Interim Strategy Map: Maternal Health

This strategy map outlines the **priority strategies** the City and its partners will focus on to address HealthyNYC's loss in life expectancy due to maternal mortality. This map is not inclusive of all possible strategies; it is a living document and will be updated as new research, initiatives, and interventions are identified.

Content experts have identified the top three to five modifiable contributing factors of high mortality rates for each HealthyNYC driver and the key strategies to address these factors. This strategy map will be used to track metrics over time within the NYC Health Department, across city agencies, and across sectors and to inform the priorities of the HealthyNYC campaign. It will also be used as an idea bank to foster collaboration among the City and its partners and an accountability tool to ensure the City is staying on track.

HealthyNYC Goal for Maternal Mortality

Reduce maternal death rates by 10% by 2030.

Contributing Factors and Priority Strategies

The top contributing factors for pregnancy-associated death among Black women are:

1. Contributing factor: Lack of timely data to inform action.
    - Priority strategy: Streamline the use of data to inform action — ensure funding for data production and dissemination and data-to-action initiatives to drive programs and policies.

2. Contributing factor: Poor quality health care and lack of access to health care.
    - Priority strategy: Improve the quality of health care for pregnant and postpartum New Yorkers — improve behavioral health systems and clinical care; improve access to care; and reduce health care segregation.
3. Contributing factor: Lack of support for pregnant and postpartum New Yorkers.
    - Priority strategy: Increase support for pregnant and postpartum New Yorkers in their community — provide supports to Black pregnant and postpartum women and birthing people in partnership with the community.
4. Contributing factor: Inequitable structural systems.
    - Priority strategy: Advocate for structural changes — collaborate to improve and fund birth equity policies, programs, and initiatives at the city, state, and federal levels, and address social, environmental, health care, and systems factors, including high rates of residential segregation and New York State having the highest rates of income inequality in the U.S.

Sources Informing Our Priority Strategies

Sources that inform the City's work around loss in life expectancy due to maternal mortality include:

- NYC Health Department's report on Pregnancy-Associated Mortality in New York City, published in 2021, 2022, and 2023
- NYC Health Department's Annual Summary of Vital Statistics, 2020
- NYC Maternal Mortality Review Committee's (MMRC) Pregnancy-Associated Mortality in New York City, 2016-2020
- NYC Health Department's The State of Doula Care in NYC, 2023

Strategy Map for Maternal Mortality by Priority Strategy and Sub-strategy, Including Actor and Activity

Reduce maternal death rates by 10% by 2030.			
Priority Strategy	**Sub-strategy**	**Actor**	**Activity**
1. Streamline the use of data to inform action.	1.1 — Maximize the impact of the NYC MMRC through implementation of committee recommendations.	Health systems and clinical providers	• Review currently available data on maternal deaths in the MMRC's report titled Pregnancy-Associated Mortality in New York City, 2016-2020 for partners and providers to consider how best to implement recommendations within their particular clinical setting.

	1.2 — Center patient experience and social determinants of health to better tailor interventions.	Health systems and clinical providers	• Mandate that all birthing hospitals should create, adopt, and deploy standardized patient-reported experience metrics (PREM) and social determinants of health metrics that comprehensively capture the experiences of women and birthing people in NYC to mitigate morbidity and mortality.
2. Improve the quality of health care for pregnant and postpartum New Yorkers.	2.1 — Expand and improve behavioral health services.	Health systems and clinical providers	• Strengthen and expand the network of available mental health and substance use disorder treatment programs for women and birthing people in NYC during and after birth, including investing in workforce development and training. • Initiate and enhance hospital quality improvement projects focused on equitable treatment and care (testing, screening, and access to services) for perinatal and postpartum mood and anxiety disorders and substance use disorders. • Provide training on offering alternative support services for families and when reporting to child welfare must occur. • Increase the use of opioid agonist therapy for pregnant women and birthing people through provider education. • Create a robust referral system of clinical and nonclinical perinatal substance use treatment resources, including inpatient substance use treatment for women and birthing people who are pregnant and parents.
		Policymakers and government agencies	• Increase promotion of the 988 lifeline to support women and birthing people during and after birth who are in crisis. • Expand the capacity of Project TEACH to provide mental health service consultation support for individuals who treat or support women and birthing people during and after birth.

			• Develop and implement a provider-designed anti-racist and anti-stigma education program to address the comprehensive care needs of reproductive-age people with substance use and mental health disorders, and provide referrals to preconception care and social support services. • Provide higher insurance company reimbursements for mental health and substance use disorder treatment programs for women and birthing people during and after birth in NYC.
	2.2 — Improve clinical care.	Health systems and clinical providers	• Increase access to midwifery rotations in hospitals and birthing facilities to expand the midwifery workforce in NYC. • Implement full-scope midwifery care standards for all people giving birth. • Create a robust referral system for pregnant women and birthing people with complex chronic illnesses with appropriate sub-specialty doctors and nurses during pregnancy and inter-conception periods. • Develop follow-up systems for inpatient hospital teams ensuring that patients have access to critical medication and that hospital teams evaluate adherence to medication after discharge. • Develop mechanisms to identify patients who have a pattern of repeat emergency department visits and offer them intensive care management and local referrals for social services. Use a similar mechanism for patients with missed appointments that addresses barriers to care, prioritizing those with chronic illnesses. • Create a robust referral system from primary care providers and specialists treating chronic conditions that connect women and birthing people to providers offering comprehensive reproductive health care services.

			• Improve access to cardiac care for all people giving birth by implementing mandatory screening and clear referral pathways. • Increase hemorrhage prevention skills through regular training and simulation for all providers who treat women and birthing people during and after birth. • Utilize maternal early warning signs protocols in all maternity care facilities and spaces in which pregnant women and birthing people and their families frequent. • Implement ACOG's recommendations on postpartum care, especially for people at high risk for poor outcomes. • Provide counseling and guidance to all pregnant women and birthing people who seek alternatives to blood transfusion, including facilities and clinicians with specialties in bloodless care. • Enable transfer to appropriate clinicians outside the Regional Perinatal Center (RPC) system. • Design and pilot a complex obstetric rehabilitation program model (including telehealth, alternate care platforms, and home visits) for pregnant women and birthing people with significant chronic disease risk factors at hospital discharge. • Implement hospital guides on doula friendliness.

		Community supports	• Utilize maternal early warning signs protocols in all spaces in which pregnant women and birthing people and their families frequent. • Develop a system of follow-up for patients with missed appointments that addresses barriers to care, prioritizing those with chronic illnesses. Additionally, develop mechanisms to identify women and birthing people during or after birth who have a pattern of repeat emergency department visits and offer them intensive care management and local referrals for social services.
		Policymakers and government agencies	• Support payment models and programs that increase access to doulas and midwives as a proven strategy for decreasing primary cesarean deliveries and increasing access to vaginal birth after cesarean (VBAC). • Increase access to midwifery education in higher education (such as nursing degrees, ACME-approved graduate programs, and midwifery exams) to expand the midwifery workforce in NYC. • Support payment models that incentivize health care practitioners and community-based organizations to implement evidence-based maternal and infant health programs that reduce maternal and infant morbidity and mortality.
3. Increase support for pregnant and postpartum New Yorkers in their community.	3.1 — Provide direct support to pregnant and postpartum Black women and birthing people.	Health systems and clinical providers	• Provide high-quality home visiting services for new parents through evidence-based programs, and standardize the use of mental health and chronic illness screenings and metrics by home visiting staff. • Strengthen the Coordinated Intake and Referral System as the City's primary resource for connecting families to home visiting programs and community resources.

		Policymakers and government agencies	• Conduct public health education campaigns to destigmatize maternal behavioral health. • Conduct public health education campaigns to elevate the warning signs of severe maternal morbidity, with a focus on cardiovascular disease, hypertension, postpartum depression, and the long-term health implications of chronic illnesses in pregnancy and postpartum periods. • Support financial benefit programs for people who are pregnant and postpartum who are proven to impact living standards and birth outcomes, including but not limited to guaranteed basic income and increased benefits (such as SNAP, Health Bucks). • Invest in holistic community spaces where people who are pregnant and post-partum can access comprehensive social support and health services in one central location (for example, Stress-Free Zones and Family Wellness Suites). • Support payment and reimbursement models that support birth equity including increased reimbursement for midwifery care and doulas as well as payment for home visits before and after birth, such as the New York State Medicaid Doula Services Benefit.
4. Advocate for structural changes.	4.1 — Advocate at the city, state, and federal levels for policies, initiatives, and funding that improve birth equity.	Health systems and clinical providers	• Develop training and education programs to diversify the clinical workforce, enabling culturally matched care that facilitates effective communication between patients and providers.

		Policymakers and government agencies	• Advocate for policies to reduce or eliminate punitive responses (particularly around family separation) for substance use while pregnant. • Promote Stress-Free Zones and as designated entities to provide navigation and evidence-based services to women and birthing people before and after birth. • Provide home-visiting services as an essential benefit for women and birthing people before and after birth with chronic disease or behavioral health concerns. • Create a system to audit facilities for patterns of discrimination that impact quality of care and maternal health outcomes, and link facilities to training programs for patient-centered care and shared decision-making. • Establish a full-scope midwifery-led birthing facility in each borough. • Establish and fund a network of maternal medical homes (as operationalized through the Maternal Home Collaborative Model) to coordinate care for women and birthing people after birth, with a focus on those with chronic conditions, mental health conditions, and substance use disorders.

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