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

During 2008–2016, on average, 73 Illinois women died each year within one year of giving birth.

Black women are six times as likely to die from a pregnancy-related complication as white women.

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 2018

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 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.
Illinois Hospital Teams are Actively Engaged in these Current Initiatives:

**MOTHERS AND NEWBORNS AFFECTED BY OPIOIDS OBSTETRIC (2018–2020)**
Teams have increased prenatal screening for opioid use disorder with a validated tool from 3% to 70%. In addition, the proportion of women with opioid use disorder connected to medication-assisted treatment prenatally or by delivery discharge has increased from 41% to 63%.

**MOTHERS AND NEWBORNS AFFECTED BY OPIOIDS NEONATAL (2018–2020)**
Babies born with neonatal abstinence syndrome (NAS) symptoms requiring pharmacological treatment has fallen from 51% to 35% while median length of hospital stay has been reduced from 10 to 8.5 days.

**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.

**IMPROVING POSTPARTUM ACCESS TO CARE (IPAC) (2019–2020)**
Participating teams are implementing a universal early postpartum visit/maternal health safety check within two weeks of delivery.

Looking to the future:
ILPQC in collaboration with our stakeholders is developing statewide quality improvement initiatives in promoting vaginal birth, birth equity, and neonatal antibiotic stewardship for launch in 2020 and 2021.

Want to 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.