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Joint Public Hearing on the State of Maternal Health: An Examination of Maternal Mortality and Morbidity Rates in New York State
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Introduction

Good morning, Chairpersons and Members of the Committee. My name is Dr. Celia McIntosh. I am honored to testify today on behalf of McIntosh Advocacy and Consulting and the Rochester Black Nurses Association – Black Maternal Health Committee, where I serve as Chair.

As a nurse practitioner, health policy advocate, and community leader, my work focuses on eliminating the systemic inequities that lead to disproportionately high rates of maternal morbidity and mortality among Black women in New York State. Despite advancements in healthcare, Black women remain at the highest risk of preventable pregnancy-related complications and death, a reality that reflects deep-rooted failures within our maternal healthcare system.

The United States as a whole is not doing well in protecting birthing mothers, as we continue to have one of the highest maternal mortality rates among developed nations. While this is a national crisis, Black mothers in New York face even greater risks. An estimated **80%** of pregnancy-related deaths are preventable, yet we continue to lose Black mothers due to delays in care, misdiagnosis, and systemic neglect.

Today, I will outline the major barriers to perinatal and postpartum care, highlight key statistics that illustrate the severity of the crisis, and emphasize the urgent need to recognize Black maternal health as a public health emergency.

Barriers to Perinatal and Postpartum Care for Black Mothers in New York State

On behalf of McIntosh Advocacy and Consulting and the Rochester Black Nurses Association – Black Maternal Health Committee, I want to bring attention to the barriers that fuel maternal health disparities among Black women in New York State. These challenges are deeply entrenched in medical neglect, systemic racism, economic disparities, and gaps in healthcare access, all of which contribute to the high rates of maternal morbidity and mortality.

1. Systemic Racism and Implicit Bias in Maternal Healthcare

- Black women in New York die from pregnancy-related complications at **five times** the rate of White women (54.7 vs. 11.2 deaths per 100,000 live births).
- Discrimination was cited as a factor in nearly **46%** of pregnancy-related deaths, demonstrating the widespread racial bias and mistreatment that Black mothers face in healthcare settings.
- Black women frequently report that their pain is ignored, their concerns are dismissed, and their symptoms are not taken seriously, leading to delays in care that can be fatal.

2. Delayed and Limited Access to Prenatal Care

- Only 67% of Black women in Queens receive early prenatal care compared to 83.5% of White women, highlighting racial disparities in access to essential maternal health services.
- Black mothers experience longer wait times for prenatal appointments, fewer provider options in their communities, and transportation barriers that delay or prevent access to care.
- Early prenatal care is essential for detecting high-risk conditions such as hypertension, gestational diabetes, and preeclampsia, yet Black women continue to face systemic barriers to obtaining this care.

3. Increased Risk of Preterm Birth and Birth Complications

- Black women in Queens experience preterm birth rates nearly twice as high as White women (13.5% vs. 7%).
- In Monroe County, Black mothers have a premature birth rate 77% higher than White mothers (11.3% vs. 6.4%).
- Black mothers are at greater risk of complications during cesarean deliveries, with a maternal mortality rate of 23.8 per 100,000 births compared to 7.6 per 100,000 for White women.

4. Postpartum Care Gaps and the Risk of Maternal Death After Delivery

- Many maternal deaths occur in the postpartum period due to a lack of follow-up care, unmanaged chronic conditions, and inadequate post-birth monitoring.
- New York does not ensure that all birthing individuals have access to extended postpartum care, leaving Black mothers vulnerable to undiagnosed complications such as postpartum hypertension, infections, and blood clots.
- Black women experience severe maternal morbidity at disproportionately high rates, yet they are less likely to receive postpartum follow-up visits, mental health support, and specialty care referrals.

5. Economic and Social Barriers to Maternal Health

- Black mothers are more likely to experience financial hardship, workplace discrimination, and lack of maternity leave, which impacts access to prenatal and postpartum care.
- Without paid maternity leave, many Black mothers are forced to return to work too soon, increasing their risk of postpartum complications and limiting opportunities for breastfeeding and maternal-infant bonding.
- Chronic stress, food insecurity, and housing instability further contribute to poor maternal and infant health outcomes.

6. Disproportionate Rates of Black Infant Mortality

- In Monroe County, Black infant mortality is more than three times higher than that of White infants (13.2 vs. 4.2 per 1,000 live births).

- Racial disparities in neonatal care, higher rates of preterm births, and lack of access to pediatric health services contribute to these devastating outcomes.

7. Maternal Overdose Crisis and Substance Use Disparities

- Overdose is now the leading cause of pregnancy-associated deaths in New York City.
- In 2021, overdoses accounted for **34.5%** of all pregnancy-associated deaths in NYC, with 80% involving opioids.
- **40%** of opioid-related pregnancy-associated deaths between 2016-2020 occurred among Black, non-Hispanic women.
- Despite these risks, Black pregnant and postpartum individuals lack access to culturally competent substance use treatment and harm reduction programs.

Conclusion

Black maternal health must be recognized as a public health emergency in New York State. We cannot continue to lose Black mothers to preventable deaths, medical neglect, and systemic failures. With **80%** of pregnancy-related deaths being preventable, we have a responsibility to act now.

The United States lags behind other developed nations in maternal health outcomes, and within this crisis, Black women bear the greatest burden. These disparities are not accidental but are the result of structural inequities that have persisted for generations.

By acknowledging the deep-seated failures within our healthcare system and taking action to eliminate racial disparities in maternal health, we can create a future where all mothers receive the care, respect, and dignity they deserve.

Thank you for allowing me to testify today and for your commitment to addressing maternal health disparities.

Thank you,

Dr. Celia McIntosh, DNP, FNP-C, SCRN, CCRN, CNRN, CEN

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