

Brooklyn and the Bronx.

By Council Members Stevens, Hanif, Riley, Nurse, Gutiérrez, Narcisse, De La Rosa, Farías, Salaam, Hudson, Williams, Cabán, Won and Rivera

Whereas, The ability to protect the health of mothers, birthing people and babies in childbirth is a basic measure of a society's development; and

Whereas, Yet, more people in the United States (U.S.) die of pregnancy-related complications than in any other developed country; and

Whereas, While the number of reported pregnancy-related deaths has been declining in most of the world, compared to similar countries, the maternal mortality ratio (MMR) - the number of maternal deaths in a population that occur during a given year per 100,000 live births - has increased in the U.S.; and

Whereas, According to the Centers for Disease Control and Prevention (CDC), the MMR in the U.S. has more than doubled since 1987, from 7.2 deaths per 100,000 live births in 1987, to a peak of 18 in 2014, and dropping slightly to 17.3 deaths per 100,000 live births in 2017, the most recent year with reported data; and

Whereas, Data also show that this trend has worsened in recent years: from 2000 to 2014, the MMR in the U.S. increased by an estimated 26.6 percent; and

Whereas, Each year, about 700 American birthing people die from pregnancy-related complications, of which about three-in-five were preventable; and

Whereas, Severe maternal morbidity (SMM) - unexpected outcomes of labor and delivery that result in significant short- or long-term consequences to a birthing person's health - has also increased in recent years; in 2014, the most recent year with available data, more than 50,000 women in the U.S. were affected, per the CDC; and

Whereas, American Indian/Alaska Native and Black women in the U.S. are two to three times more likely to die from complications related to pregnancy than white women, per the CDC; and

Whereas, Such disparities also affect birth outcomes: data suggest Black infants are more than twice as likely to die as white infants; 11.3 per 1,000 Black babies, compared with 4.9 per 1,000 white babies; and

Whereas, Research points to race, rather than educational attainment or income level of the patient, as the cause of such discrepancies; and

Whereas, Indeed, a Black woman with an advanced degree is more likely to lose her baby than a white woman with less than an eighth-grade education; and

Whereas, In New York City (“NYC” or “City”), the MMR was 19.8 per 100,000 live births from 2017-2019, per the New York State (“State”) Department of Health (DOH); and

Whereas, Of the estimated 700 women who die from pregnancy or childbirth-related causes each year nationally, about 30 occur in NYC; and

Whereas, Moreover, statistics indicate that approximately 3,000 birthing people “almost die,” or experience morbidity, during childbirth in NYC; and

Whereas, According to a study in the American Journal of Obstetrics and Gynecology, in NYC, Black women are more likely than white women to give birth in hospitals that already have a high rate of severe maternal morbidity or complications; and

Whereas, Only 23 percent of Black patients gave birth in the safest hospitals, compared to 63 percent of white patients; and

Whereas, Recent citywide data suggest Black mothers in NYC are 8-to-12 times more likely to die from pregnancy-related causes than white mothers; and

Whereas, Brooklyn and the Bronx in particular carry a disproportionate burden of maternal and infant mortality rates: in 2018, residents of Brooklyn had the highest number of both pregnancy-associated and pregnancy-related deaths (14 and 10), followed by the Bronx (10 and 5); and

Whereas, The Chisholm Chance Act (S.2898A/A.4017A), sponsored by State Senator Zellnor Myrie and State Assembly Member Chantel Jackson respectively, would direct DOH to develop, establish, and administer a community-led and operated administrative hubs in Brooklyn and the Bronx; and

Whereas, The hubs would contract community health workers to identify and address standardized

health risks via shared metrics or standardized pathways that have demonstrated an impact on the social determinants of health; and

Whereas, In turn, each hub would coordinate participating community-based organizations and community health workers to address gaps in the systems of care for the highest need birthing people and children in their borough; and

Whereas, The City has demonstrated a commitment to addressing the high rates of maternal mortality and morbidity over the past couple of decades; and

Whereas, This includes, but is not limited to, (1) the passage of MMR reporting laws (Local Law 55 of 2017 and Local Law 188 of 2018); (2) the establishment of the NYC Department of Health and Mental Health's (DOHMH) Maternal Mortality and Morbidity Committee in 2017; (3) a partnership between DOHMH and the Fund for Public Health in New York City to implement SMM projects; and (4) a partnership between DOHMH, NYC Health + Hospitals and the Mayor's Office to implement a comprehensive maternal care program in 2018; and

Whereas, The City Council has also held hearings about or related to maternal health outcomes, including MMR and SMM, in June 2018, September 2019, January 2020 and December 2020; and

Whereas, Additionally, the City Council also has a long history of using discretionary funding towards reducing maternal morbidity; and

Whereas, This includes the Infant Mortality Reduction Initiative, totaling \$2.5 million in Fiscal Year (FY) 2002, and the Healthy Women, Healthy Future program initiative, totaling \$300,000 in FY2016; beginning in FY2017, the two initiatives were grouped together into the Maternal and Child Health Services Initiative; and

Whereas, In FY2021, the City Council designated \$1.9 million to the Maternal and Child Health Services Initiative, which supports 19 organizations across the five boroughs and reached more than 5,408 individuals in FY2020; and

Whereas, Beginning in FY2017, the City Council funded the Nurse Family Partnership Initiative for \$2 million, then advocated for expanded funding in FY2019 for a total budget of \$14 million; and

Whereas, The significant racial and ethnic disparities in maternal morbidity and mortality are borne out of discrimination and systemic racism that disproportionately impacts Black women; and

Whereas, In fact, today's racial disparity is greater than in it was in 1850, 15 years before slavery was abolished in the U.S.; and

Whereas, The Chisholm Chance Act would establish a plan to address the SMM crisis with community-based partners in the highest impacted areas of the State; now, therefore be it

Resolved, That the Council of the City of New York calls upon the New York State Legislature to pass, and the Governor to sign, S.2898A/A.4017A, the Chisholm Chance Act, which would establish a plan to address the severe maternal morbidity crisis in Brooklyn and the Bronx.

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