



OFFICE OF THE BROOKLYN BOROUGH PRESIDENT

ANTONIO REYNOSO

Brooklyn Borough President

**City Council Committees on Health and Hospitals
Oversight Hearing – Maternal Health, Mortality, and Morbidity
6.29.22**

Good morning Chairs Schulman and Narcisse and members of the committees. Thank you so much for holding this hearing today and providing the opportunity to speak on this very important issue. I am Brooklyn Borough President Antonio Reynoso, and addressing the Black maternal health crisis in Brooklyn is my number one priority for my time in this office.

According to DOHMH, the highest rates of maternal morbidity occur among low-income Black and Latinx birthing people, especially those with limited prenatal care, those who use Medicaid, and those who are uninsured and/or undocumented. The often-cited and incredibly important statistic is that Black people are 9.4 times more likely than their white counterparts to die from pregnancy-related causes.

These disparities must be addressed, and that is why my goal is to make Brooklyn the safest place in New York City to give birth in the next four years, and the safest place in the country in eight. As soon as I took office, I put together a Maternal Health Task Force to guide this work, co-chaired by NYC Health + Hospitals Chief Women's Health Service Officer Dr. Wendy Wilcox and NYC Health + Hospitals/Woodhull Director of Midwifery Services Helena Grant, and made up of healthcare professionals and advocates. I appreciate this Task Force's guidance on the feedback I am providing you today.

I want to start by expressing my support for all the bills and resolutions in this package that expand training of and access to doula services for NYC residents. A successful birth takes a village. Even though doulas are not trained clinicians, they are a critical part of the birthing experience. Doulas provide hand-holding and multiple touch points of support that offer a safe space, establish trust, and promote mental health and wellness.

My office has worked with groups like Mama Glow, a Brooklyn-based, Black female-founded organization supporting a global community of doulas by providing doula training and doula matching, and a partner of the Citywide Doula Initiative. Many of the doulas they train carry

lived experiences from their own birthing journey and aim to give back to their birthing community.

A 2017 report published by Cochrane showed that people who had doula support were 39% less likely to have a caesarean section and 15% more likely to give birth without needing drugs or labor-inducing techniques. Critically, doulas provide support both before and after birth. People tend to believe that most maternal deaths happen during the birthing process, but in fact, most deaths occur in the months after birth as a result of mental health challenges and other social factors. Post-partum support from doulas can make a difference.

The New York State Medicaid Program reimburses participating doulas for up to four prenatal visits, support during labor and delivery, and up to four postpartum visits. While it has launched in Eerie County, this program has not been successful in Kings County because of its flawed Medicaid reimbursement rates that are insufficient to fully support doulas and their families.

These services – and in fact, all pre-natal and post-partum services – must be offered to all, without regard to health insurance status or ability to pay. One’s socioeconomic or immigration status should not define whether or not they can give birth to a healthy child or survive a birth. I support efforts to make doulas more accessible in underserved communities by expanding access, increasing reimbursement rates, creating more welcoming hospital and healthcare environments for the doula community, and improving access to data.

On Intro 478, which would require DOHMH to conduct an outreach campaign about the benefits and services offered by doulas and midwives, I support this effort with two caveats – first, it is important to understand the differences between a doula and midwife. Both provide important services, but doulas are not a substitute for midwives. There is often confusion between the two.

Midwives are licensed professionals who provide medical care during pregnancy, birth, and the immediate postpartum period. Doulas provide birthing people and their families with emotional, informational, and physical support during pregnancy, birth, and the immediate postpartum period.

Second, we need to inform the birthing community of the full scope of services and resources available to them, in addition to doulas and midwives. This includes OB/GYNs and nurses. My office is committed to supporting campaigns to expand education on the roles of a birthing person’s care team.

On the bill and resolution regarding creating awareness of the risk of caesarean sections, I support these efforts as well, with a note that the American College of Obstetricians and

Gynecologists (ACOG) has expressed opposition because of concerns that providing information on risks can discourage people from seeking care. However, the fact is that Black people are told by their doctors to undergo c-sections at disproportionately higher rates than their white counterparts. This is one of the causes of the high number of post-partum maternal deaths.

This crisis is driven by unconscious bias in the medical system and its actors. In a 2016 survey of white medical students, nearly half held false beliefs about biological differences in Black patients, including that they had thicker skin and less sensitive nerve endings, indicating that Black people's physical bodies are viewed as less fit to bear children without medical intervention. Furthermore, c-sections among Medicaid recipients are still being seen as profitable for institutions. Black mothers consistently undergo caesareans more than white mothers, even in low-risk situations. And as a result, they are more likely to suffer for longer after birth, to struggle to fully recover, or to die.

We need education on c-section risk so the patients can have all the information they need to make an informed decision on treatment of their physical bodies. Yet as noted, we must be careful about the messaging so as not to discourage birthing people from seeking care. We need to have leadership by those most impacted driving these discussions.

Along those lines, **I also support Reso 0092 in support of The Black Maternal Health Momnibus Act of 2021.** This bill would create opportunities at the Federal level to develop data-driven, evidence-based practices and programs that value and trust the lives, knowledge and leadership of Black mothers. It invests in their health – and creates opportunities for Black mothers to be heard.

Thank you again for your time today and for dedicating this hearing to this critical issue. I am willing and eager to partner with the Council, the Public Advocate's office, and our partners in the State and Federal legislatures to deliver all we can for birthing people in New York.