



Testimony of

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Before the

New York City Council  
Committee on Women  
Committee on Health

*Oversight Hearing: Maternal Mortality in New York City*

*Int. Nos. 0913-2018 and 0914-2018*

June 27, 2018

Good afternoon. My name is Alice Bufkin and I am the Director of Policy for Child and Adolescent Health at Citizens' Committee for Children of New York, Inc. (CCC). CCC is an independent, multi-issue child advocacy organization dedicated to ensuring every New York child is healthy, housed, educated and safe.

I would like to thank Chair Rosenthal and Chair Levine, as well as all the members of the Committee for Women and the Committee on Health, for holding today's hearing on how to improve maternal health outcomes in New York City. I would also like to thank Speaker Johnson and Majority Leader Cumbo for introducing the bills we are discussing today. Finally, I would like to thank the sponsors and co-sponsors of today's bills.

The introduction of the "Mother's Day Package" of bills underscores the City Council's ongoing commitment to improving supports for parents and caregivers, and for ensuring positive health outcomes for moms and babies. Attention to these issues could not come at a more critical time. The city's historically low infant mortality rate is a testament to the importance of investing in a targeted strategy to improve infant and maternal health outcomes. That said, racial/ethnic and geographic disparities in early prenatal care, infant mortality, preterm birth, and maternal mortality and morbidity remain stark.

In its 2016 report on maternal mortality rates, the Department of Health and Mental Hygiene (DOHMH) found that black, non-Hispanic women were 12 times more likely than white, non-Hispanic women to die from pregnancy-related causes. Asian/Pacific Islander women were more than four times as likely and Hispanic women were more than three times as likely as white, non-Hispanic women to die from pregnancy-related causes.<sup>1</sup>

As the Council is aware, maternal mortality is only the "tip of the iceberg" in terms of health outcomes for mothers. For every maternal death, it is estimated there are 100 instances of severe maternal morbidity (SMM), or life-threatening complications during delivery. In its report on SMM from 2008-2012, DOHMH found that the rate of SMM in New York City increased almost 30% from 2008 to 2012, and that its rate of SMM was 1.6 times the national rate from 2008 to 2009. Racial disparities persist in SMM, with Black non-Latina women facing a rate three times that of White non-Latina women. SMM rates were also highest within high-poverty neighborhoods.<sup>2</sup>

The causes underlying poor maternal health outcomes are many. Chronic stressors including poverty and structural racism contribute to poor outcomes among low-income mothers and women of color. Too few women have access to continuous healthcare coverage, from family planning and preconception care, to prenatal services and care during delivery, to postpartum and interconception care. Even when women in underserved communities do have access to healthcare services, they often face challenges finding care that matches the quality of providers who serve higher income or predominantly white populations.

Addressing major contributors to maternal mortality, such as hypertension and diabetes, is important for improving health outcomes for moms. So is increasing outreach and enrollment in health coverage, and ensuring stronger coordination among health providers serving women at different stages across their life course. Disparate quality of care and implicit racial biases in

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<sup>1</sup> New York City Department of Health and Mental Hygiene. *Pregnancy-Associated Mortality: New York City, 2006-2010*. (2016). Available at: <https://www1.nyc.gov/assets/doh/downloads/pdf/data/maternal-morbidity-report-08-12.pdf>.

<sup>2</sup> New York City Department of Health and Mental Hygiene. *Severe Maternal Morbidity in New York City, 2008-2012*. (2016). Available at: <https://www1.nyc.gov/assets/doh/downloads/pdf/data/maternal-morbidity-report-08-12.pdf>.

healthcare system also deserve additional attention. Ultimately, addressing the social determinants of health (e.g., socioeconomic status, neighborhood and physical environment, access to healthcare, discrimination, education and other social influences on one's life) is key to improving overall health for moms, babies, and families.

CCC appreciates the work the DOHMH has done to improve infant and maternal health in the city. The department's Birth Equity Initiative, home visiting programs, Healthy Start Brooklyn, and expansion of maternal depression screenings are among the important initiatives the city has undertaken to address poor health outcomes among moms and babies. CCC appreciates the department's commitment to addressing health equity, and its investment in partnering with community stakeholders to continue working towards policy solutions.

As DOHMH and the City Council continue to consider strategies for addressing poor health outcomes, we urge increased attention to the impact federal immigration policies will have on maternal health. Anticipated changes to the public charge rule would force many New York immigrants to choose between accessing social service programs, and jeopardizing their immigration status.<sup>3</sup> We have already heard anecdotal evidence of federal policies impacting immigrants' decision to forego essential health services. Fear and uncertainty around federal immigration policies will lead many New Yorkers to avoid necessary care, including critical services for moms and children. We urge DOHMH, the City Council, and the Administration to invest in additional outreach and direct services to immigrant communities.

Again, CCC thanks the Committees for holding today's oversight hearing, and we support the intents and goals of both bills being introduced today. Below we address both bills individually.

***Intro 914-2018: A Local Law to amend the administrative code of the city of New York, in relation to reporting on maternal mortality.***

CCC supports the goals and intent of Intro 914-2018, which would expand upon the data required in DOHMH's annual report on maternal mortality, and would codify the maternal mortality and morbidity review committee created by DOHMH in December 2017. CCC thanks City Council Member Rosenthal for introducing this bill, and Council Members Cumbo, Rivera, Chin, Ampy-Samuel, Levine, and Ayala for co-sponsoring. However, we do have some concerns that the information required by the bill could jeopardize the privacy of the women in the study.

The establishment of the Maternal Mortality Review Board in 2017 was an important step towards addressing the city's high maternal mortality rate, and CCC lauds the City Council for continuing this work. We also appreciate the extensive work DOHMH has done to study and address disparities in maternal health outcomes, and we hope the review board will be provided with adequate resources to continue and intensify its efforts.

We support the bill's requirement that the report include recommendations for how to enhance cooperation between other city agencies that have a mandate related to maternal health. New York City has made substantial investments in infant/maternal health initiatives, and these efforts will be made stronger through improved coordination and collaboration.

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<sup>3</sup> Henry J. Kaiser Family Foundation. "Proposed Changes to 'Public Charge' Policies for Immigrants: Implications for Health Coverage." (February 2018). Available at: <https://www.kff.org/disparities-policy/fact-sheet/proposed-changes-to-public-charge-policies-for-immigrants-implications-for-health-coverage/>

Though we support efforts to further study the contributors to poor maternal health outcomes, we have serious concerns about the level of detail required by the bill. Some of the new data required by § 17-199.3.b.1 could inadvertently reveal the identity of the women being studied. We therefore urge the City Council to work with the department to determine which data should be excluded to protect the confidentiality of the women who are part of the study.

**Intro 913-2018: A Local Law to amend the administrative code of the city of New York, in relation to access to doulas in New York City.**

Given the great need to address maternal health disparities, CCC is pleased that the City Council is examining how to expand doula services. CCC strongly supports Intro 913-2018, which would require DOHMH to develop a plan to provide access to doulas in the city, and complete an assessment of the needs of pregnant people and the availability of free and low-cost doulas to meet these needs. CCC thanks Council Member Rosenthal for introducing this legislation, and Council Members Ampry-Samuel, Cubmo, Rivera, Chin, Levin, Levine, and Ayala for co-sponsoring.

We also thank the City Council for restoring funding for the Maternal and Child Health Services Initiative for Fiscal Year 2019, and for adding an additional \$500,000 to support additional doula services.

Doulas are an essential part of citywide strategies to improve maternal health outcomes. As the Council is aware, doulas offer non-clinical, hands-on physical, emotional, and information support before, during, and immediately after birth. They support clients in their decision-making during childbirth, and facilitate communications with maternity care providers to help ensure their clients' questions are answered and preferences are respected. They provide resources about labor and birth, and provide referrals when more extensive assistance is needed.

Community-based doula programs are a critical part of the doula landscape, offering a broad range of culturally appropriate supports to underserved communities. In addition to providing support during and after pregnancy, these no-cost services can include pre- and postpartum home visits and referrals for health and social services. Doulas may provide counseling and resources around issues including breastfeeding education, safe sleep habits, and attachment and responsive parenting. Programs may screen for indicators like depression, food insecurity, and intimate partner violence, and can help clients navigate the medical and social service systems. Community-based doulas often receive additional training, and are frequently part of the communities they serve, allowing them to better bridge language and cultural gaps.<sup>4</sup>

Evidence of the effectiveness of doulas is extensive. Continuous labor support from a trained individual outside the mother's family network leads to a host of positive outcomes for moms and infants. Continuous labor support during delivery increases the likelihood of shorter labor and spontaneous birth. Women are also less likely to have an epidural or give birth to a baby with a low APGAR score (a score used when baby's health and wellbeing are assessed at birth and shortly afterwards).<sup>5</sup> Women who use doulas specifically are more likely to have a spontaneous vaginal birth, are more likely to have lower maternal stress, and are more likely to rate their childbirth

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<sup>4</sup> Nan Strauss, Katie Giessler, and Elan McAllister. *Doula Care in New York: Advancing the Goals of the Affordable Care Act*. Choices in Childbirth. (October 2014). Available at: <https://choicesinchildbirth.org/wp-content/uploads/2014/10/Doula-Report-10.28.14.pdf>.

<sup>5</sup> Meghan A. Mohren et al. "Continuous Support for Women During Childbirth (Review)." *Cochrane Database of Systematic Reviews*. (2017).

experience positively.<sup>6</sup> They are also more likely to initiate breastfeeding and substantially less likely to have a cesarean section.<sup>7</sup>

Though c-sections can be a life-saving surgery, unnecessary use of this medical procedure can lead to negative health complications for moms and babies. Reducing unnecessary c-section rates can also lead to substantial cost savings. One recent study in the United States found that women who received doula support had lower preterm and cesarean birth rates than Medicaid beneficiaries regionally. The study's authors estimate potential savings associated with doula support could lead to cost savings of approximately \$1,000 per birth by reducing preterm and cesarean delivery rates.<sup>8</sup>

Research has also shown the effectiveness of doula programs within New York City. The By My Side (BMS) Birth Support Program serves pregnant women living in the neighborhoods of Brownsville, East New York, Bedford-Stuyvesant, and Bushwick. The project catchment area included areas with the highest preterm and low birthweight rates in the city, as well as an infant mortality rate as much as 76% higher than the NYC average. A recent study of BMS found that program participants had lower rates of preterm birth and low birthweight compared to the area overall. Feedback from the study also indicated doula support is highly valued and helps women have a voice in their perinatal health decisions.<sup>9</sup>

Increasing access to doulas has the potential to improve infant and maternal health outcomes, reduce unnecessary medical procedures, improve the childbirth experience, increase positive behaviors like breastfeeding, and help women navigate healthcare systems in the prenatal and postpartum periods. Despite these benefits, access to doulas remains out of reach for many of the most vulnerable women in the city, including low-income women and women of color.

Lack of diversity among doulas remains a concern: A national study found that most doulas are white, upper-middle class women.<sup>10</sup> Medicaid does not currently cover doula services, and the availability of community-based doula services remains severely limited. Governor Cuomo took important steps in April when he proposed expanding Medicaid coverage for doulas. However, it is still unclear how this policy will roll out in practice, and how readily it will support community-based models.

## **Recommendations**

Studying the availability of and barriers to doula care is an important step towards improving access. CCC supports Intro 913, but offers the following recommendations:

- As the department undertakes this study, we urge continuous and committed collaboration with community stakeholders to help inform the Council's recommendations. This includes the

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<sup>6</sup> Meghan A. Mohren et al. "Continuous Support for Women During Childbirth (Review)." *Cochrane Database of Systematic Reviews*. (2017).; Kenneth Gruber, Susan Cupito, Christina Dobson. "Impact of Doulas on Healthy Birth Outcomes." *Journal of Perinatal Education*. (2013).

<sup>7</sup> Meghan A. Mohren et al. "Continuous Support for Women During Childbirth (Review)." *Cochrane Database of Systematic Reviews*. (2017).; Kenneth Gruber, Susan Cupito, Christina Dobson. "Impact of Doulas on Healthy Birth Outcomes." *Journal of Perinatal Education*. (2013).

<sup>8</sup> Katy Kozhimannil et al. "Modeling the Cost-Effectiveness of Doula Care Associated with Reductions in Preterm Birth and Cesarean Delivery." *Birth Issues in Perinatal Care*. (January 2016).

<sup>9</sup> Mary-Powel Thomas et al. "Doula Services Within a Healthy Start Program: Increasing Access for an Underserved Population." *Maternal and Child Health Journal*. (2017).

<sup>10</sup> Paula Lantz et al. "Doulas as Childbirth Paraprofessionals: Results from a National Survey." *Women's Health Issues*. (2005).

voices of women who have benefited from the support of doulas, as well as women who have had negative childbirth experiences as a result of insufficient support surrounding the birth of her child. This also includes the voices of community-based doula providers who actively work within high-risk communities, and have close ties to the clients and communities they serve.

- One of the challenges many doulas face is distrust from some physicians, nurses, and other medical providers. This can create conflicts between the practices of medical professionals and the preferences of the client, as supported by her doula. As the department is undertaking its doula study, CCC recommends study of New York City hospital policies and the attitudes of health professionals towards doulas. The New York Coalition for Doula Access is already undertaking work to address barriers doulas face in hospitals. Incorporating this type of analysis into the DOHMH's study can help the department identify ways to foster better hospital policies and more collaborative relationships between doulas and nurses, midwives, and physicians.
- As the department undertakes data collection on doulas and examines available funding mechanisms, we urge the City Council and the department to ensure that any policy changes do not inadvertently restrict the ability of community-based providers to serve high-risk populations. Any move towards greater registration or credentialing of doulas must take into consideration the voices of community-based providers, and the potential impact on providers' ability to meet the needs of their community.

### **Conclusion**

CCC is incredibly grateful that the City Council is initiating a discussion on how our city can improve health outcomes for moms and babies. We look forward to working with the City Council, DOHMH, and the Administration to promote the health and wellbeing of New York children and families.

Thank you for your time and consideration today.