

Birth Equity Initiative AIM

By May 2024, more than 75% of Illinois birthing hospitals will be participating in the Birth Equity Initiative and more than 70% of participating hospitals will have all key strategies in place.



Birth Equity Key Strategies

1. Implement universal social determinants of health screening prenatally and during delivery admission and link patients to needed community resources and services.
2. Optimize self-reported race/ethnicity patient data and stratify hospital-level maternal health quality data by race, ethnicity, and Medicaid status to identify and address disparities.
3. Engage patients and community stakeholders to provide input on quality improvement efforts to improve equitable and respectful care.
4. Engage clinical teams to work on actionable respectful care practices, including sharing expected respectful care practices during delivery admission with patients, labor support persons, and obstetric staff; and survey patients before discharge on their care experience to obtain feedback.
5. Standardize postpartum patient safety education prior to hospital discharge on urgent warning signs, including tips for communicating with

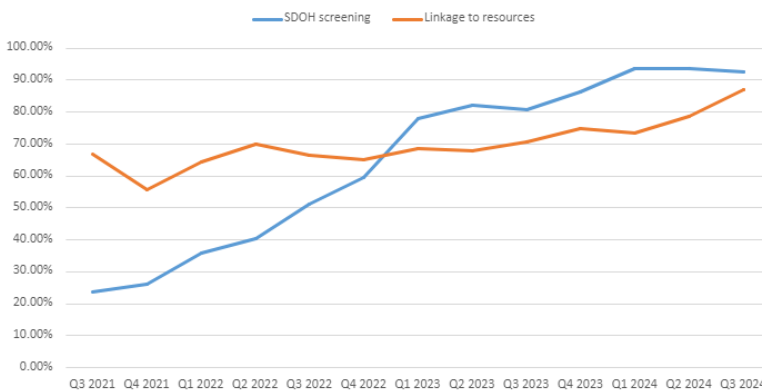
Progress Towards Goals

- As of August 2024, 12,736 patients have reported PREM results from 76 hospitals across the state.
- Participating hospitals have reported 98% of overall clinical team members trained on implicit bias education as of August 2024.
- ILPQC co-facilitated 10 Regional Community Engagement Meetings with all perinatal networks across Illinois and the state maternal health equity coalition, EverThrive IL, to bring together local community members and 63 Birth Equity teams for discussion and sharing.
- Over 40 hospitals across the state have held Respectful Care Breakfasts, inviting patients who delivered in the last year and OB clinical team members to discuss birth experiences and share opportunities to promote respectful care.
- 30 hospitals across Illinois have engaged patient partners to work with their Birth Equity QI teams on improving equitable and respectful care.

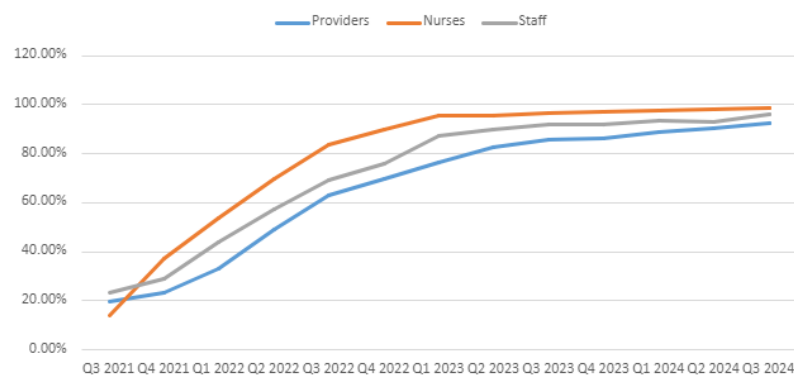
Key Strategy Progress

Key Strategy	Baseline (% In Place)	August 2024 (% In Place)
SDoH Screening (L&D)	17%	100%
Optimize Accurate Self-Reported Race and Ethnicity Data Collection	7%	99%
Review Maternal QI Data Stratified by Race, Ethnicity, and Insurance	6%	98%
Engage Patients and Community in QI Work	4%	75%
Sharing Respectful Care Strategies with Healthcare Team and Patients	9%	94%
PREM Implementation	9%	90%
Postpartum Safety Patient Education	54%	98%

SDOH screening during delivery admission and % of screened positive patients linked to community resources



Provider, Nurse, and Staff education on respectful care and implicit bias



Want to Get Involved?

Visit [ILPQC.org](https://ilpqc.org) or email us at info@ilpqc.org to learn more about the collaborative.

The Illinois Perinatal Quality Collaborative (ILPQC) is a statewide network of perinatal clinicians, nurses, hospitals, patients, community stakeholders, and public health leaders that aims to equitably improve outcomes and reduce disparities for mothers and babies across Illinois.

Thank you to our sponsors: Centers for Disease Control and Prevention, Illinois Department of Public Health, Illinois Department of Human Services, I PROMOTE-IL, Alliance for Innovation on Maternal Health.



THE BIRTH EQUITY INITIATIVE

Working together to reduce maternal disparities, promote equity, and help all birthing people and babies thrive



The Problem

Significant racial disparities in health outcomes exist for pregnant and postpartum patients in Illinois.¹



Non-Hispanic Black birthing people are about 2 times more likely than non-Hispanic white birthing people to die during or within a year of pregnancy from a related complication.



Compared to non-Hispanic white birthing people, all other racial and ethnic groups have higher rates of severe complications during pregnancy and in the year postpartum.

Patient-Centered Approach Improves Obstetric Care for Women of Color

To reduce inequities in reproductive health care for Black women and other women of color and ensure that all mothers and babies thrive, the American College of Obstetricians and Gynecologists (ACOG) has published guidance for clinicians to:

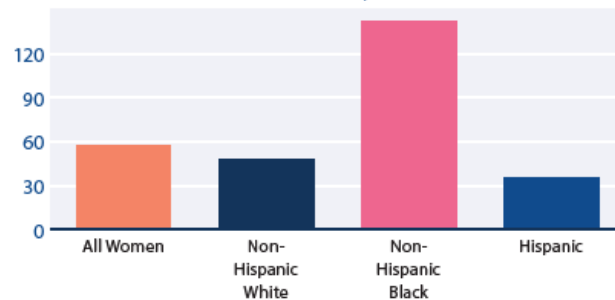
- Support patients by identifying social and structural determinants of health during pregnancy and postpartum that may influence a patient's health and link patients to needed resources, such as access to food, stable housing, utilities, safety in the home and community, and immigration or employment support.
- Recognize that cultural stereotyping, implicit bias, and racism can significantly influence pregnancy health outcomes.
- Ensure that the needs and preferences of all women are valued through respectful, patient-centered obstetric care.

Making Change Happen

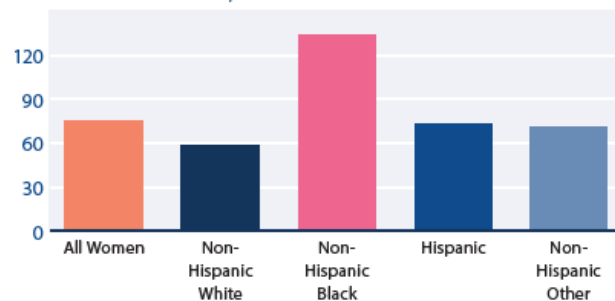
The Illinois Perinatal Quality Collaborative (ILPQC) worked with patients, physicians, midwives, nurses, hospitals, stakeholders, and community groups to develop a Birth Equity Initiative focused on actionable strategies to address disparities in birth outcomes for Black birthing people and birthing people of color in Illinois. The goal of the initiative is to help Illinois birthing hospitals work together to reduce maternal disparities and promote birth equity by ensuring all birthing people receive equitable and respectful care.

The initiative has the support of the Illinois Department of Public Health Perinatal Advisory Committee and Statewide Quality Council, with funding from I PROMOTE-IL, the Illinois Department of Public Health, and the Illinois Department of Human Services. ILPQC is working with all birthing hospitals across the state to promote opportunities for collaborative learning, develop a rapid response data system to evaluate progress within and across hospitals, and provide quality improvement support to optimize birth equity improvement goals.

Pregnancy-Associated Mortality Ratio (PAMR),
By Demographics, Illinois, 2016-2017¹
NUMBER OF DEATHS PER 100,000 LIVE BIRTHS



Severe Maternal Morbidity Rates among Illinois Delivery Hospitalizations, by Demographics, Illinois, 2016-2017¹
RATE PER 10,000 DELIVERY HOSPITALIZATIONS



1. <https://dph.illinois.gov/content/dam/soi/en/web/dph/publications/dph/topics-and-services/life-stages-populations/maternal-child-family-health-services/maternal-health/mmmr/maternal-morbidity-mortality-report2023.pdf> Illinois Maternal Morbidity and Mortality Report, 2018-2020, Illinois Department of Public Health. (October 2023) The terms mothers and women are used here to represent birthing people with an awareness that not all persons who give birth identify as a mother or woman.