



Department of Health

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

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## Commissioner's Listening Session Planning



### Background

- Increasing rates of maternal mortality
  - U.S. maternal mortality rate **doubled** over the past two decades.
  - NYS was ranked **30<sup>th</sup> 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



#### The Last Person You'd Expect to Die in Childbirth

#### Why America's Black Mothers and Babies Are in a Life-or-Death Crisis

Black women face significantly higher maternal mortality risk

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



#### 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.

...rate of preventable deaths in the United States, and 83 percent of deaths of U.S. women, a national crisis, in the United States a profound disparity. The health care system focuses on babies and other groups their mothers.

#### A NEONATAL INTENSIVE CARE NURSE, Lorenza Brownstein

...had been telling me of other people's babies for years.

...and she also was responsible for their care. The moment of



## Governor Cuomo's Comprehensive Initiative

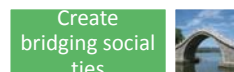
- Create the Taskforce on Maternal Mortality
- Establish the Maternal Mortality Review Board
- Launch Best Practice Summit with Hospitals & OB-GYNs
- Pilot the expansion of Medicaid coverage for Doulas
- Support Centering Pregnancy Demonstrations
- Require Continuing Medical Ed & Curriculum Development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



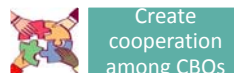
## Listening Session - Purpose



Empower  
Individuals



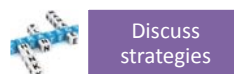
Create  
bridging social  
ties



Create  
cooperation  
among CBOs



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:

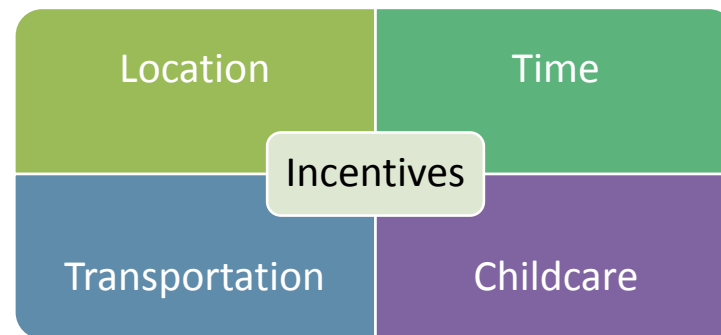
- Planning for Pregnancy
- Pregnancy
- Giving Birth
- Birth Outcomes



## 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 86<sup>th</sup> St. I should also be able to get it on 116<sup>th</sup> 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
- Department of Health

## Next Steps

- Maternal Mortality Task Force Recommendations
  - 2019/20 Executive Budget
  - Community Listening Session Reports
    - Local Reports
  - DFH Procurements/Planning
- Department of Health

## Questions & Answers