Infant & Maternal Health in New York City

Every mom should have a healthy pregnancy and delivery, and every infant should have a healthy start to life. Below is an overview of key areas where New York still has work to do to improve infant and maternal health outcomes.

Infant mortality is a citywide issue, but it disproportionately impacts communities of color

The city’s historically low Infant Mortality Rate (IMR) reflects important investments to improve infant and maternal health outcomes. However, stark racial/ethnic disparities in IMR persist. Compared to non-Hispanic white infants, the mortality rate is three times higher for black infants and one and a half times higher for Hispanic infants.

Preterm birth and low birthweight are leading causes of infant mortality

Preterm birth: Babies born alive before 37 weeks of pregnancy.

For every white baby born too soon, there are two black babies born preterm. Racial disparities in birth outcomes persist even when adjusting for factors like socioeconomic status and prenatal care.

Low birthweight rates vary widely by neighborhood

Low Birthweight: Babies weighing less than 2,500 grams at birth.

Even though they are less than five miles apart, Park Slope has the lowest percentage of babies born at low birthweight in the city, while Brownsville has the highest. Geographic disparities reflect a range of structural, historical and systematic factors impacting community resources and outcomes, including racial segregation, concentrated poverty, and availability of quality care.

Visit data.cccnewyork.org to access hundreds of indicators on child and family well-being.
For every maternal death, there are an estimated 100 instances of life-threatening complications from delivery.

Racial disparities in SMM persist even when accounting for factors like education and Body Mass Index, reflecting the stressors of individual and structural racism.

As with SMM, Racial disparities in Maternal Mortality remain stark in New York City.

Black women account for only 23% of births in NYC, but 57% of pregnancy-related deaths. Asian/Pacific Islander and Hispanic women also faced heightened risks.

### Distribution of Live Births and SMM Cases in NYC by Race (2008-2012)

<table>
<thead>
<tr>
<th>Race</th>
<th>Percent of total deliveries</th>
<th>Percent of total SMM cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>16.8%</td>
<td>30.4%</td>
</tr>
<tr>
<td>Other Latina</td>
<td>25.8%</td>
<td>23.8%</td>
</tr>
<tr>
<td>Black</td>
<td>21.9%</td>
<td>35.6%</td>
</tr>
<tr>
<td>Asian</td>
<td>10.7%</td>
<td>15.3%</td>
</tr>
<tr>
<td>Puerto Rican</td>
<td>9.9%</td>
<td>7.7%</td>
</tr>
</tbody>
</table>

N of SMM cases=13,505
N total deliveries=588,232

### Improving maternal and child health outcomes requires tackling community and social/economic inequities

To improve infant and maternal health outcomes, New York must ensure that every woman has continuous, high-quality, respectful healthcare before, during, and after pregnancy, as well as the resources necessary to support herself and her family. Increasing access to doula services, midwives, and home visiting programs, promoting group prenatal care, and strengthening connections to community-based organizations are just some of the ways to improve maternal and child health.

Improving child and maternal health requires a multifactorial approach, including strategies to improve hospital protocols for obstetric patients, increasing use of progesterone for high-risk moms, and helping women prevent and manage chronic conditions. It also requires investments in interventions that promote safe sleep practices, support breastfeeding moms, and assist with smoking cessation.

Combating disparities in health outcomes also requires addressing Social Determinants of Health, or the conditions in which people are born and live that impact their overall health. Issues like structural racism, income inequality, housing instability, and disparate treatment in healthcare settings all contribute to chronic stress and disparities in health outcomes.

### Reducing barriers to safety net services is crucial for improving maternal and child health

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) provides free healthy food and resources to women and children, including breastfeeding support, nutrition counseling, and referrals. However, some eligible families don’t enroll due to stigma, lack of information, and other access barriers. Recent federal policy proposals targeting immigrant communities are making many New Yorkers afraid to access services like WIC.

### WIC Enrollment and Eligibility, 2014

<table>
<thead>
<tr>
<th>County</th>
<th>WIC Enrollment and Eligibility by NYC County, 2014</th>
<th>% Eligible but Not Accessing WIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bronx</td>
<td>106,970</td>
<td>77.5%</td>
</tr>
<tr>
<td>Kings</td>
<td>164,197</td>
<td>77.0%</td>
</tr>
<tr>
<td>New York</td>
<td>47,259</td>
<td>62.4%</td>
</tr>
<tr>
<td>Queens</td>
<td>96,285</td>
<td>84.3%</td>
</tr>
<tr>
<td>Richmond</td>
<td>16531</td>
<td>58.0%</td>
</tr>
</tbody>
</table>

### Sources:


* Note: Those who identified their race as “other” are not shown in the charts above.