

MAKING ILLINOIS THE BEST PLACE TO GIVE BIRTH AND BE BORN

ILPQC is a nationally recognized statewide network of hospital teams, perinatal clinicians, patients, public health leaders, and policymakers committed to improving health care and outcomes for mothers and babies across Illinois



The Problem

75
ILLINOIS
WOMEN

During 2008-2017, on average, **75 Illinois women died each year** within one year of giving birth (103 deaths in 2017).

3X
LIKELY

Black women are about **3 times more likely** 3 than white women to die during or within a year of pregnancy from a related complication.

2-3X
HIGHER

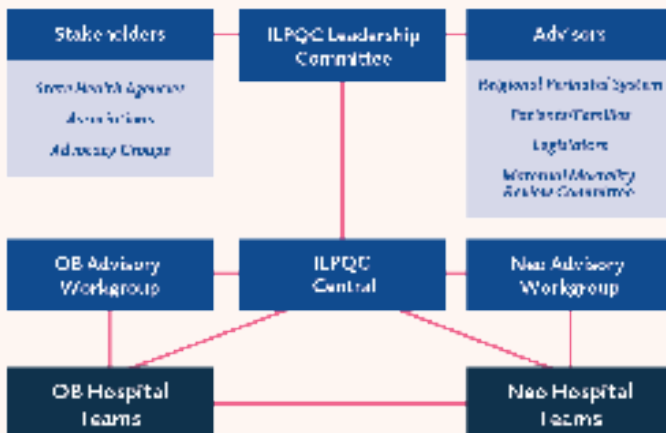
Although the infant mortality rate in Illinois has decreased over time to 6.0 or less deaths per 1,000 live births, it is **2-3 times higher for black infants** compared to white infants.

SOURCE: Illinois Department of Public Health 2021

Illinois Perinatal Quality Collaborative (ILPQC) Leading the Way

Since our inception in 2012, we have built partnerships and engaged stakeholders working with the IDPH Regionalized Perinatal System, state health agencies, associations, and advocacy groups to improve obstetric and neonatal care to end maternal and infant mortality.

OUR STRUCTURE



Our Approach

We work with more than 95% of Illinois birthing hospitals (covering 99% of births), and all neonatal intensive care units to provide:



COLLABORATIVE LEARNING OPPORTUNITIES

- We facilitate monthly webinars and twice yearly face-to-face learning between hospital teams, quality improvement (QI) experts, and patients and families to share success stories and best practices.



RAPID-RESPONSE DATA

- We provide hospital teams custom support and resources to track their progress and see where they excel and can improve on key measures to improve health outcomes.



QUALITY IMPROVEMENT (QI) SUPPORT

- We provide technical assistance through QI support calls, key players meetings, grand rounds presentations, and toolkits for using the latest evidence to improve maternal and child health.



MAKING CHANGE HAPPEN

Using the latest evidence our comprehensive approach focuses on the leading causes of preventable death and complications for mothers and babies. Through key ILPQC initiatives we are seeing major progress and success.

Key Successes from Past Initiatives Now in Active Sustainability:

MATERNAL HYPERTENSION (2016-2017)



Increased the percentage of women with severe maternal hypertension treated within 60 minutes from **41% to 85%**.



Saw a **decrease** in severe risk of death associated with hypertension from **15% to 9%**.

GOLDEN HOUR (2015-2017)



Increased use of a checklist to improve use of best practices in neonatal resuscitation care from **46% to 90%**.



Reduced the incidence of moderate to severe hypothermia in newborns at admission to the neonatal intensive care unit from **8% to 3%**.

Illinois Hospital Teams are Actively Engaged in these Current Initiatives:

MOTHERS AND NEWBORNS AFFECTED BY OPIOIDS OBSTETRIC (2018-2020 ACTIVE PHASE, 2021 - 2022 SUSTAINABILITY)

Teams have increased delivery admission screening for opioid use disorder (OUD) with a universal validated screener from 3% to 82%. The proportion of women connected to medication-assisted treatment from 41% to 57% and recovery treatment services from 47% to 74%. In addition, the proportion of women with OUD receiving Narcan counselling and prescription offer by delivery discharge increased from 0% to 43%.

MOTHERS AND NEWBORNS AFFECTED BY OPIOIDS NEONATAL (2018-2020 ACTIVE PHASE, 2021 - 2022 SUSTAINABILITY)

Babies born with neonatal abstinence syndrome (NAS) symptoms requiring pharmacological treatment has fallen from 52% to 41% while the proportion of babies with a coordinated discharge plan completed has increased from 26% to 83%.

IMMEDIATE POSTPARTUM LONG-ACTING REVERSIBLE CONTRACEPTION (IPLARC) (2018-2020)

We have increased access to immediate postpartum LARC in 100% of Wave 1 teams, by supporting implementation of best practice protocols and simplifying billing. (Autumn will provide update)

IMPROVING POSTPARTUM ACCESS TO CARE (IPAC) (2019-2020)

100% of participating hospital teams were live with implementation of scheduling early postpartum visits before delivery discharge by May 2020. Increase of patients with an early postpartum visit scheduled prior to discharge went from baseline 2% to 80%

Get Involved

Contact us to learn more about how you can support the next generation of healthier moms and babies. To learn more, visit us at ILPQC.org or email us at info@ilpqc.org.

