



Legislation Text

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File #: Int 0914-2018, Version: A

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Int. No. 914-A

By Council Members Rosenthal, Cumbo, Rivera, Chin, Ampry-Samuel, Levine, Ayala, Levin, Lander, Cohen, Kallos, Constantinides, Adams, Rose, Williams, Barron and Miller

A Local Law to amend the administrative code of the city of New York, in relation to reporting on maternal mortality and morbidity

Be it enacted by the Council as follows:

Section 1. Section 17-199.3 of the administrative code of the city of New York, as added by local law number 55 for the year 2017, is amended to read as follows:

§ 17-199.3 Maternal mortality and morbidity annual report. a. For purposes of this section, the following terms have the following meanings:

Maternal health. The term “maternal health” means the health of [women] a person before, during, and after a pregnancy[, childbirth, and the postpartum period].

Maternal mortality. The term “maternal mortality” means the death of a [woman while pregnant or within 42 days of the termination of pregnancy, from any cause related to or aggravated by the pregnancy or its management.] person that occurs during a pregnancy, or within one year from the end of pregnancy, regardless of the duration of such pregnancy.

Pregnancy-Associated Death. The term “pregnancy-associated death” means the death of a person from any cause during pregnancy or within one year from the end of pregnancy.

Pregnancy-Related Death. The term “pregnancy-related death” means the death of a person during pregnancy or within one year from the end of pregnancy that is due to a pregnancy complication, a chain of events initiated by pregnancy, or the aggravation of an unrelated condition by the physiologic effects of

pregnancy.

Severe maternal morbidity. The term “severe maternal morbidity” means a life-threatening complication affecting a person before, during, or after a pregnancy.

b. No later than September 30, [2017] 2019 and no later than September 30 annually thereafter, the department shall submit to the speaker of the council and publish [in the annual summary of vital statistics] in a machine-readable format the most recent calendar year data available regarding maternal mortality in [New York City] the city, to the extent such data is made available to the department[, including,]. Data submitted shall not jeopardize the confidentiality of the pregnant person or mother and shall include, but not be limited to:

1. [The number of maternal mortalities, disaggregated by race or ethnicity and borough of residence;

2.] The total number of live births; and the total number of maternal mortalities, disaggregated by information about the pregnant person or mother where such disaggregated data is available. Such data shall be disaggregated by, but not limited to, the following:

(a) race or ethnicity;

(b) borough of residence;

(c) most frequent causes of maternal mortality; and

(d) whether the death was pregnancy-associated or pregnancy-related;

2. The total number of severe maternal morbidities, disaggregated by information about the pregnant person or mother, where such disaggregated data is available and statistically reliable. Such data shall include, but not be limited to:

(a) race or ethnicity;

(b) education;

(c) borough of residence;

(d) whether such person was born domestically or abroad;

(e) age;

(f) insurance status;

(g) trimester of prenatal care entry;

(h) preexisting health conditions;

(i) whether such person worked during pregnancy;

(j) whether such person had any previous miscarriages or still births; and

(k) whether the pregnancy resulted in the first live birth for such person;

3. The maternal mortality ratio, disaggregated by race or ethnicity and borough of residence where available and statistically reliable;

[3.] 4. Recommendations regarding actions the department, the mayor, and the [Council] council can take to improve maternal health, particularly in disproportionately impacted communities; [and] reduce maternal mortality; and enhance cooperation among city agencies to improve maternal health, particularly those agencies that have a mandate related to maternal health, including but not limited to the commission on gender equity. In developing recommendations, the department may consider the following factors, to the extent such information is available:

(a) the impact of factors such as prenatal care, doulas, economic, civic and social well-being, and race on pregnant persons and mothers, as they relate to maternal mortality and morbidity;

(b) the use and effect of hospital and institutional practices, policies, and administrative tools, such as checklists related to pregnancy and parenting;

(c) any previous traumatic events the mother or pregnant person experienced, where this information is provided and available, and whether the stress or trauma from that event might have affected the outcomes of the mother or pregnant person's experience during pregnancy, childbirth, and the postpartum period; and

(d) ways to analyze complications experienced by expectant parents and mothers and ways to develop equitable strategies to respond to them;

[4.] 5. An update on the implementation of the recommendations made in previous reports made

pursuant to this section regarding actions that the department or mayor can take to improve maternal health and reduce maternal mortality, if any; and

6. A list of data sources used in the development of reports made pursuant to this section.

c. No later than September 30, 2019, and by September 30 of every fifth year thereafter, the department shall submit to the speaker and publish in a machine-readable format additional data regarding maternal mortality in the city, for the most recent five-year period for which data is available. Data submitted shall not jeopardize the confidentiality of the pregnant person or mother and shall include, but not be limited to:

1. age;

2. education;

3. whether such person was born domestically or abroad;

4. whether the maternal mortality occurred in a hospital or inpatient setting, emergency room or outpatient setting, at home, or in another location;

5. trimester of prenatal care entry;

6. interval between end of pregnancy and maternal mortality, where available;

7. preexisting health conditions;

8. insurance status;

9. whether such person had any previous miscarriages or still births;

10. whether the pregnancy resulted in the first live birth for such person; and

11. whether such person worked during pregnancy.

d. In the development of reports made pursuant to this section, the department shall consult any review or assessment produced by the committee established pursuant to section 17-199.3.1.

§ 2. Chapter 1 of title 17 of the administrative code of the city of New York is amended by adding a new section 17-199.3.1 to read as follows:

§ 17-199.3.1 Maternal mortality and morbidity review committee (M3RC).

a. The department shall establish a committee to examine maternal mortality, as such term is defined in subdivision a of section 17-199.3; severe maternal morbidity, as such term is defined in subdivision a of section 17-199.3; and analyze clinical factors and social determinants of health. Factors that such committee may consider include, but need not be limited to:

1. the cause of each maternal mortality; and
2. whether such mortality was pregnancy-related or not.

b. Members of the committee shall represent a multi-disciplinary panel of representatives, including but not limited to representatives from various healthcare facilities and organizations, city agencies, community based organizations with relevant experience, the doula community, researchers with relevant experience, and first responders.

c. The department shall post and update as necessary on its website a list of the disciplines represented on the committee established pursuant to this section.

§ 3. This local law takes effect immediately.

AB / BM  
LS # 6548  
10/9/2018 9:00 pm