



Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

LISA J. PINO, M.A., J.D.
Executive Deputy Commissioner

December 8, 2020

Dear Colleague:

The significant social and cultural changes New York State (NYS) has experienced over the past several months have highlighted different public health issues. Perhaps none more so than the devastating impact systemic racism has on the lives and health of Black people across the country and state. While many sectors of society and government are just beginning to understand this issue, public health has been at the forefront of acknowledging and understanding how systemic racism manifests in health inequities that adversely impact Black people. Of all the areas where Black people are subjected to disproportionately poor health outcomes, none may be starker and more devastating than the significant disparities Black birthing people experience in maternal mortality.

Among the many measures that help us to understand the overall health of a society, maternal mortality is often viewed as the most critical indicator. While much of the developed world has seen steady improvements in maternal mortality over the last twenty years, the United States continues to lag behind. With rates of maternal death significantly higher than many of our usual counterparts, the U.S. is one of the few developed nations to actually see an increase in rates of maternal mortality in the last two decades. While this increase has impacted women of all racial/ethnic, economic, and geographic backgrounds, no group has fared worse than Black birthing people.

Nationally, Black birthing people are twice as likely to die as a result of pregnancy or childbirth than their White counterparts. In NYS, Black birthing people are three times more likely to die than their white counterparts. Disparities in outcomes can often be seen prior to a mortality event in morbidity data, as well as in variations among delivery methods. Recent state-wide data has demonstrated that Black women are more likely to have a cesarean birth than their White counterparts, including higher rates of primary and low risk pregnancies resulting in cesarean deliveries. While rates of cesarean birth for White birthing people have been decreasing, Black birthing people have seen a steady rise in rates of cesarean births. These trends are especially concerning as cesarean births are approximately 1.6 times more likely to result in a maternal hemorrhage, compared to vaginal births. These disparities in birth experience as well as outcomes are one of the many manifestations of systemic racism that disadvantage Black people and families from birth and contribute to health challenges experienced throughout a lifetime.

While maternal mortality is a complex issue with many variant causes, the majority of maternal deaths are considered preventable. The New York State Department of Health (the Department) has devoted considerable time and resources to improving maternal health outcomes, especially through the work of its successful [New York State Perinatal Quality Collaborative \(NYSPQC\)](#). Over the past decade, the NYSPQC has engaged birthing hospitals and facilities across the state in a wide range of quality improvement projects to address different aspects of perinatal health care. This model has successfully supported improvements

in reducing scheduled deliveries without a medical indication before 39 weeks gestation, strengthening adherence to infant safe sleep practices, recognition and treatment of hypertensive disorders in pregnancy, and improving growth for neonates born before 31 weeks gestational age.

Beginning in the Fall of 2020, the Department will, in collaboration with the NYSPQC, begin a comprehensive learning collaborative project with all NYS birthing hospitals to support the development of anti-racist policies and practices at the facility level with the overarching goal of improving the experience of care and obstetric outcomes for Black birthing people across NYS.

The **New York State Birth Equity Improvement Project (NYSBEIP)** seeks to engage a multi-disciplinary team of hospital staff including clinical staff, administrative staff, and executive level leaders in this yearlong collaborative project.

Supported by the National Institute for Children's Health Quality (NICHQ), the NYSBEIP will include training on racism and its impact on health outcomes for project staff, an assessment of current institutional policies and procedures, technical assistance in the development of anti-racist policies and procedures, development and implementation of a patient experience measure designed to uplift community voice, and the ongoing analysis of obstetric outcomes stratified by race/ethnicity at the facility level to assess the impact of this work. Participating teams will be encouraged to engage community-based organizations and/or community members as part of this project as well.

This project is the result of a considerable investment to improve perinatal health in NYS that began in April 2018 when Governor Cuomo directed the creation of the NYS Taskforce on Maternal Mortality & Disparate Racial Outcomes. In March of 2019, the Taskforce made a series of [recommendations](#) designed to improve maternal health in NYS, with a specific focus on reducing significant racial disparities in outcomes. Among those ten recommendations, was a charge for the Department to develop and implement a comprehensive hospital-based project to address the impact of racism and bias in maternal health outcomes.

This learning collaborative represents an important opportunity for your organization to partner with hospitals across the state to be at the forefront of the nation in developing strategies and measuring outcomes to improve maternal mortality and reduce racial disparities within NYS. Participating in this project signifies an important organizational commitment to improving racial disparities in care for Black birthing people across the state. Being able to include all NYS birthing hospitals in this process will be integral to its success, and that participation must include a clear mandate from executive leaders such as yourself. This work must include a commitment to changing institutional culture and practice, something that cannot be achieved without strong executive leadership.

Supporting this kind of systemic change is something that I have been proud to lead at the Department and I am optimistic that my legacy will show my strong commitment to this issue and serve as a model for other public health leaders. I am confident that similar work on your part, on behalf of your organization, will be a key element in this project and in addressing the impact of racism on maternal mortality and morbidity in NYS. Therefore, I am asking that you, as a leader in your organization, commit to participating in the NYSBEIP.

To prepare for this project, the NYSBEIP requests that you complete the [Facility Readiness Assessment](#) which will help to establish a baseline understanding of each facility, so

that this learning collaborative can help support the unique needs of each participating organization. I am asking that you ensure it is shared with appropriate staff and completed for your birthing hospital by December 22, 2020.

The Department will be **hosting an informational webinar on this project on January 7, 2021, at 10 a.m.** which will include additional details on this project including goals, activities, planned outcomes, and next steps. Please register for this webinar here:

<https://nichq.zoom.us/meeting/register/tJMsf-GrrT0oE9EXrSxiMMibr1oaFcAvW8u4>

I appreciate your commitment to delivering quality care to NYS's pregnant, birthing and postpartum people, and look forward to working with your organization on this important project. If you would like more information, please contact NYSBEIP@health.ny.gov.

Sincerely,

A handwritten signature in black ink that reads "Howard Zucker, M.D." in a cursive style.

Howard A. Zucker, M.D., J.D.
Commissioner of Health