



Maternal Mortality in Illinois

What is Maternal Mortality?

- **Pregnancy-Associated Death** -- Death of a woman while pregnant or within one year of pregnancy from any cause.
- **Pregnancy-Related Death** -- Death of a woman while pregnant or within one year of pregnancy from a cause related to pregnancy.

An average of **75 women** die each year while pregnant or within one year of pregnancy.

That is
1 death
every **5 days**

calendar						
SUN	MON	TUE	WED	THU	FRI	SAT
X					X	
	X		X			X
				X		
		X				

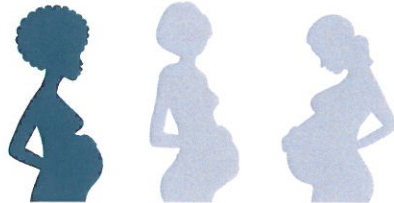
The Illinois Department of Public Health supports two Maternal Mortality Review Committees, which:

- Identify cause of death
- Determine if the death was pregnancy-related
- Determine if the death was preventable
- Develop recommendations to prevent deaths

More than **4 out of 5** pregnancy-related deaths were preventable.



About **1 in 3** pregnancy-associated deaths were pregnancy-related.



Black women are most likely to die from pregnancy-related causes.

3X

Black women are about **three times** as likely to die from a pregnancy-related condition as White women.

Mental health conditions, including substance use disorder, were the leading cause of pregnancy-related deaths.



Black women were more likely to die from pregnancy-related **medical conditions**.



Timing among pregnancy-related deaths



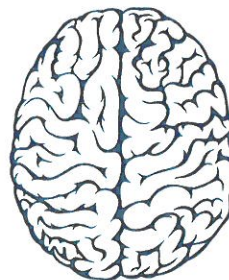
1 in 3 women died **while pregnant**



1 in 3 women died during the **first 2 months postpartum**



1 in 3 women died **2 or more months postpartum**



White women were more likely to die from pregnancy-related **mental health conditions**.

Improving Maternal Health in Illinois

Examples of Key Maternal Mortality Reviews Committee Recommendations

- Health insurance plans should reimburse for telehealth.
- The state should expand home visiting programs.
- Hospitals should provide training and resources to staff on racism, implicit bias, and stigma.
- Hospitals should establish policies to ensure appropriate treatment of women with substance use disorders and support opioid overdose prevention.
- Providers should ensure all women are discharged from the hospital with an early postpartum visit within three weeks of pregnancy.
- Providers should ensure women are connected to mental health services.
- Community-based organizations should educate women on the importance of getting prenatal care.
- All women should have an annual well-woman visit.

Ongoing Efforts to Improve Maternal Health

Current initiatives to improve maternal health in Illinois

- Illinois was the first state to extend continuous eligibility for full Medicaid benefits from 60 days to 12 months postpartum.
- The Illinois Perinatal Quality Collaborative is planning a Birth Equity Initiative for birthing hospitals to address bias, racism, and social factors influencing maternal health.
- IDPH is funding local organizations to increase the number of women receiving well-woman exams.
- IDPH is expanding funding and increasing awareness of the state perinatal depression MOMS hotline.
- The Illinois Department of Human Services is piloting the Illinois Families in Recovery program for pregnant and postpartum women with substance use disorders in central Illinois.
- IDPH will continue to support the Maternal Mortality Review Committees and will use new data tools to look at social and community factors influencing maternal health.

More Information and Resources

Illinois Maternal Morbidity and Mortality Report is available here:

www.dph.illinois.gov/mmmr



Resource lists for women and their families are available in Appendix A of the report.

Resource lists for health care providers are available in Appendix B of the report.

Data Sources and Methodology

Using a variety of data sources, the Illinois Department of Public Health identifies all deaths of women while pregnant or within one year of pregnancy (pregnancy-associated deaths). The two Maternal Mortality Review Committees reviewed 129 maternal deaths that occurred during 2016-2017 to develop the recommendations in the report.

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