



State of Maternal Health: An Examination of Maternal Mortality and Morbidity Rates in New York State

Senate Standing Committee on Women's Issues

Senate Standing Committee on Health

Senate Standing Committee on Mental Health

Senate Standing Committee on Social Services

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On behalf of The Guthrie Clinic, I would like to thank the Senate Standing Committees on Women's Issues, Health, Mental Health, and Social Services and its Chairs for allowing us to submit written testimony on the state of maternal health in New York.

My name is Dr. Juan Manuel Arreguin, and I am the Chair of Obstetrics and Gynecology at The Guthrie Clinic, which is a non-profit health system serving patients across 10,000 square miles in Broome, Chemung, Chenango, Cortland, Delaware, Schuyler, Steuben, Tioga, and Tompkins Counties, along with several in northeastern Pennsylvania. Our system is proud to provide comprehensive maternity care and operates four labor and delivery units.

I would like to acknowledge and extend my appreciation to Senator Lea Webb and her colleagues in the New York State Legislature for their leadership in sponsoring several bills that would meaningfully impact maternal health. These include recently passed legislation that would require maternal depression screenings for new moms, require the Department of Health to establish a maternal health care and birthing standards workgroup, require protected access for doulas in hospitals and birthing centers, and require Medicaid to cover remote ultrasounds and fetal non-stress tests.

We would also like to thank the Legislature for establishing the Community Doula Expansion Grant Program and the \$5 million increased investment in Maternal Health Grant Programs in the SFY 2024-25 Budget.

Before outlining barriers to prenatal and postpartum care and Guthrie's efforts to improve maternal health outcomes, I want to explain why I chose to pursue a career in women's health.

My mother was a dedicated midwife in Arizona, where I was born; she delivered babies in local villages, and as a child, I relished her stories of bringing new life into the world- what could be more exciting and rewarding?

Years later, I followed in her footsteps and embraced the world of obstetric and gynecological medicine. After 35 years, I have attended more than 10,000 deliveries and performed hundreds of reconstructive surgeries across the United States and Latin America.

While the childbirth process has not changed significantly over the years, the complexity of care for pregnant patients has.

Today we face co-morbidities that other generations barely knew of or acknowledged, such as uncontrolled diabetes, maternal obesity, chronic hypertension, and mental health disorders. These are just some of the conditions contributing to the increased rate of maternal mortality and morbidity that we are currently experiencing.

Among resource-rich nations, the United States has become the least safe country in which to have a child.¹ Within the U.S., New York ranks 22nd among states with the highest maternal mortality rates,² and research indicates that rural residents are more likely to experience severe maternal mortality and morbidity than their urban counterparts.³ More must be done to address this dangerous and deadly statistic.

Between June 2024 and January 2025, there were nearly 800 deliveries across Guthrie's Corning, Cortland, and Lourdes hospital campuses. Of these, 88.2% of patients identified as white, 6.2% identified as black, and 5.6% declined to self-identify. Those volumes reflect the counties' racial demographics.

During this time, we are pleased to note that there were no maternal deaths, and 99% of mothers were discharged to home. Our limited sample sizes indicate that black women visited the emergency department less often and received less postpartum obstetric care. These findings seem to align with national findings.⁴

In rural communities, like the ones served by The Guthrie Clinic, pregnant and postpartum women face significant barriers to care, including gaps in insurance coverage, a provider shortage, long distances to hospitals with labor and delivery services, limited access to transportation, and a lack of broadband infrastructure. These challenges contribute to

¹ <https://www.commonwealthfund.org/publications/issue-briefs/2020/nov/maternal-mortality-maternity>

[care-us-compared-10-countries](#)

² <https://wisevoter.com/state-rankings/maternal-mortality-rate-by-state/#newyork>

³ <https://pmc.ncbi.nlm.nih.gov/articles/PMC9850610/#:~:text=Data%20from%20the%20National%20Inpatient,socioeconomic%20factors%20and%20clinical%20conditions>.

⁴ <https://www.mmhla.org/articles/black-women-birthing-people-mothers-and-maternal-mental-health-fact-sheet>

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higher rates of maternal mortality and morbidity, especially among marginalized populations who already face disparities in care.

Exacerbating the issue is that many rural hospitals are closing their obstetric units due to financial, staffing, and population strains. According to a recent article in Becker's Hospital Review, "Many obstetrics programs hemorrhage money, and they are generally among the first services that financially struggling or low-volume rural hospitals cut."⁵ These cuts and closures force women to travel even farther distances for prenatal care and delivery, or to not receive any care at all, increasing the risk of complication for mothers and their babies.

When Guthrie opened an OB/GYN clinic in Cortland County in 2022, it quickly became apparent that women from Tompkins County, specifically Ithaca, were among those seeking care. To make services more convenient, certified midwives from Cortland began seeing patients at Guthrie Ithaca City Harbor in 2024. We chose to invest in women's health and bring key services, including family planning, maternity care, and contraceptive management, closer to home for patients because it was the right thing to do.

Increase Medicaid Reimbursement

In rural areas where residents are less likely to have health coverage through their employer and are more likely to be uninsured or underinsured, Medicaid plays a critical role. In recent years, we have watched as the Legislature passed and Governor Hochul signed legislation that expanded Medicaid coverage to certain telemedicine procedures, doula and midwife services, and nutritional and lactation counseling.

While these expansions are much needed and highly impactful, Medicaid reimbursement rates must continue to increase if maternal health services are to be sustained. Higher rates mean hospitals and health systems absorb fewer financial losses, allowing them to invest in staff, training, equipment, and resources. Without the increased support, maternity care in rural areas will continue to decline and the risk of preventable deaths and complications will continue to climb. A decrease in maternal health services does not mean a decrease in need.

New York must prioritize Medicaid rate increases for prenatal and postpartum services to ensure maternal care is high-quality and equitable for all women across all locations.

Invest in Rural Maternal Health Infrastructure

To bridge the gap in rural maternity health care, Guthrie will soon be launching the Maternity Oasis Mobile (MOM) Unit. With the goal of reducing maternal health disparities, the unit will provide compassionate and comprehensive care to women in underserved

⁵https://www.beckershospitalreview.com/finance/a-leading-money-loser-for-hospitals.html?utm_source=contentrecommendation

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rural communities throughout the Southern Tier and Central New York state regions. Services offered on the unit will include prenatal/postpartum care, ultrasounds, fetal monitoring, mental health counseling, and breastfeeding support. This initiative, which would not be possible without grant funding, is bringing high quality maternal care directly to those who need it most.

To assist with services, outreach, and education, Guthrie will be deploying nurses, social workers, dietitians, and midwives. We are also in the process of hiring full-time doulas, which are health care professionals who provide emotional, educational, and non-medical support before, during, and after childbirth.

We applaud the state's steadfast commitment to doula services and believe that through expanding access, maternal health outcomes will be improved and disparities reduced. *We also propose that New York invest in mobile maternal health units through a dedicated funding stream;* by bringing care directly to women in need, New York can innovatively reduce preventable complications, improve outcomes, and support underserved communities.

Strengthen Maternal Mental Health Services

Last year, a prominent oncologist at a New York City health system tragically shot and killed her five-month-old baby before turning the gun on herself. She had the financial means, educational background, and every resource at her fingertips but could not escape the deadly effects of postpartum depression. Stigma, lack of screening, and limited access to mental health services, especially in rural regions, prevent women from getting diagnosed and receiving care.

Recognizing this and understanding that nearly 20% of all mothers suffer from postpartum depression, Guthrie launched a support group in 2024 to provide women with support, guidance, and community.

Despite our best efforts, more help is needed. *By prioritizing legislative solutions that expand mental health services, with a focus on both prenatal and post-partum*

support, outcomes will be improved and lives saved.

Thank you again for allowing Guthrie to provide written testimony. We welcome the opportunity to act as a resource and partner.