included post-partum hemorrhage, embolism, and pregnancy-induced hypertension. As you are aware, the report also noted significant racial disparities in maternal deaths.

Another finding highlighted in the Department's report was the high prevalence of pre-existing chronic diseases among women who experienced a maternal death. Among the cases reviewed, 56% of all women who had a pregnancy-related death had a chronic health condition prior to becoming pregnant. These conditions included chronic hypertension, asthma, and cardiac disorders, among many others. Additionally, almost half of the women who suffered a pregnancy-related death were classified as being obese.

We know from survey data that more than one-third (37%) of New York City women are overweight or obese before pregnancy and 2% have pre-existing diabetes. Compared to non-Hispanic white women, non-Hispanic black women are two times more likely to be overweight or obese and to have diabetes prior to pregnancy. Additionally, non-Hispanic black and Hispanic women are also less likely to have accessed preventive health services. There are similar disparities by insurance status; for instance, women with no insurance or those on Medicaid are less likely to access preventive health services prior to pregnancy compared to women with non-Medicaid insurance.

We also know that among women 25-44 years of age in New York City, many of whom will go on to become pregnant and give birth, 12% have had hypertension, 13% have high cholesterol, and 6% currently have asthma. These factors, along with overweight and obesity, are risk factors for adverse pregnancy outcomes including maternal mortality and, not surprisingly, there are racial and ethnic disparities in many of these indicators. Obesity can directly impact pregnancy-related illnesses such as pregnancy-induced hypertension, pre-eclampsia/eclampsia, and/or gestational diabetes, even in women who are otherwise well. Research indicates that these conditions can also impact birth outcomes for the child, such as preterm delivery and birth defects.

Our Department carefully monitors and seeks to prevent maternal deaths. For instance, in response to the number of maternal deaths due to post-partum hemorrhage - a condition which in many cases may be survivable with timely and appropriate clinical interventions - the Department, in collaboration with the New York State Department of Health and the American Congress of Obstetricians and Gynecologists, issued a health alert letter for clinicians caring for maternity patients, encouraging them to ensure that effective drills were in place to manage postpartum hemorrhage. The letter was followed in subsequent years with the development of a hemorrhage poster with clinical management guidelines to be displayed on labor and delivery wards, and a set of educational slides with information on obstetric hemorrhage management which was distributed to maternal health providers. We plan to assess how effective this outreach has been in preventing maternal deaths due to hemorrhage.

Other educational efforts to address maternal mortality include presenting our data and guidance at meetings hosted by the American Congress of Obstetricians and Gynecologists and the New York Academy of Medicine. These sessions were attended by New York City-based

obstetricians, researchers, midwives, nurses and other health care providers, including staff from HHC hospitals.

In 2009, the New York State Department of Health announced the formation of a Maternal Mortality Review Committee to assume responsibility for reviewing all cases of maternal deaths in New York and develop guidelines and interventions to prevent maternal deaths. Staff from our Department sit on this committee, ensuring that concerns specific to New York City are addressed. Recently, our Department's staff on the committee helped prepare a guidance document on the management of hypertensive conditions in pregnancy for obstetric care providers. That document was released in May of this year.

In developed nations, a more accurate picture of maternal health may be gleaned from studying severe maternal morbidity, as opposed to just maternal mortality. Severe maternal morbidity includes complications during labor and delivery, for example, a ruptured uterus or an unplanned hysterectomy. Cases of severe maternal morbidity are approximately 100 times more common than maternal death. From national studies we know that the incidence of such cases is rising and that this is likely due in part to the rising chronic disease burden among the reproductive age population. Consequently, the Department is planning to examine hospitalization data to better understand non-fatal, severe, adverse clinical events which occur during hospitalization for infant delivery. We believe it will help us better understand the factors that place women at risk of serious pregnancy complications and the factors associated with racial and ethnic disparities. This data will be disseminated widely and used to inform program and policy recommendations to reduce negative pregnancy outcomes.

Both the Centers for Disease Control and Prevention and the American Congress of Obstetricians and Gynecologists acknowledge the importance of preconception health and health care in reducing the risk of adverse pregnancy outcomes by working to optimize a woman's health *prior* to her conceiving a pregnancy. Improving the preconception health and medical care of women is directly related to improving the primary care system generally and, to this end, the Department works with clinicians and other providers to improve the quality of preventive health care for all New Yorkers. Through the Department's Primary Care Information Project, known as PCIP, we work with over 3,000 providers, serving more than 3 million patients, to improve the quality of the primary care they provide. PCIP focuses on treatment of common medical

conditions that can adversely affect pregnancy, such as hypertension and diabetes, and has demonstrated that it can improve treatment of those conditions.

In addition, the Department's efforts to broaden health care access among vulnerable populations will undoubtedly allow more women of reproductive age to obtain primary care coverage, enabling them to obtain proper screening/risk assessment, early diagnosis and adequate management of chronic health conditions before they become pregnant. The Department recently developed a fact card for use in health centers and other community based settings, to raise awareness of the connection between women's overall health and having a healthy pregnancy. This card is available in multiple languages and can be obtained online or by contacting the Department.

Finally, current Department initiatives which encourage New Yorkers to consume a healthy diet, engage in regular physical activity, maintain a healthy weight, and quit smoking are also well in line with the goal of optimizing women's preconception health. Many of the Department's initiatives in these areas, including the Shop Healthy, Green Carts, and Stellar Farmer's Markets programs, are focused on communities that have high rates of many of the chronic diseases that can contribute to negative maternal health outcomes.

In its Healthy People 2020 objectives, the United States Department of Health and Human Services set as a goal a 10% reduction in both maternal mortality and in maternal illness and pregnancy complications. As it becomes increasingly clear that a woman's health prior to conception can greatly affect her pregnancy outcomes, the need to focus on preconception care and, even more generally, on women's health as a whole is of the utmost importance if we are to meet these goals as a city and a nation. Making certain these efforts are appropriately targeted to ensure that we not only reduce the rates of maternal mortality and morbidity, but that we also reduce racial disparities in these rates, is equally important.

Thank you again for the opportunity to submit testimony. We are happy to answer any questions.

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