



Legislation Text

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Res. No. 1086-A

Resolution calling on the New York State Department of Health to create a new and separate occurrence code for maternal mortality and to standardize the definition of events reportable to the New York Patient Occurrence and Reporting Tracking System

By Council Members Ossé, Restler, Brannan, Gutiérrez, Narcisse and Louis

Whereas, The New York Patient Occurrence and Reporting Tracking System (NYPORTS) is a statewide, mandatory reporting system that collects information from hospitals and diagnostic and treatment centers concerning adverse events; and

Whereas, Adverse events are defined as unintended, adverse, and undesirable developments in a patient's condition; and

Whereas, While the NYPORTS system has the advantage of being used universally by hospitals in New York State, according to the New York State Department of Health, some hospitals report occurrences of adverse medical events at rates up to 20 times greater than rates at comparable hospitals; and

Whereas, For example, one small New York City hospital reported 111.3 occurrences per 10,000 patient discharges, while another comparably sized hospital in the same borough reported only 6.0 occurrences per 10,000 discharges; and

Whereas, According to a policy report from the Office of the New York City Comptroller, there is a great deal of confusion and inconsistency around reporting of maternal deaths specifically, and as a result, current NYPORTS reporting is failing to identify a significant number of cases; and

Whereas, Currently, maternal death is one of five sub-categories included in one of the 31 NYPORTS occurrence codes, but its language regarding what should be classified as a maternal death is considered by

some to be unclear; and

Whereas, For instance, the classification of an “unexpected” versus an “expected” maternal death needs to be further defined as this often causes confusion among practitioners according to the New York Academy of Medicine; and

Whereas, Furthermore, there are two different time frames used in New York State to determine what events after a pregnancy’s conclusion should be included in maternal mortality data; and

Whereas, The New York State Department of Health and the New York City Maternal Mortality Review Committee (MMRC) classify a pregnancy-associated death as the death of a birthing person from any cause during pregnancy or within one year from the end of pregnancy, regardless of the outcome of the pregnancy; and

Whereas, The New York State Maternal Mortality Review Board (MMRB), however, aligns with the World Health Organization, which defines maternal death as the death of a birthing person while pregnant or within 42 days of the termination of a pregnancy; and

Whereas, The difference between 42 days and one year is significant, and may lead to significant discrepancies in maternal mortality data across different entities; and

Whereas, Standardized state-wide mandatory reporting increases the number of cases captured and creates the widest base of data for improving systems and preventing maternal deaths and disability; and

Whereas, A dedicated code for maternal death would enhance the accuracy and completeness of data collection for maternal deaths, leading to a clearer understanding of causes and contributing factors; and

Whereas, Working with the MMRC, MMRB, and other maternal-health focused entities to standardize the definition of events reportable to NYPORTS will broadly improve the quality of care; now, therefore, be it

Resolved, That the Council of the City of New York calls on the New York State Department of Health to create a new and separate occurrence code for maternal mortality and to standardize the definition of events reportable to the New York Patient Occurrence and Reporting Tracking System.

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