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FOR IMMEDIATE RELEASE:

October 24, 2023

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IDPH Releases Third Edition of Maternal Morbidity and Mortality Report Covering 2018-2020

Report Underscores Need for Increased Efforts to Support Pregnant Women & Address Historic Health Disparities

CHICAGO – The Illinois Department of Public Health (IDPH) today released the third edition of the Illinois Maternal Morbidity and Mortality Report, covering maternal deaths occurring for Illinois residents during 2018-2020. Among the key findings are that Black women continue to die at disparately higher rates, specifically due to medical causes including cardiovascular disease and pre-existing chronic medical conditions; and that the leading overall cause of pregnancy-related death is substance use disorder.

An average of 88 pregnancy-associated deaths occurred in Illinois during the three years, with the highest number of deaths (110) taking place in 2020. This report offers the first glimpse into the impact of the COVID-19 pandemic on the pregnant and postpartum population in Illinois. However, the full scope of the pandemic will be studied in the next edition of the report when deaths beyond 2020 will be analyzed.

The report’s findings were previewed last week at the state’s second Maternal Health Summit on October 17 and 18, a virtual gathering of a broad range of maternal health stakeholders and experts. More than 330 people participated in the summit. Speakers included IDPH Director Dr. Sameer Vohra, Dr. Robin L. Jones of Rush University Medical Center, the Chair of the Maternal Mortality Review Committees (MMRCs), and elected officials who work closely on maternal health issues: U.S. Senators Tammy Duckworth and Dick Durbin and U.S. Representatives Robin Kelly and Lauren Underwood.

“This third edition of the maternal morbidity and mortality report underscores that Illinois still has a long way to go towards ensuring that all Illinoisans can have a safe and healthy pregnancy,” said IDPH Director Dr. Sameer Vohra. “We continue to see unacceptable inequities in maternal mortality for Black women and women with lower socioeconomic status. Furthermore, substance use disorders are the leading cause of pregnancy-related deaths,

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demonstrating the continued devastating impact of the opioid crisis. Areas of progress are being made, but the report is an acknowledgment that more needs to be done. I encourage all of our partners to come together to achieve the goal of making Illinois the healthiest state to give birth.”

In preparing the report, IDPH looks at both pregnancy-associated deaths and pregnancy-related deaths. Deaths occurring during pregnancy or within one year of pregnancy are considered pregnancy-associated deaths. Pregnancy-related deaths are a subset of pregnancy-associated deaths. IDPH convenes two MMRCs that identify the causes of death and determine whether the deaths were pregnancy-related, meaning that the person would not have died if they were not pregnant. The review committees also determine whether pregnancy-related deaths were preventable, identify factors contributing to the deaths, and develop recommendations to prevent future deaths.

This report builds on the critical work of the two MMRCs documented in the two previous reports: the first, released in 2018, examined deaths occurring in 2015; and the second, released in 2021, looked at deaths in 2016 and 2017. The goal of the third report is to continue identifying statewide trends in maternal health and providing recommendations to prevent maternal mortalities and morbidities. The new report also looks closely at factors like discrimination and community context that play a role in maternal health and contribute to the health inequities observed in Illinois’ maternal health outcomes.

“More than 50 years ago in Chicago at a convention of the Medical Committee for Human Rights, Dr. Martin Luther King Jr. expressed the following sentiment: ‘Of all the forms of inequality, injustice in healthcare is the most shocking and inhumane,’” said Dr. Jones. “More than a generation later, we are still struggling with inequities in healthcare. Our reviews of maternal death have shown that discrimination and systematic racism play a role in the quality of health care that women receive, which impacts their health outcomes. We need to continue to emphasize that our health care systems provide respectful, patient-centered care for all patients. Our nation will not have a health system that promotes health equity and delivers quality outcomes until we better understand the role that racism plays in maternal mortality and take action to address it.”

Key Findings:

- An average of 88 women died while pregnant or within one year of pregnancy, with the highest number 110 deaths, occurring in 2020. There were 83 deaths in 2018 and 70 in 2019.
- 43% of women who died while pregnant or within one year of pregnancy died from a cause related to pregnancy.

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- The leading cause of pregnancy-related death was substance use disorder, which comprised 32% of pregnancy-related deaths. The other most common causes of pregnancy-related death were cardiac and coronary conditions, pre-existing chronic medical conditions, sepsis, mental health conditions, and embolism.
- Black women were twice as likely to die from any pregnancy-related condition and three times as likely to die from pregnancy-related medical conditions as white women.
- More than half of pregnancy-related deaths occurred more than 60 days postpartum.
- The MMRCs determined 91% of pregnancy-related deaths were potentially preventable due to clinical, system, social, community, or patient factors.

Highlights of Key Recommendations from 2018-2020 Report:

- Health care providers should know and follow best practices for high-quality maternal health care in the following key areas that are critical for reducing maternal mortality: cardiovascular disease, obesity, mental health conditions, substance use disorder, trauma-informed care, and contraceptive services.
- Hospitals and health systems should create protocols and practices to identify and to address social determinants of health.
- Hospitals and health systems should develop standardized protocols and policies to assure implementation of high-quality delivery of maternal mental health and substance use care.
- Community-based organizations should partner with clinical systems to ensure health care providers know about available local social services and case management programs for pregnant and postpartum women.
- State agencies should implement plans of safe care for infants exposed to substances during pregnancy, including implementation of a notification and tracking system that is separate from child abuse/neglect reporting systems.

The first two Illinois Maternal Morbidity and Mortality Reports served as powerful tools to monitor important maternal health indicators, to build momentum in addressing maternal health, and to solidify Illinois' commitment to reducing racial and social inequities in maternal health. Since the second report was published in April 2021, there have been numerous ongoing efforts to improve maternal health across the state by implementing the recommendations in the report. Recommendations that led to Medicaid innovations include the extension of coverage to one year postpartum, reimbursement of service provided by doula and home visiting programs, and expansion of postpartum visits and services including family planning coverage. Other

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accomplishments include trainings for birthing hospitals and emergency department staff as well as expanding maternity care providers.

While the total number of maternal deaths are relatively small, 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, the state intends to not only address maternal mortality, but also improve overall maternal health outcomes.

All three of the Illinois Maternal Morbidity and Mortality reports can be found at the [IDPH Maternal Morbidity and Mortality](#) page.

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