



**New York City Commission on Gender Equity
State of Maternal Health**
An Examination of Maternal Mortality and Morbidity Rates in New York State

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February 24, 2025

Greetings senators,

On behalf of Ancient Song, Inc, a national birth justice organization based in New York and New Jersey providing free and low-cost full spectrum doula support to pregnant and parenting people thank you for providing the opportunity to supply written testimony to speak to the value of coordinated, evidence-based care for New York State’s pregnant and parenting people.

The perinatal health vulnerability index is a powerful measure that parses through threats to maternal health at the population level, analyzing the physical, social, and environmental obstacles that many adults face while trying to expand and raise their families. In New York State, one’s socioeconomic and physical health status are the greatest indicators of poor perinatal health outcomes meaning that experiences one has and the care and support one receives is related to your wealth, income and general health and wellness – two deeply connected factors. The state already struggles to close an ever-widening wealth and income gap, with impending threats to federal funding pregnant and parenting New Yorkers may find themselves bereft of services and struggling to care for themselves properly. To safeguard the pathway to improved maternal health, we must work together to enhance maternal health data collection, improve integration and collaboration between different systems and agencies, increase investment and access to skilled providers for maternal mental healthcare, and leverage existing city and state infrastructure to close gaps.

Healing relationships between patients and hospital systems is like patching a hole in our healthcare fabric – it starts with a proper assessment of the strength of the fabric surrounding the hole and determining whether what you have in front of you is salvageable; then determining the right course of action and assembling materials that take into account the size of the hole, the delicacy of the weave, and the long-term maintenance. Collecting and providing access to critical perinatal healthcare information is that assessment of the fabric strength. New York’s Maternity Information Law requires the publication of certain statistics such as the annual percentage of midwife-attended births, and the annual rate of c-sections and vaginal births after c-section. Ensuring comprehensive and accurate data collection in each hospital strengthens the validity of these numbers and helps patients align their birthing venue choice with



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their birth plans. To strengthen this legislation would enshrine informed decision-making processes as the basis of safe and happy birth experiences because each person working to bring new life into the world and protect the life already here functions with similar knowledge base and action strategies.

Once we assess the damage, we can begin to assemble our team– integrated healthcare models that start with expanding access to crucial providers like maternal mental healthcare workers and ends with collaborative local and state agencies. Disrupting siloes on the micro and macro-level facilitates easy flow of information and access, assuaging the fears that patients have that hospital systems may act inappropriately towards them and gives the government an opportunity to treat New Yorkers vulnerabilities as symptoms of a larger root cause issue, rather than separate, difficult-to-manage problems. Not only can patients feel like they are teammates with their providers, but both patients, hospital systems and the state can save money by coordinating care to avoid unnecessary intervention and offer healing strategies that support the curve balls that birthing and parenting can throw.

Unlike fabric, however, women are strong. Our resilience allows us to keep trudging forward. Yet, like fabric, we can only do so much without a proper long-term strategy that can help us weather the uncertainties of parenthood, pregnancy, and trying to navigate making reproductive health choices inflict. We demand a city and state infrastructure that can generate solutions from decision-making bodies that work tirelessly to understand the intricacies of trying to care for oneself, little ones and community members at the same time. Relying on city and state agencies like the Commission on Gender Equity to examine and assess obstacles to good health and push for unique and functional solves to our distinctive needs. These agencies are attuned to and equipped to lead the charge on innovative strategy because they have closer ties and communication channels with constituents. Allowing them to take the lead on initiating maternal health progress transmutes a grassroots approach to population-level health that can take individual needs and create a coordinated, holistic approach that may save the lives of many.

Although times ahead are unpredictable yet, we must find a way through this vulnerability – to make it a turning point for defending New York healthcare infrastructure. Threats to federal funding have embattled the playing field – unsteady healthcare systems will backslide progress in maternal health do not employ a collaborative team-based approach to keeping New Yorkers well while saving money for both the state and pregnant and parenting people. With an aura of uncertainty surrounding the future of countless social service programs that millions rely on daily, it is important, now more than ever, that the state commit to grassroots approaches that rely on strong relationships between and within state and local agencies to collect useful and actionable data, Increase investment and access to skilled providers for





maternal mental healthcare, and Improving integration and collaboration between different systems and agencies.

Thank you.



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