Report on maternal deaths faults NY

Audit: State failed to implement key plans

David Robinson

New York State Team USA TODAY NETWORK

New York health officials failed to fully implement key expert recommendations for reducing maternal deaths and racial disparities, as pandemic-era crises stalled prior progress toward saving the lives of more women, a new state audit reported.

Auditors investigated, in part, the work of the state Taskforce on Maternal Mortality and Disparate Racial Outcomes launched in 2018. They found:

• State health officials implemented 63% of 27 recommendations related to that task force, while they partially implemented or did not implement 37% (or 10) recommendations.

• New York's Health Department does not track severe maternal morbidity cases, despite officials saying that strategic approach to monitoring these serious pregnancy-related injuries is needed. Officials said they are working to develop a statewide surveillance program.

• New York's maternal death rate increased about 33% from 2018 to 2021, auditors noted, citing federal data. But more recent estimates suggested maternal deaths have since begun to drop again in New York and some other states as COVID-19 deaths plummeted.

• Black mothers died during or after childbirth at a rate nearly five times higher than white mothers in 2020. While the state Health Department collects this data and related information, "it does little to utilize it," auditors asserted.

Maternal

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The Health Department "needs to strengthen its oversight of policy initiatives and take steps to help ensure all mothers, regardless of race or ethnicity, have access to the highest level of care," Comptroller Thomas DiNapoli said in a statement.

What state health officials say about audit

State health officials suggested more time and resources were needed to evaluate and implement the recommendations evaluated in the audit. They noted some of them required complex systemic changes, including some involving the diverse mix of health providers, hospital networks and experts involved in the issue.

The COVID-19 pandemic also limited resources and funding to address the recommendations, health officials told auditors, asserting if not for the Health Department's ongoing efforts, "maternal deaths and morbidities would have been even higher."

What audit revealed about deaths

Some of the other more crucial expert recommendations that were only partially implemented or not implemented included:

• Creating competency-based curricula for providers as well as medical and nursing schools. These should, in part, be identified in areas of maternal health, social determinants, clinical care, quality improvement and implicit bias to reduce maternal deaths and disparities in outcomes, auditors noted.

• Promoting universal birth preparedness and postpartum continuity of care, including increasing the capacity of outpatient obstetric practices serving high volumes of Black women.

Still, state health officials have launched some initiatives that experts say should save more lives, auditors said, noting recent research has found nearly 80% of pregnancy-related deaths were preventable. These included:

• A state maternal mortality review board recommended improved access to telehealth. On a pilot basis, state health officials worked to temporarily obtain payment parity for telehealth services.

• The board also recommended greater community resources to help support high-risk mothers. The Health Department is investing about \$14 million between 2022 through 2027 to fund 26 Perinatal and Infant Community Health Collaboratives.

To read the full audit report, visit the state Comptroller's website at osc.ny-.gov.

David Robinson is the New York State Team health care reporter for the USA TODAY Network. His more than 15year investigative reporting career has included awards for coverage of the opioid epidemic, hospital and nursing home abuses, health inequality, CO-VID-19 and emergency response failures.