



THE CITY OF NEW YORK

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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Testimony
of
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and
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Good morning Chairperson Rivera and Chairperson Sears and members of the Health and Women's Issues Committees. My name is Deborah Kaplan and I am the Assistant Commissioner of the Bureau of Maternal, Infant, and Reproductive Health at the Department of Health and Mental Hygiene (DOHMH). On behalf of the Department, I would like to thank you for the opportunity to provide testimony today regarding maternal and newborn health in New York City, as well as on Intro. 575, the proposed amendment to the administrative code to require that DOHMH to post certain maternity information on its website.

There has been progress in improving maternal and infant health in New York City. In 2006, NYC's overall infant mortality rate reached an all time low at 5.9 deaths per 1000 live births. With support from HHC, we made important strides in implementing policies to promote breastfeeding in hospitals and the workplace policies and expanding programs aimed at pregnant women and newborns, such as the Nurse-Family Partnership.

However, many challenges remain. Black infants continue to be twice as likely as white infants to die in the first year of life. And, though maternal deaths are rare, black women are four times more likely to die of a pregnancy related cause than white women. And even as breastfeeding is known to offer many health benefits for mothers and babies, too few women who initiate breastfeeding continue to breastfeed exclusively for the recommended duration. While the teen pregnancy rate in NYC has declined, it remains much higher than the national average. There are approximately 25,000 teen pregnancies in New York City each year, with about 60 percent of these ending in induced abortion. Many NYC teens do not have information about or access to confidential reproductive health services. Continued coordinated efforts on many levels will be needed to successfully address these issues.

The Department is focusing on three key areas: infant and maternal mortality, breastfeeding promotion, and teen pregnancy, prevention targeting communities with highest infant mortality and teen pregnancy rates. I will now describe highlights of this work.

Nurse-Family Partnership (NFP) is a home visiting program that improves the health, well-being, and self-sufficiency of low-income, first-time parents and their children. Paired with Registered Nurses, young mothers are provided with health counseling, education and mentoring through regularly-scheduled home visits that begin during their pregnancy and continue until the child's second birthday. The program has been proven to improve maternal and child health and social outcomes, including reducing childhood injuries and abuse, reducing subsequent pregnancies and increasing intervals between births, increasing maternal employment and improving children's school readiness. The parents are taught how to provide a nurturing and safe home environment and plan a vision for their future.

The Department has expanded NFP three-fold in the past year, and has now served more than 1000 women since it's inception in 2003. HHC is one of our partners in this effort. With the Administration for Children's Services and the Department of Homeless Services, the Department offers NFP to the most challenged populations in New York City, including teens in foster care as well as teens and women in homeless shelters and who are detained at Rikers Island. Five new NFP sites were opened this fiscal year, placing NFP in all 5 boroughs with the

capacity to serve 2600 families. It is the Department's goal to eventually make NFP available to all low-income, first time mothers and families in New York City.

In addition to NFP, the Newborn Home Visiting Program (NHVP) offers a home visit to the families of all newborns in North and Central Brooklyn and in East and Central Harlem, and to all first-time parents in the South Bronx. During these visits, health workers educate mothers on topics such as breastfeeding, safe-sleep practices, smoking cessation, and health insurance access. The health worker also assesses potential health and social problems, as well as potential home environmental hazards, such as peeling paint and lack of window guards. In 2007, the Program made successful visits to almost 5,000 families. Through NHVP and NFP, staff also provides safe-sleep education that incorporates the traditional *Back to Sleep* Campaign messages to help reduce the risk of deaths due to Sudden Infant Death Syndrome (SIDS), and addresses specific risks associated with bed-sharing. Following education, parents who do not have a safe place for their baby to sleep receive a voucher for a portable crib, two sheets, a sleep sack, and netting through the Cribs for Kids program, a national safe-sleep education program for low-income families that aims to prevent injury and sleep-related infant deaths. Since its implementation last May, the Cribs for Kids program has distributed over 500 cribs.

The Infant Mortality Reduction Initiative (IMRI) funded by the NY City Council for the past six years supports community-based organizations. These organizations work with target populations in communities with the poorest health outcomes for infants and mothers. The Department works to increase the efficiency and coordination of these infant mortality reduction activities.

The Department works to address the issues of maternal morbidity and mortality (pregnancy-related illness and death) by reviewing data on all maternal deaths. The Department is also responsible for convening the Maternal Mortality Review Committee, a multidisciplinary team of leading obstetrical care providers, and representatives from New York State Department of Health and the American College of Obstetricians and Gynecologists. This information is used to identify leading causes of maternal mortality and to develop programs and policy interventions that will lead to better pregnancy outcomes and reduced maternal mortality. One result of this effort was the identification of hemorrhage, a complication that is usually preventable, as a leading cause of death. This resulted in issuance of a health alert by the Commissioner, development of improved hospital protocols, and provider education on reducing this risk.

The Department also provides support to new mothers through its Breastfeeding Initiative. While breastfeeding is known to offer many health benefits for mothers and babies, and 84% of NYC mothers initiate breastfeeding, only 61% of women breastfeed for 8 weeks or more after the baby is born, and only 26% exclusively breastfeed- which means breast milk *only* with no supplements- for 8 weeks or more. The goal of the Initiative is to increase initiation, duration, and exclusivity of breastfeeding until the infant is at least six months old, as recommended by the American Academy of Pediatrics. We have partnered with HHC to launch a major Breastmilk Friendly Hospital Initiative at their 11 hospitals, which HHC discussed in their testimony.

Teen mothers are at greater risk for poor pregnancy-related health outcomes, poverty and limited educational attainment. Infants born to teenage mothers are at greater risk of premature birth, low birth weight and child abuse. As such, DOHMH's multi-pronged effort to reduce infant mortality also encompasses teen pregnancy prevention. The Department's teen pregnancy prevention activities are guided by two principles, which are not mutually exclusive: choosing not to have sex is the surest way for teens to avoid getting pregnant or getting a sexually transmitted infection (STI); and teens who have sex should use condoms and another form of birth control to prevent pregnancy and sexually transmitted infections, including HIV. The teen pregnancy reduction objectives are to delay teens' initiation of sexual activity, increase contraceptive use among sexually active teens, reduce multiple partners among sexually active teens, and make reproductive health services more accessible for teens. DOHMH established the Healthy Teens Initiative to increase the capacity of health care providers to deliver accessible, comprehensive sexual and reproductive health care. In the South Bronx, where teen pregnancy rates are the highest in the city with 124 pregnancies per 1000 teens aged 15-19 in 2005, compared to the NYC average of 91 per 1000 teens, teen pregnancy prevention is a high priority effort. Fifteen partnering organizations have made a commitment to ensure confidential health services for teens, and to remove barriers to teens' use of reproductive health services. The Initiative supplies partners with tools, resources, training and technical assistance on serving adolescents, focusing on the provision of confidential services and elimination of financial barriers.

The Department also increased its pregnancy prevention efforts in schools. In collaboration with the New York State Department of Health, we introduced a reproductive health initiative to provide training and technical assistance to provide reproductive health services at high school School-Based Health Centers. We also recognize that sex education is an integral part of teen pregnancy prevention. That is why the Department has partnered with the Department of Education to pilot sex education at 10 Bronx schools—six high schools and four middle schools—this spring. Results from the pilot will help inform DOE's implementation of sex education at public middle and high schools throughout the City.

Let me now turn my attention to Intro. 575. The legislation would require DOHMH to disseminate and place on its website certain information mandated by the Maternity Information Act of 1989. In addition, the bill would require DOHMH to annually publish a pamphlet that defines maternity-related procedures, and to provide annual data on the number and proportion of these procedures that take place at the City's hospital and birth centers. While the Department supports increasing expectant mothers' accessibility to information and education, including information on maternity-related procedures, a mandate requiring the Department to distribute readily available, duplicative information would require us to use resources that would be better spent supporting and expanding existing evidence-based maternal and infant services that directly impact health outcomes. The Department opposes this bill for several reasons.

First, this is a duplicative service. The New York State Department of Health website currently has a database and website tool that enables the public to view data on maternity-related procedures by hospital and to compare hospitals by maternity-related procedures (<http://hospitals.nyhealth.gov/>). In addition, New York State Public Health Law Section 2803-j

already requires the State Department of Health and hospitals to design this very pamphlet and individual hospitals to publish this same information.

Second, while the Department believes it is important for pregnant women to have access to information that will allow them to make an informed choice regarding their provider and hospital, this information can be easily misinterpreted. There is often great variability among providers, and hospitals have been designated by the level of care they can provide, from Level 1-4, so that some hospitals treat higher risk pregnant women and infants, and complication rates are directly related to the level of care they provide. Finally, Intro. 575 states the Commissioner of Health may require that hospitals or birth centers submit to the Department the statistical information compiled by the New York State Health Commissioner pursuant to Public Health Law Section 2803-j. However, pursuant to New York State law, New York City would be preempted from imposing such requirements on most hospitals in New York City.

Despite progress, unacceptable maternal and infant health disparities persist. Reducing and eliminating disparities in maternal and infant health requires a coordinated, multi-faceted effort. If we are successful in scaling up and sustaining evidence-based programs such as the Nurse-Family Partnership and the Healthy Teens Initiative, and other activities described earlier in the testimony, the Department expects to make significant progress in improving maternal and infant health.

Thank you again for inviting me to testify on this very important issue. We look forward to continuing our partnership with the Council in support of maternal and infant health.

I'm happy to answer your questions at this time.