



Testimony

Of

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before the

New York City Council Committee on Health
and the Committee on Women's Issues

regarding

Providing Alternative Birthing Options for All Women in New York City

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Good morning Chairperson Arroyo and Chairperson Ferreras 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 infant health in New York City and alternative birth options.

I will begin my talk with an overview of maternal and infant health in New York City and the efforts of the Health Department to ensure the health of mothers and their infants, and to reduce persistent economic, racial and ethnic disparities in health.

There has been progress in improving maternal and infant health in the five boroughs. Since 2000, the infant mortality rate has declined by 20.9%, from 6.7 deaths per 1,000 live births to 5.3 deaths per 1,000 live births in 2009. However, in spite of this success, there are still significant race/ethnic disparities, with black infants three times and Hispanic infants 1½ times more likely to die in the first year of life than white infants.

The Department also routinely tracks maternal deaths and reports them as a ratio of the number of maternal deaths per 100,000 live births. The maternal mortality ratio in New York City has not declined over the past 20 years. To gain a better understanding of the causes of maternal deaths, we recently completed and released a report about a more in-depth study of pregnancy-associated deaths which occurred in the City between 2001-2005. The study found a racial disparity among pregnancy-related deaths, with Black women dying at rates that were seven times that of White women in New York City. Other findings included a high rate of chronic disorders (56%) and obesity (49%) among those who died from pregnancy-related causes, and pregnancy-related mortality ratios that were 2.5 times as high for women over age 40 than for younger women.

The Department strives to better understand and reduce maternal morbidity and mortality by carefully reviewing all NYC maternal deaths. These reviews of every maternal death include information from death certificates, hospital discharge and other medical records and reports from the Medical Examiner. 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. The information derived from these reviews and meetings 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. Through this process, for example, we identified maternal hemorrhage as a leading preventable cause of death. This finding led to the DOHMH, jointly with NYSDOH and the American College of Obstetricians and Gynecologists (ACOG), to issue a Health Alert on Maternal Hemorrhage in 2004, and the development of a hospital-based educational campaign to raise awareness of the problem and train providers to treat it. We have also identified women's health before pregnancy as a critical factor affecting maternal and infant outcomes. To ensure that women of child bearing age are as healthy as possible, the Department works with health care providers, hospitals and community-based organizations to increase women's access to primary

care services, and to create healthier communities with increased access to healthy foods and physical activity.

The Department has undertaken several key activities to improve the health of women and infants which include breastfeeding support programs, the Infant Mortality Reduction Initiative and the Nurse Family Partnership.

As you may know, breastfeeding, in particular exclusive breastfeeding for at least six months, provides multiple short- and long-term health benefits for mothers and infants. And while 86% of New York City mothers initiate breastfeeding, over half stop exclusively breastfeeding in less than one week, and only about one in three women breastfeed exclusively for eight or more weeks. Our partnership with HHC led Harlem Hospital to become the first Baby Friendly Hospital in New York City – a designation that signifies a hospital that has implemented 10 key steps to support breastfeeding. We continue to build on this work with hospitals in all five boroughs to help them to establish policies and procedures that support breastfeeding women.

The Infant Mortality Reduction Initiative (IMRI) has been funded by the City Council for the past 10 years, and I want to thank you for this critical support. This initiative supports efforts by community-based organizations (CBOs) and the Bureau to work with target populations in communities with the poorest health outcomes for infants and mothers. Activities include health education training, preconception and interconception care, case management services and targeted outreach to women at high-risk for adverse pregnancy outcomes, and peer education for pregnant and postpartum women.

The New York City 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. Young first time mothers are paired with public health nurses who provide health counseling, education and mentoring through regularly-scheduled home visits that begin during their pregnancy and continue until the child's second birthday. Since its inception in New York City in 2003, NFP has served more than 6,000 women and families. With over 2300 current, active enrollees, New York City has the largest urban NFP site in the country.

Let me turn my attention to birthing options in New York City. Women here can decide to deliver in a hospital or hospital-affiliated birthing center, a free standing birthing center, or at home. They can choose to have a doctor or a licensed midwife deliver their infant. Women may also opt to have a doula, which is a professional birth coach, provide support during labor, delivery and the postpartum period. It is important to note that certain options may not be possible for all women. Delivery options are usually dependent on an expectant mother's state of health and the level of risk associated with her pregnancy.

In 2008, the majority of births in New York City occurred in voluntary hospitals (81%), 18% in municipal hospitals, less than 1% in free standing birthing centers, and less than 1% at home. The majority of births were attended by a physician (91%), about 9% by a Certified Nurse Midwife, and less than 1% by an EMS worker or lay person.

As is the case with all health decisions, the location and type of delivery that an expectant mother intends to have is a decision that she must make with her prenatal care provider after being informed of the risks and benefits that are associated with each type of birthing option. Pregnant mothers should be aware of the types of birthing options that are available through a given provider at the start of their care. Alternatively, they should feel free to seek out providers that offer the type of options for which they are eligible given their level of pregnancy risk (i.e. seeking out midwifery care rather than the care of an obstetrician for a low-risk pregnancy).

There has been increasing local and national attention to the high rates of births delivered by cesarean section in the US. Both nationally and in New York City, C-section rates have been increasing. In the five boroughs, the C-section rate rose from 22.4% of all births in 1998 to 31.8% in 2007, a 42.0% increase. Nationally, C-section deliveries rose 50.0% during the same time period, from 21.2 in 1998 to 31.8% in 2007.

A preliminary analysis of C-section deliveries in New York City showed that rates are higher in Black women, women who gave birth in voluntary hospitals (non-HHC), women with a pre-pregnancy weight greater than 175 pounds, and women with third-party insurance including managed care organizations. New York City birth certificate data show that Cesarean rates are increasing across all types of births - all racial/ethnic groups, maternal age categories, and gestational ages. Additionally, there has been an increase in the proportion of low-risk women who are delivered by C-section in New York City.

Nationally there has been increased attention as to whether women with one previous C-section should be allowed or encouraged to try to deliver a subsequent pregnancy vaginally, which is known as VBAC or vaginal birth after cesarean. In March 2010, the National Institutes of Health (NIH) held a consensus development conference to review available data on VBACs. A statement was issued following this conference which concluded that for many women with one prior (low transverse) Cesarean section, a trial of labor – in other words, a vaginal birth -- is a reasonable option. The statement also emphasized the need for providers to explain to expectant mothers the risks and benefits so they can make informed decisions regarding their birth options. Last month, the American College of Obstetrics and Gynecology (ACOG) also issued revised clinical management guidelines for VBACs. It also offers guidance regarding the factors which will influence the probability of a successful trial of labor after previous cesarean delivery and for the management of these patients during labor and delivery.

New York City data show that the percent of women with previous cesarean deliveries who subsequently delivered vaginally fell from 28.5% in 1998 to 11.8% in 2007. It remains to be seen if the recent NIH findings and ACOG guidelines will positively affect the rate of VBACs nationally and in NYC.

DOHMH wants women to be aware of all available birthing options and encourages discussion between expectant mothers and their healthcare providers to determine the option that is best suited for each pregnant patient. We at the DOHMH remain committed to protecting the health and safety of NYC women and their babies through our partnerships with medical providers, professional associations, public health experts, community-based organizations and elected officials.

Thank you again for inviting me to testify on these important issues. 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.