Maternal Mortality & Severe Maternal Morbidity Analysis

New York City, 2010–2024

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# Executive Summary

Maternal mortality remains a critical public health challenge in New York City. Between 2010–2024, disparities persist across boroughs and racial/ethnic groups. Underlying causes include hemorrhage, hypertension, and socio-economic barriers.

# Data & Methods

• Data Source: NYC Open Data, Pregnancy-Associated Mortality dataset.  
• Analysis Tools: Python, R, SAS, Tableau.  
• Indicators: Number of maternal deaths, leading causes, borough and racial breakdowns.

# Key Findings

• Trends: Deaths show persistent disparities across racial/ethnic groups.  
• Borough Disparities: Bronx and Brooklyn consistently report higher death counts.  
• Causes: Hemorrhage, hypertension, and infection are leading contributors.  
• Qualitative Themes: Socioeconomic stressors and access-to-care issues dominate underlying cause narratives.

# Policy Implications

• Enhance perinatal care access in high-risk boroughs.  
• Expand culturally appropriate maternal health programs.  
• Implement surveillance & case review systems with public dashboards.  
• Integrate qualitative case review findings into prevention programs.

# Recommendations

1. Strengthen hospital quality improvement initiatives targeting SMM events.  
2. Fund community-based maternal health equity programs.  
3. Expand postpartum follow-up visits, particularly in the Bronx and Brooklyn.  
4. Align efforts with New York State Prevention Agenda 2025–2030 goals.