



NEWS RELEASE

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Illinois Department of Public Health Releases Second Edition of Maternal Morbidity and Mortality Report

Report shows Black women more likely to die from medical causes and white women more likely to die from mental health causes

SPRINGFIELD – Today the Illinois Department of Public Health (IDPH) released the second edition of the Illinois Maternal Morbidity and Mortality Report, covering deaths occurring in 2016-2017. Among a number of other findings, the report found that Black women continue to die at disparately higher rates due to medical causes White women were more likely to die from pregnancy-related mental health conditions.

Using a variety of data sources, IDPH identifies women who died while pregnant or within one year of pregnancy (pregnancy-associated deaths). IDPH convenes two maternal mortality review committees (MMRCs), which review specific cases of maternal death to identify the causes of death, determine whether the deaths were pregnancy-related (cause of death is directly related to pregnancy), determine whether the deaths were preventable, and develop recommendations to prevent future deaths.

“This report shows us that there are two stories of maternal mortality: Black women continue to die at an unacceptable disparity due to medical causes, and the rate of White women dying due to mental health causes of suicide and overdose has grown,” said IDPH Director Dr. Ngozi Ezike. “The report also gives us key recommendations on how we can all can come together to improve the health care system for all pregnant women in Illinois.”

This report builds on the important work of the two MMRCs (Maternal Mortality Review Committee and Maternal Mortality Review Committee for Violent Deaths), which was captured in Illinois’ first ever report on maternal morbidity and mortality and released in 2018. The first report covered deaths that occurred in 2015. The second report covers deaths from 2016-2017. The goal of this second report is to continue identifying statewide patterns in maternal health and providing recommendations to prevent maternal mortalities and morbidities. Additionally, this report expands the discussion to include factors that play a role in maternal health and contribute to the health disparities and inequities observed in Illinois’ maternal health outcomes.

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“In order to achieve health equity and reproductive justice, we as a society must recognize, discuss, and address social determinates of health,” said Maternity Mortality Review Committee Chair Dr. Robin L. Jones. “Illinois is placing a greater emphasis on the social determinants of health to provide greater context of the woman’s community and how that may have contributed to her death. Addressing these social determinants of health, such as insurance, health care access, socioeconomic standing, can help us determine what societal changes are needed to improve health outcomes. We cannot achieve health equity until we address these societal factors.”

Key Findings:

An average of 75 Illinois women died while pregnant or within one year of pregnancy each year during 2008-2017, with the highest number recorded in 2017 (a total of 103 deaths).

In 2016-2017:

- 34% of women who died while pregnant or within one year of pregnancy died from a cause related to pregnancy.
- The leading cause of pregnancy-related death was mental health conditions, including substance use disorders, which comprised 40% of pregnancy-related deaths. The next three most common causes of pregnancy-related death were pre-existing chronic medical conditions that were exacerbated by pregnancy, hemorrhage, and hypertensive disorders of pregnancy.
- Black women were about three times as likely to die from a pregnancy-related condition as White women.
- Black women were more likely to die from pregnancy-related medical conditions while White women were more likely to die from pregnancy-related mental health conditions.
- One-third of pregnancy-related deaths occurred more than two months after pregnancy.
- The MMRCs determined that 83% of the pregnancy-related deaths were potentially preventable.
- 85% of the pregnancy-associated deaths by suicide and 35% of the pregnancy-associated deaths by drug overdose were determined to be pregnancy-related.
- The MMRCs determined that nearly all the pregnancy-associated homicide, suicide, and drug overdose deaths were potentially preventable.

Highlights of Key Recommendations:

- Health insurance plans, including Illinois Medicaid, should reimburse for telehealth, including phone-based services, regardless of patient or provider location.
- The state and collaborating programs should expand and facilitate coordination of home visiting programs for pregnant and postpartum women with complex medical or mental health conditions.
- The state should expand implementation of promising practices for improving maternal outcomes and empowering women to engage with health care providers.
- Hospitals should participate in the upcoming statewide birth equity quality improvement initiative with the Illinois Perinatal Quality Collaborative and should provide training and resources to staff on racism, implicit bias, stigma related to substance use disorder, and trauma-informed care.

NEWS RELEASE

Maternal Morbidity and Mortality Report/ Page 2

- Hospitals should establish policies and protocols to ensure appropriate treatment of pregnant or postpartum women with substance use disorders.
- Providers should ensure that following delivery, all women are discharged from the hospital with an appointment for an early postpartum visit with an obstetric care provider within the first three weeks postpartum, followed by a comprehensive postpartum visit no later than 12 weeks postpartum.
- Providers should seek consultation when prescribing, changing, or discontinuing anti-depressants or other psychotropic medications during pregnancy, and that they ensure the patient is connected to mental health services in addition to medication therapy.
- Community-based organizations should educate women on the importance of getting prenatal care early in pregnancy.
- It is important that all women have an annual well-woman visit with a primary care provider to identify and manage any chronic conditions. It is also important for women with a recent pregnancy to reconnect with, or establish care with, a medical home for continued medical care beyond the postpartum visit.

While the total number of maternal deaths are small, we know that there are many more women who suffer from severe maternal morbidity – in some cases severe, unexpected maternal conditions or complications that occur during labor and delivery. Some types of severe maternal morbidity may cause long-lasting health problems that extend beyond the pregnancy. By improving the care for pregnant and postpartum women, we hope to not only address maternal mortality, but also, to improve maternal health outcomes overall.

The full report can be found at www.dph.illinois.gov/mmmr.

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