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**April 15, 2022**

Happy Friday, Mount Sinai Community –

This week, we are recognizing Black Maternal Health Week, which is observed every year from April 11-17. This observance was officially proclaimed by the White House on April 13, 2021, acknowledging the need to address the Black maternal mortality and morbidity crisis and to raise awareness about the state of Black maternal health across the nation.

The Centers for Disease Control and Prevention (CDC) defines pregnancy-related death as the death of an individual during pregnancy, at delivery, or within one year of the end of pregnancy from a pregnancy complication, a chain of events initiated by a pregnancy, or the aggravation of an unrelated condition by the physiologic effects of pregnancy.

In the United States, there are approximately 700 pregnancy-related deaths each year—and nearly 60 percent of these deaths are preventable. Additionally, severe maternal morbidity, defined by the CDC as unexpected outcomes of labor and delivery resulting in significant short and long-term consequences, impacts between 50,000 and 60,000 birthing people (a CDC-recommended term inclusive of all gender identities) each year.

**Though the maternal mortality rate has increased among all races, there are stark racial and ethnic disparities. Black birthing individuals are nearly three times as likely to suffer a pregnancy-related death as their white counterparts. And Black birthing people have higher rates of severe maternal morbidity compared to white birthing people.**

As part of our commitment to becoming an anti-racist institution, we are working to enhance system-wide efforts to collect and analyze data on health disparities like

this. With the support of internal and external leadership and key stakeholders, the Health System has implemented a data-driven infrastructure that includes core equity dashboards with the goal of evaluating quality of care and patient experience through an equity lens. Key quality measures of focus being tracked for both maternal mortality and severe maternal morbidity include how patient outcomes change based on activities like low-risk cesarean birth, exclusive breastfeeding, and vaginal birth after cesarean birth.

This equity lens integrates social health framework to help identify existing barriers for under-resourced racial and ethnic minority groups. Using this data and our providers' direct connections with the communities we serve, we have developed a strategic vision for evaluating Black maternal morbidity and mortality disparities, including a departmental Anti-Racism Mission Statement (created by resident physicians), patient experience and quality committees, a shared patient experience commitment, health equity task forces, unit-based equity initiatives, and participation in the New York State Birth Equity Improvement Project.



**Toni Stern, MD, MS, MBA, Vice Chair, Quality and Diversity, Equity and Inclusion, Chief Patient Experience Officer, Raquel and Jaime Gilinski Department of Obstetrics, Gynecology and Reproductive Science at Mount Sinai, and Senior Associate Dean for Gender Equity in Clinical Affairs, Icahn School of Medicine at Mount Sinai,** told us, “We are deeply committed to optimizing

outcomes for all birthing people, and the focus on Black birthing people is of critical importance. We want to highlight the areas where disparities have been identified and engage members of the Mount Sinai community.

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Additionally, the Mount Sinai Health System has developed a calendar of events to create awareness about the disparities that continue to cause barriers to the delivery of safe, equitable, and effective obstetric care. The foundation of this work includes staff training on cultural competency, communication, and joint decision-making. In addition, we are using tabling events, unit rounding, and social media information sessions to distribute key statistics about black maternal mortality, mental health, and patient tips on active participation in developing a personal care plan.

At Mount Sinai, we are working to build a world in which no one—regardless of background—has to fear for their safety, their well-being, their dignity, or their lives before, during, or after pregnancy.

As always, we encourage you to consider joining us at an upcoming event to learn more.

All the best,

Angela and Shawn

## Upcoming Events

**Chats for Change: Diverse Patient Care Teams: Why It Matters**—Nationwide, health care institutions are falling short on understanding the importance of diverse patient care teams. Lack of representation and insufficient cultural competency can lead to negative patient health outcomes. Join us **Tuesday, April 19, noon-1 pm**, as we investigate how to better support diversity among patient populations and health care workers. [Register on Zoom](#).

[Road Map for Action](#)

[Past Bulletins](#)