Legislation Details (With Text)

File #:	Res 0411-2024	**Version:** *	**Name:**	Require hospitals to publicly disclose demographic data on cesarean sections and to reduce unnecessary cesarean sections among disproportionately affected populations.
Type:	Resolution		**Status:**	Committee
			In control:	Committee on Hospitals
On agenda:	5/16/2024			
Enactment date:			**Enactment #:**	
Title:	Resolution calling on the New York State legislature to pass, and the Governor to sign, legislation to require hospitals to publicly disclose demographic data on cesarean sections and to reduce unnecessary cesarean sections among disproportionately affected populations.			
Sponsors:	Mercedes Narcisse, Farah N. Louis, Lincoln Restler, Jennifer Gutiérrez, Amanda Farías, Shahana K. Hanif			
Indexes:				
Attachments:	1. Res. No. 411, 2. May 16, 2024 - Stated Meeting Agenda, 3. Hearing Transcript - Stated Meeting 5-16-24			

Date	Ver.	Action By	Action	Result
5/16/2024	*	City Council	Introduced by Council	
5/16/2024	*	City Council	Referred to Comm by Council	

Res. No. 411

Resolution calling on the New York State legislature to pass, and the Governor to sign, legislation to require hospitals to publicly disclose demographic data on cesarean sections and to reduce unnecessary cesarean sections among disproportionately affected populations.

By Council Members Narcisse, Louis, Restler, Gutiérrez, Farías and Hanif

Whereas, Cesarean section (C-section) rates have been on the rise in the United States, with approximately 32% of all births occurring via C-section, according to the latest data from the Centers for Disease Control and Prevention (CDC); and

Whereas, A C-section, also known as a cesarean birth, is a surgical procedure to deliver a baby by making an incision in the mother's abdomen and uterus that can be planned or performed in an emergency to deliver a baby when a vaginal delivery cannot be done safely; and

Whereas, While C-sections are relatively safe, life-saving intervention for the child and the birthing parent, there are certain risks associated with C-sections including increased risk of infection of the wound and

womb lining, longer recovery times, and increased risk of complications in future pregnancies such as placenta previa, uterine rupture, and stillbirth, as well as heightened odds for the child of developing asthma and obesity; and

Whereas, The American Congress of Obstetricians and Gynecologists (ACOG) recommends a C-section rate of no more than 10-15% of all deliveries to ensure optimal maternal and infant health; and

Whereas, New York State had a C-section rate of 33.9% in 2022, significantly exceeding the ACOG recommended range, per the March of Dimes; and

Whereas, Currently New York State (NYS) hospitals are required to report certain annual percentage data on C-sections to the NYS Department of Health (DOH) as well as to the patient; and

Whereas, Despite existing reporting requirements, there is a lack of publicly available information regarding C-section rates broken down by demographic factors such as race, ethnicity, socioeconomic status, and maternal age; and

Whereas, Research suggests that racial and ethnic disparities exist in C-section rates, with Black and Hispanic mothers experiencing significantly higher rates compared to white mothers, even when controlling for medical risk factors; and

Whereas, While Clinical factors known to contribute to unplanned cesarean birth include nulliparity, which describes a female of reproductive age who has never given a live birth, larger fetal size, malposition of fetus, more advanced maternal age, and higher body mass index (BMI), several studies show that self-identification as Black increases odds of unplanned cesarean birth by as much as tenfold, even after adjusting for clinical factors, per BioMed Central (BMC); and

Whereas, A 2023 study published on BMC analyzing caesarian birth among low-risk nulliparity pregnancies found that rates of unplanned cesarean birth were significantly higher among Black (24.1%) and Hispanic participants (24.7%) compared to white participants (17.4%); and

Whereas, According to BMC, unplanned cesarean births are a principal driver of maternal morbidity

and mortality in otherwise low-risk pregnant people; and

Whereas, Nationally, Black pregnant people are 3.2 times more likely to die in pregnancy and childbirth and 1.7 times more likely to experience severe maternal morbidity compared to their white counterparts; and

Whereas, Per the NYS Report of Pregnancy-Associated Deaths in 2018, Black, non-Hispanic women were 5 times more likely to die of pregnancy-related causes than white, non-Hispanic women, and had the highest mortality rates for both vaginal and cesarean birth among all ethnic groups analyzed; and

Whereas, The report highlighted that discrimination was a probable or definite circumstance surrounding 46% of pregnancy-related deaths; and

Whereas, Considering these disparities, increased transparency regarding C-section rates across demographics is crucial for identifying and addressing systemic inequalities in maternal healthcare access and outcomes; and

Whereas, Prioritizing efforts aimed at reducing unnecessary C-sections is imperative for decreasing maternal mortality rates in New York; and

Whereas, Providing demographic data on C-section rates will enable policymakers, healthcare providers, and communities to develop targeted interventions to reduce unnecessary C-sections and improve maternal health outcomes for all women and pregnant people while empowering them to make informed decisions about their birthing options and advocate for their healthcare needs; now, therefore, be it

Resolved, That the Council of the City of New York calls on the New York State legislature to pass, and the Governor to sign, legislation to require hospitals to publically disclose demographic data on cesarean sections and to reduce unnecessary cesarean sections among disproportionately affected populations.

LS #15697
5/2/2024
MB