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KEY POINTS FOR MEDIA:

- Report finds 91% of pregnancy-related deaths were potentially preventable
- Black women were more than twice as likely to die from *any* pregnancy-related condition and three times as likely to die from pregnancy-related *medical* conditions than white women
- Report reinforces the importance of Gov. Pritzker's Birth Equity Blueprint

IDPH Releases Latest Maternal Mortality Data Report

Data from 2021-22 shows ongoing need for emphasis on birth equity efforts

SPRINGFIELD – The Illinois Department of Public Health (IDPH) has released its latest Illinois Maternal Mortality Data Report, analyzing data regarding deaths that occurred during pregnancy or within one year of pregnancy from 2021- 2022. IDPH convenes two Maternal Mortality Review Committees (MMRCs) to identify causes of death and determine whether a death was pregnancy-related. The committees also assess preventability, identify contributing factors, and develop recommendations to prevent future deaths. The report reaffirms the importance of Governor JB Pritzker's Birth Equity Blueprint and the state's efforts to address pregnancy-related deaths and inequitable birth outcomes.

Main findings showed during 2021–2022, an average of 110 women in Illinois died each year during pregnancy or within one year after pregnancy, with slightly more deaths in 2021 than in 2022. About half of these pregnancy-associated deaths (43%) were determined to be pregnancy-related. Overall, pregnancy-related mortality increased during this period compared with previous reporting cycles and MMRCs determined that 91% of pregnancy-related deaths during this period were potentially preventable.

Racial disparities remained stark. Black women were more than twice as likely to die from pregnancy-related conditions and three times as likely to die from pregnancy-related medical complications compared with White women. Geographic patterns also persisted, with Chicago and other urban counties experiencing the highest pregnancy-related mortality. Substance use disorder was the leading cause of pregnancy-related death, followed by thrombotic embolism, COVID-19, and hemorrhage. Timing of deaths revealed additional prevention opportunities, as about one-third of pregnancy-related deaths occurred more than 60 days postpartum.

The report outlines key recommendations to prevent future pregnancy-related deaths, targeting action across providers, hospitals, state systems, community-based organizations, and payers. Recommendations are organized across the Birth Equity Blueprint goals of optimizing access to health care, improved quality of services, better coordination across systems, and data-driven surveillance and solutions.

“Behind every data point in this report is a life lost, and far too often, it’s a Black woman or someone living in an underserved community,” said IDPH Director Dr. Sameer Vohra. “These disparities are unacceptable and as the data show, largely preventable. The Governor's Birth Equity Blueprint and the investments being made are

designed to address these disparities, ensuring that our next steps include coordinated action, shared accountability, and deep community partnership. We are working to build an Illinois where everyone has a safe and healthy pregnancy, birth, and postpartum experience.”

Addressing health inequities has been a primary focus of IDPH and of the Pritzker Administration. Earlier this year, Gov. Pritzker unveiled his [Birth Equity Blueprint](#), a roadmap to improve maternal care and birth outcomes in Illinois. The blueprint represents a multi-agency initiative across the Governor’s Office, Lieutenant Governor’s Office, Illinois Department of Public Health (IDPH), Illinois Department of Human Services (IDHS), Illinois Department of Healthcare and Family Services (HFS), and more. The blueprint also identifies systemic inequities in maternal healthcare and birth outcomes due to systemic racism and geographic inequalities and provides four strategic goals:

- Expand Investments in Health Quality and Provider Support
- Promote Access to Birthing and Specialty Care Services
- Establish Universal Risk Assessment, Referral, and Care Coordination Framework
- Develop Shared Measurement and Accountability Framework for Maternal Health and Birth Equity

The Blueprint builds on the Governor’s Birth Equity Initiative, which has led to millions of dollars of investment in maternal and infant health, including:

- 12 million in child tax credits
- \$5 million to expand home visits
- \$1 million in a diaper pilot program for new parents
- \$1 million for the Chicago South Side Birth Center
- \$4.5 million in birth equity seed grants which have helped fund the following:
 - 186 doulas trained across two quarters of implementation, significantly expanding access to culturally competent perinatal support
 - 79 lactation consultants trained, enhancing breastfeeding support capacity across communities
 - 110,647 individuals reached through education and outreach services
 - 7,158 individuals referred to critical maternal and reproductive health services

Strategic planning efforts guided by the Blueprint recently launched at the third Illinois Maternal Health Summit in Bloomington, Illinois. More than 200 maternal health providers, advocates, community-based organizations, researchers, state leaders, and other partners convened to begin shaping coordinated strategies for the year ahead. During the Summit, participants examined current challenges, shared perspectives from their respective communities and systems, and collaborated in breakout sessions focused on each of the four Blueprint goals. This gathering marked an important step in aligning statewide efforts, strengthening partnerships, and building a shared roadmap to improve maternal health outcomes across Illinois.

You can view [the full 2021-22 Maternal Mortality Data Report here](#). You can also get more information on the IDPH website at [Maternal Health](#).

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