



**A Review of the Illinois Department of Healthcare and Family Services
Perinatal Report to the Illinois General Assembly
Analysis and Recommendations**

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Committee

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Executive Summary

According to the 2022 Illinois Department of Healthcare and Family Services (IDHFS) Perinatal Report, approximately 45% of births and 90% of teen births in Illinois are to birthing people who have Medicaid insurance.¹ Therefore, it is important that information about the experiences and health outcomes of pregnant and postpartum persons covered by Medicaid be disseminated in such a way as to maximize the effectiveness of the information shared. To that end, the purpose of this report is to present the results of an assessment of the information included in the Perinatal Report to the Illinois General Assembly, prepared biannually by IDHFS in response to Public Act 93-0546.² The assessment provided here documents the information typically included in the IDHFS biannual Perinatal Report, how this information has changed over time, and provides recommendations for improvement/enhancement.

Public Act 93-0536 (305 ILCS 5/5 – 5.23) was passed in 2003 with the aim of improving birth outcomes for the over 80,000 infants (at that time) whose births are covered by Illinois Medicaid.² PA 93-0536 states that the Illinois Department of Public Aid (IDPA, former name of IDHFS) may provide reimbursement for all prenatal and perinatal health services for the purpose of preventing low birthweight infants, reducing the need for neonatal intensive care services and promoting perinatal health.² The Act also mandates the “Department” to provide a report to the General Assembly that includes an evaluation of expenditures and the effectiveness of services provided to promote perinatal and newborn health outcomes.²

The information included in the IDHFS biannual Perinatal Report has changed significantly over time with a reduction in the number of indicators included. Across the years, there is inconsistent presentation of data by racial/ethnic and geographic categories. Although in IL, birthing persons and infants whose care is reimbursed by Medicaid receive this care through Managed Care Organizations (MCO), no information in the reports is currently presented by MCO participation. In addition, data are typically presented as simple frequencies with almost no information about the relationship of utilization indicators to each other (e.g., percent postpartum utilization among those with adequate versus inadequate prenatal care) or between service utilization and outcomes (e.g., relationship between prenatal care adequacy and preterm delivery or low birth weight).

Going forward, consistent production of information on the population served by IDHFS generated from Medicaid claims data and where possible, linked to vital statistics data, is essential to the utility and value of the IDHFS Perinatal Reports. This assessment recognizes that additional resources are needed to allow IDHFS to conduct the kinds of analyses that will increase understanding of the experiences of women, pregnant/postpartum persons, and infants who are Medicaid recipients. Additional recommendations are as follows:

- Working together with IDPH/Title V and key stakeholders, IDHFS should generate a list of essential indicators to be routinely and consistently produced in the IDHFS biannual Perinatal Report. These should primarily be based on Medicaid claims data and should include additional indicators focused on maternal health.
- To the extent possible, indicators should be generated by race/ethnicity and by geography. Race/ethnicity categories should follow national reporting standards, which are also used by other Illinois state agencies.³
- To the extent possible, relational/longitudinal data should be presented so that the relationship between the effect of coverage in one period and utilization in a subsequent period and between service utilization and maternal and infant outcomes can be

ascertained. These types of analyses provide information on potential missed opportunities for intervention.

- Differences across MCOs should be included in each report to examine if there are major differences with the quality and quantity of care provided by any particular MCO. If data are unable to be reported by MCO, this should be acknowledged within the report.

Our intention is to improve the utility and function of the IDHFS biannual Perinatal Report to best inform Illinois legislators and maternal and child health stakeholders with respect to strategies that are being used to address maternal and infant health inequities and to measure progress toward reducing these inequities over time. It is our hope that these recommendations will make the IDHFS Perinatal Report to the General Assembly more informative, useful, and effective in shaping policies to improve maternal and infant health outcomes for those with Medicaid insurance coverage in IL.

Introduction

According to the 2022 Illinois Department of Healthcare and Family Services (IDHFS) Perinatal Report, approximately 45% of births and 90% of teen births in Illinois are to birthing people who have Medicaid insurance.¹ Therefore, it is important information about the experiences and health outcomes of pregnant and postpartum persons covered by Medicaid be disseminated in such a way as to maximize the effectiveness of the information shared. To that end, the purpose of this brief is to present the results of an assessment of the information provided by IDHFS through its biannual Perinatal Report to the Illinois General Assembly. This assessment documents the information typically provided in the biannual Perinatal Report, how this information has changed over time, and provides recommendations for improvement/enhancement. Our intention is to improve the utility and function of the IDHFS biannual Perinatal Report to best inform Illinois legislators and maternal and child health stakeholders throughout the state with respect to strategies to best address maternal and infant health inequities.

Background of the IDHFS Biannual Perinatal Report

Public Act 93-0536 (305 ILCS 5/5 – 5.23) was passed in 2003 with the aim of improving birth outcomes for the over 80,000 infants (at that time) whose births are covered by Illinois Medicaid.² PA 93-0536 states that the Illinois Department of Public Aid (IDPA, former name of IHFS) may provide reimbursement for all prenatal and perinatal health services for the purpose of preventing low birthweight infants, reducing the need for neonatal intensive care services and promoting perinatal health.² The Act also mandates the “Department” to provide a **report** to the General Assembly that includes an evaluation of expenditures and the effectiveness of services provided to promote perinatal and newborn health outcomes.²

Methods

Each biannual Perinatal Report prepared by IDPA/IDHFS to the General Assembly from 2004-2022, including the initial 2004 Report to the General Assembly Public Act 93-0536 plan for prenatal and perinatal care, was downloaded to a BOX folder. An EXCEL spreadsheet was created by team members from [I PROMOTE-IL](#) (HRSA-funded Maternal Health Innovation Grant) to document every indicator included in each of the reports, the year the indicator was included in the report, and the documented data source for each indicator. Although the 2004 report was intended to be a more comprehensive effort than the subsequent reports as it provided recommendations for moving forward, we included the 2004 report in our analysis as well. Once this spreadsheet was complete, another I PROMOTE-IL team member back-checked the inclusion of each indicator in each report against the EXCEL spreadsheet to ensure that all indicators were included. Patterns in the indicators were summarized and results, including tables and narrative, were generated.

Results

Since the 2004 original plan for prenatal and perinatal care prepared for the General Assembly, nine additional Perinatal Reports have been published by the IDHFS, for a total of ten plans/reports reviewed. Each report varies in length, indicators included, data sources utilized, programs discussed, and recommendations for programmatic interventions.

Number and Types of Indicators included in IDHFS Perinatal Reports

Table 1 provides information on the total number of indicators in each IDHFS Perinatal Report, the number of indicators specifically focused on the Medicaid population, the number of Medicaid

indicators based on Medicaid claims data, the number of Medicaid indicators based on Pregnancy Risk Assessment Monitoring System (PRAMS) data, and the number of indicators based on non-Medicaid data sources. Review of this table indicates that the number of reported indicators has decreased over time. With this decrease, there is an increase in the percentage of indicators based directly on Medicaid claims data. A reduction in the number of indicators included in the IDHFS Perinatal Reports over time could represent a streamlining of indicators for efficiency or can represent missing critical information.

TABLE 1. Number and Type of Indicators in the IDHFS Perinatal Reports

REPORT YEAR	Total # of Indicators Column 2 Definition: Column 4 + Column 5 + Column 6 + Column 7	# and % of Indicators specifically focused on Medicaid POP Column 3 Definition: Count (%=Column 3/Column2)	# and % of Medicaid indicators based on Medicaid Claims Column 4 Definition: Count (%=Column 4/Column 3)	# and % of Medicaid indicators based on PRAMS Column 5 Definition: Count (%=Column 5/Column 3)	# of Medicaid Indicators based on other data sources Column 6	# of additional indicators including statewide data not from Medicaid claims Column 7
2004	53	38 (72%)	28(74%)	7(18%)	3	15
2006	53	50 (94.3%)	44 (88%)	3 (6%)	3	3
2008	69	54 (78%)	46 (85%)	5 (9%)	4	15
2010	42	34 (81%)	25 (73.5%)	5 (12%)	4	8
2012	46	38 (83%)	30 (86%)	5 (14%)	3	8
2014	47	39 (83%)	34 (87%)	5 (13%)	0	8
2016	44	39 (89%)	34 (77%)	5 (11%)	3	2
2018	36	36 (100%)	30 (83%)	5 (15%)	1	0
2020	29	29 (100%)	24(83%)	4 (15%)	1	0
2022	25	25 (100%)	21 (84%)	3 (12%)	1	0

Additional comments about the indicators included in the IDHFS biannual Perinatal Report and suggestions for indicators going forward are provided below.

Indicators No Longer Included that May be of Value

Examples of indicators no longer included in the most recent report (2022) that provide vital information for health care planning, grant writing, and measuring progress toward improving perinatal outcomes include:

- Infant Mortality Rate
 - 2014: Infant Mortality Rate per 1,000 HFS Covered Live Births by Chicago Community Area
- Low Birth Weight and Very Low Birth Weight Maps
 - 2014: Low Birth Weight Percent by Chicago Community Area Based on HFS Covered Live Births

- 2014: Very Low Birth Weight Percent by Chicago Community Area Based on HFS Covered Live Births
- Percentage of Medicaid births that are in Chicago versus Downstate (2004)
- Births by County Maps
 - 2006: Medicaid births by County
 - 2008: HFS Births by County
- Percentage of women who gave birth and had prenatal care by delivery with or (without complications and by race (2004). (Based on Medicaid claims data).

Maternal Health Indicators

The production of a biannual IDHFS Perinatal Report was mandated by the Illinois legislature due to their interest in preventing low birth weight and reducing Neonatal Intensive Care Unit (NICU) care. However, given the severity of the maternal health crisis⁴, there are several indicators associated with women's and maternal health in various sections of the 2022 Report (e.g., *Use of Most or Moderately Effective Contraceptive Method; Medicaid Births with Family Planning Service within Six months after Delivery*) that should be routinely included going forward. We note that based on comments in the 2022 report, future IDHFS Perinatal Reports will also continue to include measures of maternity care quality (*Cesarean Section Rate for Low-Risk First Births, Prenatal and Postpartum Care (PPC) including Timeliness of Prenatal Care, and Postpartum Care*). Given the Illinois postpartum Medicaid extension as well as the additional legislation related to the Medicaid birthing population passed in the last several years, suggested additional maternal health indicators include:

- The percent of Medicaid covered birthing persons **utilizing none, one, and two preventive postpartum visits**.
- The percent of Medicaid covered birthing persons receiving Medicaid reimbursed **home visiting services** in the prenatal and postpartum periods.
- The percent of Medicaid covered birthing persons receiving Medicaid reimbursed **doula services** in the prenatal and postpartum periods.
- The percent of Medicaid covered birthing persons receiving Medicaid reimbursed services from certified lactation counselors, international board-certified lactation consultants, public health nurses, certified nurse midwives, community health workers, and medical caseworkers.
- The percent of Medicaid covered birthing persons attending **well-women visits** after 12 weeks postpartum (or after a designated marker for the early postpartum period).
- The percent of Medicaid covered birthing persons receiving care for **chronic conditions** including hypertension and diabetes in the early and extended postpartum periods (through 12 months postpartum).
- The percent of Medicaid covered birthing persons receiving **postpartum depression screening** in both the early and extended postpartum periods (through 12 months postpartum).
- The percent of Medicaid covered birthing persons receiving services provided for **substance use disorder** in both the early and extended postpartum periods.

Indicators Related to MCOs

Given IDHFS' focus on quality, and, given the lack of information on service delivery and outcomes by managed care organizations (MCO) serving Medicaid recipients in Illinois, the IDHFS

Perinatal Report is an opportune way to provide **quality of care measures for each MCO** and also to include information on **additional health services** (e.g., depression screenings) and key health status outcomes (Very Low Birthweight [VLBW])/preterm birth, infant mortality [IM]) by **MCO**. If data are unable to be reported by MCO, this should be acknowledged within the report.

Relationally Based Indicators

In the 2022 report, the presentation of “selected poor birth outcomes for women enrolled in Medicaid before and after delivery”, hints at the possibility of providing **relationally based indicators** to understand the effects of Medicaid coverage. Examples of additional indicators of this type include:

- **Among those with Medicaid coverage prior to pregnancy:**
 - a. Associations between utilization of well-woman preventive care and routine prenatal/postpartum care, as well as associations of pre-pregnancy chronic disease management (e.g., hypertension, diabetes) with risk-appropriate prenatal and postpartum care in those with chronic conditions. Focus on identification of missed opportunities for preventive care across the reproductive continuum.
- **Among those with Medicaid coverage during and after pregnancy:**
 - a. Associations between reproductive/perinatal care utilization and maternal and infant health outcomes. Focus on identification of points of intervention to improve pregnancy outcomes and decrease health inequities by identifying gaps in the delivery of well-woman, reproductive, and perinatal care.
 - b. Identify disparities in care utilization by MCO, by type of clinical site, by the racial makeup of the recipient’s zip code, and by geography.
 - c. Identify differential associations between receipt of health care and pregnancy and postpartum outcomes by MCO, by type of clinical site, by the racial makeup of the recipient’s zip code, and by geography to guide quality improvement and equity-driven actions.

Indicators by Race/Ethnicity

Table 2 provides information on the extent to which the IDHFS Perinatal Reports highlight racial/ethnic disparities by including information by race/ethnicity. Given stark disparities/inequities in perinatal outcomes by race/ethnicity, providing information by race/ethnicity is essential for addressing these disparities/inequities. However, presentation of indicators by race/ethnicity has not been consistent across the Perinatal Reports and even within a report, different racial/ethnic categorizations have been used. Going forward, consistent use of race/ethnicity within and across reports is recommended with **within race/ethnic group** information provided when possible (e.g., nativity information, breakdown of Hispanic/Latinx subgroups). Race/ethnicity categories should follow national reporting standards which are also used by other Illinois state agencies.³

Table 2. Race/Ethnicity Indicators in the IDHFS Perinatal Reports

Race/Ethnicity		
Language in Report	Year	Indicator
“All, Black, & White”	2006	IL LBW % and VLBW %
	2008	IL LBW % and VLBW %
“Overall, White, African-American”	2010	IL Infant Mortality Rate per 1,000 live births
	2012	IL Infant Mortality Rate per 1,000 live births
	2014	IL Infant Mortality Rate per 1,000 live births
	2016	IL Infant Mortality Rate per 1,000 live births
	2018	IL Infant Mortality Rate per 1,000 live births
	2020	IL Infant Mortality Rate per 1,000 live births
“Black, White, & Other”	2004	All Live & Medicaid Live Births by Race
“Non-Hispanic vs. Hispanic”	2004	Percent of Medicaid and Live Births by Hispanic Origin
“African- American, Hispanic”	2004	Infant Mortality Rates by Family Case Management/Special Supplemental Nutrition for Women Infants and Children participation vs. Medicaid, No intervention
	2006	Infant Mortality Rates by Family Case Management/Special Supplemental Nutrition for Women Infants and Children participation vs. Medicaid, No intervention
	2008	Infant Mortality Rates by Family Case Management/Special Supplemental Nutrition for Women Infants and Children participation vs. Medicaid, No intervention
“Hispanic; American Indian/Alaskan/Asian/Pacific Islanders; African- American; Caucasian”	2006	5-year Avg-Births by Racial Group
	2008	7-year average births by racial group, normal vs. non-normal births
“Caucasian; African-American; American Indian/Alaskan; Hispanic; Asian/Pacific Islanders; Other; Not Available”	2004	-Number and Percentage of normal, non-normal, and total newborns by race/ethnicity -First year of life costs by race

“Caucasian; African-American; Hispanic; Not Available; Am Indian/Alaskan/Asian/Pacific Islanders”	2006	-All & Medicaid Births by Race % of Total Births (2000 and 2004) -Cook County Racial Distribution as % of Total Cook County Births (2000 & 2004) -Down State Racial Distribution as % of Total Downstate Births (2000 & 2004)
	2008	-Medicaid Births by Race % of Total Births (2000 and 2006) -Cook County Racial Distribution as % of Total Births (2000 & 2006) -Down State Racial Distribution as % of Total Downstate Births (2000 & 2006)

Indicators by Geography

Table 3 provides information on the various geographic indicators and maps included in the IDHFS Perinatal Reports over the years. As can be seen, the use of geographic indicators and maps is not consistent. Importantly, no Perinatal Report since 2014 has included any maps or data on geographic disparities in use of services or perinatal outcomes across the state. Going forward, given stark geographical disparities in utilization of services and perinatal outcomes and the presence in the state of both pediatric and obstetric deserts, geographical information for key indicators should be routinely included.

Table 3. Use of Geographic Indicators and Maps in the IDHFS Perinatal Reports

	INDICATOR	REPORT YEAR
Geographic distributions by Maps	Infant Mortality Rate by City of Chicago Community Areas (Map)	2012, 2014
	Very Low Birth Rate % HFS Population by County (Map)	2008, 2010, 2012, 2014
	Medicaid or HFS births by County	2006, 2008
	HFS births per 1,000 HFS enrolled women of childbearing age	2008
	Medicaid Births per 1,000 women by County	2006
	# of HFS Women of Childbearing Age (County Map)	2006, 2008
	HFS Non-Normal Births by County (Map)	2004 ,2006, 2008
	Infant Mortality Rates HFS Population by County (Map)	2008, 2010, 2012, 2014
	Very Low Birth Weight % HFS Population by Chicago Community Area (Map)	2012, 2014
	Low Birth Weight % HFS Population by County (Map)	2008, 2010, 2012, 2014
	Low Birth Weight % HFS Chicago Community Area (Map)	2012, 2014

Indicators Related to Services Potentially Reimbursed by Medicaid

The 2004 Perinatal Report includes the list of services that may be provided by IDHFS for Medicaid reimbursement:

- Comprehensive risk assessments for pregnant women, women with infants, and infants
- Lactation counseling
- Nutrition counseling
- Childbirth support
- Psychosocial counseling
- Treatment and prevention of periodontal disease
- Other support services that have been proven to improve birth outcomes.

This list is mentioned again in reports in the following years: 2018, 2020, and 2022. Typically, mention of these services in the IDHFS Perinatal Reports refers to what other state agencies or programs are doing to address these issues. In the 2020 report for example, *Lactation Counseling* is listed in the report but the section is blank. To date, none of the reports provide any data on the extent to which IDHFS is reimbursing for these services or plans to reimburse for these services in the future. As referenced above, given recent changes to the IL Medicaid program, including this type of information in the IDHFS Perinatal Reports moving forward, will be essential to track progress in providing comprehensive services to pregnant and postpartum persons.

Cost Indicators

Table 4 provides a detailed look at the cost indicators including in the IDHFS Perinatal Reports over time. The only cost indicator included in the 2022 report is *Medicaid Average Cost of Births by Birth Outcome*. For the most part, the cost indicators do not include relational information (e.g., change in costs over time for prenatal care compared to NICU care; costs pre and post various Medicaid expansions for care provided to women of reproductive age/birthing population juxtaposed with costs for various pregnancy outcomes including maternal morbidity, c-section, VLBW, and preterm delivery, etc.). This type of information would help policymakers and maternal and child health professionals to understand the relationship between investments in prevention and their effect on maternal and infant outcomes.

Table 4. Cost Indicators in the IDHFS Perinatal Reports

Cost	Year	Indicator	Birth Outcomes
HFS/Medicaid Costs per Birth	2004	HFS Total Delivery Costs	Non-Normal vs. Normal
	2006	Historical Cost per Birth, 2000-2004	Neonate died or transferred; extreme immaturity/respiratory syndrome; prematurity with major problems; prematurity without major problems; neonate with other significant problems; full term neonate with major problems; normal newborns
	2010	HFS Total Birth Costs	Normal vs. Non-normal births
	2012	HFS Total Birth Costs	Total; Non-Normal (IM, VLBW, and LBW); Normal
	2014	Medicaid Birth Costs by Outcome	Total; Non-Normal (DRG, IM, VLBW, and LBW); Normal; Unknown
	2016	Medicaid Birth Costs by Outcome	Total; Non-Normal (other non-normal DRG, VLBW, LBW); Normal; Unknown
	2018	Medicaid Birth Costs by Outcome	Total; Non-Normal (other non-normal DRG, VLBW, LBW); Normal; Unknown
Comparison of Program Participation (WIC & FCM) vs. Non-Participation	2004	Average Medicaid Expenditures During the First Year of Life by Program Participation Status and Year, 1997-2000	N/A
	2006	Average Medicaid Expenditures During the First Year of Life by Program Participation Status and Year, 1997-2003	N/A
	2008	Average Medicaid Expenditures in the First Year of Life by Program Participation Status and Year, 2000-2005	N/A
	2010	Medicaid Expenditures in the First Year of Life by Program Participation, 1997-2007	N/A
	2016	Average Annual Delivery Cost and Birth Outcomes among WIC/FCM Participation vs. Non-Participants	N/A
Average HFS/Medicaid Cost by Birth	2004	HFS Average Delivery Costs	Non-Normal vs. Normal
	2010	% HFS Average Birth Cost by Birth Outcome	IM; LBW; VLB; Other Non-Normal; Normal
	2012	% of HFS Average Birth Cost by Birth Outcomes	IM; LBW; VLB; Other Non-Normal; Normal
	2014	Medicaid Birth Average Costs by Outcome	Total; Other Non-Normal; DRG; LBW; VLBW; Normal; Unknown; IM
	2016	Medicaid Birth Average Costs	Total; Other Non-Normal; DRG; LBW; VLBW; Normal; Unknown; IM
	2018	Medicaid Birth Average Costs by Outcome	Total; Other Non-Normal; DRG; LBW; VLBW; Normal; Unknown; IM

	2020	Medicaid Average Cost of Birth by Birth Outcome	Normal; LBW; Non-Normal DRG; IM; VLBW
	2022	Medicaid Average Cost of Births by Birth Outcome	VLBW; IM; Other Non-Normal DRG; LBW; Normal
Medicaid % Spending in Relation to Birth Outcomes	2020	% Spending in Relation to Birth Outcomes	Normal; Non-Normal (Non-Normal DRG, LBW; VLBW; and IM)
First Year of Life Costs by Race/Ethnicity	2004	Payments in First Year of Life by Race/Ethnicity	Normal vs. Non-Normal Births (normal birth weight, LBW, VLBW, total)
	2004	\$ per Newborn in First Year of Life by Race/Ethnicity	Normal vs. Non-Normal Births (normal birth weight, LBW, VLBW, total)

Conclusion

The biannual IDHFS Perinatal Report provides insight into the utilization experiences and outcomes of the Medicaid perinatal population, who comprise almost 45% of the birthing population in the state. As such, the information included in these reports is essential for service delivery planning and for measuring progress toward improving pregnancy/perinatal outcomes and reducing disparities/inequities in such outcomes in Illinois.

The information included in the IDHFS biannual Perinatal Report has changed significantly over time with a reduction in the number of indicators presented although all indicators in 2022 were focused on the Medicaid population. Across the years, there has been inconsistent presentation of data by racial/ethnic and geographic categories. Although in Illinois, birthing persons and infants whose care is reimbursed by Medicaid receive this care through Managed Care Organizations (MCO), no information in the reports is currently presented by MCO participation. In addition, data are typically presented as simple frequencies with almost no information about the relationship of utilization indicators to each other (e.g., percent postpartum utilization among those with adequate versus inadequate prenatal care) or between service utilization and outcomes (e.g., relationship between prenatal care adequacy and preterm delivery or LBW).

Going forward, consistent production of information on the HFS population generated from Medicaid claims data and where possible, linked to vital statistics data, is essential to the utility and value of the IDHFS Perinatal Reports. Working together with IDPH/Title V and key stakeholders, IDHFS should generate a list of essential indicators to be routinely and consistently produced in the IDHFS Perinatal Report. This list must include additional indicators focused on maternal health status. Indicators should be presented by race/ethnicity and by geography; race/ethnicity categories should follow national reporting standards which are also used by other Illinois state agencies.³ To the extent possible, relational/longitudinal data should be presented so that the relationship between the effect of coverage in one period and utilization in a subsequent period and between service utilization and maternal and infant outcomes can be ascertained. These types of analyses also provide information on potential missed opportunities for intervention. Finally, differences across MCOs should be included in each report (if information is available to IDHFS) to determine if there are major concerns with the quality and quantity of care provided by any particular MCO. In order to make implementation of these recommendations possible, **IDHFS will require additional resources** to support the enhanced analytic work proposed.

It is our hope that these recommendations will make the IDHFS biannual Perinatal Report to the General Assembly more informative, useful, and effective in shaping policies to improve maternal and infant health outcomes for those with Medicaid insurance coverage in IL.

References

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2. Report to the General Assembly Public Act 93-0536. *Illinois Department of Public Aid*. 2004.
3. Office of Management and Budget (OMB) DIRECTIVE NO. 15. Race and Ethnic Standards for Federal Statistics and Administrative Reporting. CDC Wonder Web site. <https://wonder.cdc.gov/wonder/help/populations/bridged-race/directive15.html>. Updated 2019.
4. Biden Administration. *White House Blueprint for Addressing Maternal Health Crisis*. The White House; 2022.

Appendix A

Year	Indicator Category	Indicator	Data Source	Visual?	Page Number(s)
2004	Birth Demographics	# of Live Births by Medicaid Eligibility and % Medicaid, 2001	IDHS birth file match	Graph	18
2004	Birth Demographics	# of Teen Births by Medicaid Eligibility and % Medicaid	IDHS birth file match	Graph	20
2004	Birth Demographics	% Medicaid Births by Age, 2001	Unknown	Graph	19
2004	Birth Demographics	% Unintended Pregnancy by Medicaid/Non-Medicaid, 2000	PRAMS	Graph	19
2004	Birth Demographics	Subsequent Medicaid Births by Interval in Months	IDHS birth file match	Graph	20
2004	Delivery Type & Cost	% of total medicaid deliveries by delivery type (c-section; vaginal)	Delivery Claims	Graph	25
2004	Delivery Type & Cost	Total and average Delivery costs non-normal vs. normal deliveries	Delivery Claims	Table	25-26
2004	Delivery Type & Cost	Total and average delivery costs of non-normal babies born onto Medicaid, 2001	Delivery Claims	Table	27
2004	Distribution of Medicaid Births	% Medicaid Births Chicago vs. Downstate	IDHS birth file match	Graph	22
2004	Other Indicators	Incidence of "Non-Normal" Medicaid Births by County: Map	Unknown	Map	39
2004	Prematurity & Birth Weight	VLBW medicaid versus all births, 1997-2001	Unknown	N/A	35
2004	Prenatal Care	% of women who gave birth and had prenatal care by delivery with or without complications and by race	Medicaid Claims	Table	28
2004	Prenatal Care	% Women initiating prenatal care in first trimester, by medicaid status, 1997-2001	IDHS birth file match	Graph	23
2004	Birth Demographics	# of normal, non-normal, and total newborns by race/ethnicity	Medicaid Claims	Table	28
2004	Birth Demographics	% Medicaid and all Live Births by Hispanic Origin, 2001	IDHS birth file match	Graph	21
2004	Birth Demographics	2000: # & % LBW (total, medicaid only, medicaid with FCM and/or WIC, general population, non medicaid with WIC and/or FCM), and Medicaid (Intervention and No Intervention)	Birth File Match	Table	124
2004	Birth Demographics	2000: # & % live births (total, medicaid only, medicaid with FCM and/or WIC, general population, non medicaid with WIC and/or FCM), and Medicaid (Intervention and No Intervention)	Birth File Match	Table	124
2004	Birth Demographics	2000: # & % single births (total, medicaid only, medicaid with FCM and/or WIC, general population, non medicaid with WIC and/or FCM), and Medicaid (Intervention and No Intervention)	Birth File Match	Table	124
2004	Birth Demographics	2000: # & % teen births (total, medicaid only, medicaid with FCM and/or WIC, general population, non medicaid with WIC and/or FCM), and Medicaid (Intervention and No Intervention)	Birth File Match	Table	124
2004	Birth Demographics	2000: # & % VLBW (total, medicaid only, medicaid with FCM and/or WIC, general population, non medicaid with WIC and/or FCM), and Medicaid (Intervention and No Intervention)	Birth File Match	Table	124
2004	Birth Demographics	2001: # & % LBW (total, medicaid only, medicaid with FCM and/or WIC, general population, non medicaid with WIC and/or FCM), and Medicaid (Intervention and No Intervention)	Birth File Match	Table	124
2004	Birth Demographics	2001: # & % live births (total, medicaid only, medicaid with FCM and/or WIC, general population, non medicaid with WIC and/or FCM), and Medicaid (Intervention and No Intervention)	Birth File Match	Table	124
2004	Birth Demographics	2001: # & % single births (total, medicaid only, medicaid with FCM and/or WIC, general population, non medicaid with WIC and/or FCM), and Medicaid (Intervention and No Intervention)	Birth File Match	Table	124
2004	Birth Demographics	2001: # & % teen births (total, medicaid only, medicaid with FCM and/or WIC, general population, non medicaid with WIC and/or FCM), and Medicaid (Intervention and No Intervention)	Birth File Match	Table	124
2004	Birth Demographics	2001: # & % VLBW (total, medicaid only, medicaid with FCM and/or WIC, general population, non medicaid with WIC and/or FCM), and Medicaid (Intervention and No Intervention)	Birth File Match	Table	124
2004	Birth Demographics	Live Births by Race, 2001	IDHS birth file match	Graph	21
2004	Birth Demographics	Medicaid Births by Birth Order, 2001	IDHS birth file match	Graph	20
2004	Birth Demographics	Medicaid Live Births by Race, 2001	IDHS birth file match	Graph	21
2004	Birth Demographics	Number of Medicaid Births that are unintended	Illinois PRAMS	N/A	69
2004	Delivery Costs	% Medicaid Births Chicago vs. Downstate	IDHS birth file match	Graph	22
2004	Delivery Costs	% of Total Deliveries by DRG Group	Delivery Claims	Graph	26
2004	Distribution of Medicaid Births	% of LBW in Chicago: Map	Unknown	Map	43
2004	Distribution of Medicaid Births	% of VLBW in Chicago: Map	Unknown	Map	42
2004	Distribution of Medicaid Births	Chicago 2001 Infant Mortality Rate by County: Map	Unknown	Map	41
2004	Infant Mortality	Illinois infant mortality by race (White, Black), 1990-2001	Unknown	Table	33
2004	Infant Mortality	Illinois infant mortality, 1990-2001	Unknown	Table	33
2004	Infant Mortality	Infant mortality rate, medicaid versus all births, 1997-2000	Unknown	Graph	33
2004	Infant Mortality	U.S IMR by all races, Black, and White years 1990-2001	National Center for Health Statistics	Table	17
2004	Lactation/Breastfeeding	Proportion of Medicaid-eligible women who initiate breastfeeding compared to non-Medicaid counterparts	PRAMS	Graph	98-99
2004	Lactation/Breastfeeding	Proportion of WIC participants who continue breastfeeding for six months, 1992 and 2003	WIC data	N/A	98
2004	Lactation/Breastfeeding	Rate of breastfeeding at hospital discharge 1992 to 2003	WIC data	N/A	98
2004	Lactation/Breastfeeding	Reasons for Not Breastfeeding, Medicaid vs. Non Medicaid	PRAMS	Graph	99
2004	Lactation/Breastfeeding	Reasons for Stopping Breastfeeding, Medicaid vs. Non Medicaid	PRAMS	Graph	100
2004	Other Indicators	# of CNM in IL	unknown	N/A	96
2004	Other indicators	# of people served by FCM in 2003	Unknown	N/A	49
2004	Other Indicators	# of women with depression in IL	estimated from national statistic	N/A	74
2004	Other Indicators	##% of Medicaid Births served by WIC & FCM	Cornerstone	Graph	49
2004	Other Indicators	% of high-risk non-normal births by level designation of hospital	Unknown	Graphs	30-31
2004	Other Indicators	Avg length of hospital stay of newborns, normal vs. non-normal birth	Medicaid Claims	Table	30
2004	Other Indicators	Breakdown of WIC participants as of January 2003	Unknown	N/A	48
2004	Other Indicators	Chicago Community Area- families under the poverty level: Map	Unknown	Map	40
2004	Other Indicators	CY 2000: % of Illinois Persons in Poverty by County: Map	Epidemiological Studies	Map	38
2004	Other Indicators	First year of life costs by race	Medicaid Claims (HFS/Birth match file)	Table	29
2004	Other Indicators	Perinatal Health Coverage for Illinois Medical Assistance Program Participants	Unknown- Cornerstone	Table	67
2004	Participation in FCM/WIC: IM, Prematurity, LBW, VLBW	Comparison of Outcome Measures (VLBW, LBW, IM) Between Medicaid Eligible Pregnant Women Who Did and Did Not Participate in WIC and FCM: 1999	Unknown- Cornerstone	Table	54
2004	Participation in FCM/WIC: IM, Prematurity, LBW, VLBW	Infant mortality rates by FCM/WIC participation, medicaid, no intervention, and percent decrease, 1999 for the following populations: Black, Hispanic, Single, Teen, and State	Unknown-Cornerstone	Table	52
2004	Participation in FCM/WIC: IM, Prematurity, LBW, VLBW	LBW based on participation in FCM/WIC	Unknown - Cornerstone	N/A	34
2004	Participation in FCM/WIC: IM, Prematurity, LBW, VLBW	LBW rate (per 100 births) among infants born to Medicaid Eligible Women by Program Participation Status and Year, 1997-2001	Unknown	Table	53
2004	Participation in FCM/WIC: IM, Prematurity, LBW, VLBW	Mortality rate (per 1,000 births) among infants born to Medicaid Eligible Women by Program Participation Status and Year, 1997-2001	Unknown	Table	53
2004	Participation in FCM/WIC: IM, Prematurity, LBW, VLBW	VLBW based on participation in FCM/WIC	Unknown	N/A	34
2004	Participation in FCM/WIC: IM, Prematurity, LBW, VLBW	VLBW rate (per 100 births) among infants born to Medicaid Eligible Women by Program Participation Status and Year, 1997-2001	Unknown	Table	52
2004	Prematurity & Birth Weight	# and rate of LBW infants among participants in targeted, intensive prenatal case management, by project year	Unknown	Table	51
2004	Prematurity & Birth Weight	LBW by race (Black, White) from 1990-2001	Illinois Center for Health Statistics-Vital Statistics	Table	36
2004	Prematurity & Birth Weight	U.S LBW by all races, Black, and White years 1990-2001	National Center for Health Statistics	Table	17
2004	Prematurity & Birth Weight	U.S VLBW by all races, Black, and White years 1990-2001	National Center for Health Statistics	Table	17
2004	Prematurity & Birth Weight	VLBW by race (Black, White) from 1990-2001	Illinois Center for Health Statistics-Vital Statistics	Table	36
2004	Prenatal Care	##% of people receiving adequate prenatal care by participation in WIC/FCM or Medicaid only, 2001	Unknown	Table	24
2004	Prenatal Care	% filled prenatal vitamin prescriptions normal vs. non-normal	Paid Claims Data	No	24
2004	Prenatal Care	% Medicaid women filling prenatal vitamin prescriptions	Paid Claims Data	No	24
2004	Prenatal Care	2000: # & % no prenatal care (total, medicaid only, medicaid with FCM and/or WIC, general population, non medicaid with WIC and/or FCM), and Medicaid (Intervention and No Intervention)	Birth File Match	Table	124
2004	Prenatal Care	2000: # & % trimester prenatal care started (total, medicaid only, medicaid with FCM and/or WIC, general population, non medicaid with WIC and/or FCM), and Medicaid (Intervention and No Intervention)	Birth File Match	Table	124
2004	Prenatal Care	2001: # & % no prenatal care (total, medicaid only, medicaid with FCM and/or WIC, general population, non medicaid with WIC and/or FCM), and Medicaid (Intervention and No Intervention)	Birth File Match	Table	124
2004	Prenatal Care	2001: # & % trimester prenatal care started (total, medicaid only, medicaid with FCM and/or WIC, general population, non medicaid with WIC and/or FCM), and Medicaid (Intervention and No Intervention)	Birth File Match	Table	124
2004	Prenatal Care	Avg per capita prenatal care costs, 2001	Unknown	No	24
2004	Risk Factors	# of HIV exposed infants from 1999-2003	IDPH	N/A	93
2004	Risk Factors	% of Chicago Families Living in Poverty: Map	Unknown	Map	40
2004	Risk Factors	% of Illinois' HIV exposed babies born in Chicago vs. other parts of the state	IDPH	N/A	93
2004	Risk Factors	2000: # & % alcohol use (total, medicaid only, medicaid with FCM and/or WIC, general population, non medicaid with WIC and/or FCM), and Medicaid (Intervention and No Intervention)	Birth File Match	Table	124
2004	Risk Factors	2000: # & % tobacco use (total, medicaid only, medicaid with FCM and/or WIC, general population, non medicaid with WIC and/or FCM), and Medicaid (Intervention and No Intervention)	Birth File Match	Table	124
2004	Risk Factors	2001: # & % alcohol use (total, medicaid only, medicaid with FCM and/or WIC, general population, non medicaid with WIC and/or FCM), and Medicaid (Intervention and No Intervention)	Birth File Match	Table	124
2004	Risk Factors	2001: # & % tobacco use (total, medicaid only, medicaid with FCM and/or WIC, general population, non medicaid with WIC and/or FCM), and Medicaid (Intervention and No Intervention)	Birth File Match	Table	124
2004	Risk Factors	Estimated # of LBW and pre-term deliveries that could be avoided by not smoking during pregnancy	estimated with data from Cornerstone system	Table	81
2004	Risk Factors	IL Smoking in Pregnancy	PRAMS, Cornerstone, Medicaid Birth File Match	Table	83
2004	Risk Factors	Number of drinks per week, 3 months before pregnancy	Illinois PRAMS	Graph	55
2004	Risk Factors	Prevalence of Alcohol Use During Pregnancy	Birth File Match	N/A	87-88
2004	Risk Factors	U.S. Smoking Prevalence, 2001	National Center for Health Statistics	Table	82
2006	Birth Demographics	# of Teen Births by Medicaid Eligibility and % Medicaid	2003 Birth File Match	Graph	28
2006	Birth Demographics	% Medicaid births that are subsequent births	Birth File Match	N/A	10
2006	Birth Demographics	% of Medicaid births w/ intervals of less than 24 months	Birth File Match	N/A	10
2006	Birth Demographics	% Unintended Pregnancy by Medicaid/Non-Medicaid, 2003	PRAMS	Graph	28
2006	Birth Demographics	Medicaid Births by Birth Order, 2003	Birth File Match	Graph	29
2006	Birth Demographics	Medicaid Live Births by Race (White, Black, Hispanic, Not Available, AM Indian/Alaskan/Asian/Pacific Islanders)	HFS	Graph	29

2006	Birth Demographics	Subsequent Medicaid Births by Interval in Months	Birth File Match	Graph	29
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2006	Delivery Costs	Avg length of hospital stay of newborns, normal vs. non-normal birth	HFS	Graph	44
2006	Delivery Costs	Cost per birth by DRG	HFS	Table	44
2006	Delivery Costs	Proportion of infants with non-normal diagnoses born at non-level 3 facilities and level 3 facilities	HFS	Table	46
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2006	Distribution of Medicaid Births	Map: Medicaid Births per 1,000 Women	Unknown	Map	51
2006	Distribution of Medicaid Births	Number of Medicaid Women of Childbearing Age by County, Map	HFS	Map	52
2006	Infant Mortality	Infant mortality rate, medicaid versus all births, 1997-2001	IL Center for Health Statistics	Graph	37
2006	Other Indicators	Postpartum care - % of total deliveries, 2000 & 2004	HFS	Graph	36
2006	Prematurity & Birth Weight	#% of Medicaid Births served by WIC & FCM	Birth File Match	Graph	39
2006	Prenatal Care	% of Medicaid women receiving prenatal care	HFS	Graph	34
2006	Prenatal Care	% of women initiating prenatal care in first trimester by Medicaid status	Birth File Match	Graph	33
2006	Birth Demographics	# of normal & non-normal newborns by race/ethnicity (Hispanic, American Indian/Alaskan/Asian/Pacific Islanders, African American, White)	HFS	Graph	47
2006	Birth Demographics	% Change in % of Total Births, 2000-2004	HFS	Graph	27
2006	Birth Demographics	% of Total Births Cook County vs. Downstate, 2000-2004	HFS	Graph	49
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2006	Birth Demographics	% of Total Deliveries - Vaginal Delivery Without Complicating Diagnoses	HFS	Graph	32
2006	Birth Demographics	Age Distribution % of Total Deliveries, 2000-2004	HFS	Graph	27
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2006	Delivery Costs	% of normal versus non-normal births, 2000-2004	HFS	Graph	43
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2006	Delivery Costs	5 year average births by racial group, non-normal vs. normal (Hispanic/American Indian, Alaskan, Asian, Pacific Islanders/African American/White)	HFS	Graph	47
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2006	Delivery Costs	Cost per birth by DRG, 2000-2004	HFS	Table	44
2006	Delivery Costs	Decile Report for Deliveries CY 2000 to 2004	HFS	Tables	45
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2006	Delivery Costs	Historical birth trend, 2000-2004 non-normal vs. normal births	HFS	Graph	43
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2006	Distribution of Medicaid Births	Medicaid Births per 1,000 women by county: Map	HFS	Map	51
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2006	Distribution of Medicaid Births	Top Counties for Births, 2000-2004	HFS	Table	49
2006	Infant Mortality	IL Infant Mortality Rates per 1,000 live births, 1990-2003	IL Center for Health Statistics	Table	37
2006	Lactation/Breastfeeding	% of IL WIC mothers initiated breastfeeding, 2003	unknown	N/A	20
2006	Lactation/Breastfeeding	% of IL WIC mothers who continued breastfeeding at six months, 2003	unknown	N/A	20-21
2006	Lactation/Breastfeeding	% of IL WIC mothers who continued breastfeeding until infant's 1st birthday	unknown	N/A	21
2006	Participation in FCM/WIC: IM, Prematurity, LBW, VLBW	% of Medicaid-enrolled births/pregnancies served by WIC/FCM programs	Unknown	N/A	23
2006	Participation in FCM/WIC: IM, Prematurity, LBW, VLBW	Avg Medicaid Expenditures During the First Year of Life by Program Participation Status and Year	Birth File Match & Medicaid claims	Table	41
2006	Participation in FCM/WIC: IM, Prematurity, LBW, VLBW	Comparison of Outcome Measures (VLBW, LBW, IM) Between Medicaid Eligible Pregnant Women Who Did and Did Not Participate in WIC and FCM: 2001	Birth File Match	Table	42
2006	Participation in FCM/WIC: IM, Prematurity, LBW, VLBW	IMR (per 1,000 births) among infants born to Medicaid Eligible Women by Program Participation Status and Year, 1997-2001	Birth File Match	Table	41
2006	Participation in FCM/WIC: IM, Prematurity, LBW, VLBW	Infant mortality rate by participation in WIC & FCM by race/ethnicity (African American, Hispanic, Single, Teen, whole State), 2001	Unknown	Table	40
2006	Participation in FCM/WIC: IM, Prematurity, LBW, VLBW	LBW rate (per 100 births) among infants born to Medicaid Eligible Women by Program Participation Status and Year, 1997-2003	Birth File Match	Table	41
2006	Participation in FCM/WIC: IM, Prematurity, LBW, VLBW	Odds ratio comparing WIC/FCM participants to non-participants: Illinois, 2000 - 2002	IDHS/CDC analysis	Table	23
2006	Participation in FCM/WIC: IM, Prematurity, LBW, VLBW	Proportion of Medicaid births served by WIC/FCM	Unknown	N/A	23
2006	Participation in FCM/WIC: IM, Prematurity, LBW, VLBW	Rate of VLBW Medicaid Eligible Infants, WIC/FCM participation versus not participation, 1997-2003	Illinois Department of Human Services	Graph	22
2006	Participation in FCM/WIC: IM, Prematurity, LBW, VLBW	VLBW rate (per 100 births) among infants born to Medicaid Eligible Women by Program Participation Status and Year, 1997-2003	Birth File Match	Table	40
2006	Prematurity & Birth Weight	% LBW and VLBW by race (all, Black, White)	IL Center for Health Statistics	Table	39
2006	Prematurity & Birth Weight	% LBW overall, Medicaid, participation in FCM and/or WIC	unknown	N/A	38
2006	Prematurity & Birth Weight	% VLBW overall, Medicaid, participation in FCM and/or WIC	IL Center for Health Statistics	Graph (overall)	38
2006	Prenatal Care	#% of people receiving adequate prenatal care by participation in WIC/FCM or Medicaid only, 2001	Unknown	Table	36
2006	Prenatal Care	frequency distribution % of women receiving prenatal services, 2000 & 2004	HFS	Graph	34
2006	Risk Factors	# of women served in Division of Alcoholism and Substance Abuse (DASA) supported treatment and recovery services, 2002-2005	Unknown	Table	17
2006	Risk Factors	% of women in IL who drank alcohol in the three months before they became pregnant, 2002	PRAMS	N/A	18
2006	Risk Factors	Alcoholic Drinks Per Week 3 months Prior to Pregnancy	PRAMS	Graph	42
2006	Risk Factors	IL Smoking in Pregnancy	PRAMS, Birth File Match	Table	43
2008	Birth Demographics	% of HFS births in IL that are subsequent births	HFS	N/A	12
2008	Birth Demographics	% of second or higher births having an interval less than 18 months between births	HFS	N/A	12
2008	Birth Demographics	% Subsequent births by interval months	Birth File Match	Graph	38
2008	Birth Demographics	2000 Medicaid Births by race, % of total births (White, Black, Hispanic, AM Indian/Alaskan/Asian, Pacific Islander, N/A)	Paid Claims Data	Graph	38
2008	Birth Demographics	HFS Births by Birth Order, 2005	Birth File Match	Graph	38
2008	Birth Demographics	Total HFS Paid Births CY 2000-2006	HFS Paid Claims Data	Graph	35
2008	Delivery costs	Average length of hospital stay, normal vs. non-normal births, 2006	HFS Paid Claims Data	Table	55-56
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2008	Delivery Costs	proportion non-normal vs. normal births, 2000-2006	HFS Paid Claims Data	Graph	53
2008	Delivery costs	Type of hospital used for high-risk non-normal births	HFS Paid Claims Data	Table	56
2008	Delivery Type & Cost	% Medicaid vaginal vs. cesarean deliveries, 2000-2006	HFS	Graph	40
2008	Distribution of Medicaid Births	HFS births by county, Map	HFS Paid Claims Data	Map	61
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2008	Distribution of Medicaid Births	Infant Mortality Rates of Total Population, 2002-2004, Map	HFS Paid Claims Data	Map	65
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2008	Infant Mortality	Infant Mortality rate, all IMs versus HFS Infant Mortality Rates, 2002-2004	IDHS	Graph	46
2008	Perinatal Depression	Perinatal Depression Screenings, % of Peripartum Women Receiving Perinatal Depression Screenings, 2004-2006	HFS	Table	45
2008	Postpartum Care	Postpartum care - % of total deliveries, 2000 & 2006	HFS	Graph	44
2008	Prenatal Care	# of women receiving prenatal care as % of total deliveries, 2000-2006	HFS	Graph	42
2008	Prenatal Care	% of women initiating prenatal care in first trimester HFS vs. all births, 2001-2005	IDHS	Graph	41
2008	Prenatal Care	Frequency of ongoing prenatal care, % of pregnant women receiving prenatal care visits, 2004-2006	HFS	Table	43
2008	Prenatal Care	Timeliness of Prenatal Care, % of pregnant women receiving a timely prenatal care visit in the first trimester or within 42 days of enrollment, 2004-2006	HFS	Table	43
2008	Birth Demographics	# of Teen Births by Medicaid Eligibility and % Medicaid	IDHS birth file match	Graph	37
2008	Birth Demographics	% Unintended Pregnancy HFS vs. non-HFS, 2005	PRAMS	Graph	37
2008	Birth Demographics	2000-2006 % Change in % of Total Births by age bracket	HFS Paid Claims Data	Graph	36
2008	Birth Demographics	2006 Births by race, % of total births (White, Black, Hispanic, AM Indian/Alaskan/Asian, Pacific Islander, N/A)	Paid Claims Data	Graph	38
2008	Birth Demographics	7-year average births by racial group, normal vs. non-normal births (white, black, AI/Alaskan/Asian/Pacific Islander, Hispanic)	HFS Paid Claims Data	Graph	57
2008	Birth Demographics	Cook County Racial Distribution, 2000 and 2006	HFS	Graph	39
2008	Birth Demographics	Downstate % of total births by racial distribution, 2000 and 2006	HFS	Graph	39

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2008	Delivery costs	% of total perinatal non-level 3 liability by DRG	HFS Paid Claims Data	Graph	57
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2008	Delivery costs	Proportion of infants with non-normal diagnoses by individual DRG, 2000-2006	HFS Paid Claims Data	Table	55
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2008	Infant Mortality	IL Infant Mortality Rates per 1,000 live births, 1990-2005 (overall, white, black)	IDPH	Table	45
2008	Lactation/Breastfeeding	% of IL WIC mothers who continued breastfeeding at six months, 2006	Unknown	N/A	26
2008	Lactation/Breastfeeding	% of IL WIC mothers who initiated breastfeeding, 2006	Unknown	N/A	26
2008	Other Indicators	# served by doulas, 2007	IDHS	Table	27
2008	Participation in FCM/WIC: IM, Prematurity, LBW, VLBW	# and % of HFS births served by WIC or FCM	IDHS	Graph	29
2008	Participation in FCM/WIC: IM, Prematurity, LBW, VLBW	% lower rate of infant mortality for FCM/WIC participation compared to non-participants	IDHS	N/A	28
2008	Participation in FCM/WIC: IM, Prematurity, LBW, VLBW	% lower rate of premature birth for FCM/WIC participation compared to non-participants	IDHS	N/A	28
2008	Participation in FCM/WIC: IM, Prematurity, LBW, VLBW	Average First Year of Life HFS Expenditures, WIC/FCM participation versus neither, 1997-2005	IDHS	Graph	30
2008	Participation in FCM/WIC: IM, Prematurity, LBW, VLBW	Avg Medicaid Expenditures During the First Year of Life by Program Participation Status and Year, 2000-2005	birth file match	table	50
2008	Participation in FCM/WIC: IM, Prematurity, LBW, VLBW	Comparison of outcome measures (VLBW, LBW, IM, Avg \$ 1st year of life) between HFS-eligible pregnant women who did and did not participate in WIC and FCM: 2005	birth file match	Table	51
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2008	Perinatal Depression	Number of unique peripartum women screened for perinatal depression from 2004-2006	HFS evaluation	N/A	15
2008	Perinatal Depression	Perinatal Depression Screenings, 2004-2006	HFS	Table	44
2008	Prematurity & Birth Weight	IL Low birth rates (LBW % and VLBW %) - all, black, white, 1990-2005	IDPH	Table	48
2008	Prematurity & Birth Weight	LBW rate all races, total vs HFS, 2001-2005	IDPH	Graph	48
2008	Prematurity & Birth Weight	rate of LBW for HFS, and those in FCM/WIC	Unknown	N/A	46
2008	Prematurity & Birth Weight	VLBW all races, all births versus HFS	Birth File Match	Graph	47
2008	Prenatal Care	Frequency distribution % of women receiving prenatal services, 2000 & 2006	HFS	Graph	42
2008	Risk Factors	# of Infants infected with HIV, 2000-2006	IDPH	Table	24
2008	Risk Factors	##% of infants born with alcohol exposure, 2001-2005	Birth file match	Graph	52
2008	Risk Factors	% of IL women who drank alcohol in the past month, 2006	BRESS	N/A	22
2008	Risk Factors	% of women in IL who drank alcohol in the three months before they became pregnant, 2005	PRAMS	N/A	22
2008	Risk Factors	Alcoholic Drinks Per Week 3 months Prior to Pregnancy, 2005	PRAMS	Graph	51
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2010	Birth Demographics	2007 HFS Normal vs. Non-Normal births	HFS	Graph	32
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2010	Infant Mortality	HFS Infant Mortality Rate	unknown	Table	15
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2010	Perinatal Depression	% of peripartum women receiving perinatal depression screenings	HFS	Table	38
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2016	Other Indicators	Women enrolled in Medicaid before and after delivery, 2011-2013	HFS	Graph	66
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