



Maternal Mortality in New York City

Data:

In 2015, there were 35 maternal deaths (deaths related to pregnancy or childbirth complications) in NYC. In 2015, the maternal mortality ratio (MMR) was 28.8 maternal deaths per 100,000 live births in NYC. However, maternal mortality only tells part of the story of pregnancy and childbirth complications. For every woman that dies, about 100 women experience a life-threatening complication called Severe Maternal Morbidity (SMM) during childbirth, such as heavy bleeding, blood clots, serious infection and kidney failure. The DOHMH’s SMM Surveillance Report found that the rate of severe maternal morbidity in New York City was higher than the national SMM rate, and that nearly 3,000 NYC women experienced life threatening complications during pregnancy in 2012. The SMM rate among Black non-Latina women was three times that of White non-Latina women.

Technical note:

Deaths due to pregnancy or childbirth complications meet the WHO definition of maternal mortality: death of a woman while pregnant or within 42 days of termination of pregnancy from any cause related to or aggravated by pregnancy or its management but not from accidental or incidental causes. This includes any death certificate with an underlying cause of death coded as O00-O95, O98-O99, A34. We are unable to report MMR by race/ethnicity or borough of residence – data is unstable due to small numbers of events.

<u>2015 data</u>	<u>Deaths form maternal causes</u>	<u>MMR (maternal deaths per 100,000 live births)</u>
NYC	35	28.8
White non-Hispanic	3	-
Black non-Hispanic	14	-
Hispanic	13	-
Asian or Pacific Islander	5	-
Other or multiple	0	-
Borough of residence		
Manhattan	3	-
Bronx	13	-
Brooklyn	11	-
Queens	6	-
Staten Island	0	-
Non-resident	2	-

Data Sources:

Li W, Huynh M, Lee E, Lasner-Frater L, Castro A, Kelley D, Kennedy J, Maduro G, Sebek K, Sun Y, Van Wye G. Summary of Vital Statistics, 2015. New York, NY: New York City Department of Health and Mental Hygiene, Office of Vital Statistics, 2017.

New York City Department of Health and Mental Hygiene. Pregnancy-Associated Mortality: New York City, 2006-2010 <https://www1.nyc.gov/assets/doh/downloads/pdf/ms/pregnancy-associated-mortality-report.pdf>



NEW YORK CITY DEPARTMENT OF

HEALTH AND MENTAL HYGIENE

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Commissioner

DOHMH is committed to addressing severe maternal morbidity, with a particular focus on eliminating racial disparities in maternal morbidity using a multifaceted approach. We are working to address the driving factors that result in SMM – women’s health before, during and after pregnancy, and toxic stress and trauma due to the chronic effects of racism, poverty, community violence and other structural factors.

Key initiatives include:

- Efforts to prevent and improve management of chronic disease in women of reproductive age;
- Increasing access to a wide range of contraceptive methods in postpartum, post-abortion, family planning and primary care settings;
- Linking residents to critical clinical and non-clinical community-based programs via our Neighborhood Health Action Centers to address poor maternal health outcomes;
- Partnering with New York State and medical and hospital associations to implement both community prevention and clinical strategies to support maternal health, including the mental health of new mothers;
- Addressing the social determinants of health including efforts to increase access to stable housing for pregnant women and families.

Recommendation: Establish a Maternal Mortality and Severe Maternal Morbidity NYC Review Committee (M3-RC) aligned with CDC’s national maternal mortality review committee guidance and tools

This year, in response to NYC Maternal Mortality and Morbidity statistics, DOHMH has created a citywide Maternal Mortality and Morbidity Review Committee (M3-RC) to review the cases of maternal death in NYC each year; determine if each case was related to the woman’s pregnancy and its contributory factors; focus on clinical and social determinants of health; and make recommendations based on findings. The M3-RC uses the Centers for Disease Control’s (CDC) Maternal Mortality Review Information Application (MMRIA), a national framework that standardizes approaches and databases for maternal mortality review committees. The M3-RC is a multidisciplinary expert panel that includes obstetrician-gynecologists, cardiologists, anesthesiologists, nurses, nurse/midwives, doulas, regional perinatal center directors and network managers, pathologists, policymakers, social workers, community-based organization representatives, DOHMH staff, and representatives from the American College of Obstetricians and Gynecologists, New York City Office of the Chief Medical Examiner, and New York State Department of Health, and others as deemed necessary. The first convening of the M3-RC will occur by the end of 2017.

This work will be complemented by routine surveillance of severe maternal morbidity (SMM, life-threatening complications during childbirth), that DOHMH established in 2013. This citywide data surveillance system is the first of its kind in the nation to track and monitor severe maternal morbidity cases at a municipal level. Severe maternal morbidity events are identified using an algorithm developed by the CDC. The algorithm identifies 25 indicators – including respiratory failure, eclampsia, blood transfusion and hysterectomy – that represent serious complications of pregnancy or procedures used to manage those conditions.