

New York State Expert Panel on Postpartum Care

Report – January 2021

**Supported by:
New York State Taskforce on Maternal Mortality &
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About the New York State Expert Panel on Postpartum Care

In 2018, Governor Cuomo convened the [New York State Taskforce on Maternal Mortality and Disparate Racial Outcomes](#). This Taskforce was charged with assessing the status of maternal health in New York State and developing a series of recommendations to improve perinatal outcomes with a specific emphasis on improving disparities experienced by Black women. The Taskforce met several times throughout 2018 and analyzed quantitative data on maternal health outcomes, learned about best practices to improve maternal health, and explored the impact of racism on maternal outcomes. The collection of this information and listening to state residents most impacted by disparate outcomes informed a series of ten recommendations to improve maternal health outcomes in the state.

One of the ten recommendations was to:

Convene Statewide Expert Work Group to Optimize Postpartum Care in NYS

“The healthcare system is not currently designed to incentivize the delivery of quality, ongoing postpartum care. To ensure women receive ongoing support during the postpartum period, the NYSDOH should convene an expert workgroup, in partnership with ACOG [American College of Obstetricians and Gynecologists], comprised of providers, payors, state agencies and patients to identify strategies to re-envision postpartum care as an ongoing process, rather than a single encounter, to foster individualized, woman-centered care and improve maternal health outcomes.”

About this Report

This report summarizes the activities of the NYS Expert Panel on Postpartum care, as well as detailing the top recommendations proposed by the panel. These recommendations are designed to improve the experience of care and outcomes for birthing people across New York State, especially during the postpartum period. A specific emphasis is placed on recommendations that center racial justice and actively work to mitigate disparities in postpartum outcomes experienced by birthing people from racial and ethnic minority groups.

Members of the Expert Panel Include:

Co-Chairs:

- **Cheryl Hunter-Grant, LMSW**, Executive Director, Lower Hudson Valley Perinatal Network (retired)
- **Mary L. Rosser, MD, PhD**, Director, Integrated Women's Health, Dept. of Obstetrics & Gynecology, Columbia University Irving Medical Center

Panel Members:

- **Iffath Abbasi Hoskins, MD, FACOG, FACS**, Clinical Professor, Dept. of Obstetrics & Gynecology, NYU Langone Health
- **Susan Beane, MD**, Executive Medical Director, Clinical Partnerships, HealthFirst *
- **Peter S. Bernstein, MD, MPH**, Director, Division of Maternal Fetal Medicine, Professor Obstetrics & Gynecology and Women's Health, Montefiore Medical Center, Albert Einstein College of Medicine, Jack D. Weiler Hospital
- **Nicole Berwald, MD, FACEP**, Chair of Emergency Medicine, Northwell Health Staten Island University Hospital
- **Jonelle Bingham-Alexander, MD, FACOG, CHCQM**, Dept. of Obstetrics & Gynecology, Director of Quality Assurance of Obstetrics & Gynecology, Bronx Care Health System
- **Donna Bradbury, LMHC**, Associate Commissioner, New York State Office of Mental Health
- **Sherita Bullock**, Executive Director, Healthy Baby Network
- **Camille A. Clare, MD, MPH, CPE, FACOG**, Associate Professor of Obstetrics and Gynecology and Associate Dean of Diversity & Inclusion, Attending Physician, New York Medical College, NYC Health + Hospitals – Metropolitan *
- **Christa Christakis, MPP**, Executive Director, ACOG District II *
- **Judette Dahleiden**, WIC Director, Catholic Charities of Buffalo
- **Ashlesha Dayal, MD**, Director of Obstetrics, New York Presbyterian – Queens
- **Rose Duhan**, President & CEO, Community Health Care Association of New York State *
- **Matthew Fink, MD**, Neurologist-in-Chief, Chair of Neurology, New York Presbyterian Hospital, Weill Cornell Medical College, Cornell University
- **Roberta Holder-Mosley**, Director, Nurse Family Partnership, New York City Dept. of Health & Mental Hygiene (retired)
- **Rev. Diann Holt, Executive Director & Founder, Doula, Certified Lactation Counselor & Chaplain**, Durham's Maternity Stress Free Zone *
- **Sascha James-Conterelli, DNP, CNM, FACNM**, President, New York State Association of Licensed Midwives *
- **Nicholas Kulbida, MD**, Chair, Dept. of Obstetrics & Gynecology, ELLIS Medicine, Medical Director, Bellevue Women's Care Center

- **Natalie Meirowitz, MD**, Chief, Division of Obstetrics & Gynecology, Maternal Fetal Medicine, Associate Professor, Long Island Jewish Medical Center, Donald & Barbara Zucker School of Medicine at Hofstra/Northwell
- **Adrienne Mercer, Ed.D, CHES**, Program Director, Northern Manhattan Perinatal Partnership
- **Kathryn Mitchell, MPH**, Director, MCH Collective Impact, March of Dimes *
- **Sonia Murdock, Executive Director & Co-Founder**, Postpartum Resource Center of New York
- **Sheila H. Nelson, MHA, CHIE**, Senior Vice President, State Programs, Capital District Physicians Health Plan
- **Sofia Nivar, MSW**, Program Director, South Bronx Health Families, Bronx Lebanon Hospital Center
- **Chanel Porchia – Albert, CD, CLC**, Founder/Executive Director, Ancient Song Doula Services *
- **Lynn Roberts, PhD**, Associate Dean of Student Affairs & Alumni Relations, CUNY Graduate School of Public Health & Health Policy *
- **Lorraine Ryan**, Senior Vice President, Legal, Regulatory and Professional Affairs, Greater New York Hospital Association *
- **Donna Schue, MD**, New York State Academy of Family Physicians, Western New York Valley View Family Practice
- **James A. Scott, MD, FACOG**, Dept. of Obstetrics & Gynecology, Guthrie Clinic, Regional Education Coordinator, Geisinger Commonwealth School of Medicine
- **J’Leise Sosa, MD, MPH**, Obstetrician/Gynecologist, General Physician PC
- **Brian Steele, DO**, Vice President & Chief Medical Officer Population Management and Safety Net, Excellus BCBS
- **Loralei Thornburg, MD**, Professor of Obstetrics & Gynecology, Director, Division of Maternal Fetal Medicine, University at Rochester, Medical Center
- **Elie Ward**, Director of Policy & Advocacy, New York State American Academy of Pediatrics
- **Loretta B. Willis**, Vice President, Quality Advocacy, Research & Innovation and Post-Acute/Continuing Care, Healthcare Association of New York State *

**Denotes Members of the New York State Taskforce on Maternal Mortality & Disparate Racial Outcomes who also participated on this workgroup.*

Key Findings

Maternal morbidity and mortality represent key indicators of the overall health of any community. Maternal deaths can occur at any time during pregnancy, childbirth, or in the postpartum period with the majority of those deaths occurring within the first week after giving birth. By better understanding the unique circumstances that lead to death during this period, perinatal health experts hope to develop strategies to improve outcomes.

- New York State continues to be challenged by increased rates of maternal mortality ranking 23rd in the nation. In 2014-2016, the NYS maternal mortality rate was 18.9 per 100,000 live births.
- Significant racial disparities exist in outcomes, especially for Black women in New York State. Nationally, Black women experience 44.4 mortalities per 100,000 live births compared to 17.3 mortalities per 100,000 live births among white women in 2014-2016. The mortality gap disproportionately impacting Black women only gets larger when looking at NY specific rates where Black women experience 51.6 mortalities per 100,000 live births compared to 15.9 mortalities per 100,000 live births among white women in 2014-2016.
- Among the most recent cohort of pregnancy-related and pregnancy-associated deaths reviewed (2014), over half of the pregnancy-related deaths occurred within a week of the end of the pregnancy (66.7%). The largest proportion of deaths occurred the day after the end of pregnancy (45.5%).
- The top six causes of pregnancy-related deaths, regardless of timing, identified during the most recent cohort reviewed (2012-2014) include: embolism (not cerebral) 23%, hemorrhage 17%, infection 17%, cardiomyopathy 11%, cardiovascular problems 7%, and hypertensive disorders 6%.
- Maternal deaths occurring during the postpartum period can vary by leading cause depending on the timing of the death.
 - Deaths occurring within one day or less of birth are most often caused by hemorrhage (31%) compared to deaths occurring between 2-7 days after delivery caused by infection (20%) and pulmonary conditions (20%). Deaths occurring between 8 and 42 days after birth include hemorrhage (19%) and infection (19%), while those occurring between 43 days and 1-year post birth are caused by embolism (24%) and cardiovascular conditions (24%).
- A cause for concern for many postpartum individuals are the significant barriers to obtaining and maintaining health insurance coverage, especially during the postpartum period. While this creates a substantial barrier in many other states, New York has an extensive collection of insurance coverage options that work to ensure most birthing individuals can maintain coverage after the end of their pregnancy.
 - Among those individuals who gave birth in 2018 and received NYS Medicaid Coverage based on pregnancy eligibility, 90% of enrollees maintained public insurance coverage for six months postpartum.
 - Of those who maintain enrollment of public insurance plans, 73% of enrollees maintain Medicaid coverage. Of the 27% who lose Medicaid coverage, 62%

- of them move into a public insurance option (i.e. Essential Plan or Child Health Plus), 2% enroll in Qualified Health Plans, and the remaining 36% (approx., 9,000 individuals) lose coverage.
- o Almost two thirds or 62% of those enrolled in Medicaid based on pregnancy eligibility maintain Medicaid coverage for 12 months after the end of their pregnancy. Of the consumers who lose Medicaid coverage in the 7-12 months postpartum, 36% move into another public health option.

Workgroup Activity

In late 2019, the NYS Department of Health, in partnership with the American College of Obstetricians & Gynecologists District II, convened a workgroup comprised of maternal child health experts, with experience working with individuals, particularly Black birthing people, during the postpartum period. Over 30 different individuals joined the expert panel including physicians representing obstetrical care, primary care and specialty care; health insurance payors; and professionals from a range of community-based providers, including, home visiting, social services, doulas, social workers, and experts in postpartum mental health. Dr. Mary Rosser, MD, FACOG, Department of Obstetrics Columbia University Medical Center and Cheryl Hunter-Grant, LMSW, former Executive Director, Lower Hudson Valley Perinatal Network, served as co-chairs of the expert panel.

The workgroup was expected to convene between December 2019 and March 2020 but due to the COVID-19 pandemic the workgroup did not conclude until September 2020. The kickoff meeting was held in Albany, NY in December 2019 and focused on developing a charge for the work, better understanding the complex factors that contribute to postpartum mortalities and morbidities in NYS, and how the current systems and support services create opportunities or barriers to improve postpartum care. Participants received an update on the status of maternal health in NYS and engaged in a collaborative activity to identify major issues impacting postpartum outcomes. Collectively, the group identified three major themes: community resources, the structure/model of postpartum care, and issues related to payment including insurance reimbursement. This meeting was also essential for setting the tone of ensuring this was centered on racial justice, especially how some of these postpartum issues can and do disproportionately impact people of color.

Subsequent meetings addressed the themes and issues identified during the kickoff meeting, always through a racial justice lens to actively work to reduce racial disparities. The second meeting focused on the maternal/child dyad care, enhanced care coordination and home visiting for postpartum women, prenatal care integration in a family planning setting, and utilization of an electronic referral coordination system and how these models could be implemented in NYS.

The outbreak of the COVID-19 pandemic resulted in a delay in convening the third meeting until July 2020. At this meeting, the NYS Department of Health's Office of

Health Insurance Programs presented the existing options available for insurance coverage to pregnant and postpartum people in NY. In addition to expanded Medicaid, NY also has the Essential Plan, which is available for people at or below 200% of the federal poverty level. In NY, the Essential Plan covers the same services as are covered under the Medicaid program and includes over 95% of the same providers. In addition, Medicaid offers two limited-coverage options: the family planning benefit program and family planning extension program. Pregnancy is also a qualifying event to get coverage under the NYS of Health, NY's Marketplace. This additional information was useful to help workgroup members better understand if barriers in accessing postpartum care are due to lack of coverage, the burden of navigating coverage options, or simply the perception that coverage has ended when, in fact, many postpartum individuals retain coverage long after the 60 day postpartum period.

The workgroup submitted and scored recommendations based on a scoring matrix which focused on ensuring that recommendations mitigate racial disparities, have some evidence basis, are legally and practically viable, included measurable outcomes and were developed with input and/or feedback from those individuals these recommendations are designed to help.

The group initially decided to advance their top five (5) recommendations but ultimately only advanced four (4). The fifth scored recommendation was to direct NY to adopt a postpartum depression screening and follow-up measure as part of ongoing Medicaid work relating to the establishment of Medicaid Quality Measures. Although there is strong support for this measure by both the workgroup and the NYS Department of Health, the measure is still going through testing and evaluation to ensure it is accurate. Given this ongoing review, it was premature to list it as a recommendation, but the workgroup recommends the State adopt the measure once it is vetted and ready for inclusion in forthcoming performance measurement.

Recommendations

The New York State Expert Panel on Postpartum Care proposes the following four recommendations, to be implemented pending the availability of State and/or Federal resources and authority, to reduce maternal morbidity and mortality during the postpartum period.

Recommendation 1: Ensure that all birthing people have seamless health insurance coverage that includes comprehensive preventive and primary care, including mental health and substance use services, without disruption or delay, for one year after giving birth.

New York State is a model for eligibility access to health insurance coverage, especially for pregnant and birthing people. Data from the New York State Office of Health Insurance Programs (OHIP) demonstrates that many individuals maintain coverage six to twelve months following delivery. Despite many health insurance coverage options available to many pregnant individuals, feedback

from health care providers, community-based organizations, and community members report gaps or loss in coverage, often during the critical postpartum period, resulting in an inability to access critical health care services, including postpartum visits. Several reasons contribute to gaps in coverage:

1. Uncertainty over insurance coverage status,
2. Challenges in re-certifying eligibility, and
3. Confusion over available options.

New York State must ensure all birthing people have access to seamless comprehensive health insurance coverage, which includes medical, mental and/or substance use services through increasing awareness of existing coverage options and status and expanding access to seamless health insurance coverage up to one year postpartum. This can be achieved several ways including:

1. Better education and information on insurance status and current health insurance options.
2. Extension of Medicaid coverage to one year postpartum.
3. Expansion of existing state-run programs that currently provide a limited scope of coverage (i.e. Family Planning Benefit Program or Family Planning Extension Program).
4. A supported seamless transition from Medicaid to the NYS Essential Plan, and/or
5. Other avenues to coverage not previously identified.

Regardless of the way in which coverage is made available, steps must be taken to ensure pregnant or postpartum people have supported and seamless enrollment without any gaps in coverage. The onus cannot be placed on the birthing person or their family to navigate a complex network of coverage options while they're in need of postpartum care and supporting a new infant. To ensure birthing people are given continuity of care with regard to current providers, any options that involve transitioning enrollees from one type of insurance coverage to another must ensure that individuals have continued access to current health care providers and/or services.

Recommendation 2: Provide access to essential wraparound and care coordination services to all birthing people in New York State through 'Stress-Free Zones' and/or insurance coverage benefits.

Among the many factors that contribute to poor postpartum outcomes are the complex structural and institutional barriers that many birthing people, particularly those from communities of color, experience when accessing care. These barriers can make accessing basic and specialist care difficult, if not impossible. Support in both navigating the health care system, accessing care, and mitigating the impact of social determinant factors such as housing, food insecurity,

domestic violence, and other barriers can help improve perinatal outcomes. There are many ways in which wrap around and/or care coordination services can be provided including:

- 1) Community based organizations can take steps to develop “Maternal Stress-Free Zones.” The concept of “Stress-Free Zones” defines a community in which birthing people are provided with a range of services including, but not limited to home visiting services, community health workers, doulas (both antepartum and postpartum), lactation support, and family support services. Additional services or supports may be obtained via referral as needed by individual birthing persons. This model works collaboratively with health care systems, often identifying clients through referrals originating from prenatal care providers and/or birthing hospitals or centers.
- 2) Care coordination facilitated through an insurance payor as a covered benefit. Payors could work collaboratively with healthcare providers to identify birthing people, especially those with a high-risk pregnancy and/or who experienced complications during birth, to connect with a care coordinator who provides ongoing assistance and support as the birthing person transitions to the postpartum period.

Support during pregnancy and the transition from hospital care to the postpartum period can help ensure patients are more likely to utilize their postpartum visit, obtain referrals for ongoing care, and transition successfully to primary care.

Recommendation 3: Payment parity for telehealth services to promote increased access to postpartum visits.

Attending the postpartum visit can be very difficult for some birthing people in NYS. Lack of transportation, inadequate childcare, no paid time off, and other complex issues can make it difficult, if not impossible, for some people to access necessary care during the postpartum period. By providing individuals with more options to obtain necessary postpartum care, specifically through telehealth visits, birthing people may be more likely to attend visits and connect with specialty care.

A key barrier to expansion in telehealth visits that would meet the needs of birthing individuals is the lack of sufficient reimbursement for providers. Without sufficient reimbursement, many providers may lack the time or opportunity to provide these kinds of visits. By ensuring that telehealth visits are reimbursable on par with other visits, NYS can ensure that patients across the state are afforded the same opportunity to access this care. This parity must apply to different modalities of telehealth visits as well, including audio-only. Limitations in access to technology, especially broadband or high-speed internet, make it challenging for some individuals to utilize video or streaming for visits. By ensuring parity for all visits, NYS can expand access to postpartum care to a wide range of birthing people in all areas of New York.

Recommendation 4: Enhanced Medicaid Reimbursement for the Global Fee for Vaginal Deliveries

According to many current obstetric providers, a persistent challenge in the provision or expansion of services, including enhanced postpartum care, is the inadequate reimbursement rate for vaginal births covered by Medicaid. Currently, NYS Medicaid reimburses vaginal deliveries at 67% of the full Medicare rate. This fee was designed for uncomplicated, low-risk vaginal deliveries. However, over the past several years increases in obstetrical age, the frequency of comorbid health conditions, and other complicating social determinant factors have seen a corresponding increase in high-risk pregnancies and deliveries. Without a corresponding increase in reimbursement for the deliveries, many providers find they are challenged with successfully managing the increasingly complex medical and social determinant factors impacting their patients.

Increasing the reimbursement rate for the global delivery fee will support providers' ability to have the time to listen to their patients and better address the increasing complexity of many birthing people's lives. The increase in reimbursement could also work to address some of the structural inequities that impact hospitals that serve disproportionately lower-income birthing people as well as birthing people from racial and ethnic minority groups. The workgroup acknowledges that this is likely difficult during this uncertain fiscal time but important nonetheless to put forth.

Resources:

[NYS Maternal Mortality Review Report: A Comprehensive Review of the 2014 Cohort](#)

[NYS Maternal and Child Health \(MCH\) Dashboard](#)

[NYS Pregnancy Risk Assessment Monitoring System](#)

[NYS Vital Statistics](#)

[NYS Expert Panel on Postpartum Care – Meeting Resources](#)