

# **United Health Services Hospitals, Inc. Testimony: examination of maternal mortality and morbidity rates in New York State**

Joint public hearing of the of the Senate Standing Committees on Women's  
Issues, Health, Social Services and Mental Health

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Thank you, Chairs Webb, Rivera, Persaud and Brouk for this opportunity to discuss concerns and barriers to prenatal and postpartum care. I am Erin Raskin, nurse manager of maternity and the newborn nursery at United Health Services Hospitals (UHS Hospitals) based in Binghamton and Johnson City in the Southern Tier and with me is Dr. Krystal Thompson, a specialist in obstetrics, gynecology, and women's health at UHS Hospitals' Perinatal Center.

UHS Hospitals is grateful for the opportunity to shed light on the challenges and stigma that pregnant and postpartum patients face in accessing patient-centered care. We appreciate this forum to share our perspective and hope that, through greater awareness, we can work together to ensure these patients receive the support they need to achieve their highest level of health.

UHS Hospitals is a part of the United Health Services system. UHS Wilson Regional Medical Center in Johnson City is a New York State-designated Level II trauma center and Level III NICU. We are a regional referral center for high-level medical and surgical services. Our Johnson City campus trains physicians through a long-standing and highly respected Medical Residency Program.

At our Binghamton campus, UHS Hospitals has provided high-quality, evidence-based behavioral health care for over 40 years. We have the most comprehensive continuum of behavioral healthcare services available on one campus in the service area including three addiction medicine programs. We are the only organization within 75 miles to offer a Comprehensive Psychiatric Emergency Program and within 51 miles to offer Medication Assisted Treatment (MAT).

### Underserved populations experience gaps in perinatal care leading to higher risk

UHS Hospitals serves a population that faces significant economic and healthcare challenges. Nineteen percent of households in our service area have an income below \$25,000, exceeding the national rate of 15.6%.<sup>1</sup> More than one out of four children in Broome County live in poverty.<sup>2</sup> While some areas, such as the City of Binghamton, are more urban, approximately 44% of our service area is considered rural, which can impact healthcare access. Behavioral health needs are particularly prevalent, with more than 16% of adults experiencing frequent mental distress.<sup>3</sup> Additionally, Broome County's opioid overdose-related emergency department visit rate of 42.6 per 100,000 is nearly 1.75 times higher than the statewide rate of 24.6 per 100,000.<sup>4</sup> As our service area becomes increasingly diverse (Table 1), language and cultural barriers may further complicate access to perinatal care.

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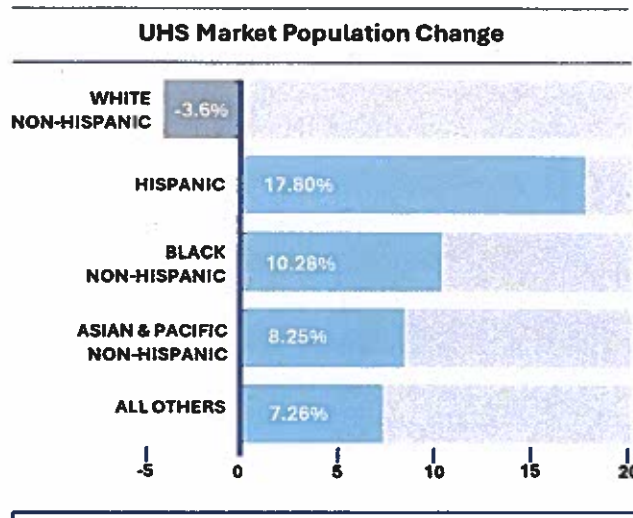
<sup>1</sup> Claritas, LLC, 2024. Accessed through Sg2 Market Demographics.

<sup>2</sup> Office of the New York State Comptroller, *New York's Children in Need: The Urgency of Lifting Children Out of Poverty*, May 2024, <https://www.osc.ny.gov/files/reports/pdf/nys-children-in-need.pdf>.

<sup>3</sup> New York State Department of Health, *Prevention Agenda Tracking Dashboard*, accessed February 19, 2025, [https://apps.health.ny.gov/public/tabvis/PHIG\\_Public/pa/reports/#county](https://apps.health.ny.gov/public/tabvis/PHIG_Public/pa/reports/#county).

<sup>4</sup> New York State Department of Health, *Prevention Agenda Tracking Dashboard*, accessed February 19, 2025.

Table 1. Recent UHS market demographics reflect more racial and ethnic diversity<sup>5</sup>



Many of these patients come to the hospital without resources or adequate knowledge about their own care or their infants' needs, increasing the risk of fetal or maternal death. We care for patients who experience fetal loss or maternal complications due to the lack of resources and knowledge. Cultural backgrounds play a significant role in shaping prenatal service. The heartbreaking experience of a non-English-speaking patient illustrates these barriers. At 38 weeks pregnant, she had not received perinatal care before arriving at the hospital to deliver her baby. Tragically, the baby did not survive. While we did our best to comfort her, offering a CuddleCot to provide time for grieving, it was devastating to explain that she would need to arrange services with a funeral home. What makes this loss especially painful is that, with proper prenatal care, it may have been entirely preventable. Stories like hers highlight the urgent need for targeted interventions to address healthcare disparities and ensure all patients, regardless of language or background, receive the support they need throughout pregnancy and beyond.

### Navigation services can enhance perinatal care access

A quarter of women do not receive adequate perinatal care, with factors such as low socioeconomic status, lack of housing and transportation, fragmented care, and limited access to essential services contributing to this inadequacy.<sup>6</sup> Compounding the issue, an increasing number of pregnant women have pre-existing conditions, adding complexity to their pregnancies. The rising median age of mothers also brings additional health risks because they have had more time to develop co-morbidities.<sup>7</sup> Social health factors like poverty

<sup>5</sup> Claritas, LLC, 2024.

<sup>6</sup> Mary Kay Paul, "Maternal Navigation: For the Common Good," *American Journal of Managed Care* 30, Special no. 10 (September 16, 2024): SP745–SP750, <https://www.ajmc.com/view/maternal-navigation-for-the-common-good>.

<sup>7</sup> Katella, Kathy. "Maternal Mortality Is on the Rise: 8 Things To Know." *Yale Medicine*, May 22, 2023. <https://www.yalemedicine.org/news/maternal-mortality-on-the-rise>.

and mental health disparities contribute to the prevalence of pre-existing conditions. In these circumstances, comprehensive prenatal care becomes even more crucial.

Managing the additional layers of perinatal care needed to mitigate health risks can be challenging for patients already facing barriers to care. A perinatal navigator can help by coordinating appointments for physical and mental health needs, pediatric care, and lactation support, while also connecting patients to essential social services. Navigation services have been shown to improve connections to care for underserved patients and patients with chronic conditions.<sup>8</sup> While these services are recommended and effective, navigation is typically not a reimbursable service.

In the absence of a perinatal nurse navigator, UHS Hospitals collaborates with community benefit organizations, such as the Mothers & Babies Perinatal Network (MBPN), to enhance perinatal services for our patients. These partnerships help families in our service area access health insurance, medical care for the entire family, parenting support, infant development resources, postpartum depression care, and more. Organizations like MBPN, typically non-profits relying on grants and public funding, play a crucial role in supporting vulnerable patients.

### **Perinatal patients with substance use disorder receive effective treatment and have healthy babies**

UHS has provided high-quality, evidence-based behavioral health care for over 40 years. We have the most comprehensive continuum of behavioral healthcare services available on one campus in the service area including three addiction medicine programs. Our outpatient program offers a low threshold and rapid access buprenorphine program, medications for opioid and alcohol use disorder, case management services, and group and individual counseling. Patients in our 20-bed inpatient unit receive group and individual treatment and are started and continued on medications for their opioid and alcohol use disorders. UHS' rapidly-growing methadone clinic, with a census of over 500 patients, provides methadone and buprenorphine and group and individual counseling.

We are proud to offer dedicated services for pregnant and parenting people. UHS has the region's only 20-bed inpatient program that admits pregnant patients in their third trimester. Our methadone clinic offers a comprehensive pregnancy program for patients with opioid use disorder, featuring a pregnancy-specific group and a grant-funded contingency management program. A bimonthly women's health clinic staffed by OB/GYN also takes place in the methadone clinic. The Addiction Medicine Department runs a monthly multidisciplinary meeting to coordinate care and improve outcomes for pregnant and parenting patients who use substances.

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<sup>8</sup> Budde, Hannah, Gemma A. Williams, Juliane Winkelmann, Laura Pfirter, and Claudia B. Maier. "The Role of Patient Navigators in Ambulatory Care: Overview of Systematic Reviews." *BMC Health Services Research* 21 (2021): 1166. <https://doi.org/10.1186/s12913-021-07056-x>.

As a result of an innovative collaboration between Addiction Medicine and Maternity starting in the second quarter of 2024, every patient who delivers at UHS is now given a naloxone kit; 851 naloxone kits were distributed through Maternity last year. In 2024, Broome County's rate of non-fatal overdoses decreased significantly,<sup>9</sup> likely attributed to the expanded access to Narcan.

UHS remains committed to evolving its programs to minimize the harmful effects of substance use, improve quality of life, and ensure access to comprehensive care across its system for all patients.

### Postpartum stigma remains a significant issue that requires ongoing attention and action

Postpartum stigma often leads to the dismissal of patients' concerns, with many hearing statements like, "You're just tired, it's normal for new moms," or "Every new mom feels overwhelmed—you'll get over it." Such responses minimize legitimate postpartum symptoms and discourage patients from seeking necessary care. This issue is further compounded for certain racial and ethnic groups, where pain is frequently underrecognized, and patients are unfairly labeled as overreacting or drug-seeking, leading to the neglect of their postpartum health needs. When stigma is combined with existing gaps in care due to comorbidities and social health challenges, the result is a system that fails to provide equitable, patient-centered postpartum care. Addressing these barriers is essential to ensuring all new mothers receive the support and treatment they deserve.

### Recommendations to address perinatal care barriers

- **Support strategies like perinatal nurse navigation services**, ensuring patients can access and engage with essential clinical services, including prenatal and postpartum care, pediatric care, lactation support, and mental health treatment.
- **Bolster community benefit organizations** that provide vital support to patients by helping them secure insurance, access medical and behavioral healthcare for their families, arrange transportation, and connect with other essential resources. Many of these organizations rely on limited grant funding, yet their work is critical in bridging gaps in care and improving health outcomes.
- **Expand and educate the women's and children's health workforce** to recognize prenatal and postpartum complications early, understand diverse cultural, racial, and ethnic care needs, address stigma, and identify social health factors such as mental health and substance use.
- **Continue safeguarding addiction care** by ensuring New Yorkers' access to insurance coverage and FDA-approved medications for addiction treatment.

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<sup>9</sup> Broome Overdose Action Collaborative, Broome County Health Department. *Data & Statistics*. Accessed February 19, 2025. [https://broomecountyny.gov/boac/data\\_statistics](https://broomecountyny.gov/boac/data_statistics).

