

Testimony of NYU McSilver Institute for Poverty Policy and Research and
NYU Langone's Institute for Excellence in Health Equity
to the
New York City Council
Committee on Hospitals and Committee on Women and Gender Equity
Oversight - Improving Maternal Health in New York City
October 23, 2025

Thank you Chairs Narcisse and Louis and members of the Committees on Hospitals and Women and Gender Equity for holding this important hearing and for the opportunity to provide testimony on the topic of improving maternal health in New York City and in support of three resolutions (Res 1086, 1087, 1082). This testimony is submitted by Damali M. Wilson, PhD, MSN, Maternal Health Equity Fellow at the NYU McSilver Institute for Poverty Policy and Research and NYU Langone Health's Institute for Excellence in Health Equity; Rose Pierre-Louis, JD, Executive Director at the NYU McSilver Institute for Poverty Policy and Research; and Natasha Williams, EdD, MPH, Associate Professor at NYU Langone Health's Institute for Excellence in Health Equity. This hearing, and the proposed resolutions, are important steps towards more robust tracking and trending in our health care system, especially our maternal health system. According to the New York City Department of Health and Mental Hygiene (DOHMH), not only are pregnancy-associated mortality ratios worsening, but these maternal deaths are largely preventable.¹ Further, while death necessitates urgent action, for every maternal death in the United States, there are nearly 70 near-miss events (usually the sequelae of complications) which are also an urgent call to action.²

The McSilver Institute for Poverty Policy and Research (McSilver) at New York University is committed to generating knowledge about the root causes of poverty, developing evidence-based interventions to address its consequences, and rapidly translating research findings into action through policy and practice. The Institute currently maintains a large portfolio in health across the lifespan with an explicit focus on maternal health, including community awareness and legislation responding to the maternal health crisis. Additionally, McSilver is home to a training and technical assistance hub serving all mental health, substance use disorder, and child welfare agencies in New York State, as well as infant and early childhood mental health providers throughout New York City with a focus on bolstering the city's perinatal clinical and social support network.

The Institute for Excellence in Health Equity (IEHE) at NYU Langone seeks to achieve excellence in health equity research, clinical care, and medical education through development, implementation, and dissemination of evidence-based, community-centered solutions to optimize health and well-being. IEHE consists of a network of interdisciplinary health leaders who maintain a record of clinical, programmatic, and research experience prioritizing maternal health

outcomes among populations often skewed to health and social disadvantages. Included in the institute's extensive maternal health research is a multi-site, multimillion dollar, five-year study, funded by the National Institutes of Health (NIH), leveraging community health workers and digital health tools to adapt an evidenced-based intervention designed to incorporate lifestyle and nutrition counseling in improving maternal health across ambulatory clinics in New York City.

McSilver and IEHE have partnered in recent years to leverage collective expertise and resources to more pointedly address the maternal health crisis impacting our city and state. Together, the institutes are advancing a body of work that addresses the critical need to highlight and ameliorate disparities in maternal healthcare access, quality, and outcomes, particularly among underserved populations. We believe the proposed resolutions are in service to that goal and would welcome the opportunity to work with the Council by offering technical expertise and insight as these resolutions continue to move through the legislative process.

Res 1087-2025 (CM Schulman): This resolution calls on the New York State Department of Health to conduct regular audits of NYPORTS data, and to require hospitals to retroactively fill in missing data.

This resolution acknowledges the important potential of The New York Patient Occurrence Reporting and Tracking System (NYPORTS) as a robust reporting system that captures errors and adverse events to improve patient safety. The proposed layers of added accountability through auditing and addressing missing data can help reduce underreporting and inconsistencies. Enhanced reporting is essential for implementing prevention measures, bolstering clinical policies and procedures to improve quality, guiding professional training, and reducing healthcare costs (direct, indirect, and intangible) resulting from errors. We recommend the Council create standard procedures for reporting and auditing, establish well-defined reporting/auditing intervals, designate a person or team for support and oversight, and establish incentives or consequences if reporting standards are not met. These safeguards will support the intended goal of this resolution, and aid reporters in compliance.

Res 1086-2025 (CM Ossé): This resolution calls on the New York State Department of Health to create a new and separate occurrence code for maternal mortality, and standardize the definition of events reportable to the New York Patient Occurrence and Reporting Tracking System.

Standardization in definitions and severity in reporting is critical for ensuring transparency, rigor, and reproducibility. A foundation for this, specific to maternal health, exists, is used widely, and may serve as an exemplar for local implementation. In 2022, an international interdisciplinary group including midwives, clinicians, scientists, regulatory personnel, and patients published the rigorous, systematic process they undertook to develop standardized definitions for maternal adverse events, as well as a severity grading system.³ Standardization

allows healthcare providers and maternal health stakeholders to better communicate around safety. This has implications for clinical care and research; for example, clinical trials including therapies and medications.

We recommend the Council to consider adaptation of standard definitions related to maternal mortality, morbidity, and adverse events. In doing so, NYPORTS can better integrate city and state reporting and data. A more comprehensive database allows for more detailed identification of system-level gaps and limitations, can more reliably inform allocation of resources, and offers a more nuanced system for tracking progress along the maternal health continuum. To ensure continued cohesion, we agree with alignment in the timeframe for what events qualify. According to analyses from the Commonwealth Fund, two-thirds of U.S. pregnancy-related deaths occur during the postpartum period: 35% between 1 to 42 days postpartum, and 30% between 43 to 365 days postpartum.⁴ We endorse tracking during pregnancy through the first year after the end of pregnancy, as is the current practice of The New York State Department of Health and the New York City Maternal Mortality Review Committee (M3RC).

Res 1082-2025 (Deputy Speaker Ayala): A resolution calling on the New York State Department of Health to confidentially share data regarding adverse maternal health events from the New York Patient Occurrence Reporting and Tracking System with the New York City Maternal Mortality and Morbidity Review Committee.

Mortality is not the best or sole marker of the overall quality of maternity care and the safety of pregnant and postpartum individuals. As such, we fully support the alignment of NYS DOH, NYC DOHMH, and M3RC in NYPORTS reporting and bi-directional data sharing on adverse events. We also advocate for the development of an automated data sharing system. Standardization, systems integration, and transparency enable timely, coordinated efforts to: (1) identify trends and gaps that can reveal more specific targets in the maternal clinical and community care continuum, (2) avoid duplication of efforts, (3) improve cross-institutional communication through language, and (4) guide cross-sector prevention and early intervention strategies.

We again thank you and the Council for directing attention and legislation to the pressing issue of maternal health. We extend a standing offer to help members and staff however we can moving forward.

References:

¹ Litvak J, Jiang Y, Jessup J, Grant H, Searing H. Pregnancy-Associated Mortality in New York City, 2022. New York City Department of Health and Mental Hygiene. September 2025.

² Peoples, D. A. (2025, June 3). Building Trust, Preventing Trauma: Addressing Maternal Near Misses. AAMC Center For Health Justice.
https://www.aamchealthjustice.org/news/viewpoint/building-trust-preventing-trauma#footnote3_6u3ljx2

³ Spencer, R. N., Hecher, K., Norman, G., Marsal, K., Deprest, J., Flake, A., ... & David, A. L. (2022). Development of standard definitions and grading for maternal and fetal adverse event terminology. *Prenatal Diagnosis*, 42(1), 15-26.

⁴ Gunja, M. Gumas, E.D., Masitha, R., & Zephyrin, L.C. (2024, June 4). Insights into the U.S. Maternal Mortality Crisis: An International Comparison. Commonwealth Fund.
<https://www.commonwealthfund.org/publications/issue-briefs/2024/jun/insights-us-maternal-mortality-crisis-international-comparison>