

Illinois Perinatal Quality Collaborative

13th Annual Conference

Wednesday, November 12th, 2025



Disclosures & Joint Accreditation Statement

The planning team and speakers report no financial relationships with ineligible companies. Any financial relationship(s) found to be relevant has been mitigated.

In support of improving patient care, this activity has been planned and implemented by the Illinois Perinatal Quality Collaborative (ILPQC) and SSM Health. SSM Health is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

As a Jointly Accredited Organization, SSM Health is approved to offer social work continuing education by the Association of Social Work Boards (ASWB) Approved Continuing Education (ACE) program. Organizations, not individual courses, are approved under this program. Regulatory boards are the final authority on courses accepted for continuing education credit.

SSM Health designates this live activity a maximum of 6.25 ANCC Contact Hours and 6.25 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Social workers completing this course receive 6.25 continuing education credits.

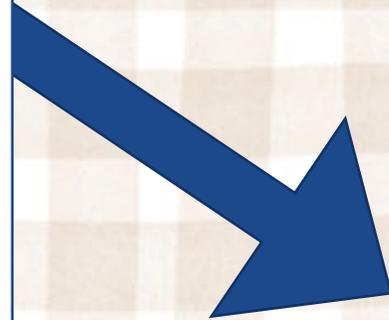


JOINTLY ACCREDITED PROVIDER™
INTERPROFESSIONAL CONTINUING EDUCATION



Obtain your Continuing Education Hours:

NOTE Credits must be claimed by **December 12th at 8:00am**



- Must stay to the end of the event.
- QR codes to be distributed during wrap-up session at 4:15pm.
- Must complete evaluation online to receive your credits.

6.25 education credits available for nurses, physicians, providers, and social workers.

Education credits sponsored by:



Welcome all

Nurse Scholarship Recipients!

In collaboration with IDHS, ILPQC welcomes bedside nurses from across the state of IL!

Thank you to all for a successful program to increase bedside nurse attendance & participation at ILPQC events!



63 RNs from



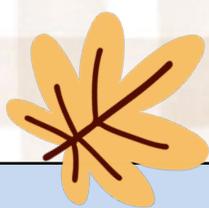
46 Hospitals



A special Thank You to the PNAs and Hospital Leads for their collaboration in coordinating the registration process.

ILPQC in partnership with IDHS
would like to extend
a very warm welcome to our
Patient and Family Partners!





ILPQC 13TH ANNUAL CONFERENCE AGENDA



8:00a – 8:15a	Welcome	11:45a–12:15p	ILPQC Award Ceremony
8:15a–9:00a	ILPQC Year in Review: Celebrating Progress, Partnerships, and the Path Ahead Ann Borders, MD, MSc, MPH Executive Director and Obstetric Lead, ILPQC Leslie Caldarelli, MD Neonatal Clinical Lead, ILPQC Justin Josephsen, MD Neonatal Clinical Lead, ILPQC	12:15–1:30p	Networking Lunch and Poster Session
		1:30p–2:15p	Using the Model for Improvement to Accelerate Your Perinatal Quality Improvement Work Stephanie Radke, MD, MPH, FACOG Executive Director, Iowa Perinatal Quality Care Collaborative (IPQCC)
9:00a–9:45a	From Stories to Systems: Advancing Perinatal Mental Health and Health Equity Through Quality Improvement Kay Matthews, LCHW Executive Director, Shades of Blue Project	2:15p–2:30p	Break
		2:30p–4:00p	Advancing Perinatal Excellence: Breakouts for Action in 2026 A. OB Teams Breakout Session B. Neonatal Teams Breakout Session C. ILPQC Patient Partners Breakout Session Tamela Milan-Alexander, MPPA Community Engagement Director, Everthrive IL ILPQC Obstetric Community Advisory Board member Charity S. Bean, CMA, CFSD, CLC, CHW, SPM Founder, President & CEO, The Doula Lab ILPQC Obstetric Community Advisory Board member
9:45a–10:00a	Break		
10:00a – 10:45a	Homeward Bound: A Family-Centered Approach to Neonatal Discharge Readiness Patoula Panagos-Billiris, MD Associate Director for Infant Health Florida Perinatal Quality Collaborative (FPQC)		
10:45a – 11:45a	State Perinatal Quality Collaborative Leaders Panel: National Perspectives on Improving Perinatal Care Deirdre J. Lyell, MD Co-Chair, California Maternal and Perinatal Quality Care Collaboratives (CMQCC/CPQCC) Julie S. Bosak, DrPH, CNM, MSN Director, New Hampshire Perinatal Quality Care Collaborative (NHPQC) Stephanie Radke, MD, MPH, FACOG Executive Director, Iowa Perinatal Quality Care Collaborative (IPQCC)		
		4:00–4:30p	Wrap-up & Evaluation Ann Borders, MD, MSc, MPH Executive Director and Obstetric Lead, ILPQC Patricia Lee King, PhD, MSW State Project Director and Quality Lead, ILPQC

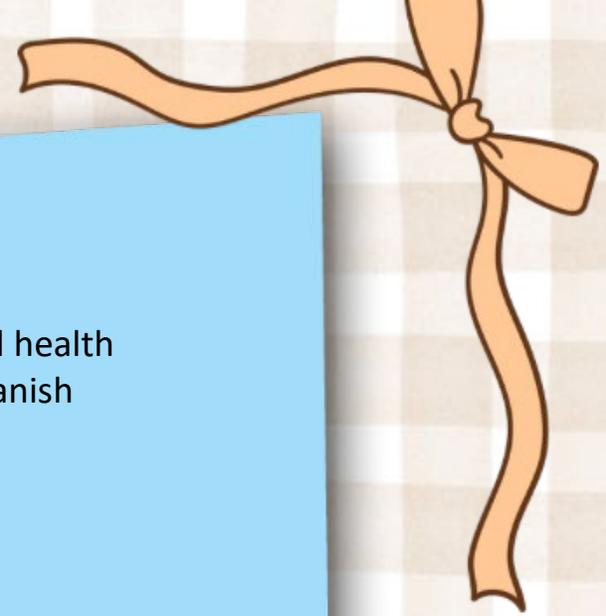
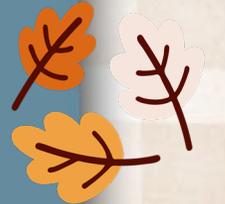
2025 Attendee Folder: Conference Booklet and Key Resources to Share

2025 Annual Conference Booklet
ILPQC General Fact Sheet
Perinatal Mental Health Initiative One-
Pager
Patient and Community Engagement
Fact Sheet
Innovative Strategies for Addressing
Barriers to Mental Health Care
IHI QI Documents

IL MOMS Line Flyer
IL DocAssist Flyer
Quick reference guide to behavioral health
ESSI Safe Sleep Plan English and Spanish
PREM QR Code flyer
BE RCP Flyer
Doula Flyer
Home Visiting Flyer
RCP Breakfast Flyer
SDOH Screening and linkage
Diversity Science and Laboring with Hope
Patient/Parent Partner Flyer
MAR NOW Flyer
DOPP Flyer
MV PFP Training

Great ILPQC
Resources for
your team

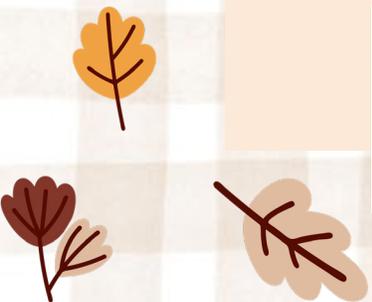
IL PQC
Illinois Perinatal
Quality Collaborative



ILPQC POSTER SESSION

12:15-1:30PM

Visit posters and learn about QI strategies across Illinois!



Visit an ILPQC Partner Table



Ascension
Illinois

FIMR Chicago

PSI Illinois



Chicago Family
Douglas

EverThrive IL



Center for Research on
Women and Gender -
University of Illinois Chicago



IDHS, Bureau of
Maternal and Child
Health



Doula Lab

Illinois Affiliate ACNM

SIDS of Illinois, Inc.

Quad County
Urban League



Family Connects Chicago

Star Legacy Foundation

MOMS Line

March of Dimes



SUMMIT Perinatal Mental
Health Trial

Illinois
DocAssist



ILPQC

Mammha

Connect, Collaborate, & Compile Team Resources



ANNUAL CONFERENCE RAFFLE

- Every attendee automatically entered during Registration
- Additional entry with Bingo card
- Raffle will be held today during *Wrap-up Session* at 4:00 pm
- 5 raffle baskets
- Must be present to win





But wait there's more... Get up and



- **Find your Bingo Card:** Located near the back of your **Conference Booklet**
- **Complete it:** Engage, learn and share during lunch and breaks to fill out your **Raffle Entry Card**
- **Show It:** Show your completed card to the **Registration Table** for an extra raffle entry



Note: All raffle entries are **digital**



GET UP & binGO!

ILPQC 13th Annual Conference

Visit an ILPQC Partner Table.

Write out a 30-60-90 QI plan for 2026 in the notes section.

Hit the ILPQC photo booth and strike a pose!

Took a photo of a slide to share with at your next QI team meeting.

Share one strategy to bring your next team meeting.

Discuss your 2026 QI goals with another hospital team.

Attend the poster session and note a new idea to adopt on your unit.

Take a team photo and send it to info@ilpqc.org.

Share how your team engages patient/parent partners in QI work.

Show your completed bingo card at the registration table for an extra entry into the raffle.

ILPQC Share the Love Donation Drive: Thank You to all who Contributed Today!



Because of your generosity, The Outreach House can continue serving over 1,000 families each month in Chicago's western suburbs — meeting urgent needs with compassion through:

- First Things First infant care program (diapers, wipes, hygiene)
- Clothes Closet for growing children
- Food Pantry
- Walk-In Assistance to prevent utility shut-off



Your support helps sustain their incredible impact — distributing **over 20,000 diapers each month** and providing essentials for families with young children.



Need help linking patients to Social Determinants of Health (SDoH) resources and services?



FindHelp.org navigates the best community resources and services for patients with over 605,700 verified programs available by zip-code that ensures users find programs in their local area that are ready to serve and offer free help.

Search and connect to support. Financial assistance, food pantries, medical care, and other free or reduced-cost **help starts here:**

ZIP

17,008,684 people use it (and growing daily)

How will clinical teams benefit from FindHelp.org?

- Compare needed SDoH resources by various zip codes, categories, and available in multiple languages
- Identify available local resources and services to share with patients who screen positive for SDOH
- Increase the percentage of patients who screened positive for SDoH that are linked to needed resources

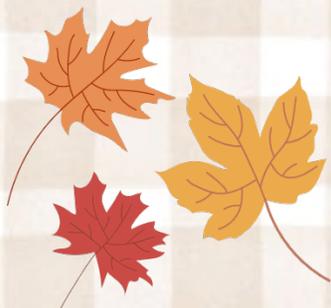
Access the FindHelp.org Website with QR code :

To learn more about ILPQC Birth Equity resources visit the BE webpage at www.ilpqc.org.



SCAN ME

With rising food instability, please remind all clinical teams to screen for SDoH & food instability and provide patients **FindHelp.org** to ensure patients have access to the resources they need.



Welcome Address

Timika Anderson Reeves, PhD, LSW

Special Assistant for Maternal and Child Health
Illinois Department of Healthcare and Family Services



ILPQC Year in Review: Celebrating Progress, Partnerships, and the Path Ahead

Ann Borders, MD, MSc, MPH
Leslie Caldarelli, MD
Justin Josephsen, MD





HAPPY 13TH ANNUAL CONFERENCE



13 years of working together to make Illinois the
best place to give birth and be born

The ILPQC Approach

ENGAGE

Engage hospitals to create an environment of improvement



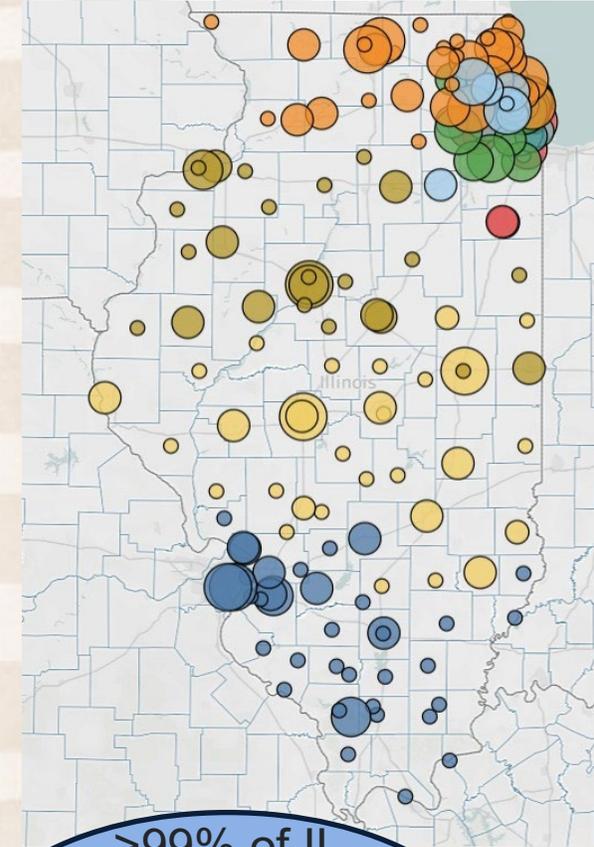
MOTIVATE

Motivate hospital teams to facilitate change at their hospital



SUPPORT

Support hospital teams through collaborative learning, rapid-response data,



>99% of IL hospitals have participated in ILPQC initiatives

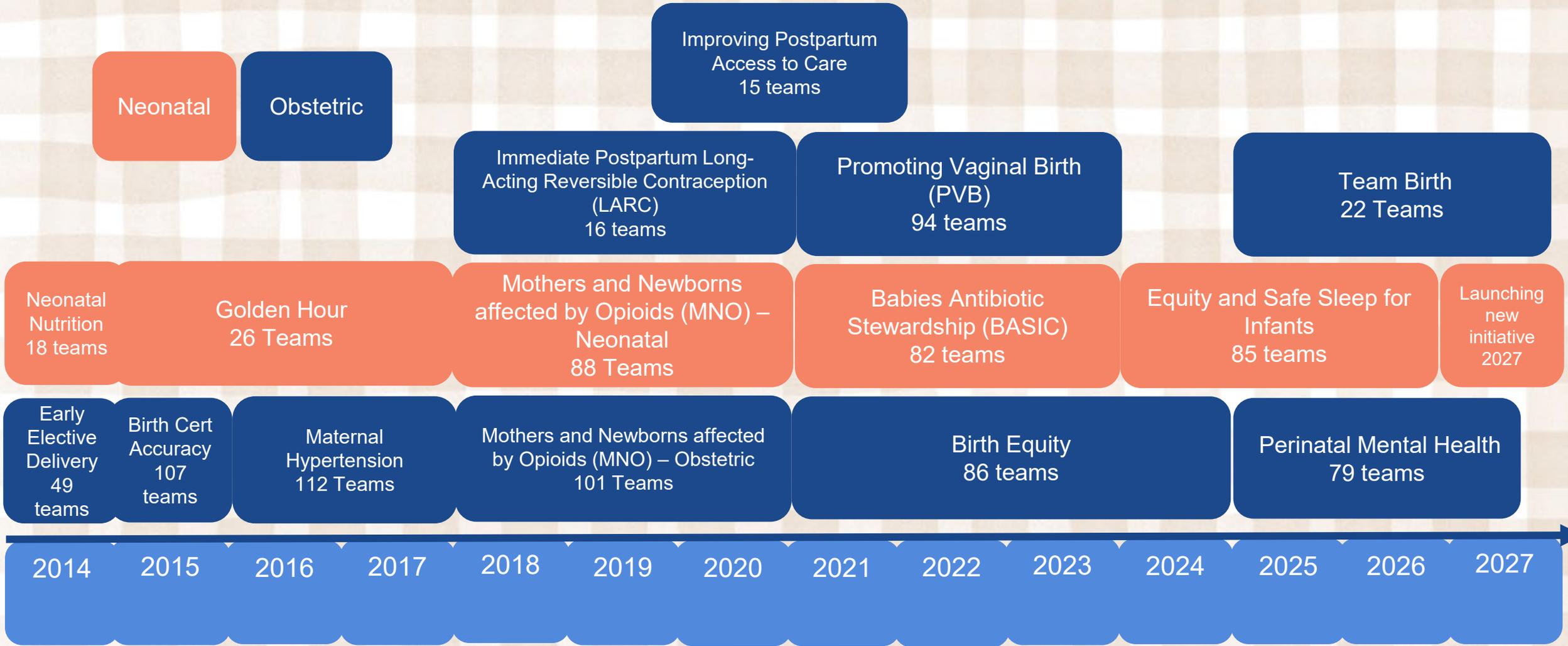
We are all ILPQC!

Illinois Task Force on Infant & Maternal Mortality Among African Americans

MHI Maternal Health Advisory Board



Timeline of ILPQC Initiatives



Overview

Celebrating 2025
Achievements

Sustaining our Work
Together

Planning for 2026





Celebrating 2025 Accomplishments

Improving care across Illinois together



Engage patient, parent, and community partners in QI efforts to improve respectful, patient-centered care



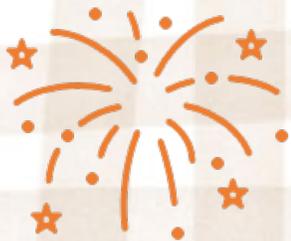
Engage patient, parent, and community partners in QI efforts to strengthen linkage to community resources and services



Launch the Perinatal Mental Health Initiative to improve PMH screening, treatment and linkage to care across IL



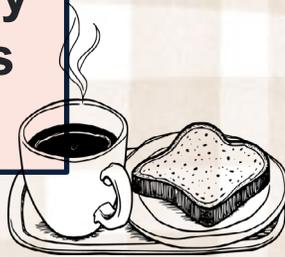
Renew focus on quality improvement training for ILPQC hospital teams



Support all birthing and children's hospitals to equitably achieve and sustain QI success

Engaging Patient, Parent, and Community Partners

58 Respectful Care Breakfasts held by hospital QI teams (144 total)



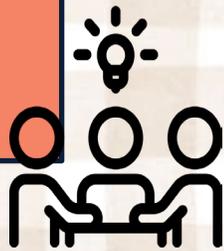
50 hospitals engaging 88 patient partners



42 hospital partnerships to support doula Medicaid certification



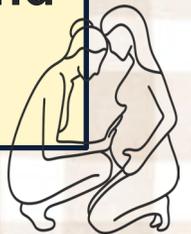
8 OB and Neonatal Community Advisory Board meetings held



New ILPQC Community Engagement Coordinator hired



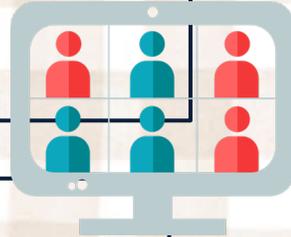
40 hospitals build new connections with community doula and home visiting programs



Expanding ILPQC Quality Improvement Support for Hospital Teams

3 QI Summer Series (87 participants)

- Aim High with SMARTIE
- PDSA Like a Pro
- Make it Happen With a PDSA



4 QI Topic Calls (92 participants)

- Safe sleep in the NICU
- SDOH Screening / Linkage in the NICU
- Collecting PREM surveys
- Quality Designation Dashboard



31 QI Office Hours held
with 82 team leads

>100 One-on-One QI Support Calls
with hospital team leads

25 PVB Coaching teams
Participated in 1:1
coaching calls



Engaging Hospital Teams in QI Work

Thank you to the hospital teams for sharing Team Talks in 2025!

PMH Teams

Anderson Hospital

Barnes-Jewish Hospital

UW Health
SwedishAmerican Hospital

Birth Quality Designation Teams

Anderson Hospital

Barnes-Jewish Hospital

Blessing Health System

NM Kishwaukee Hospital

Roseland Community Hospital

Springfield Memorial Hospital

UChicago Medicine Hospital

UW Health SwedishAmerican
Hospital

ESSI Teams

Advocate Children's Hospital, Park
Ridge

Advocate Good Shepherd Hospital

Blessing Hospital

Mount Sinai Hospital

NM Palos Hospital

OSF Saint Katharine Medical Center

St. Anthony Hospital



ILPQC Sponsored QI Activities & Resources for Illinois Hospitals



Training & Certificates

- **109** hospital staff 8-hour PSI PMH training
- **80** hospital staff 9-week Maternal MH Certificate course
- **42** hospital community partners Doula Training for Medicaid certification

Access for ILPQC Hospitals

- **All hospitals:**
 - Diversity Science Training access
 - *Laboring with Hope* film access
 - ILPQC & IDPH hospital education series:

Co-Design & Resources

- Informing implementation of state PMH resources:
 - Patient and Community Partners focus group
 - Clinicians focus group
 - PMH Advisory Workgroup

Sustainability

- **63 hospitals** | Mini-grants for **PVB & BE** sustainability
- **3** sustainability webinars:

More Support for QI Data in 2025



Providing Support to Patient Partners engaging in QI work



50 hospitals engaging patient partners in QI efforts

88 total patient partners

2 patient partner support network meetings

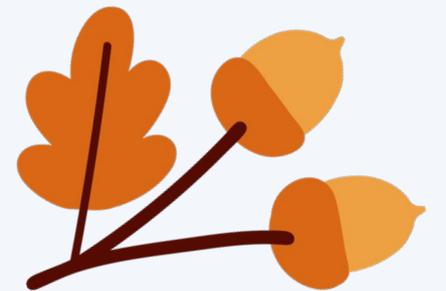
Partnered with MoMMA's Voices to provide patient partner training

39 hospitals used mini-grant funding to support patient partner engagement



Equity and Safe Sleep for Infants (ESSI)

Growing Together: Journey to Equitable Safe Sleep

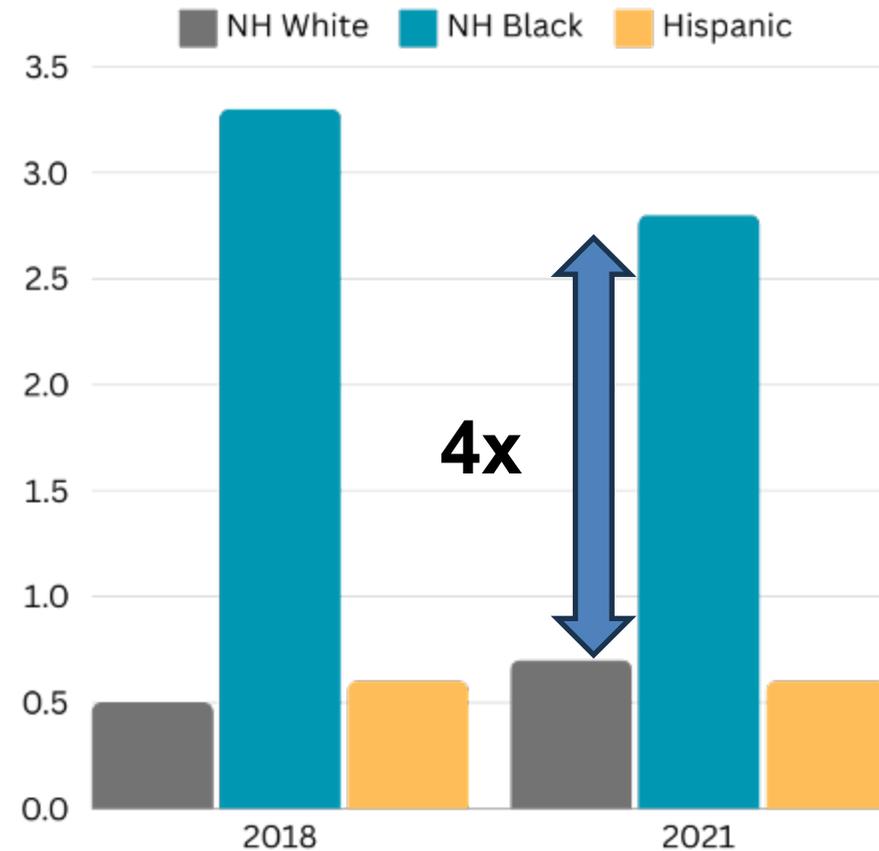


The Black–White inequity in infant mortality is heavily influenced by trends in deaths due to *Sudden Unexpected Infant Death (SUID)*.

In 2021, non-Hispanic Black infants were more than **4x** as likely to die of SUID than NH White or Hispanic infants.

Sudden Unexpected Infant Deaths (SUID):

- *SIDS*
- *Accidental suffocation and strangulation in bed*
- *Other deaths from unknown causes*



SUID Deaths by Race/Ethnicity

ESSI Vision

To better equip hospitals to address **infant safe sleep environment, racial equity, and social determinants of health** to reduce racial disparities

ESSI Bundle

AWARENESS

Parents or caregivers report an understanding of a safe sleep environment.

READINESS

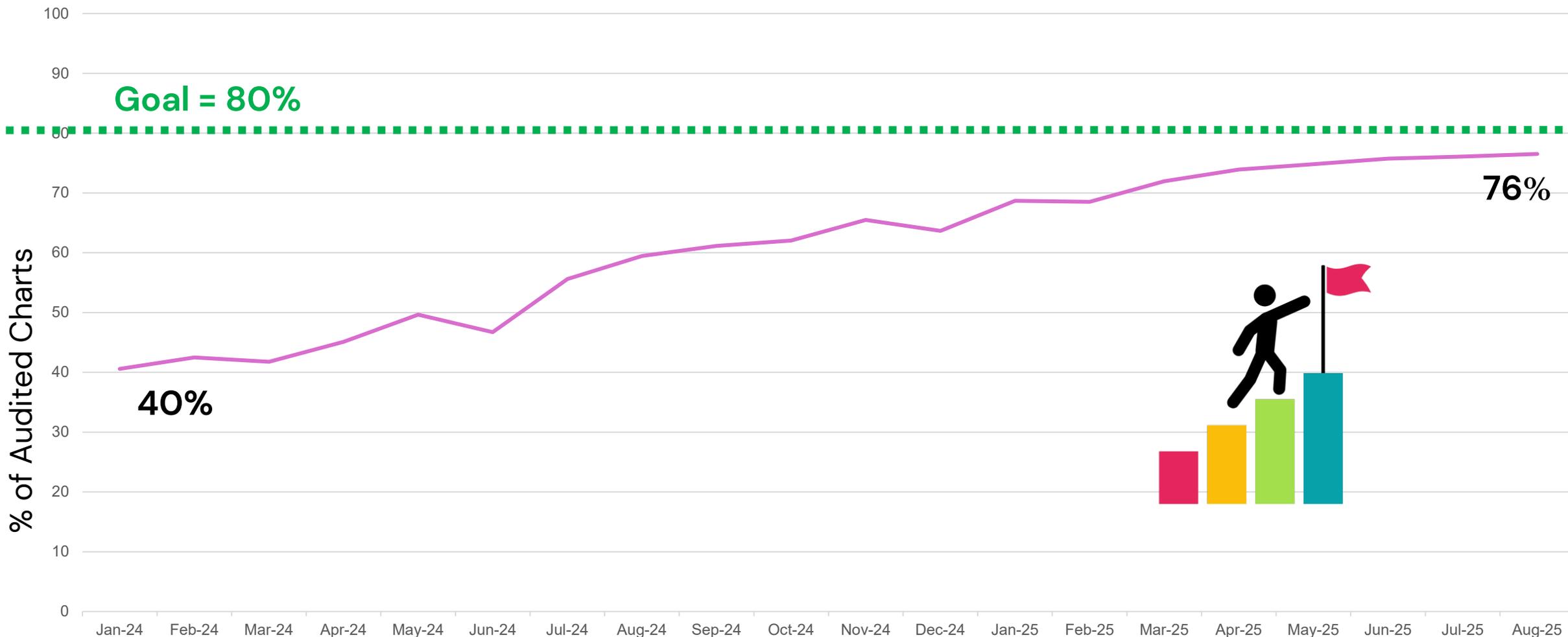
Family is prepared for a transition to home, including SDoH screening and resource linkage.

TRANSFER OF CARE

Communication to primary care provider completed.

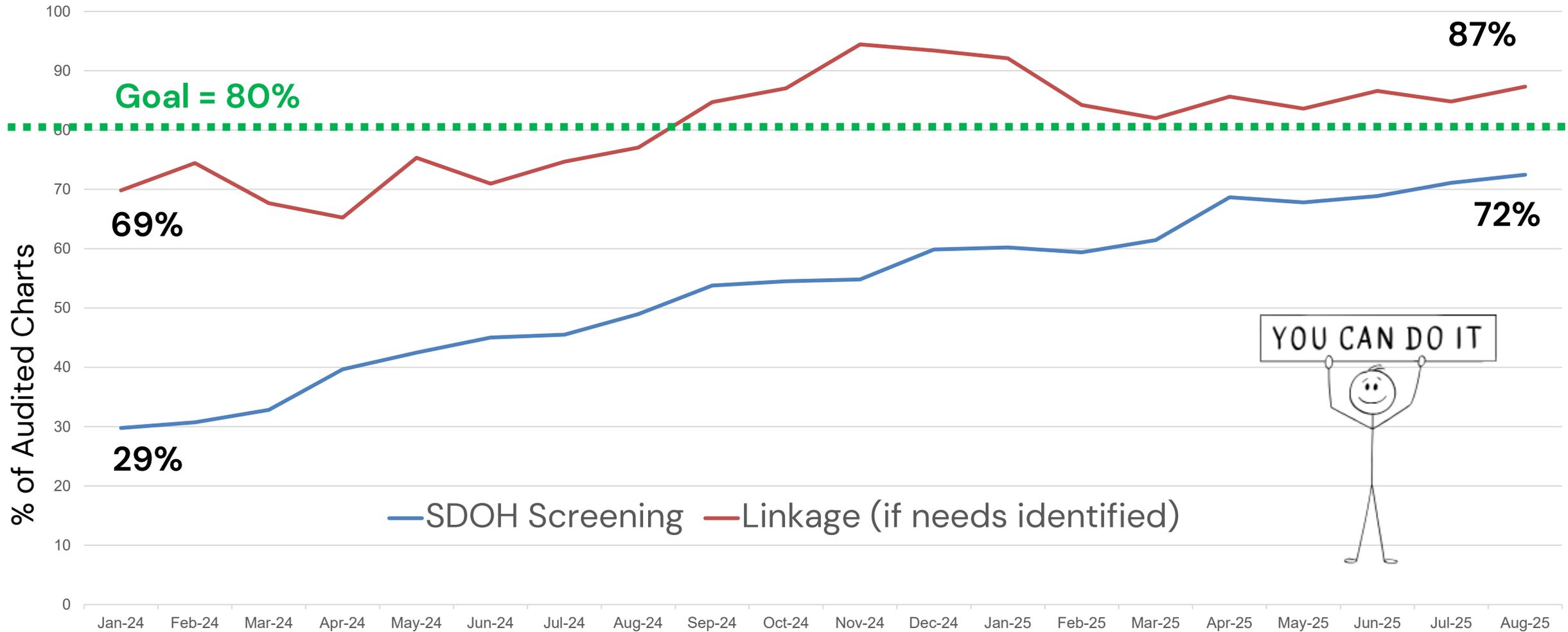
AWARENESS

Conversation with parents/caregivers on adjustment to life with a newborn and safe sleep, and resources shared



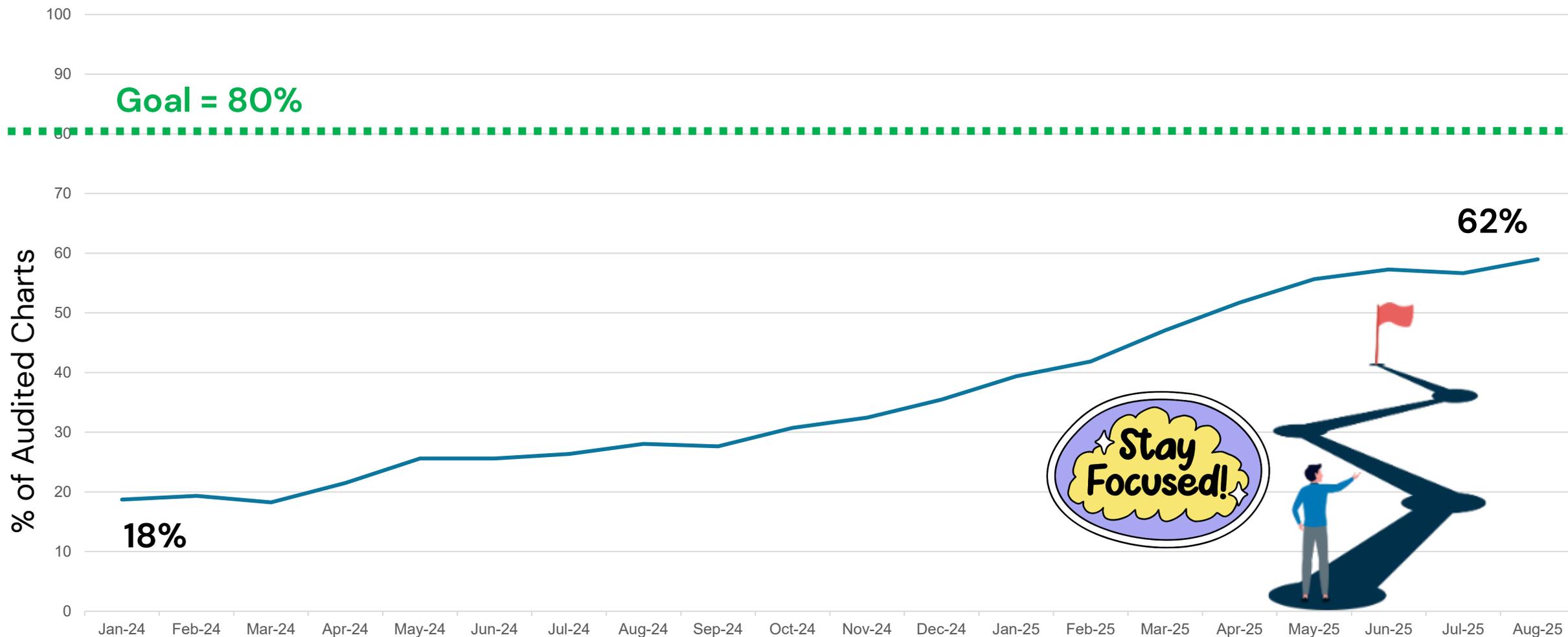
READINESS

SDOH Screening and Linkage in Infant's Chart



TRANSFER OF CARE

ESSI Bundle Documented in Discharge Summary



Watching ESSi Grow

Implementing Fundamental
Structural Changes



ESSI Growth Chart

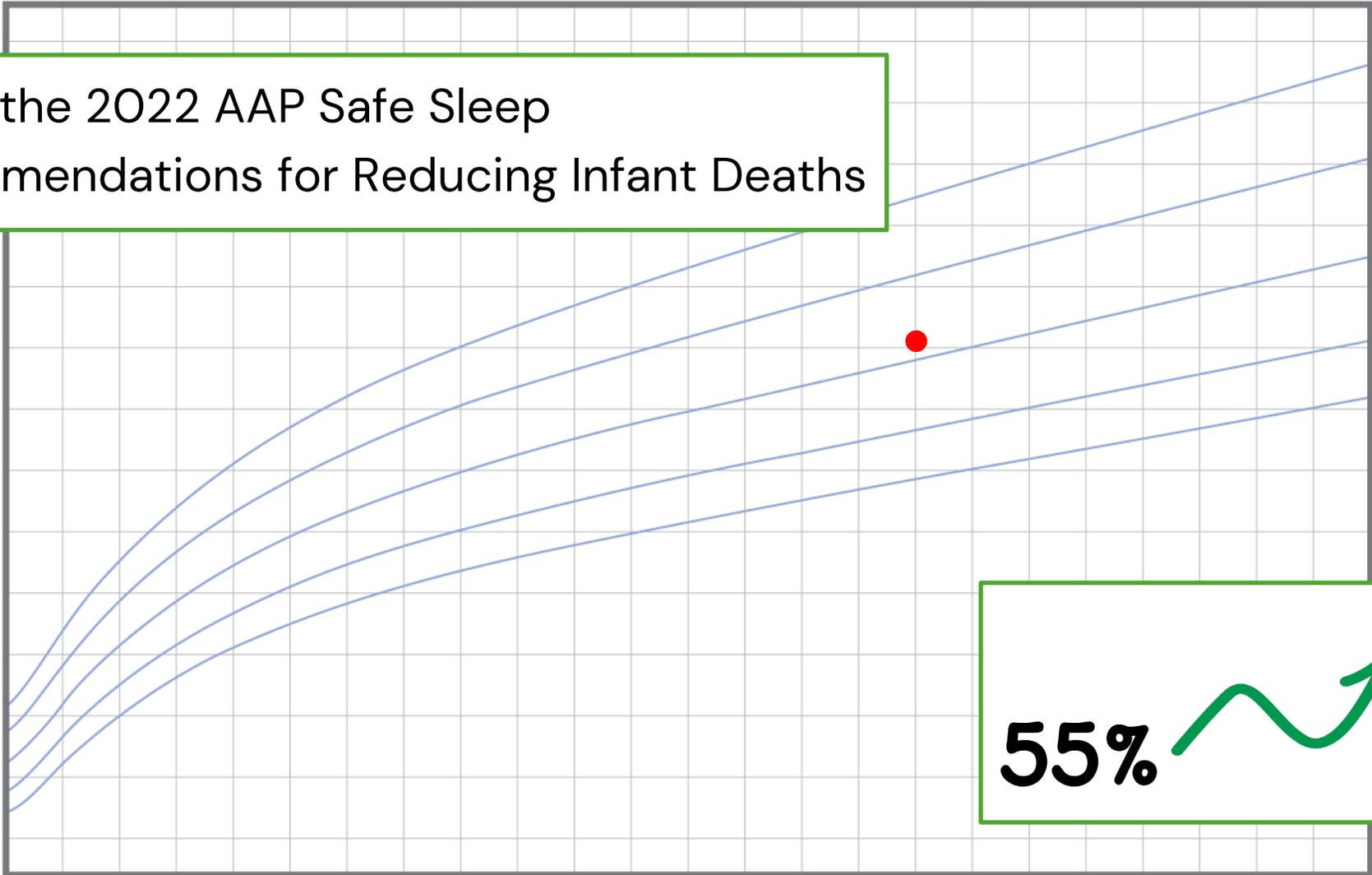
[AAP Guidelines](#)

[SDOH Screening](#)

[Stratified Data](#)

[Transfer of Care](#)

Follow the 2022 AAP Safe Sleep Recommendations for Reducing Infant Deaths



55%  99%

ESSI Growth Chart

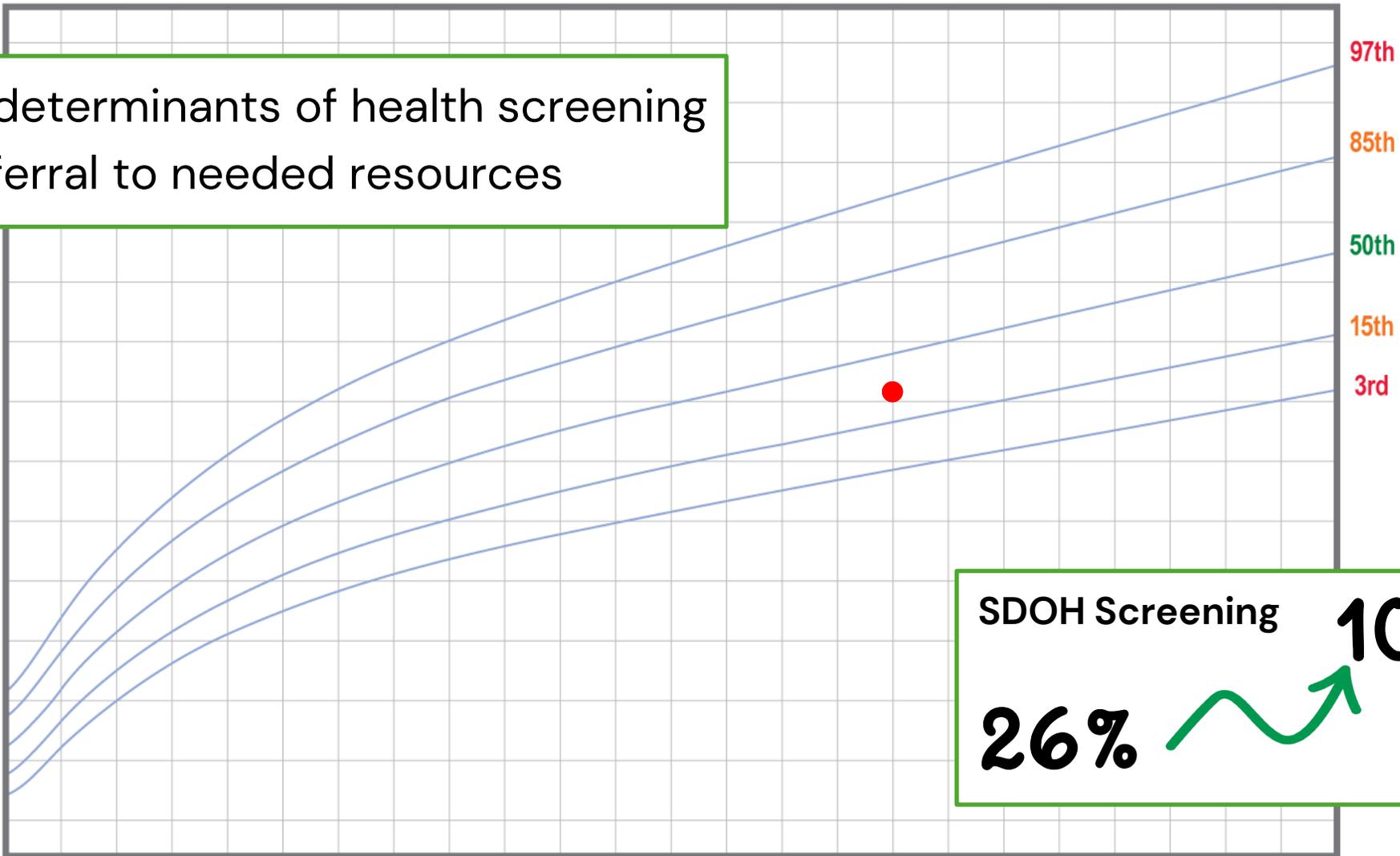
AAP Guidelines

SDOH Screening

Stratified Data

Transfer of Care

Social determinants of health screening and referral to needed resources



SDOH Screening **100%**
26% 

ESSI Growth Chart

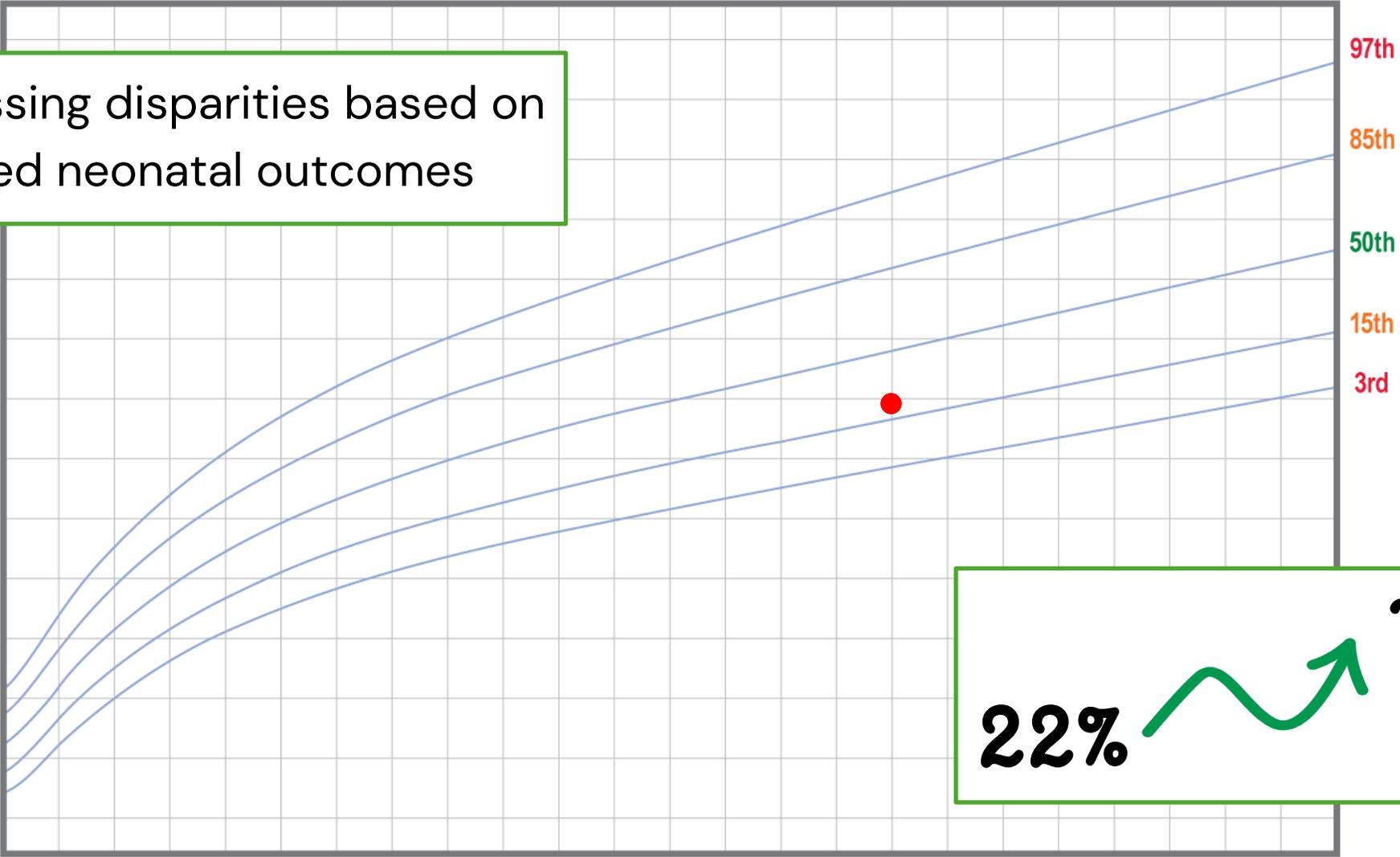
[AAP Guidelines](#)

[SDOH Screening](#)

[Stratified Data](#)

[Transfer of Care](#)

Addressing disparities based on stratified neonatal outcomes



ESSI Growth Chart

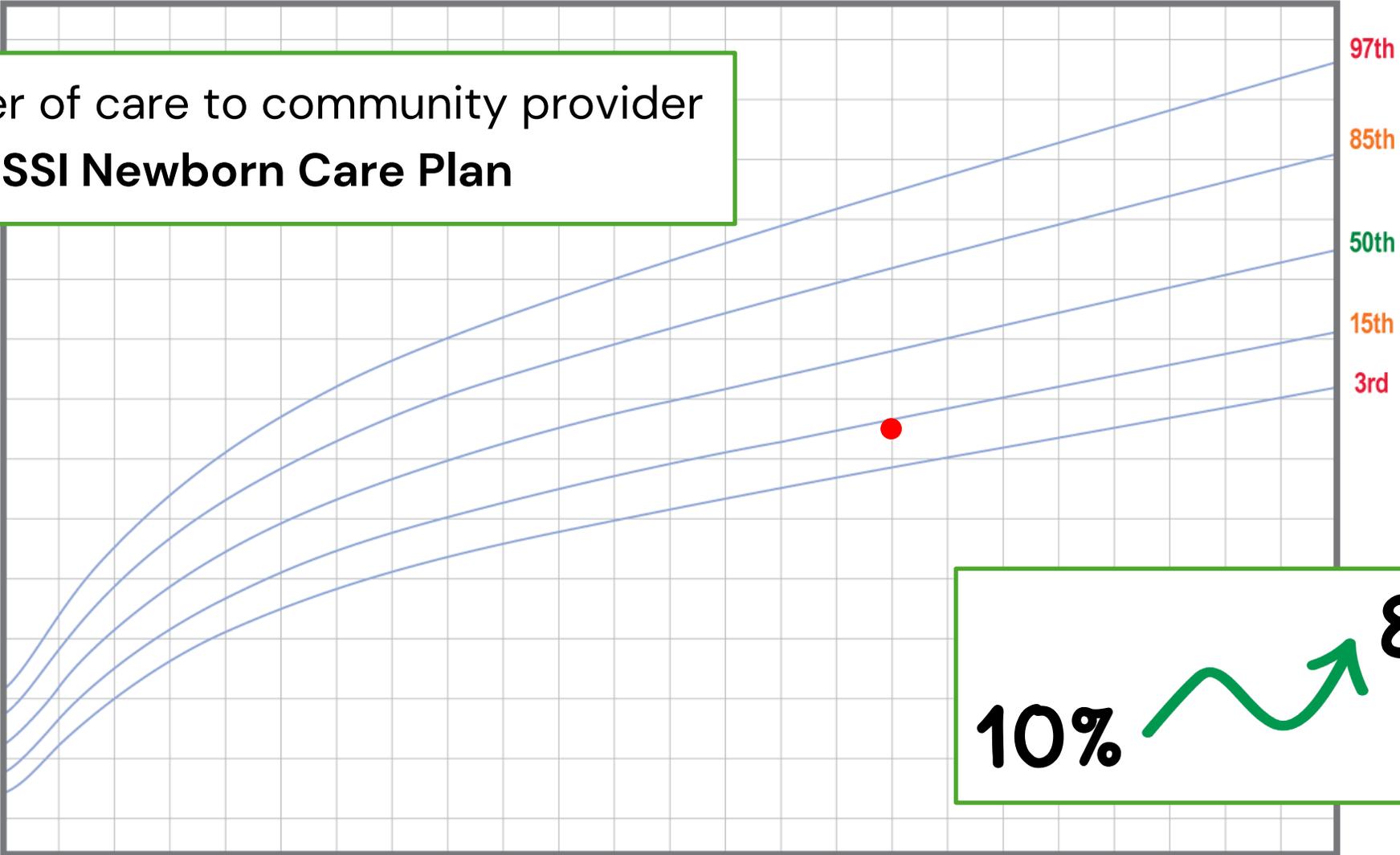
[AAP Guidelines](#)

[SDOH Screening](#)

[Stratified Data](#)

[Transfer of Care](#)

Transfer of care to community provider using **ESSI Newborn Care Plan**



10%  84%

Turning ESSi Progress into Permanent Practice

- Collecting Accurate Race and Ethnicity Data
- Creating of Reports Stratified by Race, Ethnicity, and Insurance
- Integrating Respectful Care and Patient Partners into the Infrastructure of ESSi



Integrating Respectful Care and Patient Partners into the Infrastructure of ESSI

- Respectful Care has been introduced as a measurable ESSI component
- Parents and caregivers considered core QI team members

“Hospital has parent(s) and/or caregiver(s) on the newborn quality improvement team”

10%  62%
August 2025

Baseline 2023

Foundational steps to all of our future neonatal QI work!



ELEVATE parent voices and stories in quality improvement (QI) work

A Clinician's Story

Preterm Twin Birth and Placental Abruption

19-year-old births 1700-gram twin infant born at 31 weeks due to partial placental abruption.

Respiratory Support with CPAP

Use of Continuous Positive Airway Pressure supports respiratory function.

NICU Care and Positive Outcome

Effective NICU care enabled stable discharge with no significant complications despite early gestational age.

Family and Discharge Considerations

Family context, including siblings under 1, influences discharge planning and post-discharge support strategies.



Discharge Planning

Safety Videos

CPR Video Watched

Car Seat Video Watched

Safe Sleep Video Watched

Shaken Baby Video Watched

Specialty Education Video Wat...

Basic Infant Care Video Watch...

*Progress note on the day prior to discharge:
“High risk social situation and will be high risk given GA and young sibling in home along with twin.”*

Does the family have the following basic discharge needs?

Utilities- yes

Telephone- yes

Car seat- Not yet

Crib- yes - 2 bassinet Parent educated on safe sleep practices and the dangers of infant sleeping in an unsafe sleep environment.

Baby clothing- SW provided a large bag of items donated by Sweet Babies which includes infant clothing, blankets, books, many diapers, and wipes.



Admission: 2025

Date of Discharge: 35 days later

Hospital Course

Baby Boy delivered at 31 3/7 weeks GA, now corrected to 35 1/7 weeks. Initially on BCPAP. Has been stable in room air since 34 weeks CGA. Treated with phototherapy and hyperbilirubinemia. He is taking all feeds by bottle and growing well.

Growth Parameters on Discharge

Weight: (!) 2205 g (4 lb 9 oz) 26 %ile

Length: 44 cm (16.93") 25 %ile

Head Cir: 30 cm (12.01") 34 %ile

Future Appointments

Date	Time	Provider	Department	Center
2 days	12:30 PM	Private Pediatrician	CGCMCPT	
11/11/2025	1:00 PM	CG NURSERY FOLLOW UP	CGCMCNFL	

Thank you for the opportunity to participate in the care of your patient
Division of Neonatology at 314-577-5642.

Justin B Josephsen, MD

Instructions

NICU DISCHARGE INSTRUCTIONS

Please contact your pediatrician or family practitioner for the following:

1. Axillary (under arm) temperature above 99.4 degrees or below 97 degrees.
2. If baby is lethargic (difficult to waken) and/or not eating well.
3. If there is a yellow-green drainage, foul odor, or redness of the skin near the cord.
4. If there is persistent vomiting and/or diarrhea.
5. If jaundice (yellow skin color) goes below the baby's belly button.

PLEASE REMEMBER: 1) Always place your infant on his/her back to sleep.
 2) Always use a car seat when transporting your child.
 3) Avoid Second and Third Hand smoke.

3 Months Later

Mother was feeding both babies very early in the morning. She said the twins normally slept in bassinets, but due to this baby being fussy, she made an exception.

Baby fell asleep in mother's arms, tucked up close to her chest. Mom fell back asleep, and when she awoke a short while later, the baby was purple. She called 911.

A full code was conducted; the baby died in the emergency department.

Since our ESSl Journey Began

We've lost approximately **340 babies** in Illinois since 2022. There were more than 2,000 clinicians involved in caring for these babies. That means there were 2,000 opportunities for:

respectful dialog

caregiver education

risk assessment

Reflecting on the ESSI Framework

To engage every family in culturally responsive conversations about newborn safe sleep ***EVEN WHEN THEY ARE HARD TO NAVIGATE***

To identify social needs and link families to resources ***EVEN WHEN THERE ARE BARRIERS***

To better understand our patients' needs by facilitating partnerships between parents and your QI team ***EVEN WHEN IT FEELS IMPOSSIBLE***

To use data to identify disparities to fix gaps in care ***EVEN WHEN EVERYTHING FEELS UPHILL***

ILPQC is Here For You

To engage every family in culturally responsive conversations about newborn safe sleep **TOGETHER**

To identify social needs and link families to resources **TOGETHER**

To better understand our patients' needs by facilitating partnerships between parents and your QI team **TOGETHER**

To use data to identify disparities to fix gaps in care **TOGETHER**

IL Birthing Hospital Quality Designation Award Program

Supporting Sustainability of the Promoting
Vaginal Birth (PVB) and Birth Equity (BE)
Initiatives



Illinois Birthing Hospital Quality Excellence Award Designation



Funding Awards: \$10,000-\$20,000 toward your OB Department's QI efforts



To Qualify, Hospitals must meet criteria such as:

- Participate with ILPQC
- Structure measures in place
- Engage Patient and Community Partners
- Maintain NTSV C-section rate < 25.0%
- Reduce NTSV C-section disparities

Support for the IL Birthing Hospital Quality Excellence Designation Program, including mini-grants and monetary awards, is provided by BCBSIL Special Beginnings program®

Pathway to IL Birthing Hospital Quality Excellence Award Designation 2025

Team Engagement and Participation

74

Hospitals had staff representation at ILPQC Face-to-Face meeting in May

76

Teams attended office hours/QI topic calls

46

Hospitals had a nurse and provider attend our ILPQC Face-to-Face meeting in May

100+

Participated in 1-1 QI support

“The 1:1 support for Birth Quality Designation was invaluable. Walking through our hospital’s progress step-by-step helped us see exactly where we stand and what to focus on next.”

Respectful Care Breakfasts Across IL & Patient Partners



“It meant a lot to be heard. Sharing my birth story and seeing staff really listen made me feel that my experience can make a difference.”
-Patient

“It felt like a real partnership. Patients and providers learning together about what respectful care looks like in action.”
-Patient

☀️ *Creating meaningful spaces for dialogue between clinical staff and patients and families*

“I have seen real change in the Labor & Delivery unit of the hospital because of these meetings. [...] The feedback from birth workers and the community is actually taken and implemented and that is so important for families in our region.”
-Doula

🤝 **62 hospitals engaged
88 patient partners**

☕ **41 hospitals held 58
Respectful Care Breakfasts
in 2025**

Pathway to IL Birthing Hospital Quality Excellence Award Designation

Mini-Grant QI Activities

63 Teams received mini-grants



Respectful Care Breakfasts
(52 teams)



Patient partner engagement
(46 teams)



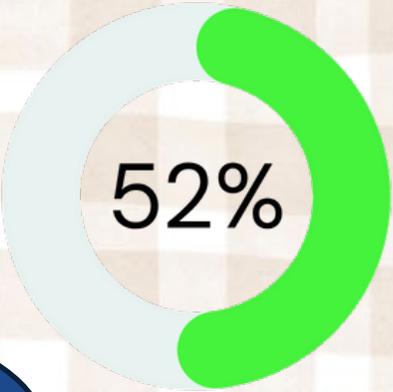
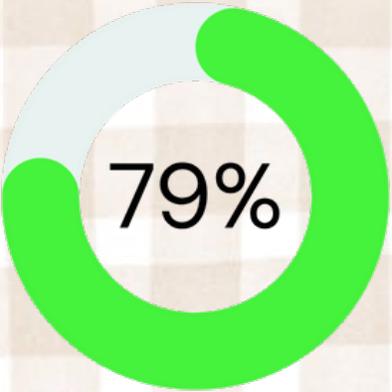
Trainings to support respectful care and QI implementation for clinical staff (40 teams)



Doula Engagement
(17 teams)

Achievements on Key Systems Changes: *Engaging Outpatient Prenatal Sites in QI*

“We brought key stakeholders from each prenatal site, including our FQHC’s, to the table from the very beginning to ensure coordinated QI success.”

Key Strategies: Structure Measures	January 2025 % In Place	August 2025 % In Place
Coordinating QI efforts to engage outpatient prenatal clinics, federally qualified health center’s and other community health clinics	 <p>52%</p>	 <p>79%</p>

“We created clinic patient folders filled with resources to connect patients to support earlier in pregnancy.”

Achievements on Key Systems Changes: *Building Relationships with Community Partners*

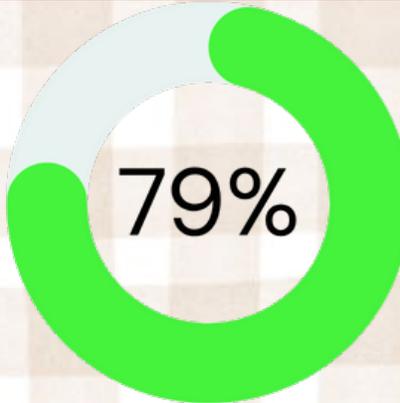
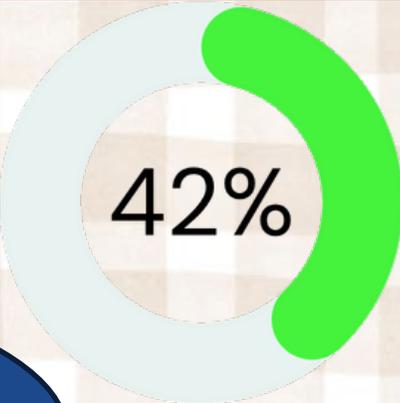
“We deepened hospital–doula collaboration through meet-and-greets, joint birth planning, and updated policies that fully integrate doulas into the care team.”

Key Strategies: Structure Measures

**January 2025
% In Place**

**August 2025
% In Place**

Build relationships with community-based doulas, home visiting programs, and other community resources

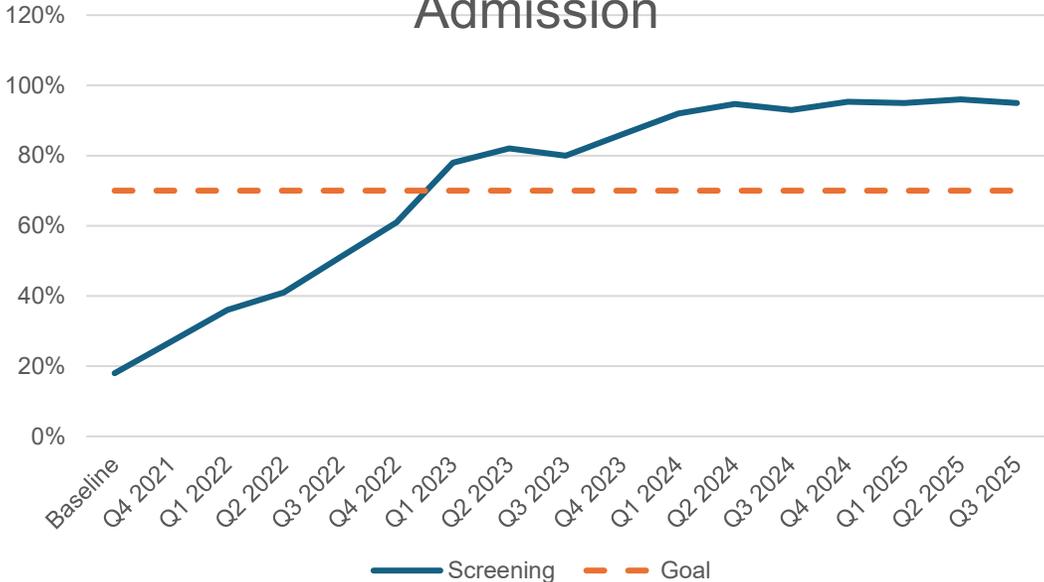


“We partnered with a home visiting initiative that provides perinatal patients with extended care and resources beyond the hospital.”

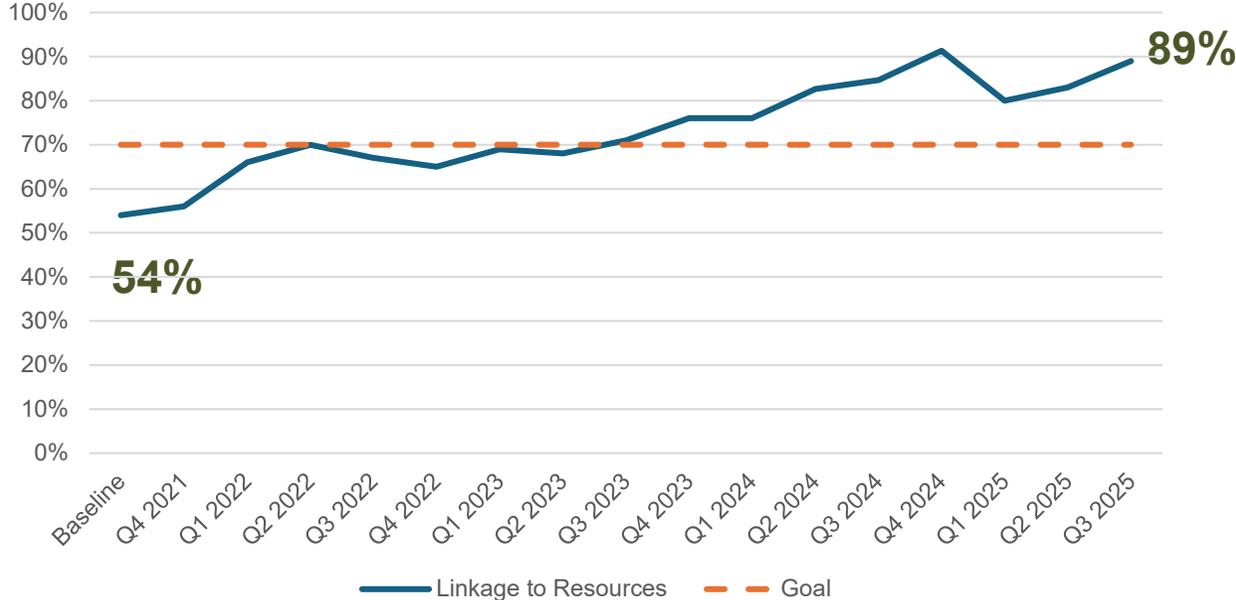
SDOH Screening and Linkage to Resources



SDOH Screening at Delivery Admission



SDOH Linkage to Resources



In 2025:

5,400 charts sampled from 64 hospitals

5,141 (95%) patients SDOH

screening during delivery admission

1,109 (22%) patients were identified to have SDOH resource needs

990 (89%) patients with SDOH resource needs were LINKED to resources

PREM DATA: NARROWING GAPS IN DISPARITIES

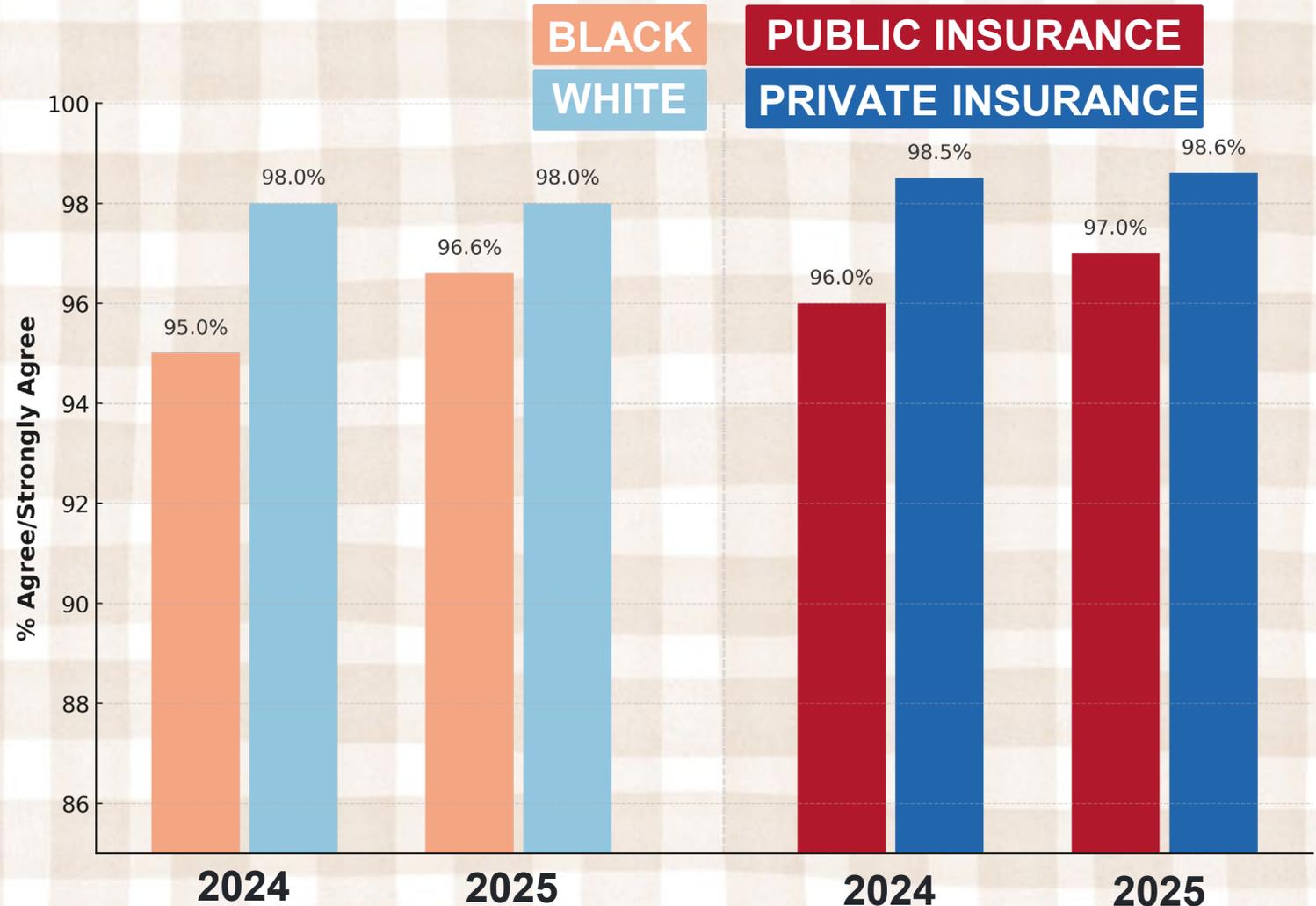
"I was treated with respect and compassion by the overall hospital staff"

14,934

PREM Surveys

In 2024 and 2025

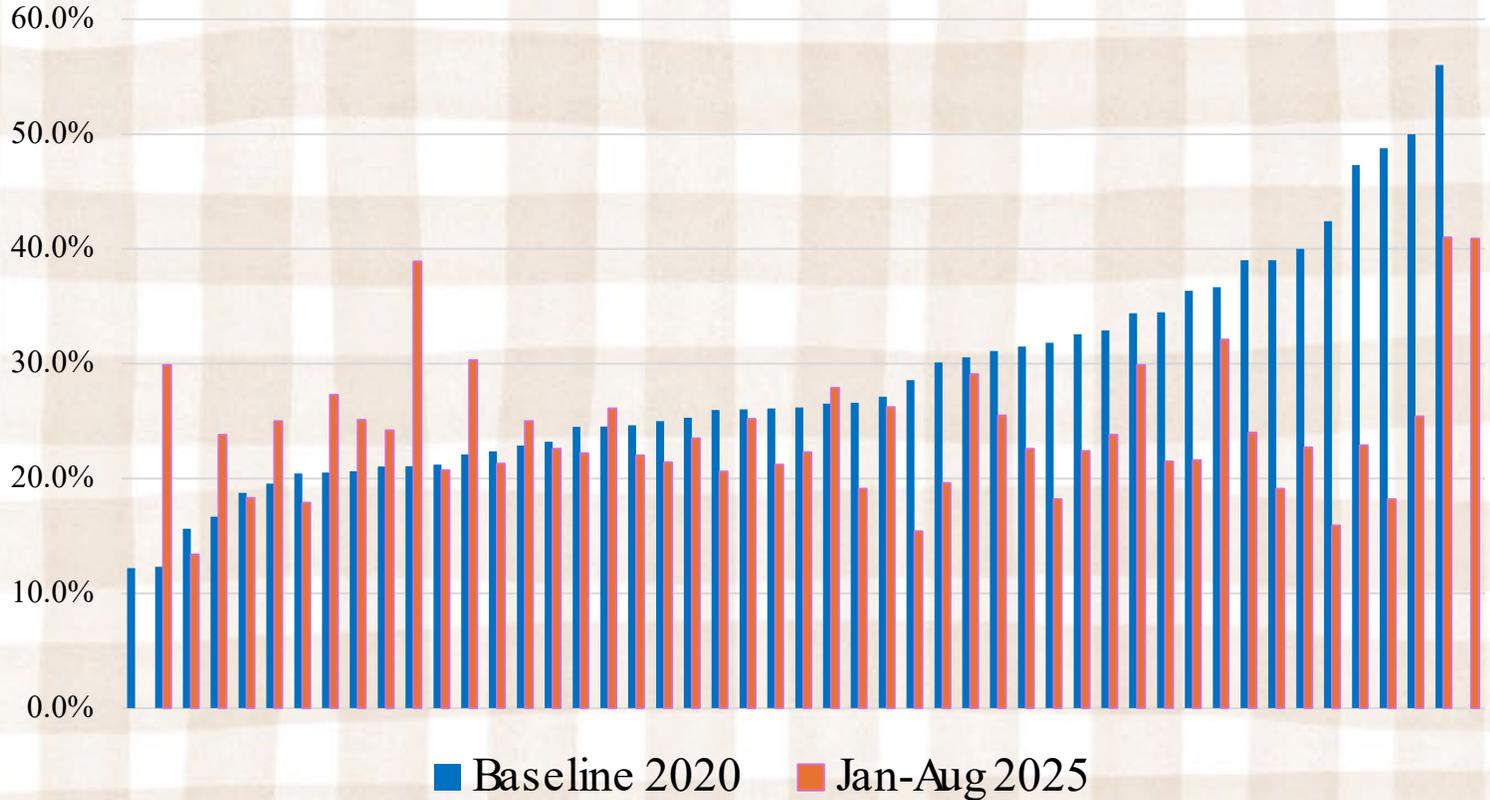
White	9,866
Black	2,494
Hispanic	3,095
Asian	922
Other	1,671



Reduced NTSV C-section Rates Across IL Hospitals

Baseline 2020 Compared to 2025

NTSVC-Section Rate by Hospital
Baseline 2020 vs Jan-Aug 2025



Percent of Hospitals achieving the NTSV C-Section Rate goal of 23.6% increased from **33% in 2020** ↓ **55% in 2025**



% of Hospitals with NTSV C-section Rate \leq 25%: *Working to Reduce Disparities*

Category	2021 Percent of Hospitals with NTSV C-section Rate <25% (N=44)	2025 (Jan-Aug) Percent of Hospitals with NTSV C-section Rate <25% (n=64)
BIPOC (Black, Hispanic Asian, Other)	49%	56%
White Race/Ethnicity	39%	67%
Black Race/Ethnicity	34%	41%

Hospitals have made progress to reduce NTSV c-section disparities. Must continue to identify and take action on disparities in 2026.

PVB 2025: small group PVB coaching, 25 teams and 10 coaches making improvements together



9 PVB Coaching Teams have reduced their NTSV C-Section Rate to below 25% & will move to sustainability in 2025!!

2024

0/25 coaching teams below 23.6%



PVB COACHING



2025

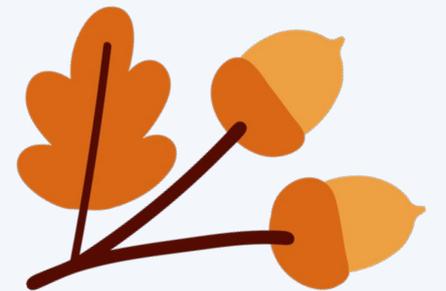
7 coaching teams below 23.6%





TeamBirth Implementation in Illinois

Team-based approach bringing clinicians and patients together for clear, respectful communication and shared decisions during labor



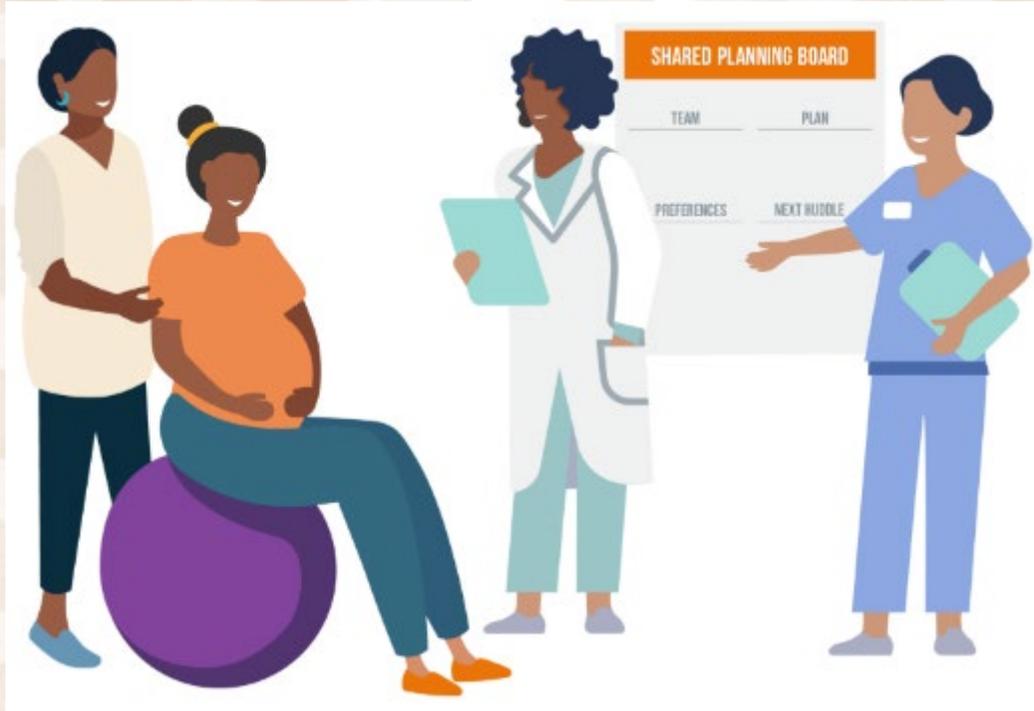
Birth Equity and PVB Sustainability

- PREM results have identified a need to continue to **work on active listening, shared decision making**, and respectful care.
- Must focus on **actionable strategies to shift clinical culture** to promote respectful care, shared decision making, and **improve patient-centered experience**.
- Continue to focus on taking action to **reduce disparities** in NTSV Cesarean births



Implementing TeamBirth in IL to Improve Shared Decision Making and Reduce Disparities in NTSV CS

Patient-Centered Outcomes Research Initiative (PCORI) funding 22 Illinois hospitals to implement TeamBirth to improve shared decision-making and respectful care during L&D and to evaluate outcomes.



TeamBirth Implementation Rollout:

Wave 1 teams had kick-off call in October 2025, looking ahead to their GO LIVE April 2026

Wave 2 starts work April 2026 with GO LIVE Oct 2026

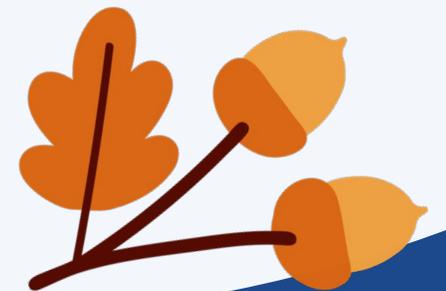
Wave 3 starts work Oct 2026 with GO LIVE April 2027

Image from TeamBirth/Ariadne Labs
Learn more at <https://www.ariadnelabs.org/delivery-decisions-initiative/teambirth/>



Launch of the Perinatal Mental Health (PMH) Initiative

Improving Mental Health Outcomes for Pregnant and Postpartum Women Across IL



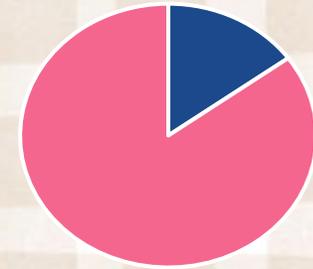
Perinatal Mental Health: The Problem



1 in 5 will suffer with anxiety or depression



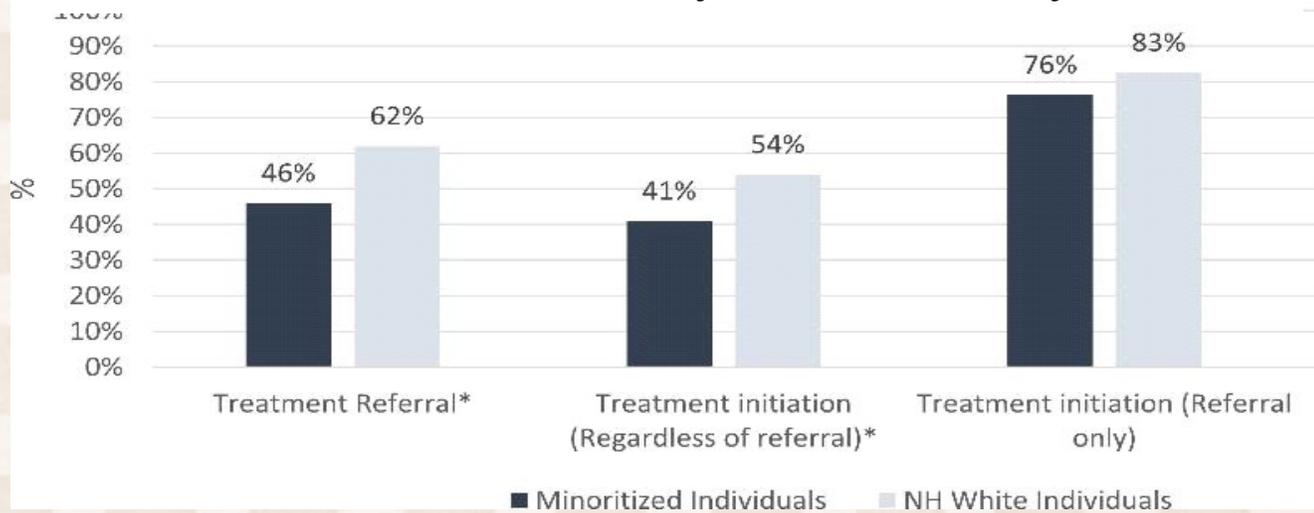
<20% screened for depression



15%

<15% will receive treatment

Treatment Rates by Race/Ethnicity



Untreated PMH is a leading cause of pregnancy mortality and morbidity.



Perinatal Mental Health (PMH) Initiative

PMH Launch: May 2025

“Our team is most excited about the opportunity to better support our patients by connecting them with the mental health resources and care they truly need. We see this initiative as a powerful way to improve outcomes for mothers and families who might otherwise go without essential support.”

79

PMH Rosters

submitted by
hospital teams

3

Monthly Webinars

featuring kick off
info, data sharing and
teams sharing

72

PMH Teams

actively submitting
baseline and monthly data

3

Team Talks

with teams sharing on
monthly PMH calls

PMH Key Strategies



Educate OB and ER providers on PMH screening, treatment & use of resources.



Ensure every patient knows PMH signs and where to get help.



Elevate PMH screening for delivery admission, ER and outpatient sites



Establish PMH assess-treat-link workflows across OB, ER and other sites.



Identify barriers to access and innovative strategies to link patients to PMH care



Integrate state resources (DOPP/MAR NOW, IL Doc Assist) to provide optimal OUD care

PMH Key Drivers

Diagram

Aims

1. $\geq 70\%$ of pregnant persons with PMH conditions receive treatment (pharmacotherapy and/or behavioral health therapy) and are connected to resources/services prenatally or by delivery discharge
2. $\geq 70\%$ of teams achieving key strategies
3. $\geq 70\%$ of IL birthing hospitals actively participating in initiative

Drivers

Provider Education & Engagement

Patient & Community Education and Engagement

Screening and Assessment

Optimizing Treatment

Linkage to Resources & Treatment

Optimize SUD Care

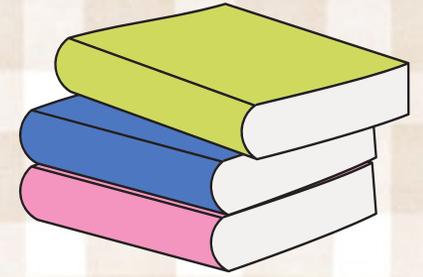
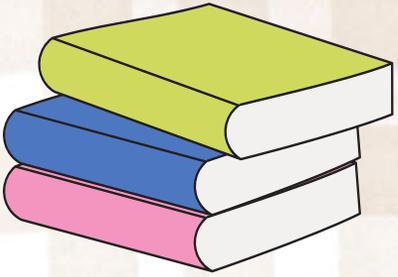
Change Ideas / Structure Measures

1. Educate all OB/ER clinical staff caring for pregnant/postpartum patients on PMH conditions, screening, treatment, referrals, hotline resources, and trauma informed care.
2. Create PMH Access Workgroup with inpatient and outpatient care team representatives and community stakeholders to identify barriers, opportunities to enhance care coordination, and innovative strategies to improve access to behavioral health care.
3. Have a process to provide postpartum patients education on PMH during delivery hospitalization.
4. Have a process to share PMH patient education resources with outpatient clinical settings.
5. Identify a patient partner for hospital PMH quality improvement team and / or other opportunities to engage patients and community members with lived experiences and prioritize their recommendations.
6. Establish protocol and workflow to screen all OB patients for PMH conditions with validated screening tools during delivery hospitalization.
7. Share validated PMH screening tools and screening/treatment algorithms and process flow for linkage to PMH follow up with outpatient settings (i.e. prenatal clinics, ERs, pediatric sites)
8. Establish process flow for treating positive PMH screens during delivery hospitalization, including use of IL DocAssist for PMH clinical consultation.
9. Establish process flow for referral to link patients who screen positive for PMH conditions, during delivery hospitalization, to follow up behavioral health care and support, including use of IL MOMS Line to support patient linkage to follow up.
10. Identify and implement innovative strategies to address barriers to follow up behavioral health care for pregnant and postpartum patients.
11. Establish a process flow for treatment/linkage to recovery treatment services for positive perinatal SUD screens in OB/ER settings, including utilization of IL DocAssist and MAR Now.
12. Improve risk reduction for SUD through participation in DOPP to access and distribute free naloxone/Narcan kits for pregnant/postpartum patients at risk of overdose.



4. Perinatal Mental Health (PMH) Initiative in 2026: From Aims to Action – what will we achieve together!

By December 2026, for all OB patients:	Goal
Receive depression and anxiety screening during prenatal care and during delivery hospitalization	≥80%
Receive PMH education before delivery hospitalization discharge	≥80%
By December 2026, for patients with active PMH conditions:	Goal
Provide treatment (medication or therapy) for PMH condition prenatally or by delivery discharge	≥80%
Provide behavioral health counseling/support options with follow up scheduled prenatally or by delivery discharge	≥80%
Schedule 2-week postpartum OB appointment before delivery hospitalization discharge	≥80%
By December 2026, for all clinical staff working with pregnant/postpartum patients:	Goal
OB providers and nurses with PMH training completed	≥80%
ER providers and nurses with PMH training completed	≥80%



ILPQC Resources to Help Teams Achieve PMH Strategies



PMH Toolkit:

Key Resources You Need to Make Change Happen

1. Introduction to the PMH Initiative
2. PMH Initiative Resources
3. AIM Bundle: Perinatal Mental Health Conditions
4. ACOG Clinical Practice Guidelines
5. Illinois Perinatal Mental Health Disorders Prevention and Treatment Act
6. Driver 1: Provider Education & Engagement
7. Driver 2: Patient and Community Education & Engagement
8. Driver 3: Screening & Assessment
9. Driver 4: Optimizing Treatment
10. Driver 5: Linkage to Resources
11. Driver 6: Optimize SUD Care

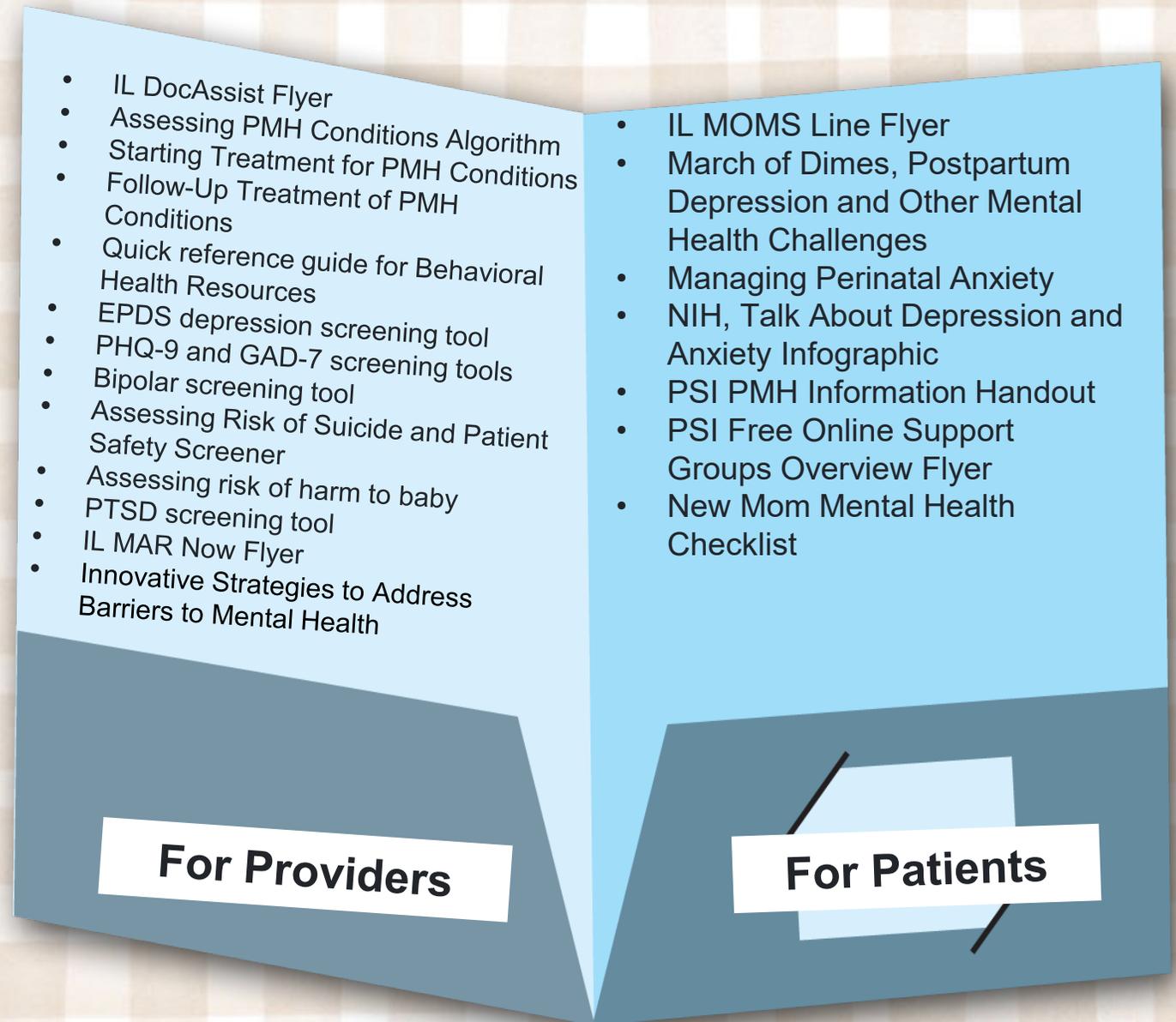


**Access the toolkit
online:**

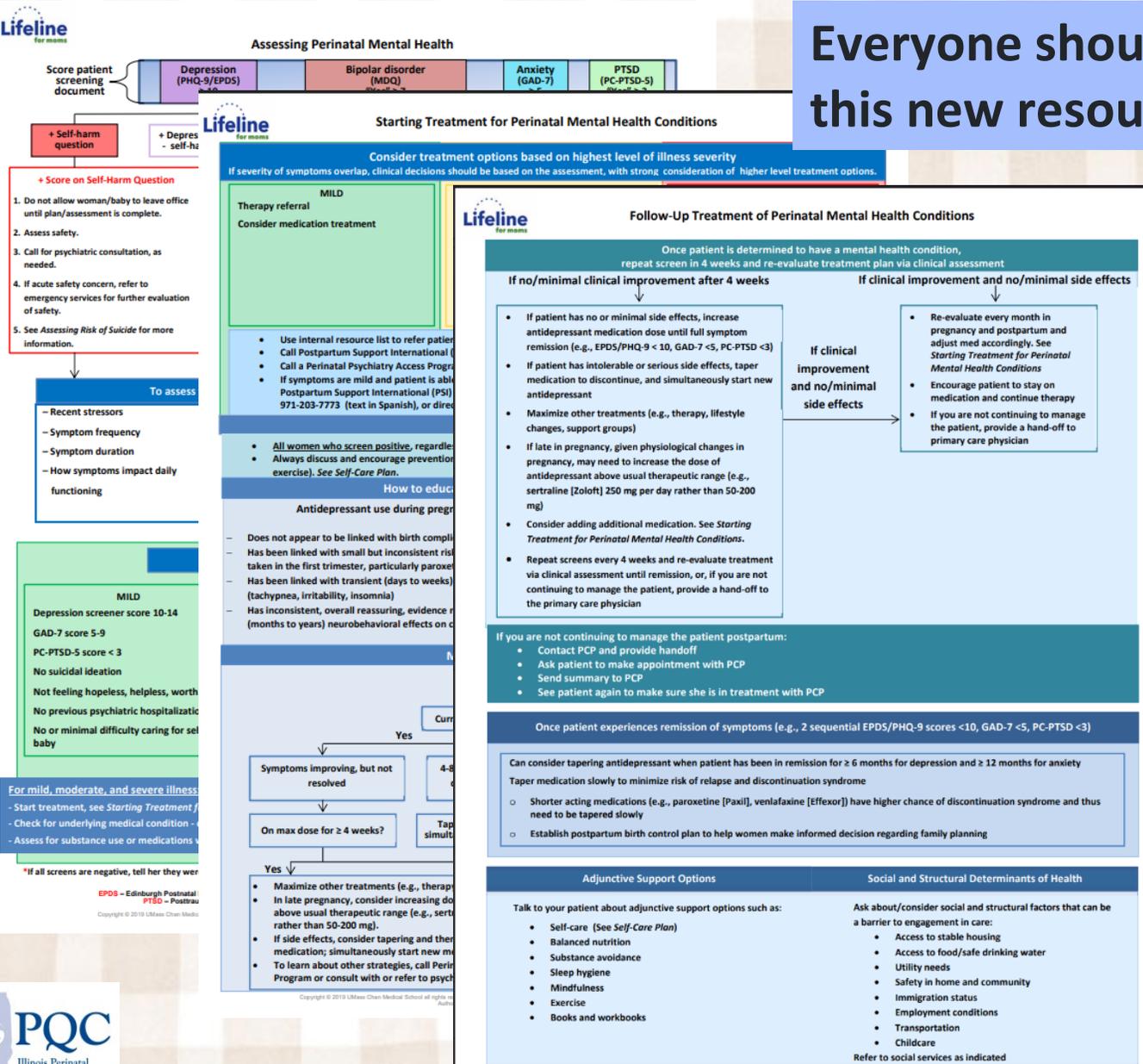


PMH Purple Folder

- Resources to share with L&D, postpartum units, ER, pediatric and outpatient settings
- Clinical staff can use these resources when patients screen positive for PMH



PMH Algorithms Laminated Packet

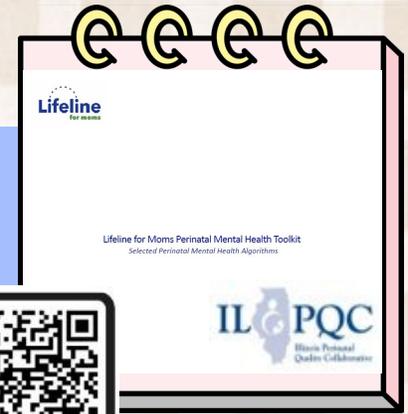


Everyone should have picked up this new resource at registration!



A handy laminated resource to have on your unit for screening and treating patients with PMH conditions

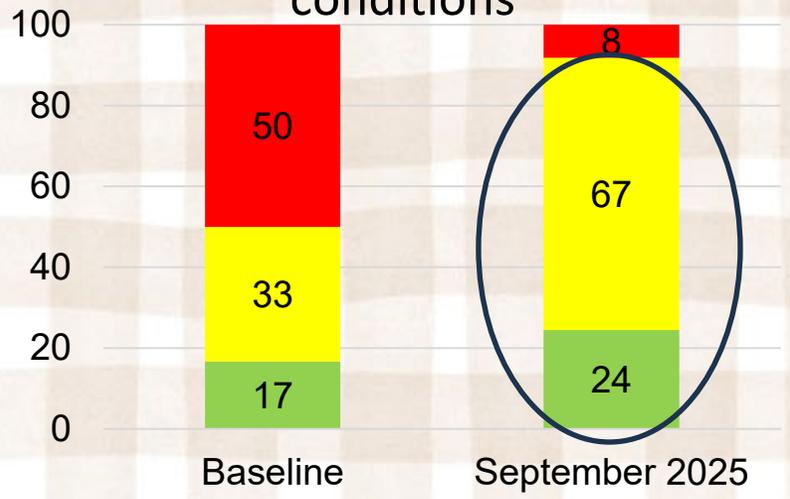
Make copies for everyone on your unit and outpatient sites



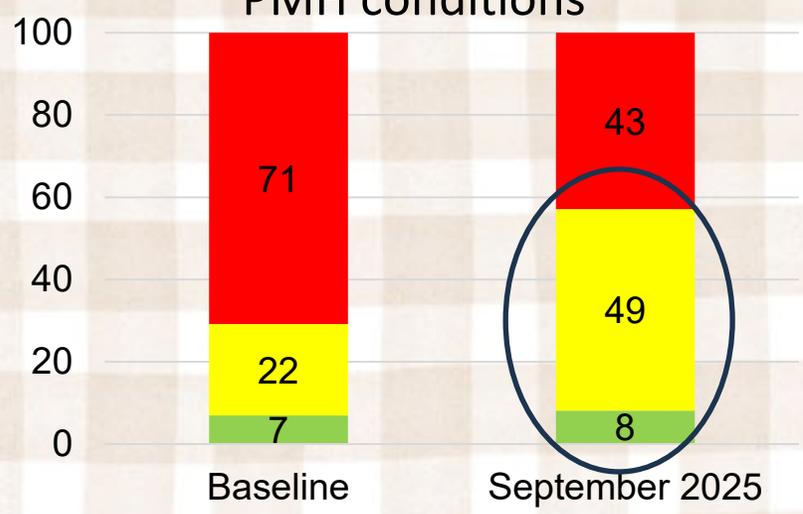
Structure Measures

■ In place
 ■ Working on it
 ■ Haven't started

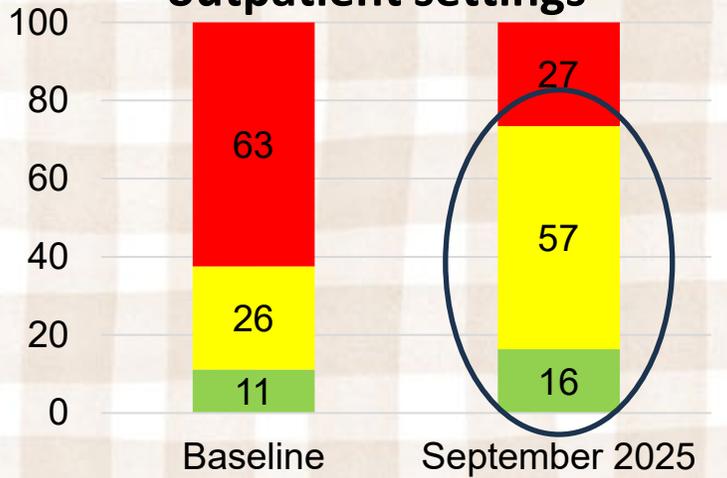
Educate all **OB clinical staff** on PMH conditions



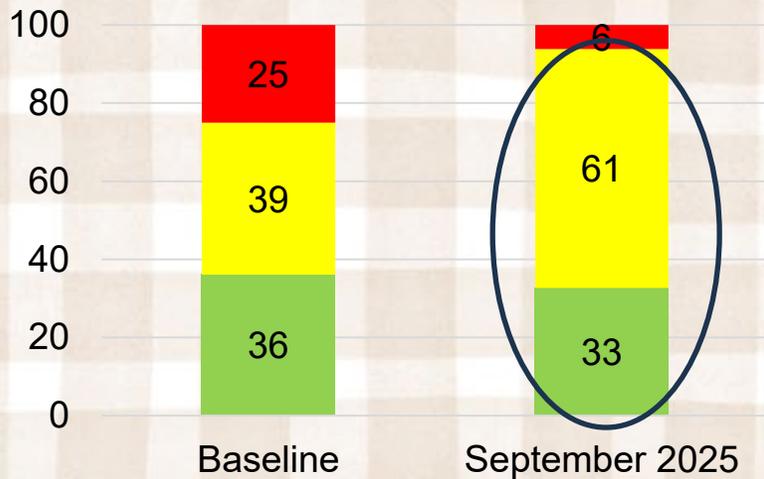
Educate all **ER clinical staff** on PMH conditions



Establish a process to share PMH **patient education** resources with **outpatient settings**



Provide **postpartum patients** education on PMH conditions warning signs

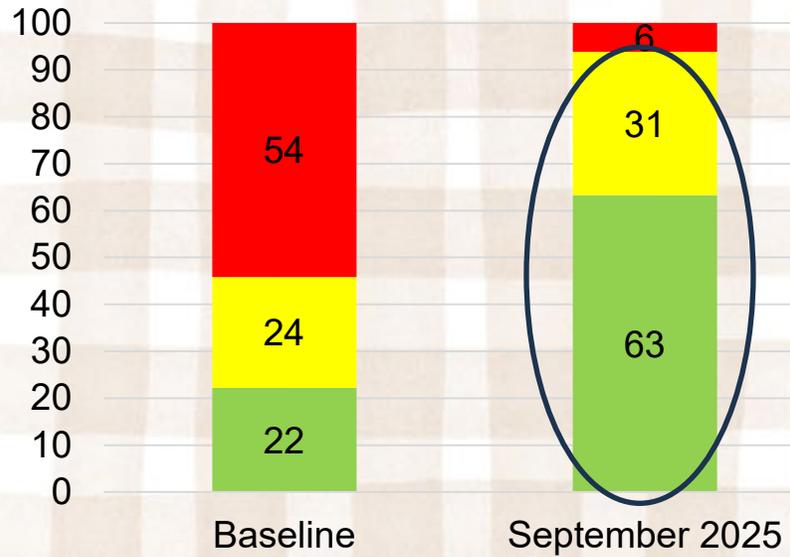


Teams are already working on staff and patient education strategies!

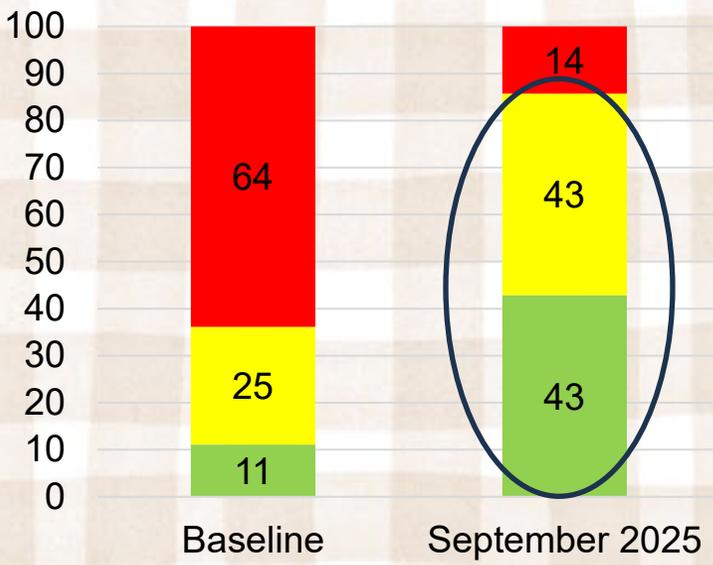
Structure Measures

■ In place ■ Working on it ■ Haven't started

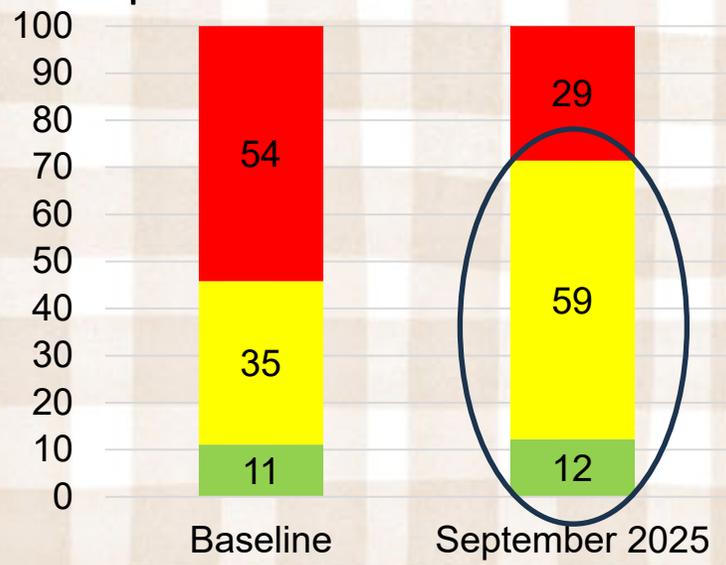
Identify patient partner



Create a multidisciplinary PMH Access Workgroup

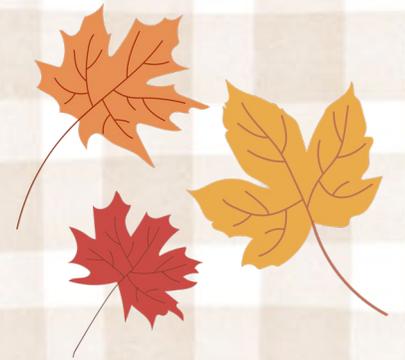


Identify and implement innovative strategies to address barriers to follow up behavioral health care



Making change happen with patient partners, PMH Access Workgroups, and identifying innovative strategies!

COMING SOON: Perinatal Mental Health Data Dashboard



You will be able to track all PMH measures in one place through REDCap!

Status at Glance

Your hospital last reported data for: **December 2024**

Current data is due through: **September 2025**

Structure Measures

● Haven't started:

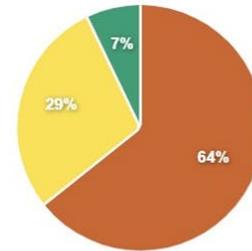
ER provider education, PMH access workgroup, Patient partner, Screening/treatment resource sharing, Treatment process flow, Linkage to follow up process flow, Innovative strategies, SUD treatment linkage OB, SUD treatment linkage ER

● Working on it:

OB provider education, Patient education, Patient education sharing, Screening workflow

● In place:

DOPP participation

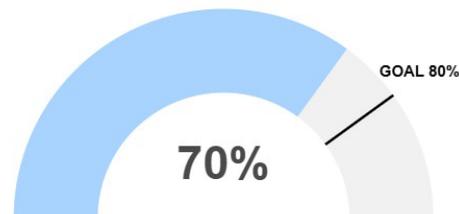


Data from hospital level Data form

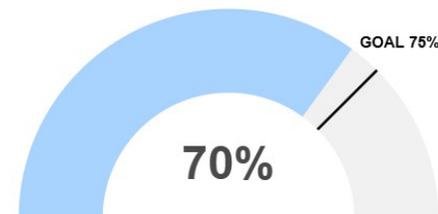
Outcome Measures

Treatment & Followup

Provide treatment for PMH condition prenatally or by delivery discharge



Linkage to follow up behavioral healthcare



ILPQC GOALS FOR 2026

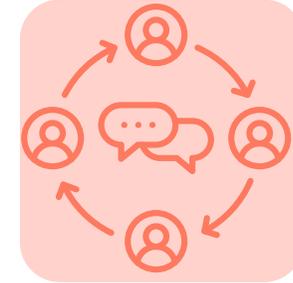
Working together with patients, community and clinical staff to make change happen to equitably improve care for moms and newborns across Illinois



Elevate, expand and sustain engagement with patient, family and community partners



Prioritize QI strategies and stratified actionable data to help drive change



Support PMH teams making change happen to improve PMH care for all pregnant/postpartum patients



Support ESSI teams' successful completion of initiative aims to improve equity and safe sleep for all Illinois newborns



Continue supporting and celebrating teams with the IL Birth Quality Designation in 2026

Thank you to our Funders:



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