



February 24, 2025

BOARD OF DIRECTORS

*Bronx Community
Health Network*

*Bronx Care Health
Systems*

*Montefiore – Albert
Einstein Medical Health
Systems*

*Morris Heights Health
Center*

*Office of the Bronx
Borough President*

Urban Health Plan, Inc.

Senate Standing Committee on Women's Issues
Senate Standing Committee on Health
Senate Standing Committee on Mental Health
Senate Standing Committee on Social Services
Hearing Room A
Legislative Office Building
Albany, NY 12248

Re: Testimony for February 24, 2025
Public Hearing

Statement of Anastasia Libovich, The Bronx Health Link Clinical Director

Senator Lea Webb, Senator Gustavo Rivera, Senator Samra G. Brouk and Senator Roxanne Persaud:

Thank you for the opportunity to submit testimony regarding barriers for prenatal and postpartum care for our childbearing families in New York State. There is a dire need to address the problems with maternal healthcare and the subsequent maternal mortality and morbidity rates in our state. Over the past several years, The Bronx, like other parts of the country, has seen the rate of Black maternal mortality increase at a disproportionate rate, as compared to that of other communities. The Bronx's mortality rate is higher than the rates for the city and the state at large, even larger is the rate for Black women than for women of other races. This is not a new problem, yet we need new solutions to create immediate and long-term change to protect and serve all the people in our state. These solutions must incorporate ways to address multiple stakeholders: parties who have already been hurt by the system; parties who are within positions of power, to call out and rectify both our best practices, as well as our complicity or active participation in the harmful parts of the system; and to build a sustainable new culture and practice of medicine with Black and Brown communities at the forefront.

I stand before you today wearing many hats. I am a native New Yorker, born and raised in The Bronx. I am a licensed NYS midwife, practicing for over a decade in nearly every setting, across the state, but mostly in my hometown of The Bronx. I am a clinician educator, working with various learners in the South Bronx, committed to elevating the awareness of medical professionals, preparing them to create the changes collectively that we so desperately need. Before entering healthcare I was a public school teacher and an ABE (adult basic education) instructor working across NYC communities. Throughout my personal and professional life, I have become intimately connected with the various communities across New York City, seeing both the ways in which we shine, as well as where we suffer.

In my role of Clinical Director of The Bronx Health Link (TBHL), along with Shirley Leyro, our Administrative Director, and all of our staff and partners, we aim to support and

community health worker on staff, following up with clients at multiple parts of their childbearing year, two dedicated roles which some of our OBGYN departments are desperately in need of, but often lack. CBOs supporting community doulas provide a necessary local adjunct to what is missing but critical, to support families before and after giving birth, as well as increase utilization of care within our systems. We have been fortunate to receive funding from State Senator Gustavo Rivera, as well as funding from the NYC Council, to create a model that we hope is local, sustainable, able to be scaled and studied, and that brings local doula organizations into conversations such as these, on how to serve our communities better.

As clinical director I am also responsible for creating collaborative relationships with peers in local healthcare facilities and in the hospitals in our communities. We currently have partnered and work closely with the OBGYN departments at BronxCare, Lincoln Hospital, Saint Barnabas Hospital, and North Central Bronx Hospital as well as other local institutions such as Bronx Healthy Start and Albert Einstein College of Medicine. TBHL has been working to create a framework of collaboration so sorely needed to pave the way for the best practices, effective use of doula services, increasing access to care for patients, and providing innovative programming for our clinical teams to improve outcomes. We also deeply believe that having clinicians that are committed to addressing the Black maternal mortality crisis and who are able to speak directly to their peers, supports the efforts of increasing prenatal access and the willingness of our communities to trust and seek out care.

Beyond our current work with BDAP, we also propose funding to be awarded to creating collaboratives across institutions seeking to provide innovative prenatal and postpartum care. Supported by both the NYC Department of Health, as well as the Centering Healthcare Institute, TBHL created a pilot program in which CBOs, hubs of community activity as well as experts in the communities they serve, would help create, launch, and sustain group prenatal care offerings. Group prenatal care offers a different model of prenatal care where participants and the community they come from, are valued as equal partners in their care. Groups such as these support accessing and building on collective wisdom that is already present in our communities, as well as points of support outside of the healthcare institution. Often these programs are underfunded or face logistical hurdles, despite being well studied with demonstrable rates of success in decreasing things like preterm birth as well as increasing a sense of being supported for patients. Partnering with local CBOs, hospitals and clinics can get these programs off the ground and as well as find themselves within a peer group across the borough, shifting from competing with one another for patients, to supporting patients accessing quality care across institutions. Models in which collaboration and patient-centeredness are uplifted provide our communities with care that is more trustworthy and more sought out.

Much of the studies around maternal mortality have centered around the physical health disparities, death and injury during the childbearing year, disproportionately affecting Black women. We would be remiss to not also include substantial increases to supporting the mental health and well-being of our communities, specifically of Black women and Black and Brown families. Mental health is an issue across the entire United States, and not surprisingly, especially serious in The Bronx, where consistently, for too