Overview of Birth Outcomes in New York State – The Role of Perinatal Regionalization

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Overview of Birth Outcomes in New York State

Among states with more than 10 percent of births to African-American women in 2007,

• New York had the lowest African-American infant mortality rate (11.7/1,000) during 2003-2005;

• New York had the lowest white infant mortality rate (4.65/1,000) during 2003-2005; and

• New York had the lowest neonatal mortality rate and the lowest post-neonatal infant mortality rates in 2007.
# Overview of Birth Outcomes in New York State

Table 1 - Infant Mortality Rate and B/W Infant Mortality Ratio
2003-2005 for the 10 States with the Most African-American Births

<table>
<thead>
<tr>
<th>State</th>
<th>A-A Births (%)</th>
<th>A-A IMR</th>
<th>W IMR</th>
<th>B/W IM Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. California</td>
<td>31,777 6%</td>
<td>11.40</td>
<td>4.63</td>
<td>2.46</td>
</tr>
<tr>
<td>2. New York</td>
<td>42,738 17%</td>
<td>11.77</td>
<td>4.65</td>
<td>2.53</td>
</tr>
<tr>
<td>3. Texas</td>
<td>46,397 11%</td>
<td>12.41</td>
<td>5.92</td>
<td>2.10</td>
</tr>
<tr>
<td>4. Florida</td>
<td>51,835 22%</td>
<td>12.92</td>
<td>5.79</td>
<td>2.23</td>
</tr>
<tr>
<td>5. Georgia</td>
<td>49,278 32%</td>
<td>13.27</td>
<td>6.13</td>
<td>2.16</td>
</tr>
<tr>
<td>6. Maryland</td>
<td>26,198 34%</td>
<td>13.66</td>
<td>5.80</td>
<td>2.35</td>
</tr>
<tr>
<td>7. Louisiana</td>
<td>25,343 38%</td>
<td>13.94</td>
<td>7.09</td>
<td>1.96</td>
</tr>
<tr>
<td>8. Illinois</td>
<td>31,655 18%</td>
<td>15.27</td>
<td>5.95</td>
<td>2.57</td>
</tr>
<tr>
<td>9. N. Carolina</td>
<td>30,635 23%</td>
<td>15.77</td>
<td>6.33</td>
<td>2.49</td>
</tr>
<tr>
<td>10. Michigan</td>
<td>22,343 18%</td>
<td>16.38</td>
<td>6.15</td>
<td>2.66</td>
</tr>
</tbody>
</table>
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Table 2- States with the **Lowest** African-American Infant Mortality Rates, by percent and number of African-American (A-A) Births

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Oregon</td>
<td>8.58</td>
<td>2.3%</td>
<td>1,145</td>
</tr>
<tr>
<td>2. Minnesota</td>
<td>8.86</td>
<td>8.9</td>
<td>6,615</td>
</tr>
<tr>
<td>3. Washington</td>
<td>8.96</td>
<td>4.2</td>
<td>3,812</td>
</tr>
<tr>
<td>4. Massachusetts</td>
<td>10.02</td>
<td>9.3</td>
<td>7,262</td>
</tr>
<tr>
<td>5. Rhode Island</td>
<td>10.80</td>
<td>8.4</td>
<td>1,045</td>
</tr>
<tr>
<td>6. Kentucky</td>
<td>10.92</td>
<td>9.1</td>
<td>5,418</td>
</tr>
<tr>
<td>7. Iowa</td>
<td>10.97</td>
<td>4.4</td>
<td>1,804</td>
</tr>
<tr>
<td>8. Arizona</td>
<td>11.22</td>
<td>3.8</td>
<td>6,700</td>
</tr>
<tr>
<td>9. California</td>
<td>11.40</td>
<td>5.6</td>
<td>31,777</td>
</tr>
<tr>
<td><strong>10. New York</strong></td>
<td><strong>11.77</strong></td>
<td><strong>16.9</strong></td>
<td><strong>42,738</strong></td>
</tr>
</tbody>
</table>

Source: Mathews TJ and Mac Dorman, MF, Infant Mortality statistics from the 2003-2005 period linked
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New York has developed a multifaceted strategy to improve birth outcomes by implementing:

1. an aggressive program of providing outreach and other support services to pregnant women and new mothers;
2. a comprehensive regionalized system of care that included upgrading all obstetrical hospitals for each designated level of perinatal care in accordance with current ACOG/AAP guidelines for perinatal services;
3. collaborative relationships with community based groups as well as medical providers in regional forums;
4. a statewide perinatal data system that is readily accessible to hospitals for quality improvement and to public health staff for monitoring purposes; and
5. extensive family planning and STD treatment and monitoring programs.

source: New York State Department of Health, Strategies to Improve Birth Outcomes.
# Overview of Birth Outcomes in New York State

Reviewing the Available Evidence on New York’s Strategies

<table>
<thead>
<tr>
<th>Relative</th>
<th>Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Providing Prenatal Care in the First Trimester</td>
<td>X</td>
</tr>
<tr>
<td>Providing the Recommended Number of Prenatal Care Visits</td>
<td>X</td>
</tr>
<tr>
<td>Reducing Births to Teens</td>
<td>X</td>
</tr>
<tr>
<td>Reducing Smoking</td>
<td>X</td>
</tr>
<tr>
<td>Reducing Low Birth Weight</td>
<td>X</td>
</tr>
<tr>
<td>Raising Prenatal/Perinatal Regionalization Standards</td>
<td>✓</td>
</tr>
<tr>
<td>Implementing Community Based Regionalization Model</td>
<td>✓</td>
</tr>
</tbody>
</table>
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New York’s initiated Regional Perinatal Forums (RPFs) in 2003. RPFs are collaborations at the regional level involving hospital and community stakeholders.

The purpose of the RPFs is to improve perinatal outcomes by encompassing a broad community perspective and public health model in order to develop a local plan to address regional perinatal needs.

Each RPF is in various stages of implementing its regional action plan and all have identified priority issues to address.

There are 11 RPFs in seven regions of the state: Western, Rochester, Central, Capital, Lower Hudson Valley, New York City and Long Island.
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Table 3 - Percent of VLBW Infants Delivered at Facilities for High-Risk Deliveries in the 10 States with the Most African-American Births

<table>
<thead>
<tr>
<th>State</th>
<th>Percent VLBW Delivered at Facilities for High-Risk</th>
<th>Neonatal Mortality Rate</th>
<th>Post-Neonatal Mortality Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. New York</td>
<td>88.6</td>
<td>3.8</td>
<td>1.8</td>
</tr>
<tr>
<td>2. Florida</td>
<td>88.1</td>
<td>4.4</td>
<td>2.6</td>
</tr>
<tr>
<td>3. Louisiana</td>
<td>88.1</td>
<td>5.8</td>
<td>4.3</td>
</tr>
<tr>
<td>4. Michigan</td>
<td>87.8</td>
<td>6.8</td>
<td>3.0</td>
</tr>
<tr>
<td>5. Maryland</td>
<td>87.8</td>
<td>5.8</td>
<td>2.2</td>
</tr>
<tr>
<td>6. Illinois</td>
<td>83.1</td>
<td>4.8</td>
<td>2.4</td>
</tr>
<tr>
<td>7. N. Carolina</td>
<td>78.2</td>
<td>5.6</td>
<td>2.5</td>
</tr>
<tr>
<td>8. Georgia</td>
<td>73.3</td>
<td>5.2</td>
<td>2.9</td>
</tr>
<tr>
<td>9. California</td>
<td>66.9</td>
<td>3.5</td>
<td>1.6</td>
</tr>
<tr>
<td>10. Texas</td>
<td>49.7</td>
<td>4.2</td>
<td>2.1</td>
</tr>
</tbody>
</table>

Source: TVIS, reporting year 2008
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CONCLUSIONS

• New York’s community based regionalization model goes beyond designating hospitals to provide specialty care to high risk patients by promoting regional perinatal partnerships that effectively encourage medical facilities and community services providers to work together to improve birth outcomes.

• New York’s relatively low neonatal and post neonatal infant mortality rates support the widely held view that New York’s community based regionalization model deserves much of the credit for the state’s relatively strong performance in reducing infant mortality, especially among African-Americans.