

New York State Obstetric Hemorrhage Project

Coaching Call Webinar October 30, 2019



Department
of Health



ACOG

The American College of
Obstetricians and Gynecologists

District II



HANYYS

Always There for Healthcare



Welcome!

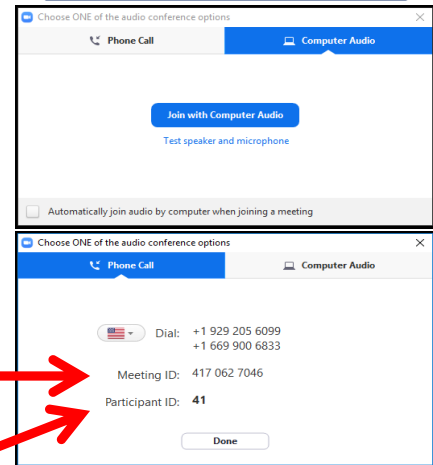
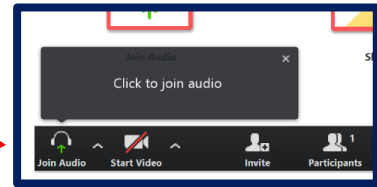
Thank you for joining the call!

Before we begin, a few notes:

- All participants will be **muted upon entry** to the call.
- You **DO have the ability** to unmute yourself.
- We encourage participants to remain muted to reduce background noise.
- If you are in a room with others, only one of you should connect to audio (see next slide).
- **A recording of the webinar will be shared after the call!**

Connecting to Audio

- An audio conference box will appear.
 - If you do not see the box click the **‘Join Audio’** button
- From the audio conference box: Select to **“Phone Call”** or **“Computer Audio”**
- If using the phone:
 - Dial the number next to **“Dial”**
 - You will be prompted to enter the **“Meeting ID”**
 - Then you will be prompted to enter the **“Participant ID”**



Zoom Features

Zoom Participant ID: 49 Meeting ID: 617-788-369

Talking:

Meeting Topic: MCEH CoLIN Internal Meeting
Host: MCEH CoLIN
Invitation URL: <https://zoom.us/j/617788369>
[Copy URL](#)
Participant ID: 49

Join Audio Share Invite Others

Click on the images at the bottom of the Zoom window to open the participant list and chat box!

Participants (2)

- NYS MCH (Me)
- NAPPSS-IIN (Host)

Lower Hand yes no go slower go faster more

Mute Me

Zoom Group Chat

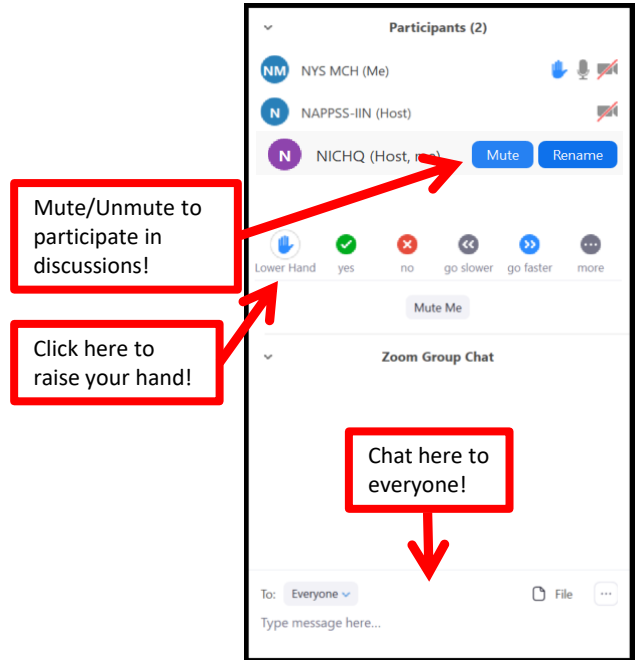
To: Everyone File

Type message here...

Join Audio Start Video Invite Participants Share Chat Record Leave Meeting

Questions or Comments?

- Use the Chat Box to the right of your screen for questions or comments.
- Please chat to **everyone**, so that we can all see your questions or comments!
- If you need assistance at anytime during the call please raise your hand.



Welcome & Introductions

Kristen Lawless

Program Director

Division of Family Health

New York State Department of Health

Agenda

Time	Objectives	Presenter
1:00 PM – 1:05 PM	Welcome & Introductions	Kristen Lawless, MS <i>Program Director</i> <i>Division of Family Health</i> <i>New York State Department of Health</i>
1:05 PM – 1:45 PM	NYSDOH Commissioner’s Community Listening Sessions	Nevillene White <i>Public Health Representative III</i> <i>Contract Manager</i> <i>Bureau of Women, Infant & Adolescent Health</i> <i>New York State Department of Health</i>
1:45 PM – 1:55 PM	Discussion/Questions & Answers	Facilitated by Kristen Lawless, MS <i>Program Director</i> <i>Division of Family Health</i> <i>New York State Department of Health</i>
1:55 PM – 2:00 PM	Next Steps	Kristen Lawless, MS <i>Program Director</i> <i>Division of Family Health</i> <i>New York State Department of Health</i>



**Department
of Health**

NYSDOH Commissioner's Listening Sessions: Sharing Birth Stories to Promote Birth Equity

**MEAGHAN CARROLL
NEVILLENE WHITE**

Background

- Increasing rates of maternal mortality
 - U.S. maternal mortality rate **doubled** over the past two decades.
 - NYS was ranked **30th in the nation** for maternal mortality in 2016
- Disproportionate impact among black women
 - Black women are over **three times more likely** to die than white women

Maternal Mortality in Focus



Soleil Irving "just lights up a room when she smiles," Wanda Irving, her grandmother, says. (Sheila Free Bright for ProPublica)

LOST MOTHERS

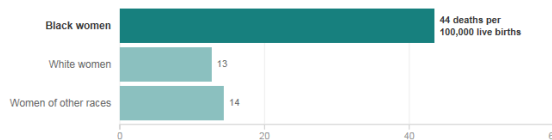
Nothing Protects Black Women From Dying in Pregnancy and Childbirth

Not education. Not income. Not even being an expert on racial disparities in health care.



Black women face significantly higher maternal mortality risk

Maternal deaths per 100,000 live births (2011-2013)



Source: Centers for Disease Control and Prevention

Credit: Alyson Hurt/NPR

The Last Person You'd Expect to Die in Childbirth

at rate of maternal deaths in the developed world, and 60 percent the death of Lauren Bloomstein, a neonatal nurse, in the hospital illustrates a profound disparity: The health care system focuses on babies but often ignores their mothers.

by Nina Martin, ProPublica, and Jenae Montague, NPR
May 12, 2017

This story was co-published with NPR.

S A NEONATAL INTENSIVE CARE NURSE, Lauren Bloomstein had been taking care of other people's babies for years. At 33, she was expecting one of her own. The prospect of

Governor Cuomo's Comprehensive Initiative

- Create the Taskforce on Maternal Mortality
- Establish the Maternal Mortality Review Board
- Launch Best Practice Summit with Hospitals & OB-GYNs
- Pilot the expansion of Medicaid coverage for Doulas
- Support Centering Pregnancy Demonstrations
- Require Continuing Medical Ed & Curriculum Development
- Expand NYS Perinatal Quality Collaborative
- **Launch Commissioner's Listening Sessions**

Listening Session - Purpose



Empower
Individuals

Create
bridging
social ties



cooperatio
n among

Explore
Barriers



Discuss
strategies

- Obtain feedback on the community's experience with and concerns about maternal mortality.
- Provide an outlet for community members to share their story and identify solutions that may work for them.

Listening Session Development

- Identify framework
 - NYSDOH Office of Minority Health & Health Disparities Prevention
- Identify location based on NYSDOH birth outcome data
- Engage Maternal and Infant Community Health Collaboratives (MICHC) organizations to partner
- Recruit participants
- Conduct listening session

Voice Your Vision & Share Your Story: *A Community Conversation on Maternal Health*

Overall Goal: Engage African American women in communities most impacted by poor birth outcomes in a conversation about their birth experience

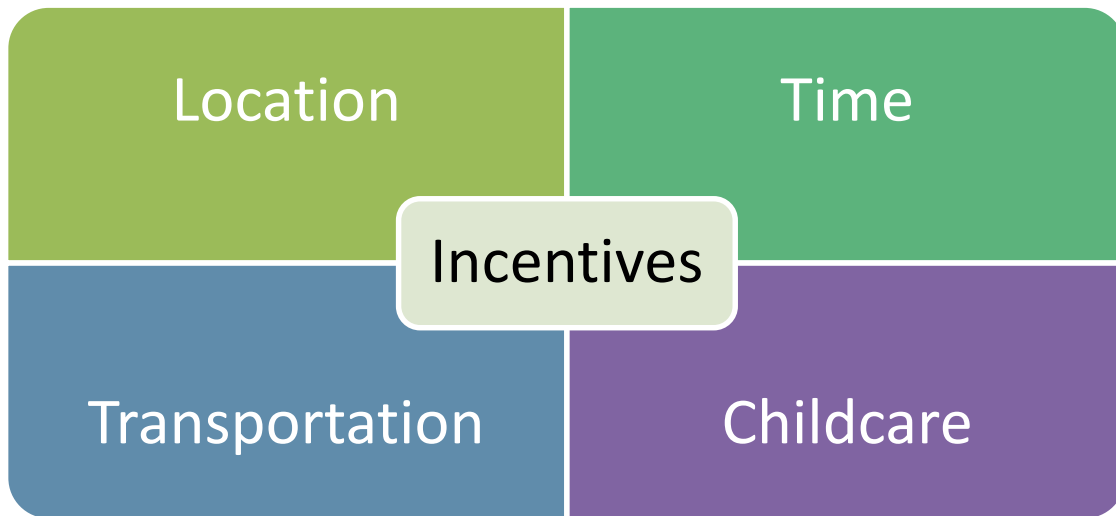
Conversation Topics:

- Planning for Pregnancy
- Pregnancy
- Giving Birth
- Birth Outcomes

Planning Session

- Maternal & Infant Community Health Collaboratives (MICHC)
- Announcement
- Workplan
- Weekly Prep Calls
- Collaborating with community partners

Recruiting Participants



Conducting Listening Sessions

- MICHC Welcome
- Commissioner Zucker Framing the Discussion
- Table Discussion
- Table Speak Back
- Commissioner Zucker Response & Closing



Locations & Community Partners

Location	Date	MICHC Partner Organization	Total Participants
Brooklyn	8/9/18	CAMBA & Wyckoff Heights Medical Center	27
Albany	8/13/18	Albany County Dept. of Health	29
Bronx	8/16/18	Urban Health Plan	26
Buffalo	8/21/18	Buffalo Prenatal/Perinatal Partnership	43
Queens	8/23/18	Public Health Solutions	43
Harlem	8/30/18	Northern Manhattan Perinatal Partnership	40
Syracuse	9/14/18	Onondaga County Dept. of Health & REACH CNY	37

Emerging Themes

Health
Systems

Providers

Racism

Education

Disrespect

Social
Supports

Health Systems

Hospitals

“They’re trying to push for you to do other things that cost more money...They push the drugs on us like an experiment.”

“I switched health plans to go to a better hospital, not ‘the bad one.’”

Payor

“You are already labeled. You are already treated a certain way.”

“Hospitals look at good insurance that makes them happy... they should think of us all as the same.”

Systems

“I knew my prenatal appointments were going to be all day.”

“Always saw a different doctor that didn’t know me.”

Providers

Communication

“Nobody would answer you.”

“I was never told why I was high risk.”

“I have yet to hear why I had 6 C-sections.”

Judgement

“Individually we all have our own stories... not all pregnancies are unplanned or don't have a father around.”

“You have to show them you are somewhat educated.”

Time

“You never really see your doctors.”

“Appointments felt too quick.”

“Doctor listens because she has to write it down, but she doesn't really listen.”

Racism

Unequal Treatment

After having the baby, "... nurse came in at 3 a.m. asking what family planning method she wants to use... Just because she's Black or Latina they want to make sure we stop having babies."

"Always want to induce black women."

Bias

"They look at your skin color and your pocket and judge you based on that."

"We're high risk because we're black."

"Receptionist puts single on the form, automatic assumption because you're black."

"Black doctors understand us because they are us."

Rights

"Women of color are tired of feeling like we have to fight for rights that should just be given to us."

"You gave your rights away when you walked in."

Information & Education

Lack from Providers

“You have to make a plan yourself because they don’t tell you.”

“Continually fighting to prove that you can understand.”

Classes

“NFP helped me understand how to care for my baby.”

“If I can get it [free birthing classes] on 86th St. I should also be able to get it on 116th St.”

Self-Taught

“.. Most of the information came from apps.”

“... you’re just on your own.”

“...internet is your best friend.”

Disrespect

With Providers

“People are giving respect based on insurance status, it affects treatment by providers.”

“I know my body, don’t question me.”

“I feel like they brushed my concerns off...”

Sensitivity

“At the end of the day, we’re people first.”

“Treat me like you treat your mother.”

“Caring doctors are a must.”

In Practice

“Speak to young mothers. Do not speak around them.”

“You have the right to be spoken to.”

“Pulling to get respect.”

“Doctors don’t respect us because they don’t value us.”

Social Supports

Postpartum

“Doctor’s should talk more about postpartum depression.”

“When I had my kids I didn’t have no help. Family dropped me off and left me.”

Community

“We used to have a village and today its gone.”

“Moms need support bottom line.”

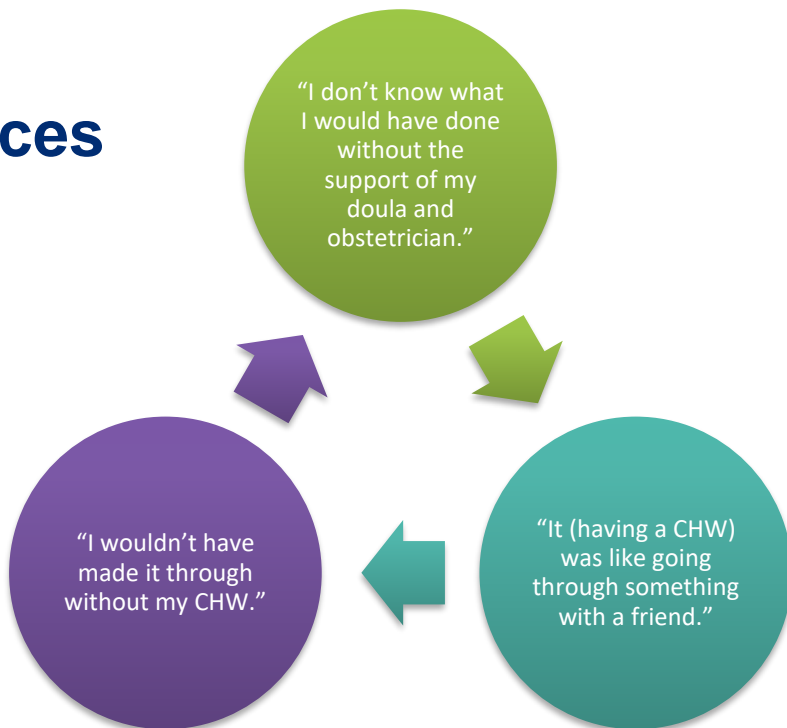
“I needed support from my community.”

Advocates

“Men need support services, they also are going through something.”

“My CHW helped me while my baby was in the NICU and kept me pumping for him.”

Positive Experiences



Participant Proposed Solutions

- Social Support
- More postpartum support:
 - Doctors follow up before postpartum visit
 - Mom & Baby postpartum visit
- Birthing/Parenting Classes
- Community Services and Resources
- Providers:
 - More Black and Hispanic providers
 - Understand disparities
 - Open later in the day and on weekends

Next Steps

- 2019 Executive Budget
- Maternal Mortality Task Force Recommendations
- Community Listening Session Reports
 - Local Reports
- DFH Procurements/Planning

Questions & Answers

Next Steps

Kristen Lawless, MS

Program Director

Division of Family Health

New York State Department of Health

Post Event Survey

New York State Obstetric Hemorrhage Project October 30, 2019 Coaching Call Webinar Evaluation Survey

Survey to gather feedback from participants attending: New York State
Obstetric Hemorrhage Project Coaching Call, October 30, 2019

Commissioner Listening Sessions Presentation Objectives:

After viewing the webinar, participants will:

- Understand risk and protective factors associated with maternal health and birth outcomes in NYS, with a particular emphasis on factors disproportionately impacting African American women and infants;
- Analyze community participant feedback on contributing social determinate factors impacting maternal health outcomes in communities across NYS; and
- Be able to define and understand successful community engagement strategies used to engage NYS women in discussions on race and racism as risk factors for maternal health outcomes.

1. Please indicate your level of agreement with the following statements regarding the October 30, 2019 New York State Obstetric Hemorrhage Project Coaching Call Webinar. *

	Strongly agree	Agree	Disagree	Strongly disagree	n/a
Nevillene White's presentation objectives (provided above) were met.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The information provided in the webinar will inform our project moving forward.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<http://sgiz.mobi/s3/New-York-State-Obstetric-Hemorrhage-Project-October-2019-Coaching-Call-Webinar-Evaluation-Survey>

Project Data: Due Dates

- Monthly data for the project (Aggregate and Patient Specific) are due on the last Wednesday of the following month
 - **August 2019 data were due on Wednesday, September 25, 2019**
 - **September 2019 data are due on Wednesday, October 30, 2019**

Project Data: Due Dates

- Quarterly data are due on the last Wednesday of the following month after the quarter end
 - **Quarter 3 (7/2019-9/2019) data are due Wednesday, October 30, 2019**
 - **Please enter into the “Monthly: 07/01/2019” time period on HCS**

Structure Measures Reminder

- The third submission of Structure Measure data is due Wednesday, October 30, 2019
- This submission should include your hospital's progress between July and September 2019
- Please submit the data as soon as possible via the NYSDOH Health Commerce System (HCS)
- **Data should be submitted into the time period based on the first month in the quarter, Quarter 3 data is entered into the “Monthly: 7/01/2019” time period**

Schedule of Events

DATE AND TIME*	PROGRAMMING
Tuesday, October 30, 2019 <i>1:00pm – 2:00pm ET</i>	Coaching Call Webinar
Tuesday, November 12, 2019 <i>10:00am – 11:00am ET</i>	Coaching Call Webinar
Tuesday, December 3, 2019 <i>10:00am – 11:00am ET</i>	Coaching Call Webinar

November Coaching Call

- **Tuesday, November 12, 2019**
10:00 AM – 11:00 AM
- **Topic:** Organizing your team and implementing staged checklists
- Further details will be sent via the project listserv

Contact

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