

Greetings Chairman Brouk, Chairman Rivera, Chairman Webb, Chairman Persaud and members of the State and Senate Committees. It is my pleasure to provide you with our testimony regarding Perinatal Mental Health as it relates to Maternal Mortality.

The United States has the highest maternal mortality rate among high-income countries. An estimated one in five birthing individuals are impacted by mental health conditions – including mood disorders, anxiety disorders, trauma-related disorders, obsessive-compulsive disorder, and postpartum psychosis. Substance use disorders (SUD) during pregnancy and the postpartum period disproportionately affect Black and American Indian/Alaska Native individuals and others in under-resourced communities. Deaths from suicide, drug overdoses, and other causes related to mental health and substance use issues are the leading cause of pregnancy-related deaths in the U.S., accounting for more than 22% of those deaths. As such, our organization makes the following voluntary pledge to address maternal health and/or substance use in our jurisdiction on behalf of the health and well-being of people today and future generations.

In New York State Black birthing individuals are four times more likely to die as a result of a pregnancy-associated death. In New York City, the rate is nine times higher for Black birthing individuals. The New York State Maternal Mortality Review Board found that “mental health conditions represent the third leading cause of pregnancy-related deaths” in the state, according to a 2022 board issue brief. A year later, the review board revealed in an issue brief that perinatal substance use disorders continue to be one of the leading causes of pregnancy-associated deaths in the state. The majority of these deaths occur after the traditional 6 weeks postpartum. Therefore, it is imperative that we increase mental health services for all citizens of NYS of childbearing age. We must create programming and services that enhance public education on the importance of mental health, early warning signs of changes in mental health and practical resources for interventional services and providers. This can be accomplished through intentional efforts through interprofessional collaboration among providers, educators, researchers and community members. Birthing individuals should receive a minimum of three mental health visits with a licensed mental health provider throughout the perinatal period prioritizing proactive assessments and ongoing support. These visits should be integrated into the perinatal care services pipeline and fully covered by insurance.

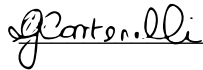
As one of the top-ranked nursing schools in the nation, NYU Meyers College of Nursing is uniquely positioned to be a leader in preparing nurses, nurse practitioners and midwives to care for childbearing families, educate clinicians, develop research, create programming and advance policy to close these gaps in perinatal health care. As such, our institution has made the following pledge to address maternal health and substance use:

We, the Midwifery and Psychiatric-Mental Health Nursing faculty at NYU Rory Meyers College of Nursing, pledge to strengthen our graduate and undergraduate curricula to increase the nursing workforce prepared to address the mental health, behavioral health, and social welfare of pregnant persons through a culturally sensitive lens. We are committed to leveraging our

collective expertise to ensure that graduates of our programs are equipped and empowered to prioritize the psychosocial needs of birthing individuals in their care. We pledge to develop specific, actionable cross-specialty training initiatives that will enhance maternal mental health education for undergraduate nursing students and graduate students in psychiatric, family, and midwifery nursing specialties at NYU Rory Meyers University.

We are Dr. James-Conterelli and Dr. Dilice Robertson, the program directors of Midwifery and Psychiatric-Mental Health at NYU Rory Meyers College of Nursing, respectively. Both of us are licensed and certified practitioners in New York State, actively engaged in clinical practice, and deeply aware of the impacts of maternal mortality and severe maternal morbidity through our firsthand experience. Joining us in our commitment to advancing maternal mental health care and reducing maternal morbidity and mortality is NYU McSilver Institute for Poverty Policy and Research at NYU McSilver School of Social Work.

Respectfully,



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Sascha James-Conterelli, DNP, CNM, FACNM, FAAN, FNYAM

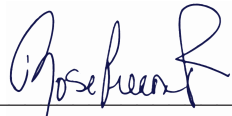
NYU Rory Meyers College of Nursing



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Dilice Robertson, DNP, PMHNP-BC

NYU Rory Meyers College of Nursing



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