

Addressing Birth Equity

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Maternal mortality and morbidity persists in New York



In New York State, Black women are approximately three times more likely to die* in childbirth than white women



In New York City, Black women are approximately eight times more likely to die** in childbirth than white women



Sources: Governor's Taskforce*
<https://www1.nyc.gov/site/doh/data/data-publications/special-reports.page>

About St. Peter's Health Partners

People-centered, integrated care is at the heart of St. Peter's Health Partners (SPHP). Our breadth of services across the continuum of care uniquely positions us to be the region's leader for quality, efficiency, and innovation in delivering compassionate health care and senior services.

Our Services

- Advanced Medical Care
- Inpatient Acute Care and Rehabilitation
- Outpatient Rehabilitation
- Urgent Care
- Primary and Specialty Physician Practices
- Adult Day Programs
- Alzheimer's Services
- Enriched Housing/Adult Homes
- Home Care
- Hospice
- Independent Senior Living
- Nursing Homes
- Pace (Program of All Inclusive Care for the Elderly)

St. Peter's and Samaritan Hospital define their primary service area as **Albany and Rensselaer Counties**, which represent the home zip codes of 71% of our patients.

Census Data:	Albany County	Rensselaer County
Population	289,629	172,794
% White	70.5%	83%
% African-American	13.5%	6.7%
% Hispanic	6.6%	5.2%
% High School Graduates	92.2%	90.7%
Median Household Income	\$63,329	\$65,831



ABOUT US

Nearly
11,000
Employees

185+
Locations

10
Counties

Our Team



Our journey to improving birth equity

- Invited in 2021 to participate in the New York State DOH Birth Equity Improvement Project (BEIP), which aligned with current DEI work
- Completed a facility readiness assessment with DOH for our two birthing hospitals and received feedback
- Assembled an internal team to address birth equity with representation from the following departments:
 - Nursing Leadership;
 - Medical Staff;
 - Maternity Services staff (clinical and non-clinical);
 - Clinical Informatics,
 - Mission Services; and
 - Community Health and Well-Being.
- Participated in education on birth equity
- Developed an “Aim Statement” to guide our work to improve birth equity

Aim Statement

Our team will identify how individual and systemic racism impacts birth outcomes and will take action to improve both the experience of care and perinatal outcomes of Black birthing people in our communities.

We will accomplish this by:

- Developing and implementing policies and procedures to mitigate subjective decisions based on race and promote respectful and standardized care with shared decision making with Black birthing people;
- Implement PREM (Patient Response Experience Measure) surveys to learn of the perspectives of birthing people;
- Developing actions to improve the birth experience and health outcomes among Black birthing people; and
- Training our patient access and clinical staff in best practices in collection of perinatal demographics data about race, ethnicity, gender identity and language.

Data

Birth Data

Obstetric outcomes at Samaritan Hospital Troy and St. Peter’s Hospital Albany, Q2 2021 – Q3 2022

Hospital		Reporting Period					
		2021 Q2	2021 Q3	2021 Q4	2022 Q1	2022 Q2	2022 Q3
Samaritan Hospital Troy	Total Births	139	255	260	236	215	244
	C-Section Rate	25.90%	27.06%	17.69%	19.92%	19.53%	6.56%
St. Peter’s Hospital Albany	Total Births	463	780	724	674	752	853
	C-Section Rate	39.96%	41.54%	41.02%	38.43%	39.10%	43.26%
Grand Total	Total Births	602	1,035	984	910	967	1,097
	C-Section Rate	36.71%	37.97%	34.86%	33.63%	34.75%	35.10%

The number of C-Sections is higher at St. Peter’s because during the reporting period:

- *SPH absorbed all SAM scheduled C-Sections due to anesthesiology availability at SAM until 11/1/22; and*
- *SPH absorbed all SAM TOLAC patients (patients hoping for vaginal birth after cesarean (VBAC)).*

Birth Data

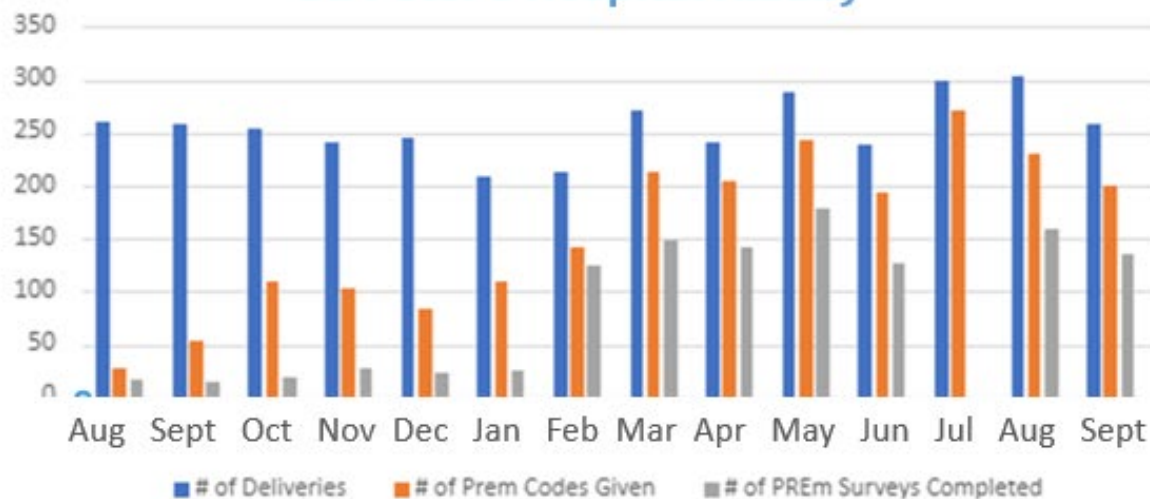
Obstetric outcomes by race, Q2 2021 – Q4 2022

		2021 Q2	2021 Q3	2021 Q4	2022 Q1	2022 Q2	2022 Q3	2022 Q4	Grand Total
American Indian/Alaska Native	Total Births	1	1			3	4	2	11
	C-Section Rate	100.00%	100.00%			33.33%	50.00%	0.00%	45.45%
Asian	Total Births	22	33	39	35	51	70	12	262
	C-Section Rate	36.36%	42.42%	38.46%	14.29%	31.37%	40.00%	41.67%	34.73%
Asian Indian	Total Births							4	4
	C-Section Rate							75.00%	75.00%
Black or African American	Total Births	92	146	147	146	124	158	51	864
	C-Section Rate	43.48%	40.41%	26.53%	36.99%	35.48%	36.71%	29.41%	35.76%
Chinese	Total Births		1						1
	C-Section Rate		0.00%						0.00%
Declined	Total Births	4	9	13	8	14	11	4	63
	C-Section Rate	25.00%	44.44%	30.77%	50.00%	42.86%	9.09%	25.00%	33.33%
Filipino	Total Births							1	1
	C-Section Rate							0.00%	0.00%
Native Hawaiian or Other Pacific Islander	Total Births	6	18	12	20	18	6	3	83
	C-Section Rate	50.00%	50.00%	58.33%	35.00%	16.67%	50.00%	33.33%	39.76%
Other	Total Births			1			1	12	14
	C-Section Rate			0.00%			0.00%	50.00%	42.86%
Two or More Races	Total Births	2	23	16	14	20	22	6	103
	C-Section Rate	0.00%	43.48%	18.75%	28.57%	40.00%	50.00%	33.33%	36.89%
Unknown	Total Births	34	68	82	71	75	101	55	486
	C-Section Rate	20.59%	38.24%	35.37%	30.99%	36.00%	24.75%	30.91%	31.48%
White	Total Births	441	736	674	616	662	724	274	4,127
	C-Section Rate	36.51%	36.68%	36.50%	34.09%	34.89%	35.50%	35.77%	35.69%
Grand Total	Total Births	602	1,035	984	910	967	1,097	424	6,019
	C-Section Rate	36.71%	37.97%	34.86%	33.63%	34.75%	35.10%	34.91%	35.42%

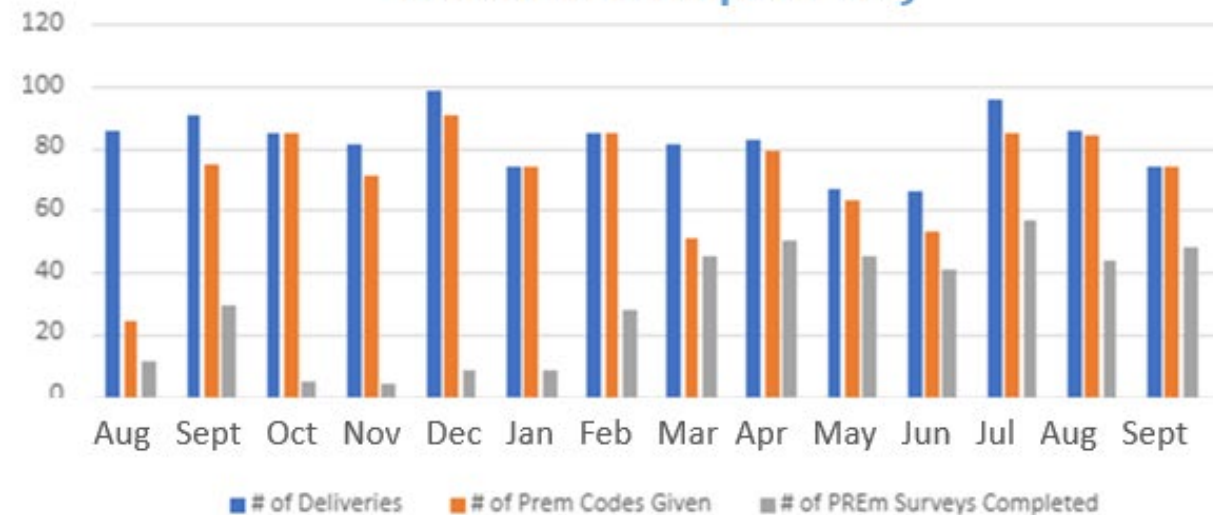
Gathering Data

- Implemented PREM (patient reported experience measure) surveys
- Stratified PREM survey responses by race, ethnicity and language
- Reported results to SPHP monthly
- Response rate has improved over time (beginning to present)

St. Peter's Hospital Albany



Samaritan Hospital Troy

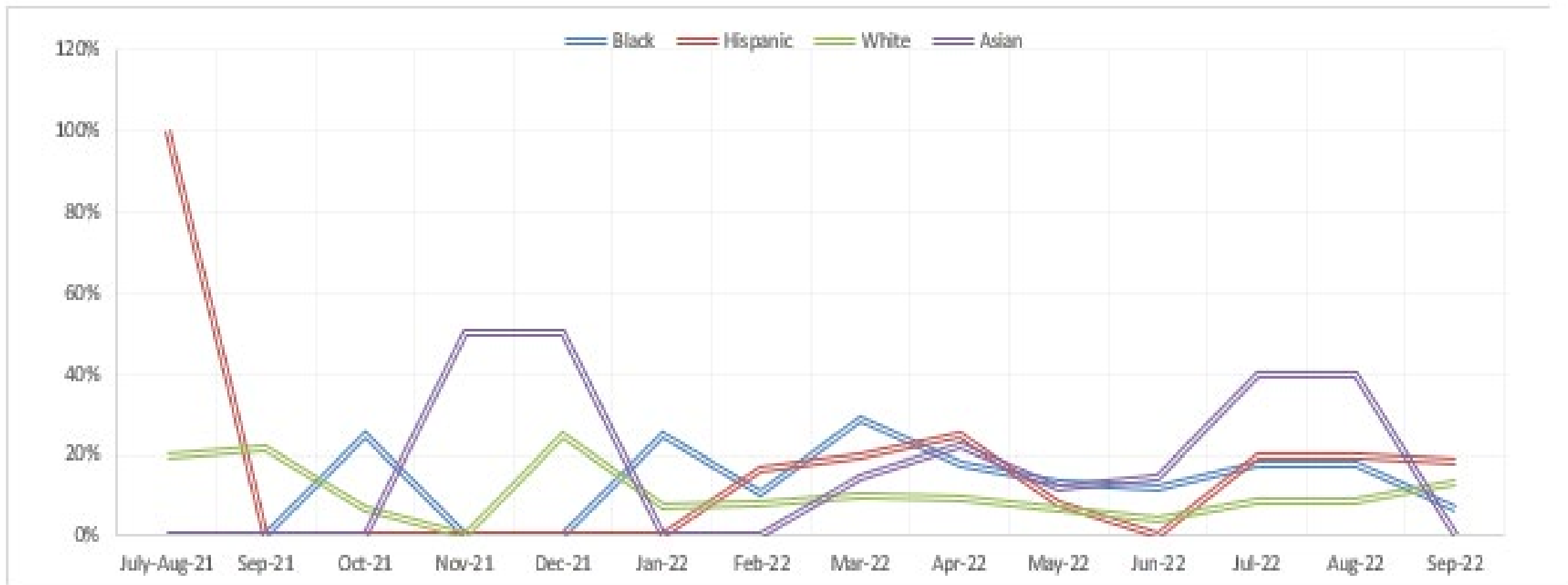


Area for Improvement: Communication


Opportunity

Q6. I felt pressured by the health care team into accepting care I did not want or did not understand. (Strongly Agree, Agree, Neutral)

Direction of improvement ↓



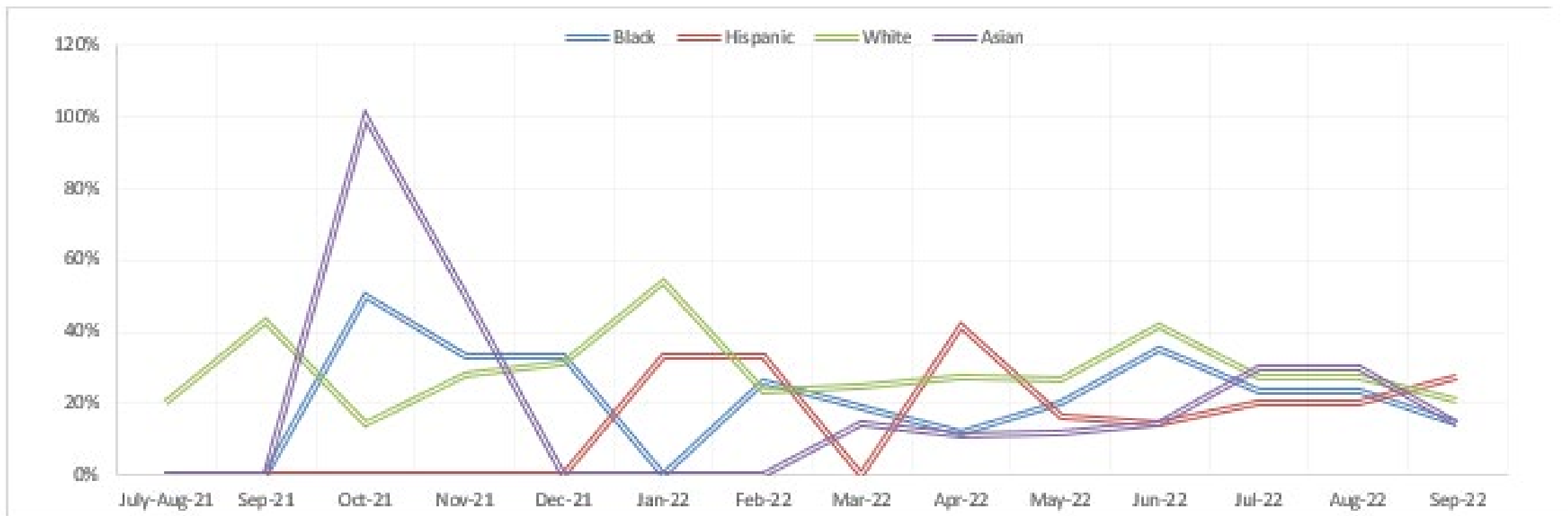
Improvements

What We Improved	What We Plan To Improve
<p>Active listening by all members of care team</p> <ul style="list-style-type: none"> • Review at PSQI meetings • Providers share individual strategies • Press Ganey Video for providers on communication with patients. <p>Patient education</p> <ul style="list-style-type: none"> • Provide clear and concise information for non-emergent situations, allowing time for the patient to process information. • Return to the patient to ascertain if there are any questions about the proposed treatment plan. <p>Informed decision making</p> <ul style="list-style-type: none"> • Promote informed decision making during prenatal classes by providing expanded information to prenatal class instructors. <p>Leadership rounds on all post-partum patients to determine patient experience</p>	<p>Collaboration with MOMs Program</p> <ul style="list-style-type: none"> • Educational program to help pregnant people plan and prepare • Individuals may enroll regardless of age, insurance or immigration status, or county of residence • Services offered: <ul style="list-style-type: none"> ○ Assistance setting up prenatal and primary care appointments, ○ Health insurance enrollment, ○ Pregnancy, childbirth, breastfeeding & family planning education, ○ Nutrition counseling, ○ Emotional support, ○ Referrals to community services, ○ Assistance obtaining baby supplies, ○ Transportation assistance, ○ Refer to pediatrics, family practice, specialty providers as needed • No charge! <p>Consistent daily rounds</p> <ul style="list-style-type: none"> • Labor and delivery • NICU • Post-partum 

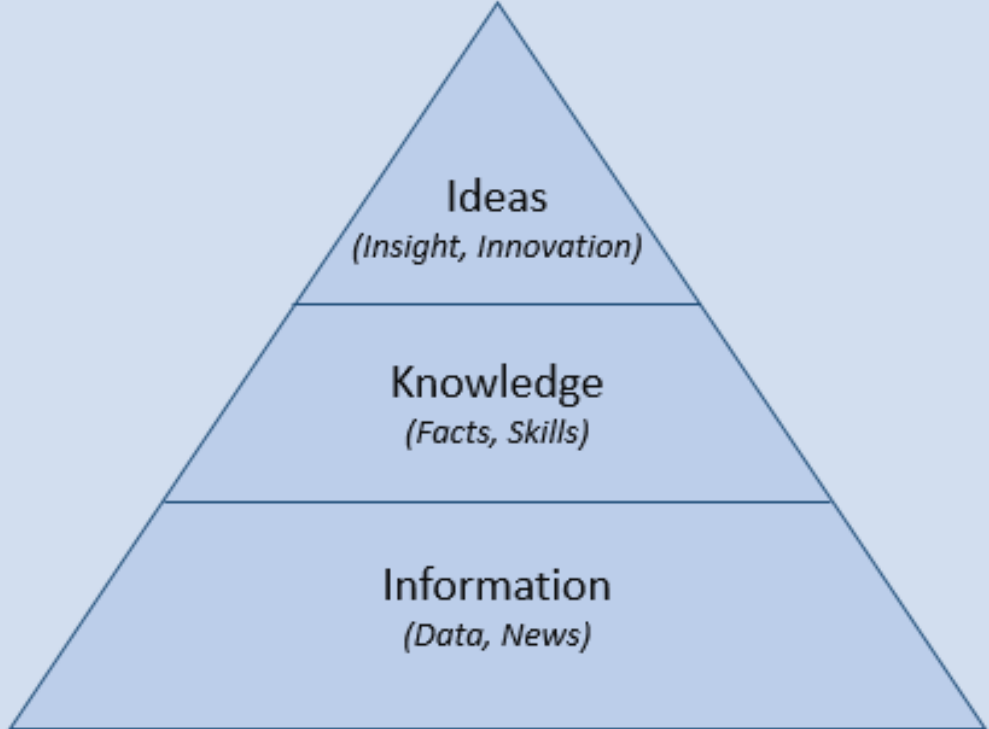
Opportunity

Q7. When the health care team could not meet my wishes, they explained why.
(Strongly Disagree, Disagree, Neutral)

Direction of improvement



Improvements

What We Improved	What We Plan To Improve
<p>Diversity Equity and Inclusion (DEI) training for all nursing staff:</p> <ul style="list-style-type: none"> • Unconscious Bias training (2 hours in April 2022) • Anti-Racism training (2 hours in August 2022) • Additional in services/training offered on an on-going basis <p>Open conversation on DEI with input from staff:</p> <ul style="list-style-type: none"> • Huddles • Staff meetings <p>Escalate of concerns through chain of command:</p> <ul style="list-style-type: none"> • Management follows up with identified individuals 	<p>Expand to include provider DEI training</p> 

Actions

Aligned efforts with the MOMS Program

BEIP team began attending community conversations hosted by Birth Net, a birth justice organization with a mission to eliminate inequities in birth outcomes; provides Community Doula services

Ensured that all staff on birthing units attended education on cultural competency training

Engaged a person with lived experience to join the BEIP team

Partnered with the Patient Experience department to identify and review any instances of inequitable care reported by patients or family members

The MOMS Program

Maternal/Obstetric Mentoring Services

Aligned an existing program with our goal to improve birth equity outcomes

MOMS Program: maternal/obstetric mentoring program

- Addresses birthing people's social determinants of health
- Staff include Program Manager, Registered Nurse and Community Case Worker
- MOMS received 300 referrals and accepted 150 patients in 5 months
- Current enrollment is 55% White and 23% Black (the service area is 69% White and 15% Black)

Lessons Learned

Successfully increased PREM survey participation through continuous staff education, adding PREM to discharge checklist

Must share data on a monthly basis to Quality Improvement Committee and birthing unit staff

Promoting MOMS program to internal practices and CBOs is key to increasing program enrollment

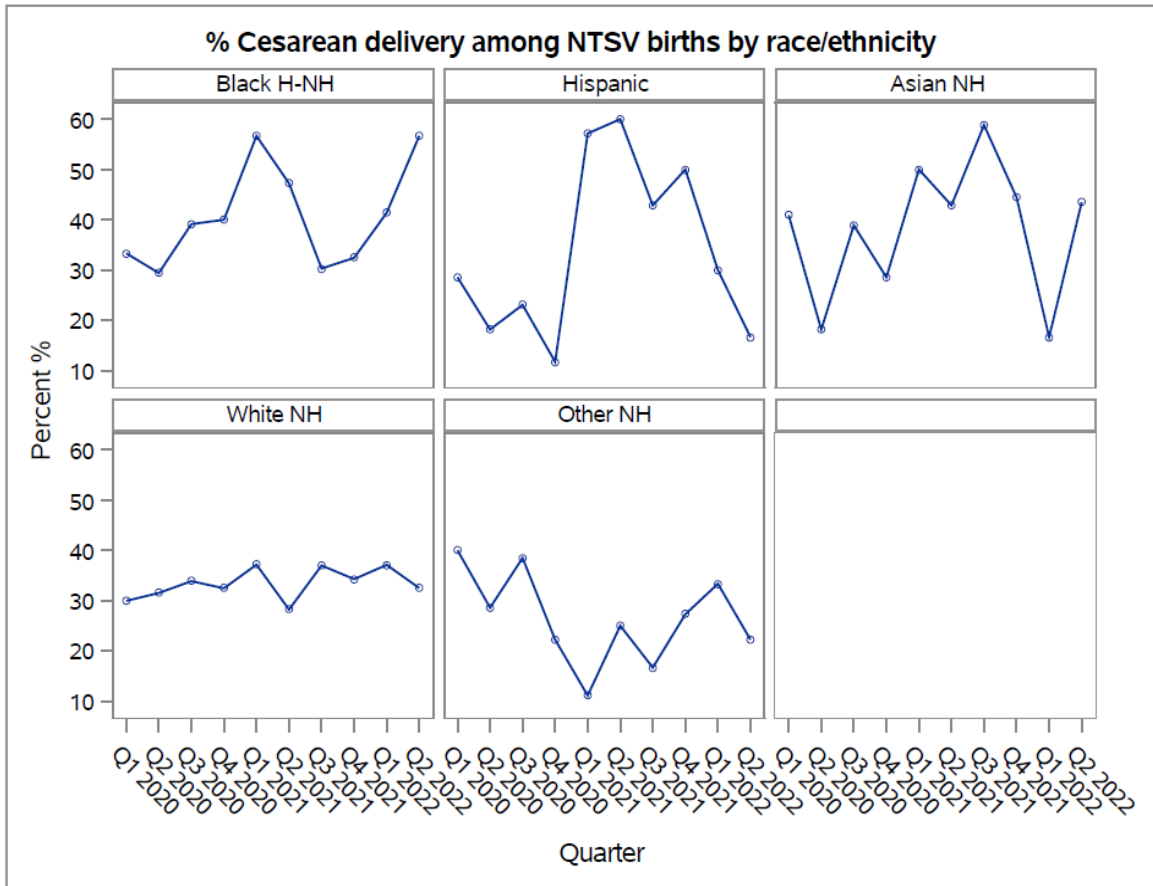
The pandemic and staffing shortages make it difficult to implement action plans and keep staff engaged

It takes longer than projected to build trust with patients and hardwire changes with staff

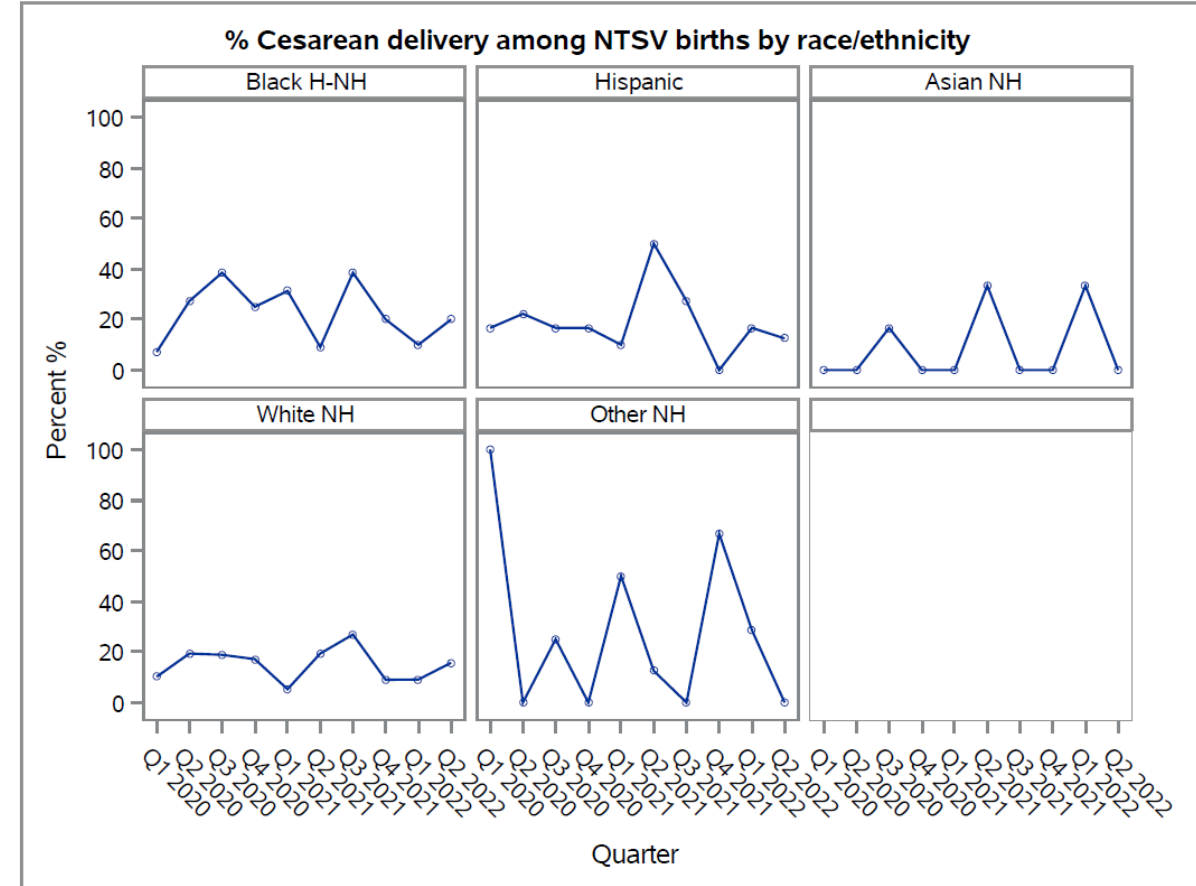
Involve and engage community partners, as well as people with lived experience

Looking Ahead

Current State: St. Peter's Hospital



Current State: Samaritan Hospital



Goal: reduce Cesarean delivery among nulliparous (first birth), term (37+ weeks gestation), singleton, vertex (headfirst presentation) (NTSV) births by 5% overall and especially among Black birthing people

What's Next?

- Compare MOMS program participant NTSV C-Section rates to the rates of those not enrolled
- Provider (employed and non-employed) engagement around birth equity and C-Section reduction
- Advocacy for payor reimbursement for Doulas
- Improved access to Doulas for Black birthing people



ADVANCING HEALTHCARE
EXCELLENCE AND INCLUSION

Questions?

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