

**Written Testimony Submitted by**  
**Associate Dean and Professor Lynn Roberts**  
**City University of New York Graduate School of Public Health and Health Policy**  
**Public Hearing: An Examination of Maternal Mortality and Morbidity Rates in New York**  
**State**  
**Monday February 24, 2025**

Thank you, Chairpersons Webb, Rivera, Persaud, and Brouk, and the members of the Women's Issues, Health, Social Services, and Mental Health Committees for the opportunity to submit this testimony on maternal mortality and morbidity in New York. The latest data underscores the maternal health crisis in our state, highlighting both racial disparities and gaps in maternal healthcare. As public health, social services, universities, and marginalized communities face new challenges, it is critical that we work together to protect access to essential services and bodily autonomy for all pregnant individuals and those capable of becoming pregnant in New York. At the same time, we must commit to providing the necessary services and supports so that pregnant persons survive pregnancy, labor, delivery, and the post-partum period and lead healthy flourishing lives.

**CUNY SPH's Commitment to Addressing Maternal Health Disparities**

At CUNY SPH, addressing maternal mortality and morbidity, including the unmet maternal mental health needs in New York, is a central priority. We proudly host the state's first coordinated Sexual and Reproductive Justice Hub, an academic initiative that prioritizes advocacy and scholarship to advance reproductive justice and bodily autonomy for all throughout the lifespan. Additionally, CUNY SPH's Center for Innovation in Mental Health (CIMH) is dedicated to community level training and interventions to meet the demand for mental health services and grow a diverse, culturally responsive, community-centered mental health workforce.

**Mental Health Need and Support**

New York City (NYC) and New York State (NYS) data on maternal morbidity and mortality emphasize mental health as a critical concern. In NYC alone, from [2016 to 2020](#) and in [2021](#), mental health conditions were the leading cause of death during pregnancy or within a year postpartum. Statewide, substance use disorder due to or accompanying mental health conditions was also a leading cause of maternal deaths, as highlighted in the state's Maternal Mortality and Morbidity Advisory Council's (MMMAC) [2023 report](#) on 2018 data.

NYS Department of Health's 2018 [statewide listening sessions](#) provide qualitative data and real-life stories that align with the concerns raised in the more recent quantitative data. Participants cited postpartum depression, lack of screening for postpartum depression, lack of mental health support, and limited access to mental health providers as significant challenges. Several participants commented on the abrupt end of services after labor and delivery or the change in focus of available services to the baby, leaving new mothers feeling adrift. These issues were echoed in the MMMAC's 2023 report which emphasized expanding access to culturally competent mental health and substance use services for

pregnant and postpartum individuals. Similarly, in the NYC reports analyzing deaths from 2016-2020 and 2021, the Maternal Mortality Review Committee (MMRC) recommended strengthening and expanding community-based, accessible mental health support services.

### **Infringements on Bodily Autonomy**

The 2018 statewide [listening session](#) report also documents how many participants felt pressured to make certain medical decisions, including accepting epidurals and agreeing to more complex medical interventions without being adequately informed or properly consented. These experiences point to infringements on bodily autonomy, as individuals were denied the right to make fully informed decisions about their own healthcare. Participants frequently shared experiences where they felt that their access to high-quality treatment or ability to make healthcare decisions was disregarded or undermined due to racism. Alarming, these experiences are reflected in the most recent data on deaths during pregnancy or within one year postpartum in NYC; in [2021](#) alone, the MMRC found that discrimination contributed to 69.0% of the deaths and directly compromised these individual's health or care.

### **Recommendations**

The state [MMMAC's 2023 report](#) calls for coordinated action at the system, facility, provider, community, and individual levels to address such disparities. Key areas for intervention, as recommended by the report and prominent committee members Dr. Susan Beane, Executive Medical Director at Healthfirst and Member of the CUNY SPH Dean's Advisory Council, and CUNY SPH Associate Dean and Professor Lynn Roberts, include:

- Eliminating institutional racism in birthing facilities and healthcare settings;
- Recognizing and reducing racism and discrimination in healthcare;
- Addressing social determinants of health that contribute to maternal health inequities;
- Diversifying the maternal workforce, including increasing the number of doulas and midwives;
- Removing barriers to care;
- Improving access to mental health and substance use services for pregnant and post-partum persons; and
- Increasing relevant research and advocacy.

Additional CUNY SPH Recommendations:

- Establishing post-natal care leave so that new parents can receive appropriate medical and mental health care for themselves, regardless of employment (part-time workers and those working for small employers [do not receive FMLA](#));
- [Training](#) for all healthcare providers on bodily autonomy and listening to all patients, as well as cultural competency and humility training;

- [Training](#) for prenatal providers on mental health/pregnancy and parenting issues for mental health and substance use providers (many mental health and substance use providers will not accept pregnant patients or cannot accommodate the complexities of the parent-baby dyad);
- Establish post-partum doulas or home visiting programs that focus on [parental well-being](#);
- [Parity](#) of reimbursement for midwives, doulas, OB/GYN nurse practitioners;
- Increased reimbursement for vaginal delivery to reduce [financial incentives](#) for cesarean delivery;
- Improved [coordination and continuity of care](#) for maternal and family care; and
- Increased availability of affordable [childcare](#) services.

### **Conclusion**

Thank you for allowing me the opportunity to share this testimony with you. New York must act now to end the maternal health crisis. Implementing the above recommendations is critical to saving lives and eliminating racial and ethnic disparities in maternal health.

Collaboration across educational institutions, government, healthcare institutions, and community partners is essential to ensuring lasting change. CUNY SPH stands ready to collaborate and help build a healthier, more equitable future for all pregnant and postpartum people as well as those capable of becoming pregnant in New York.