



# Illinois Maternal Health Strategic Plan

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**2020-2024**  
**Version 3 - January 2023**



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# Executive Summary

Innovations to ImPROve Maternal Outcomes in Illinois (I PROMOTE-IL), led by the University of Illinois at Chicago, is a maternal health project in one of the nine states awarded a five-year *State Maternal Health Innovation Program*, by the Health Resources and Services Administration (HRSA) in 2019. In response to the requirements of the *State Maternal Health Innovation Program*, I PROMOTE-IL convened the Illinois Maternal Health Task Force in March 2020 to establish the strategic priority areas, objectives, strategies, and action steps for the Illinois Maternal Health Strategic Plan, first published in February 2021. The second iteration was published in April 2022 to reflect progress made by the Illinois Maternal Health Task Force during the first two years of planning and implementation (2020 and 2021).

Task Force Committees are responsible for implementing the strategies and action steps outlined in the Illinois Maternal Health Strategic Plan. In this iteration, we outline the 13 strategies associated with the Strategic Plan Objectives for each Task Force Committee which will be addressed in 2023.

## Illinois Maternal Health Task Force Committees and Corresponding Strategic Plan Objectives





# Introduction

# Introduction

The Illinois Maternal Health Strategic Plan, hereinafter referred to as the Strategic Plan, was developed by the statewide Illinois Maternal Health Task Force and serves as a call to action to address the stark inequities in maternal, infant, and family health outcomes in Illinois. This Strategic Plan builds on multiple prior efforts to understand and explicate the causes of these inequities. It is the work of diverse entities, from the members of the state's Maternal Mortality Review Committees to the many Maternal and Child Health (MCH) stakeholders working in coalitions and advocacy/professional organizations to those participating as individuals. In each iteration of the Strategic Plan, careful attention has been placed on aligning the work of the Task Force with existing maternal child health initiatives across the state to ensure that efforts are being leveraged rather than duplicated. Together, we are striving to address the multi-factorial structural and systems issues that explain why Black women in Illinois are three times as likely to die due to a pregnancy-related condition [1] and Black infants in Illinois are three times as likely to die in the first year of life than White women and infants [2].

The Strategic Plan is intended to guide, support, and/or strengthen the efforts of multiple organizations, groups, and individuals to reverse these inequities. The Strategic Plan is not static but rather a living document that will transform as strategies are adopted, enacted, tested, and evaluated. It is hoped that the multiple strategies and action steps outlined below will eliminate inequities and improve the health and well-being of all pregnant persons and their families as Illinois forges a better way forward together. This version of the Strategic Plan details the planned next steps through December 2023.

**It is important to note that not all individuals on the Task Force are involved in every initiative. Members may recuse themselves from involvement with certain activities to comply with their organization's rules, especially regarding advocacy or supporting legislation under consideration by the Illinois General Assembly.**





# Overview of Maternal Health

# Overview of Maternal Health in Illinois

Illinois is a large, diverse state, and is the sixth most populous state in the nation. In 2021, the state was home to 12.7 million residents, including approximately 2.5 million women of reproductive age (WRA) between 15-44 years [3]. Over half (54%) of WRA in Illinois are Non-Hispanic White, 15% are Non-Hispanic Black, 7% are Asian, 9% are of another racial group, and 12% are two or more races; seventy-nine percent of WRA are non-Hispanic and 21% are Hispanic.

During 2021, 12.1% of all Illinoisans lived below the federal poverty line (FPL) [3]. In 2021, while 8.6% of all families were below the FPL, 23.0% of female-headed households had incomes below the FPL. The percentage of families in poverty varies by race/ethnicity in Illinois, with 5.5% of families with a non-Hispanic White householder below the FPL, compared to 20.2% of families with a non-Hispanic Black householder, 13.0% of families with a Hispanic householder, and 7.7% of families with an Asian householder [3]. Women, and especially unmarried women who are mothers, are at higher risk of living in poverty than other population groups. Racism and poverty, and their intersection, are at the core of glaring health inequities in Illinois for pregnant persons, infants, and families.

By landmass, Illinois is largely rural. More than two thirds of its 102 counties are considered non-metro, with approximately 1.4 million Illinoisans living in non-metro areas as of 2020 (4). In planning for the care and well-being of Illinois's maternal and child health population, state-level entities and their partners must balance the needs of a large and diverse urban center (Chicago), a number of mid-sized cities with unique populations and care delivery systems, and a large rural area with limited geographic access to services.

In 2020, there were 133,304 births to Illinois residents; 54% of births occurred to Non-Hispanic White women, 22% to Hispanic women, 17% to non-Hispanic Black women and 7% to women from other racial/ethnic groups [5]. Approximately one-quarter of live births (26.2%) received less than adequate prenatal care and one-third (30.8%) were delivered by cesarean section. The most recent Medicaid data available are for 2019, during which 44.6% of births in Illinois were covered by Medicaid [6]. The majority of new mothers in Illinois report receiving a postpartum visit (91.4%) and being screened for postpartum depression at that visit (83.4%), although these rates are lower in the Medicaid population [7].

# Maternal Health in Illinois

Many compounding factors, including the disparities described above as well as the direct impact of racism, lead to striking inequities by race/ethnicity in two important maternal health outcomes: severe maternal morbidity (SMM) and maternal mortality (MM). Most notably:

2x

Black women in Illinois are two times as likely to experience SMM at delivery as White women

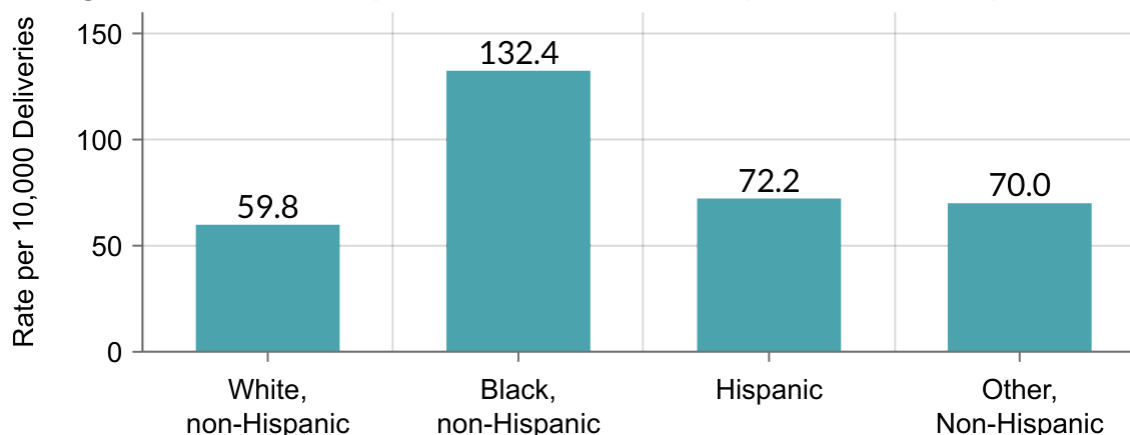
Black women in Illinois are three times as likely to die from a pregnancy-related condition as White women

3x

## Severe Maternal Morbidity

During 2020, the SMM rate in Illinois was 83.9 per 10,000 deliveries [8]. Women ages 40 and older had the highest rate of SMM (169.7 per 10,000 deliveries) compared to other age groups, and women residing in Chicago had the highest rate of SMM (113.8 per 10,000 deliveries) compared to other areas of the state. During 2020, Black women experienced disproportionately higher rates of SMM compared to other race/ethnicity groups (Figure 1). (Note: this SMM rate does not include blood transfusions).

**Figure 1. SMM Rate per 10,000 Deliveries by Race/Ethnicity, 2020**





# Maternal Health in Illinois

## Pregnancy-Related Mortality

During 2016-2017, the 60 pregnancy-related deaths in Illinois resulted in a pregnancy-related mortality ratio of 20 per 100,000 live births<sup>1</sup>



Pregnancy-related mortality are deaths during pregnancy or within one year of the end of a pregnancy from a pregnancy complication, a chain of events initiated by pregnancy, or the aggravation of an unrelated condition by the physiologic effects of pregnancy[1]. During 2016-2017, the 60 pregnancy-related deaths in Illinois resulted in a pregnancy-related mortality ratio of 20 per 100,000 live births [1]. Similar to SMM, older women ages 35-39 had higher pregnancy-related mortality ratios than younger age groups. Black women are disproportionately affected by pregnancy-related death, compared to White and Hispanic women in Illinois: the pregnancy-related mortality ratio was 47 per 100,000 live births for Black women compared to 16 per 100,000 live births for White women, and 14 per 100,000 live births for Hispanic women [1].

During 2016-2017, the top four causes of pregnancy-related death included: mental health conditions, non-cardiovascular pre-existing health conditions, hemorrhage, and hypertensive disorders of pregnancy [1]. There is a striking divide in Illinois between medical and mental health causes of mortality by race/ethnicity. Black women were eight times as likely to die of a pregnancy-related medical condition than White women. In contrast, mental health conditions caused 64% of the pregnancy-related deaths among White women but only 13% of pregnancy-related deaths among Black women. Approximately one-third of pregnancy-related deaths in 2016-2017 occurred during pregnancy, one-third during the first 60 days postpartum, and one-third between 61-364 days postpartum [1].



# **The Illinois Maternal Health Task Force**

# The Illinois Maternal Health Task Force

The Illinois Maternal Health Task Force (Task Force) was established in March 2020.

The formation of a state-focused Task Force to develop a strategic plan was a requirement of a Maternal Health Innovation grant received by the University of Illinois at Chicago (UIC), the Innovations to **Improve Maternal Outcomes** in Illinois (I PROMOTE-IL) grant funded by the Health Resources and Services Administration (HRSA) in October 2019. I PROMOTE-IL provides staff support and shepherds the development and maintenance of the Strategic Plan. Detailed information about the formation of the Task Force was included in the first version of the Strategic Plan available at <https://ipromoteil.org/strategic-plan/>.

The Task Force is comprised of over ninety stakeholders from across the state and includes representatives from governmental agencies, non-governmental agencies, community organizations, academia, the state legislature, the state's maternal mortality review committees, health care entities, and other professional organizations focused on MCH. The vision, mission, values, strategic priority areas, and objectives of the Task Force are below.

# The Illinois Maternal Health Task Force

## VISION

Health equity for women, pregnant persons, and families in Illinois, across race, ethnicity, class, geography, immigration status, and ability, where all have what they need to be healthy and reach their full potential.

## MISSION

To provide leadership in developing statewide strategies to reduce maternal morbidity and mortality and to achieve maternal health equity by eliminating disparities and improving the overall health of women, pregnant persons, and families in Illinois.

## VALUES

The values of the Task Force describe how we strive to work both as a group and in collaboration with stakeholders, communities, and other partners, as the Strategic Plan is designed and implemented.



### Equity

We acknowledge that racial, ethnic, social, geographic, economic, ability, and gender disparities cause inequities in maternal and infant health outcomes in Illinois. We commit to applying an equity lens to all our decisions and actions.



### Collaboration

We respect and engage with our partners and incorporate the contributions of diverse stakeholders in an authentic and sincere manner with a focus on inclusion.



### Quality

We commit to using the best available scientific evidence to guide our priorities, decision-making, and actions.



### Science/Evidence

We promote the highest quality maternal and family health care, practice, and policies at all levels of our work.



### Community Empowerment

We value individuals and communities as a vital part of improving maternal health in Illinois and we commit to respect, listen, and respond to the needs and goals of multiple diverse communities.



## 2023 Illinois Maternal Health Task Force Strategic Priority Areas and Associated Objectives



### **Maternal Health Data for Action**

Increase awareness, access, and use of maternal health data, data systems, and resources to inform efforts to reduce severe maternal morbidity and maternal mortality



### **Care Coordination and Case Management**

Expand coordination of maternal and early childhood systems of care.



### **Root/Structural Causes of Health Inequity**

Address social and systemic issues that alter pregnant and postpartum persons' ability to be healthy across the reproductive continuum

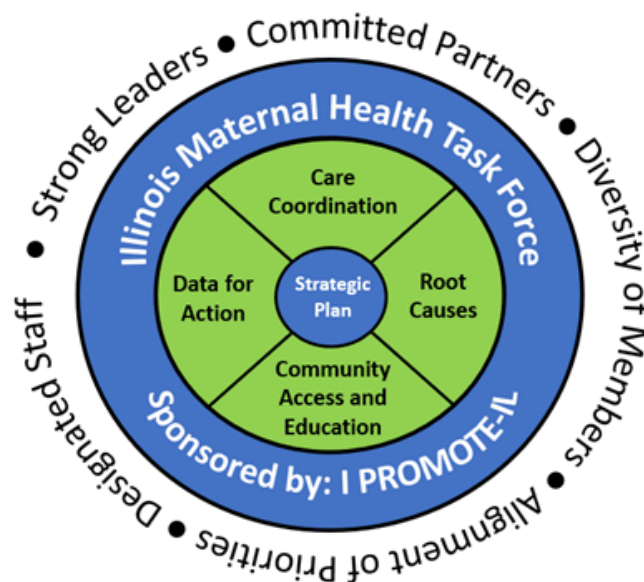


### **C.A.S.E Community Access, Systems Equity, and Education**

Ensure all pregnant and postpartum persons have equitable access to quality care and disseminate information on resources, healthcare services, and patients' rights to pregnant persons, families, and communities.

# The Illinois Maternal Health Task Force

Figure 2. Illinois Maternal Health Task Force and Strategic Plan



**Figure 2** above represents the Task Force and Strategic Plan. Each strategic priority area (shown in green) is associated with a corresponding Committee responsible for implementing the developed strategies and activities. Each Committee includes one of the Task Force co-chairs or I PROMOTE-IL principal investigators, an I PROMOTE-IL staff member, Task Force members, and a volunteer chair or co-chairs. Each of the four committees is unique with regards to structure and meeting periodicity, but they all work concurrently to implement the Strategic Plan.

Careful attention is placed on aligning the work of the Task Force with existing MCH initiatives across the state to ensure that efforts are being leveraged rather than duplicated. Implementation of the Strategic Plan is intended to be a multi-pronged effort of various stakeholders with support as needed from I PROMOTE-IL. The key drivers of success for the Task Force encircle **Figure 2** and include strong leaders, committed partners, diversity of members, alignment of priorities, and designated staff from I PROMOTE-IL. Below we outline the strategies and activities for 2023 associated with each of the four Illinois Maternal Health Task Force Committees.



# **The Illinois Maternal Health Strategic Plan: *2023 Strategies and Activities***

# Strategic Priority Area #1

## Priority Area #1: Care Coordination & Case Management

#1

### Strategy #1: Create a shared understanding of the framework of the universal newborn support system (UNSS).

#### 2023 Activities:

- Gain an understanding of the current landscape with respect to universal newborn supports.
- Gather information to determine how individuals feel about the home visiting and other supports they are receiving.
- Gain an understanding of the measures that are important to the community to inform the development of a UNSS Framework model.
- Determine essential elements of the UNSS Framework.

### Strategy #2: Increase understanding of the available workforce to implement UNSS services, and review strategies for recruitment and retention to ensure a diverse, sufficiently supported, and quality workforce.

#### 2023 Activities:

- Perform a landscape analysis to better understand the available workforce.
- Support a professional development framework for service providers that is diversity-informed, trauma-informed, and supports the wellness of the UNSS workforce.

### Strategy #3: Establish funding options for sustainability of the essential elements (including infrastructure and community alignment) of the UNSS.

#### 2023 Activities:

- Solidify Medicaid expansion funding and explore private insurance funding.
- Review policy, rule and contract requirements of public sector funding to ensure the UNSS Framework meets the requirements of current funding sources.



## Strategic Priority Area #2

### Strategic Priority Area #2: Community Access, Systems Equity, and Education (CASE)

#2

**Strategy #1:** In collaboration with community partners, leverage the implementation of the Illinois Title V Program-supported *Healthy Choices*, *Healthy Futures*, to ensure that it is widely disseminated through appropriate consumer and professional networks and media platforms.

**2023 Activities:**

- Support the ongoing dissemination and evaluation of the *HCHF* toolkit.

**Strategy #2:** Increase awareness of the multiple changes that have occurred in the birthing landscape in Illinois over the last several years as well as increase awareness by partners, stakeholders, and consumers of relevant information to improve the health of women, birthing persons, infants, and families.

**2023 Activities:**

- Create and disseminate public education materials for pregnant/birthing persons, families, and communities on key pregnancy and postpartum issues: Respectful Care, Warning Signs, COVID Vaccinations.
- Develop additional materials for areas not yet covered: Two Postpartum Visits, Postpartum Medicaid Extension, Seeking Care in the Emergency Room.

**Strategy #3:** Continue to engage in issues related to the implementation of telehealth utilization for prenatal and postpartum care in Illinois.

**2023 Activities:**

- Obtain feedback from birthing persons about their experiences with telehealth during pregnancy and postpartum.
- Disseminate newly developed materials focused on best practices for receiving care via telehealth during pregnancy and postpartum.

**Strategy #4:** Increase access to Substance Use Disorder and Intimate Partner Violence screening across the reproductive-perinatal continuum.

**2023 Activities:**

- Support legislation for the decriminalization of substance use disorder during pregnancy, delivery, and postpartum, and ensure that this effort includes infant safety planning.
- Continue advocating for Medicaid reimbursement for Screening, Brief Intervention and Referral to Treatment (SBIRT), increased access to Medication-Assisted Therapy (MAT), and peer/social support services for pregnant/postpartum persons with substance use disorder.

## Strategic Priority Area #2

**Strategy #5: Continue to explore strategies to address access to the full continuum of reproductive\* and perinatal health care. (\*Reproductive health care includes contraception, abortion, and maternity care [prenatal, delivery, and postpartum]).**

**2023 Activities:**

- Continue to advocate for access to the full continuum of reproductive health care as well as address the issues of obstetric deserts in Illinois.
- Continue to support the Illinois Birth Center Task Force in the expansion of birth centers across the state.
- Continue to support the expansion of the perinatal workforce (e.g., doulas, lactation consultants, breast feeding peer counselors, etc.) consistent with accepted standards of clinical practice, the evidence base, and in the manner that least restricts a person's autonomous decision-making.
- Investigate the continuity of care between prenatal care, delivery, and postpartum care through key informant interviews with community-based prenatal care providers.
- Review and develop recommendations for the HFS Perinatal Biannual report.

## Strategic Priority Area #3: Root/Structural Causes of Health Inequity

#3

**Strategy #1. Standardize training on implicit bias and related topics (e.g., racism) for health care providers and raise awareness on the intersection between lack of diversity among physicians and adverse mental health outcomes.**

**2023 Activities:**

- Publish implicit bias training inventory for providers.
- Conduct updated review of current state legislation with respect to implicit bias training.
- Disseminate implicit bias training inventory for providers.

**Strategy #2. Address the social determinants of health by expanding and strengthening existing programs to provide more options for pregnant and postpartum persons and young families.**

**2023 Activities:**

- Host/provide presentations on the intersection of maternal health and housing insecurity.
- Provide support to the Pritzker Housing Project (UIC Center for Research on Women and Gender), including participation on its Advisory Council.
- Support the Illinois Interagency Council on Homelessness.
- Continue to attend Collaborative on Child Homelessness Illinois (COCHI) meetings.
- Disseminate the Illinois Managed Care Organizations (MCO) Consumer Benefits Transportation Toolkit.
- Identify opportunities to provide an MCH perspective to areas that have historically lacked MCH perspective (e.g., food insecurity).

## Strategic Priority Area #3

### Strategy #3. Expand and establish economic support and security for Illinois Families.

#### 2023 Activities:

- Support Heartland Alliance's Financial Inclusion for All Illinois Coalition.
- Support Women Employed's Illinois Time to Care Coalition.
- Support the City of Chicago's and Cook County's supplemental income program pilots.

## Strategic Priority Area #4: Maternal Health Data for Action

#4

### Strategy #1: Increase the number of MCH stakeholders and partners using data for action on behalf of maternal health by leveraging existing state-level data resources (e.g., query tools and reports).

#### 2023 Activities:

- Host two webinars to increase understanding of state-level data sources and make sure stakeholders can interpret data correctly.

### Strategy #2: Adapt or create tools and resources to support MCH stakeholders and partners in using data to address inequities in SMM and MM.

#### 2023 Activities:

- Advise I PROMOTE-IL on updating the Illinois Maternal Health County Level Profiles and creation of a county level data narrative resources.
- Disseminate/raise awareness of the updated Illinois Maternal Health County Level Profiles.
- Convene partners to compile suggested perinatal additions to the Illinois Public Health Community Map (county-level data).
- Support the review and development of recommendations for a revised HFS Perinatal Biannual report.
- Adapt resources from the ILPQC Birth Equity Initiative for capturing self-reported race and ethnicity for outpatient settings.



# Going Forward



## Going Forward

As we move forward, we acknowledge that the Strategic Plan has many areas for action and although is multi-pronged, could potentially include other strategies that are not explicitly mentioned here (e.g., support for trauma informed care, screening for the social determinants of health, increasing the use of nurse and other midwives in the maternity care delivery system, etc.) but may become more salient over time. We also acknowledge that not all the strategies included here are likely to be addressed simultaneously and that given various policy windows, opportunities, and resources, some action steps and strategies may be elevated over others at any point in time. And finally, we recognize that the Strategic Plan is a living document that will change as issues are successfully addressed, as new issues emerge, and as the evidence for systems, policy, and clinical interventions brings new information to bear on eliminating maternal health inequities in Illinois and across the nation.

# References

- [1] Illinois Maternal Morbidity and Mortality Report. Illinois Department of Public Health. (April 2021). Retrieved from <https://dph.illinois.gov/content/dam/soi/en/web/idph/files/maternalmorbiditymortalityreport0421.pdf>
- [2] Illinois Infant Mortality Data Report. Illinois Department of Public Health Office of Women's Health and Family Services. (December 2020). Retrieved from <https://dph.illinois.gov/content/dam/soi/en/web/idph/files/publications/illinois-infant-mortality-data-report-2020-december-0.pdf>
- [3] United States Census Bureau. (2019). Retrieved from <https://data.census.gov/>
- [4] Dobis EA, Krumel, Jr. TP, Cromartie J, Conley KL, Sanders A, Ortiz R. *Rural America at a Glance: 2021 Edition*. U.S. Department of Agriculture; 2021.
- [5] Illinois Department of Public Health. Birth Statistics, 2020. Retrieved from <https://dph.illinois.gov/data-statistics/vital-statistics/birth-statistics.html>
- [6] *Perinatal Report 2022*. Illinois Department of Healthcare and Family Services; 2022. <https://www2.illinois.gov/hfs/MedicalProviders/MaternalandChildHealth/Pages/report.aspx>
- [7] Pregnancy Risk Assessment Monitoring System. Illinois Department of Public Health. (2019) Retrieved from <https://dph.illinois.gov/data-statistics/pregnancy-risk-assessment-monitoring-system/data-tables-2020.html>
- [8] Severe Maternal Morbidity Data Request completed by the Illinois Department of Public Health Office of Women's Health and Family Services. (2022).