



Illinois releases first Maternal Morbidity and Mortality Report

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SPRINGFIELD – The Illinois Department of Public Health (IDPH) is releasing [Illinois' first Maternal Morbidity and Mortality Report](#). The report identifies statewide trends in maternal deaths and provides recommendations to help prevent maternal mortality.

“The work of the Illinois Maternal Mortality Review Committee is essential for reducing maternal deaths and improving the health of all women,” said Governor Bruce Rauner. “I am proud that Illinois has prioritized this issue and, along with CDC, is setting national standards for reviewing and ultimately preventing these deaths.”

The report is the culmination of more than a year of work done by two IDPH committees, the Maternal Mortality Review Committee (MMRC), established in 2000, and the Maternal Mortality Review Committee for Violent Deaths (MMRC-V), established in 2015. Committee members aimed to gain a better understanding of the causes of maternal mortality, to develop statewide recommendations to prevent future maternal mortalities, and to determine whether the deaths were pregnancy-associated (occurring within one year due to any cause) or pregnancy-related (occurring within one year due to pregnancy). The Committees were tasked with reviewing the maternal deaths in 2015 that may have been pregnancy-related.

“I am encouraged to see Illinois taking such bold steps to understand and address this issue,” said U.S. Surgeon General, Jerome Adams, M.D., M.P.H. “The Surgeon General’s office is focused on using the data to tell the stories of affected women and the challenges they face.”

Illinois First Lady Diana Rauner, who also serves as the volunteer president of Ounce of Prevention Fund, joined IDPH to release the report, noting how crucial it is for new and expectant mothers to have access to quality care and support. “Every new mom deserves access to comprehensive care. That’s why the Illinois Family Connects program allows nurses to visit with moms and their babies in their homes just three weeks after birth,”

the First Lady said. “I am grateful to see the Committees recognize that home visits can help prevent maternal deaths. It’s one of the most crucial methods of preventative care and we’re working to make it available to every mother and baby in the state of Illinois.”

The Committees discovered that each year, an average of 73 Illinois women die within one year of pregnancy. They also found that Black women are six times as likely to die of a pregnancy-related condition as White women, that 72% of the pregnancy-related deaths and 93% of violent pregnancy-associated deaths could have been prevented, and that obesity contributed to 44% of pregnancy-related deaths in Illinois in 2015.

“Through the Committee’s work, we’ve found that factors such as health literacy, poverty, employment, housing, availability of childcare, and quality of education, in addition to health care access, all deeply affect a woman’s ability to be healthy,” said Dr. Robin L. Jones, Chair of the Illinois Maternal Mortality Review Committee.

The Committees also made specific recommendations, based on their findings, which, when implemented, are expected to reduce maternal mortalities. The recommendations focus on five primary categories: hospitals, health care providers, health insurance plans and managed care organizations, the State of Illinois, and women and their families.

Key Recommendations:

- Illinois should expand Medicaid eligibility for the postpartum period from 60 days to one year after delivery and health insurance plans should cover case management and outreach for high-risk postpartum women for up to one year after delivery.
 - The General Assembly should pass legislation to adopt the American College of Obstetricians and Gynecologists’ recommended maternal levels of care within the state’s regional perinatal system.
 - The State should create or expand home visiting programs to target high-risk mothers, such as doula programs, in Illinois during pregnancy and the postpartum period. The State should also expand efforts to provide universal home visiting to all mothers within three weeks of giving birth.
- Illinois should increase access to substance use and mental health services statewide for pregnant and postpartum women.
- Hospitals should have clear policies for emergency departments to identify pregnant and postpartum women, and to consult with an obstetrical provider for all women with specific triggers indicative of pregnancy or postpartum complications.
 - Health insurance plans should separate payment for visits in the postpartum period from labor and delivery (unbundle postpartum visit services from labor and delivery).

IDPH remains committed to identifying and reviewing maternal deaths and morbidities and will build upon these findings and recommendations over the coming years. The

subcommittees have started reviewing 2016 maternal deaths in an effort to identify changing trends and areas for statewide improvement with the ultimate goal of preventing maternal mortality.

In addition, the State of Illinois continues to take steps to reduce the number of pregnancy-associated and pregnancy-related deaths. Ongoing efforts include:

- Improving quality in maternal and neonatal outcomes in collaboration with the Illinois Perinatal Quality Collaborative (ILPQC). In 2016, IDPH doubled the funding for ILPQC compared to the previous year. IDPH continues to fund ILPQC to improve outcomes for women with severe hypertension and opioid use disorder, two leading causes of maternal mortality in Illinois. This effort has resulted in a significant increase in the number of women who:

- received treatment for severe hypertension within 60 minutes
- scheduled follow-up appointments before leaving the hospital
- went home with information on preeclampsia and understanding symptoms of postpartum

- Work is currently underway with the majority of birthing hospitals to improve outcomes for pregnant women with opioid use disorder.

- Collaborating with the University of Illinois at Chicago in 2016 to be the first state in the country to review severe maternal morbidity, which can inform what successful strategies can be used to prevent women from dying.

- Partnering with Administrative Perinatal Centers to deliver obstetrical hemorrhage education to ensure that all new obstetric staff members are educated on obstetrical hemorrhage protocols within their first year of service. The training was updated in 2016 hospital retraining is ongoing.

“By studying maternal mortality and morbidity (pregnancy complications), we can identify some of the most common complications pregnant and postpartum women face and understand what is causing them,” said IDPH Director Nirav D. Shah, M.D., J.D. “Equipped with that information, we can address those causes head on, take action to reverse poor health outcomes, and improve the health of women and their babies.”