Advancing Maternal Health: A Virtual Symposium on Cross-Sector Collaboration to Improve Access and Outcomes
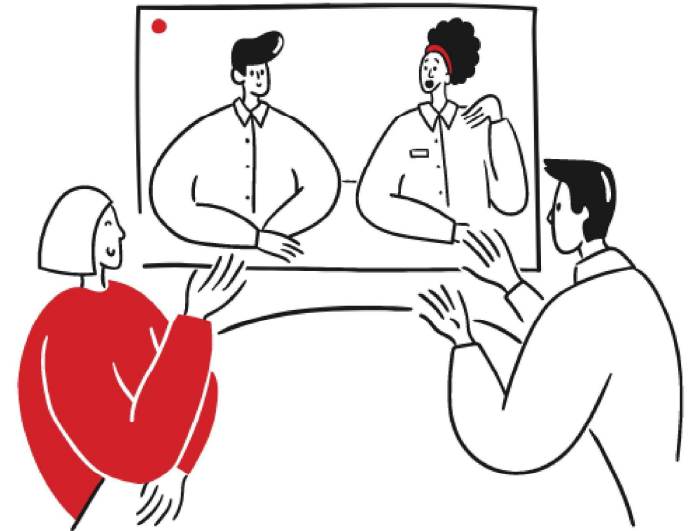
Keynote: **Kirsten Siegenthaler, PhD**

June 27th, 2025
10 AM – 1 PM

Housekeeping

- Good morning and welcome!

- Symposium Recordings and Slides will be made available after the webinar.

- Your feedback is most welcome. Please complete a brief survey at close.

Maternal Health

Kirsten Siegenthaler, PhD

June 27, 2025 | CHCANYS Maternal Health Symposium

TOPICS

- Data about maternal mortality and morbidity

- Maternal Mortality Review activities

- Overview of NYS initiatives

- Appendix of additional information

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Data

MATERNAL AND INFANT HEALTH SUMMARY BY YEAR

	2018	2019	2020	2021
Number of Births	225,162	220,536	207,590	209,947
Severe Maternal Morbidity	1,923	1,946	2,240	2,321
Maternal Mortality	118	124	144	161
Pregnancy Related	41	42	38	49
Pregnancy Associated but Not Related	56	63	83	89
Pregnancy Associated but Unable to Determine Relatedness	21	19	23	23
Infant Mortality	917	853	774	796

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TRENDS IN SEVERE MATERNAL MORBIDITY RATES IN NEW YORK STATE (2008-2022)

Statewide Severe Maternal Morbidity rates increased nearly 55% between 2016 and 2022

Longitudinal Trends in Severe Maternal Morbidity Rates (per 10,000 delivery hospitalizations) between 2008-2022 in New York State, within and outside of New York City‡
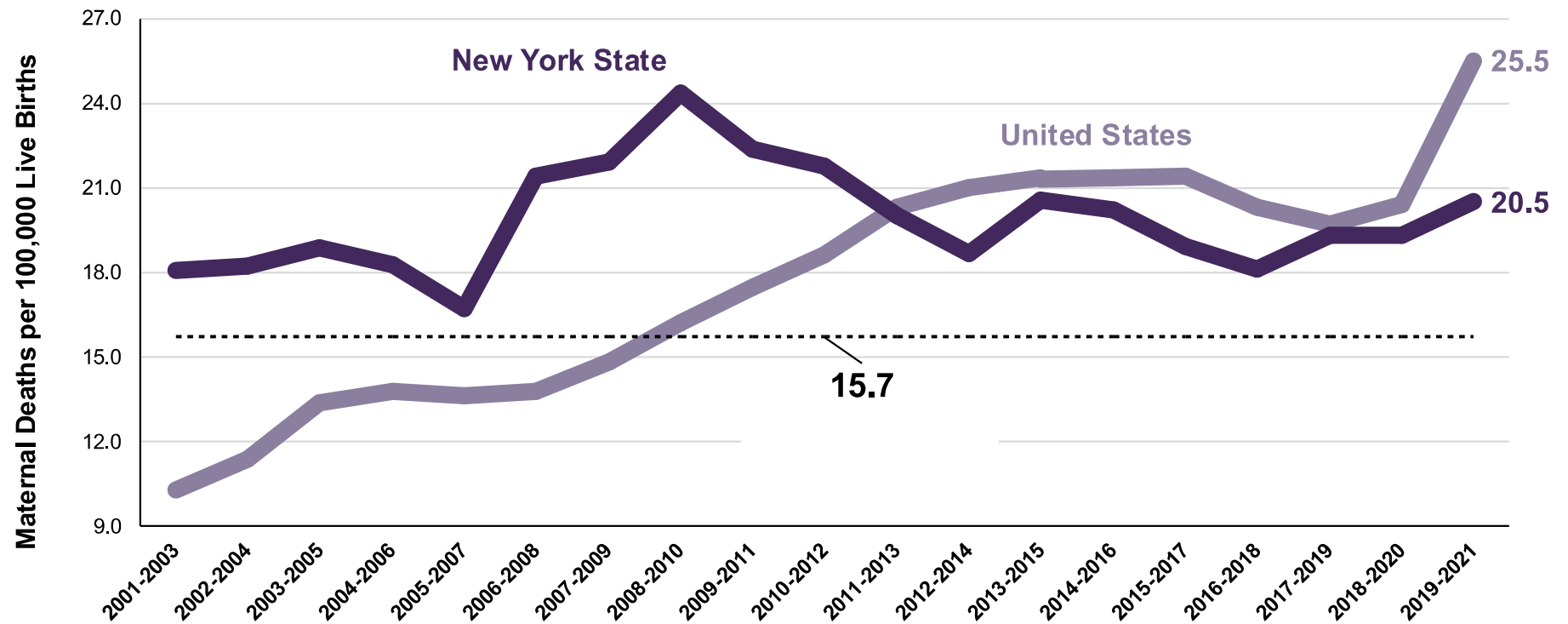

Healthy People 2030 Target: **64.4**

— New York State —✕— New York State (excl. New York City) — New York City
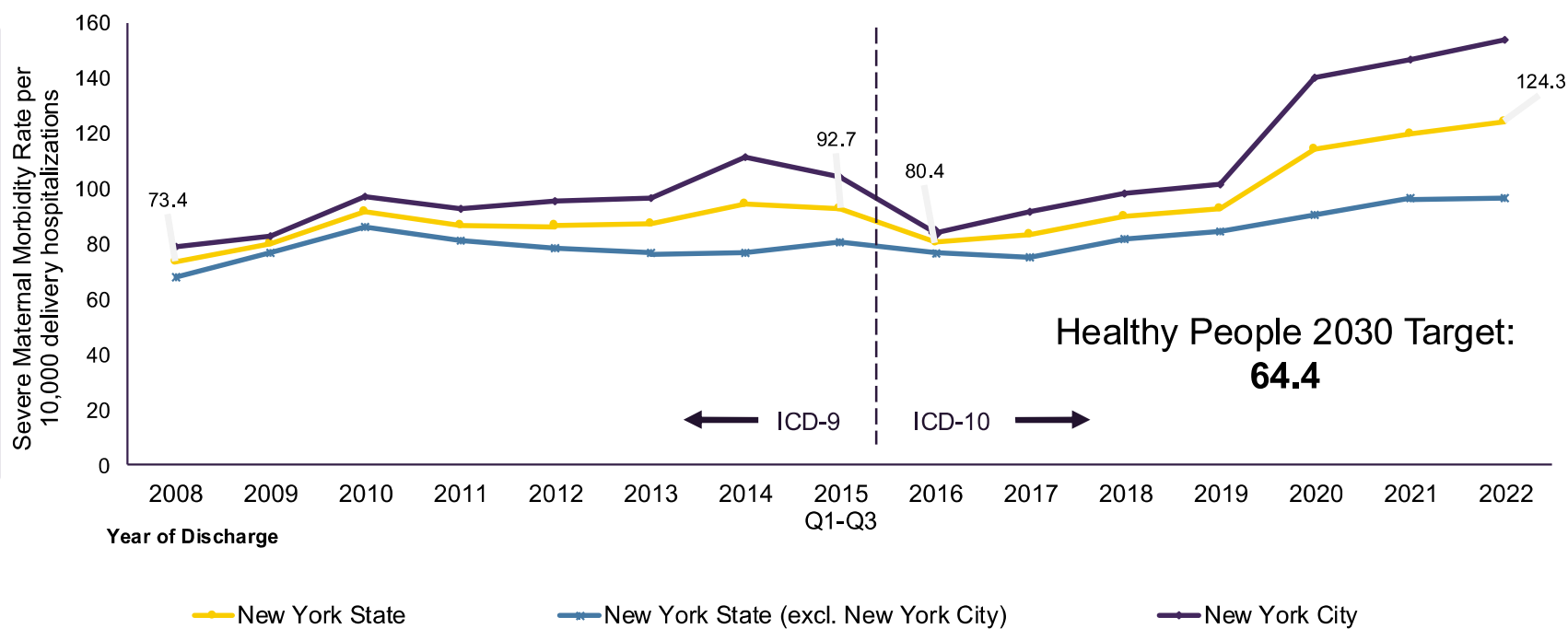
Data Source: New York Statewide Planning and Research Cooperative System
Note: Rates in 2016 represent the first year of ICD-10 code implementation and should be interpreted with caution.
(‡*Based on patient county of residence. Among N=2,344,870 New York State resident delivery hospitalizations*)

TRENDS IN MATERNAL MORTALITY AS REPORTED IN VITAL RECORDS*

Maternal Deaths per 100,000 Live Births

New York State

United States

27.0

24.0

21.0

18.0

15.0

12.0

9.0

2001-2003
2002-2004
2003-2005
2004-2006
2005-2007
2006-2008
2007-2009
2008-2010
2009-2011
2010-2012
2011-2013
2012-2014
2013-2015
2014-2016
2015-2017
2016-2018
2017-2019
2018-2020
2019-2021

25.5

20.5

15.7

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MATERNAL MORTALITY SUMMARY

- United States maternal mortality rate has **doubled** over the past two decades

- New York State ranked 46th in the nation in 2010

- Currently ranked **16th* in the nation** for maternal mortality

Maternal Mortality Review

MATERNAL MORTALITY REVIEW

Department of Health   Individuals/Families   Providers/Professionals   Health Facilities   Health Data   About Us   Search

You are Here: Home Page > Women's Health > Maternal Mortality

Maternal Mortality

Home | For New Yorkers | For Providers | Reports and Updates | Media Campaign #HearHer

"Giving birth is supposed to be a time that is exciting, beautiful, and supportive. Unfortunately, for some families, it can be a different experience. Black people who give birth are five times more likely than White people who give birth to die of pregnancy-related causes. Our goal is to eliminate disparities so that all people who give birth have birthing experiences that are safe and empowering. No person should die while giving birth or after bringing a life into this world. The Department remains committed to ensuring that all people who give birth have healthy pregnancies and babies and receive support and resources after giving birth.

Maternal Mortality (ny.gov)

UNDERLYING CAUSES FOR PREGNANCY-RELATED DEATHS

1. Hemorrhage (19.0%)

2. Embolism (14.9%)

3. Mental Health Conditions (14.9%)

4. Cardiomyopathy (8.3%)

5. Infection (8.3%)

6. Amniotic Fluid Embolism (7.4%)

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Distribution of Pregnancy-Related Deaths by Timing of Death in Relation to Pregnancy

23.1%
(N=28)
While Pregnant

48.8%
(N=59)
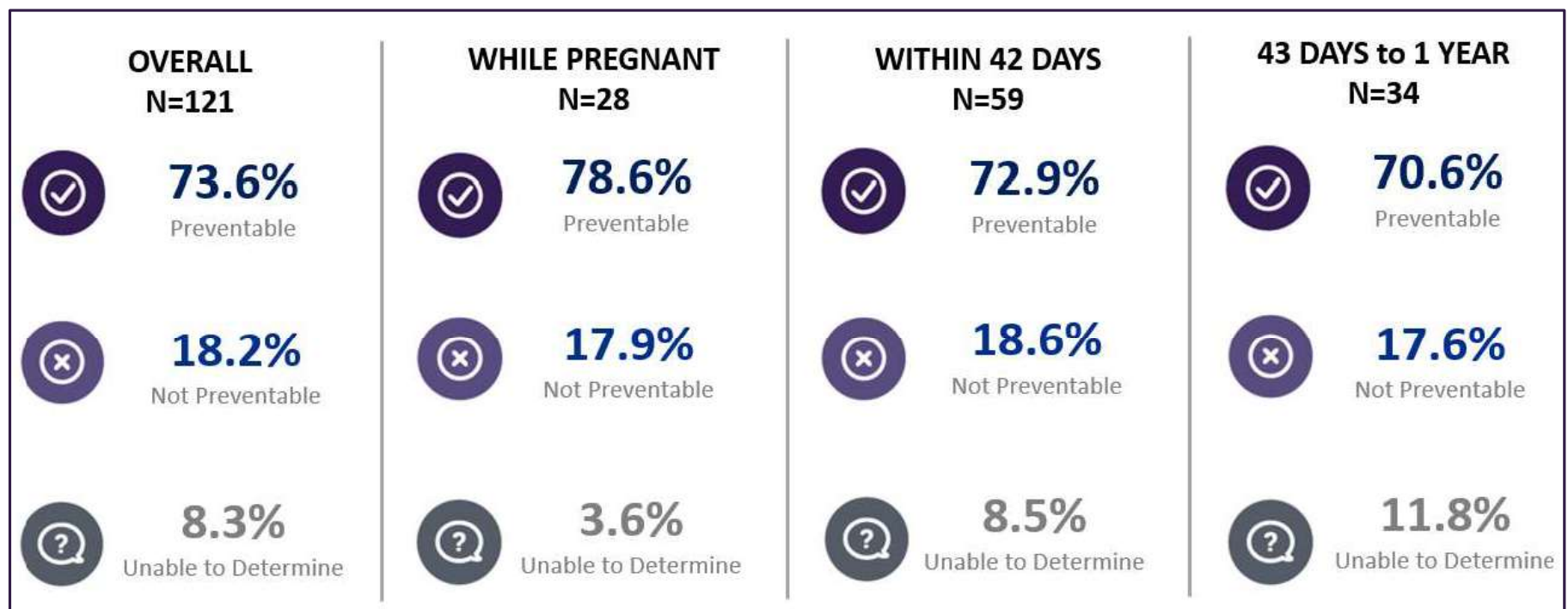Within 42 Days

28.1%
(N=34)
43 Days to 1 Year

Data Source: New York State Maternal Mortality Review

CONTRIBUTING FACTORS

- Continuity of Care/Care Coordination
  - Lack of follow-up from providers on high-risk/high priority patients, patient discharged without follow-up plan, limited care coordination between providers, no communication between facilities on transfer of care and between specialists, inpatient and outpatient providers, and medical staff

- Chronic Disease management
  - Obesity, diabetes, anemia, sickle cell disease, lack of access to primary care treatment and management for chronic conditions, lack of care coordination to improve engagement

- Mental Health conditions
  - Lack of resources to help manage depression, inadequate response to a history of suicide attempts, untreated bipolar disorder, unawareness of acuity of diabetes, stigma around mental health and substance use

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CONTRIBUTING FACTORS

- Lack of Trust
  - Lack of trust and communication between providers and patients;
  - Distrust of providers leading to non-compliance, not getting, or taking prescribed medications for unknown reasons affected patient outcomes
- Provider Knowledge
  - Knowledge gaps in obstetric complications, chronic conditions, and mental health conditions; lack of understanding regarding the impact of patient's external environment on their health
- Patient Knowledge
  - Unaware of medication safety during pregnancy, symptoms, and warning signs of complications

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RECOMMENDATIONS

- Many recommendations focused on birthing hospital and facilities

- For Primary Care and FQHCs - Implement a Maternal Medical Home

  – Patient Centered

  – Coordination of Care, Referrals

  – Wraparound Services

  – Pilot/demonstration efforts happening in NYS

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What is NYS doing?

MEDICAID'S 1115 WAIVER

- January 9, 2024, Centers for Medicare & Medicaid Services
- Approved NY's 1115 Waiver Demonstration Amendment
- Including establishment of Social Care Networks
- Responsible for building a network of Community-Based Organizations

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SOCIAL CARE NETWORK ORGANIZATIONS

Lead Entities	Map Color	Counties
Care Compass Collaborative	●	Broome, Chenango, Delaware, Otsego, Tioga, Tompkins
Forward Leading IPA	●	Allegany, Cayuga, Chemung, Genesee, Livingston,Monroe, Ontario, Orleans, Schuyler, Seneca, Steuben, Wayne, Wyoming, Yates
Health Equity Alliance of Long Island	●	Nassau, Suffolk
Healthy Alliance Foundation Inc.	1	Albany, Columbia, Greene, Rensselaer, Montgomery, Saratoga, Schenectady, Schoharie
	2	Cortland, Herkimer, Madison, Oneida, Onondaga, Oswego
	3	Clinton, Essex, Franklin, Fulton, Hamilton, Jefferson, Lewis, St. Lawrence, Warren, Washington
Hudson Valley Care Coalition, Inc.	●	Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester
Public Health Solutions	●	Kings (Brooklyn), New York (Manhattan), Queens
Staten Island Performing Provider System	●	Richmond (Staten Island)
Somos Healthcare Providers, Inc.	●	Bronx
Western New York Integrated Care Collaborative Inc.	●	Cattaraugus, Chautauqua, Erie, Niagara

https://www.health.ny.gov/health_care/medicaid/redesign/sdh/scn/

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HEALTH CARE PROVIDERS

- To learn more about becoming a Social Care Network provider, reach out to the Lead Entity in your service delivery region

- If you provide services in more than one region, you may collaborate and/or contract with multiple networks.

- Lead Entities can share more details, including specific processes for your region and the services you provide to Medicaid Members

https://www.health.ny.gov/health_care/medicaid/redesign/scn/

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NYS PROGRAM LOCATOR

https://nysccf.maps.arcgis.com/apps/MapSeries/index.html?appid=bde3bc9d78e84ce193abfbe297dcb0ac

FIND A PARENT SUPPORT PROGRAM

HEALTHY FAMILIES NEW YORK

- Match parents with knowledgeable and caring workers

- Provide information and support during pregnancy and early childhood

- Helping families access community resources and services

- Educating families on parenting and child development

- Connecting families with medical providers

- Assessing children for developmental delays

https://healthyfamiliesnewyork.org/

https://healthyfamiliesnewyork.org/Documents/HFNYSiteInfo.pdf

PERINATAL AND INFANT COMMUNITY HEALTH COLLABORATIVES

- 26 agencies statewide, 31 counties reached

- Trained paraprofessionals

- Originate from and represent their communities

- Provide support, education and referrals to enrolled families

- Provide a pathway from service recipient to service provider

- Community strategies to address social determinants of health

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Perinatal and Infant Community Health Collaboratives

NURSE-FAMILY PARTNERSHIP

- Enrolls first-time mothers less than 28 weeks pregnant

- National model

- Evidence-based

- In Chemung, Erie, Niagara, Monroe, Nassau, Queens, Richmond, Kings, Bronx (2)

NURSE-FAMILY PARTNERSHIP® IS A COMMUNITY HEALTH PROGRAM THAT TRULY CHANGES LIVES – FOR GENERATIONS TO COME.

Nurse-Family Partnership empowers first-time moms to transform their lives and create better futures for themselves and their babies. Watch our short video to learn about our program directly from families, NFP nurses, Dr. Olds and other advocates.

https://youtu.be/rn8V784A6tE

EXPANDED MEDICAID BENEFITS

- Expansion of Medicaid coverage from 60 days to 1 year postpartum

- Statewide Coverage of Doula Services

- Increase Midwifery Reimbursement to 95% of physician rate

- Expansion of reimbursement of Noninvasive Prenatal Screening to include coverage for all pregnant Medicaid members

- Expansion of remote patient monitoring service coverage for pregnant/postpartum people

- Coverage of Community Health Worker services for pregnant/postpartum people (10/2023) and all children under age 21

- Expansion of coverage for Spinal Muscular Atrophy Carrier Screening

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MEDICAID PERINATAL CARE STANDARDS

- Policy applicable to all Medicaid perinatal care providers

  - including medical care facilities or public or private not-for-profit agencies or organizations, physicians, licensed nurse practitioners, and licensed midwives practicing on an individual or group basis, and managed care plans that contract with these providers

- Guiding principles

  - services must be delivered in a high-quality, person-centered, cohesive, and comprehensive manner

  - all providers must adopt a clinical practice philosophy consistent with current standards of care and in compliance with Medicaid guidelines

  https://www.health.ny.gov/health_care/medicaid/standards/perinatal_care/

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APPENDIX

- Severe Maternal Morbidity Definition

- Maternal Mortality Definitions

- Maternal Mortality Review Process

- Hear Her Campaign

- Family Planning and Teen Education

- Medicaid Postpartum Visit Incentive

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What is Severe Maternal Morbidity?

Severe Maternal Morbidity refers to unexpected complications of childbirth that can result in short- and long-term consequences for the health and wellbeing of birthing people[1]

Severe Maternal Morbidity includes two groups of indicators[1]:

Potentially life-threatening complications that arise unexpectedly during childbirth such as:	**Important procedures** to intervene when serious childbirth complications occur, such as:

1. Centers for Disease Control and Prevention. Severe Maternal Morbidity in the United States. 2023. Severe Maternal Morbidity in the United States | Pregnancy | Reproductive Health | CDC

MATERNAL MORTALITY DEFINITIONS

Pregnancy-Related Death:

The death of a woman during pregnancy or within one year of the end of pregnancy from a pregnancy complication, a chain of events initiated by pregnancy, or the aggravation of an unrelated condition by the physiologic effects of pregnancy.

Pregnancy-Associated but Not Related Death:

The death of a woman during pregnancy or within one year of the end of pregnancy from a cause that was not causally related to the pregnancy.

Pregnancy-Associated but Unable to Determine Relatedness:

The death of a woman while pregnant or within one year of pregnancy, due to a cause that could not be determined to be pregnancy-related or not pregnancy-related.

Examples:

• Hemoperitoneum/shock with ectopic pregnancy

• Uterine rupture

Examples:

• Accidental overdose 26 weeks postpartum

• Head injury from car accident while pregnant

Example:

• Sudden Cardiac Arrest with unknown cause in pregnancy/postpartum

NEW YORK STATE MATERNAL MORTALITY REVIEW

Department of Health staff identify cases of maternal death

Records are abstracted and a case narrative is written

Board member reviewer reviews the case narrative for completeness and prepares summary for Board

Member reviewer presents the case to the Board

Board discusses case and makes recommendations for action

Note: Public Health Law Section 2509:
• Authorized the Commissioner to delegate the state Maternal Mortality Review Board's responsibilities for reviewing New York City's deaths to the New York City's Maternal Mortality and Morbidity Review Committee
• Provided authority for New York City's Maternal Mortality and Morbidity Review Committee to review deaths in New York City

HEAR HER CAMPAIGN

Over 700 women die each year in the U.S. from issues related to pregnancy or delivery. Two thirds of these pregnancy-related deaths could be prevented if people were better informed. Women know their own bodies better than anyone and can often tell when something does not feel right. The Hear Her campaign supports efforts to prevent pregnancy-related deaths by sharing potentially life-saving messages about "Urgent Maternal Warning Signs." The campaign also seeks to encourage everyone who supports pregnant and postpartum women to really listen when she tells you something doesn't feel right. This includes partners, friends, family, co-workers, and providers. Acting quickly could help save her life.

What to Watch for During Pregnancy and in the Year After Delivery

Hear Her. You Can Help Save Her Life. (ny.gov)

Medicaid Comprehensive Postpartum Visit

In November 2024, CMS approved a preprint for a state directed payment designed to improve maternal health by increasing the number of timely comprehensive postpartum visits provided to members.

- **Payment Arrangement Dates:** 07/01/2024 to 03/31/2025.
- **Provider Class:** In-network primary care and specialty physician practices that provide perinatal services, including Ob/Gyn physicians, midwives, and family practice physicians.
- **Payment Type:** Add-on payment for postpartum visits identified by CPT code 59430 or Level 2 CPT code 0503F.
- **Investment:** $ 5.9 million for the 9-month period ending 03/31/2025.

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EVALUATION MEASURE

HEDIS Postpartum Care (PPC)

Postpartum (PP) rate, which is the percentage of deliveries that received postpartum care on or between seven (7) and 84 days after delivery.

- **Denominator:** Medicaid Managed Care (MMC) members that delivered a live birth during the measurement year.

- **Numerator:** MMC members in the denominator that had a postpartum care visit with an Ob/Gyn physician or midwife or family practice physician on or between seven (7) and 84 days after delivery.

Statewide Performance: SFY23 baseline 69.3%; SFY25 goal 72.3%.

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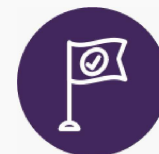
PAYMENT DETAILS

- **Incentive Amount:** Providers will receive an additional reimbursement of $ 208.55 via a special payment term for providing a timely postpartum visit. This payment is in addition to any global/current billing practices around maternity services.

- **Coding:** Providers will submit a claim for a postpartum visit performed within 12-weeks of delivery, identified by CPT code 59430 or Level 2 CPT code 0503F.

- **Attestation:** When billing this service, the provider is attesting to meeting all *The American College of Obstetrics and Gynecology (ACOG)* and the *American Academy of Pediatrics (AAP)* postpartum visit recommendations, including a postpartum depression screening.

- **Multiple Encounters:** One comprehensive postpartum visit per member/delivery is eligible for incentive. If more than one encounter is received per member/delivery, the provider who performed the bulk of prenatal services for the member receives the incentive payment.

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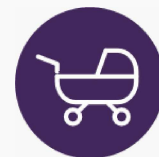
TIMELINE

Date of Delivery	Comprehensive Postpartum Visit Period End Date	Claims Runout End Date	Analysis Completion Date	MCO Payments to Provider Date
July 1, 2024 to September 30, 2024	12/23/24	06/23/25	08/31/25	11/30/25
October 1, 2024 to December 31, 2024	03/25/25	09/25/25	11/30/25	02/28/26
January 1, 2025 to March 31, 2025	06/23/25	12/23/25	02/28/26	05/31/26

*** Data is not yet available to provide results ***

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Thank you!