

ILPQC: MAKING ILLINOIS THE BEST PLACE TO GIVE BIRTH AND BE BORN

The Illinois Perinatal Quality Collaborative (ILPQC) is a nationally recognized statewide network of hospital teams, perinatal clinicians, patients, community stakeholders, and public health leaders committed to equitably improving outcomes and reducing disparities for mothers and newborns in Illinois.



The Problem

88
deaths

During 2018-2020, an average of 88 women died each year while pregnant or within one year of pregnancy, with the highest number occurring during 2020 (110 deaths).

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.

2x
likely

Non-Hispanic Black mothers are about 2 times more likely than non-Hispanic white mothers to die during or within a year of pregnancy from a related complication.

3x
higher

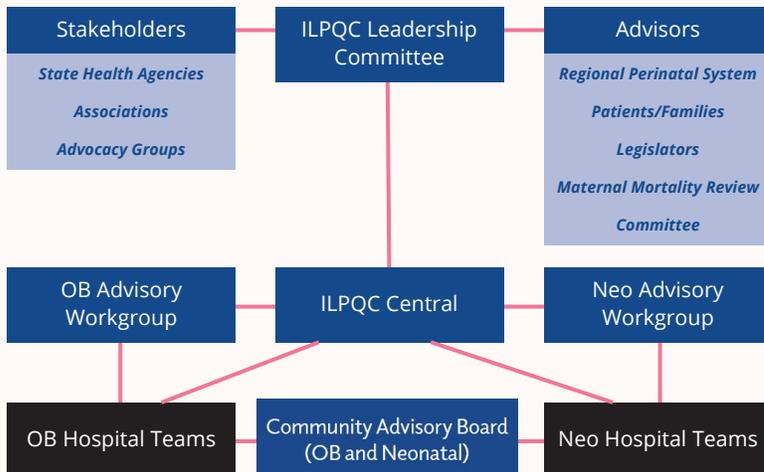
Women with public insurance during pregnancy were over three times as likely to die from a pregnancy-related cause as women with private insurance.

source: Illinois Department of Public Health, 2023

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, community advocacy groups and patient partners to improve obstetric and neonatal care to reduce maternal and infant mortality.

OUR STRUCTURE



Our Approach

We work with more than 99% of Illinois birthing hospitals, 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 community stakeholders 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 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 newborn health.



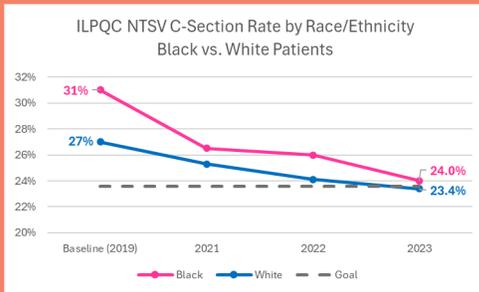
MAKING CHANGE HAPPEN

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

Reducing Disparities:

PROMOTING VAGINAL BIRTH

At the start of the PVB Initiative, Black patients had a NTSV C-Section Rate of 31% and 27% for white patients. Across the initiative, improvements in both groups were made to show an NTSV C-Section rate of 24% for Black patients and 23% for white patients



13 Years of ILPQC Initiatives:

PERINATAL MENTAL HEALTH (2025 - PRESENT) Teams are actively implementing evidence-based key strategies to improve mental health outcomes for pregnant and postpartum birthing across Illinois.

EQUITY AND SAFE SLEEP FOR INFANTS (ESSI) (2024 - PRESENT) Teams are actively implementing evidence-based key strategies to prevent infant deaths and reduce racial disparities through a quality framework by addressing infant safe sleep environment, racial equity, social determinants of health, and other contributing factors.

BIRTH EQUITY (BE) (2021 - 2024) Teams are actively implementing evidence-based key strategies to identify and address disparities, social determinants of health, and bias; implement respectful care practices; engage patients and communities; and promote birth equity. Teams are working on transitioning to sustainability.

PROMOTING VAGINAL BIRTH (PVB) (2021 - 2023) Teams are actively implementing evidence-based key strategies to equitably achieve the Healthy People 2030 goal of a 23.6% or less cesarean delivery rate among Nulliparous, Term, Singleton, Vertex (NTSV) births. Teams are working on transitioning to sustainability.

BABIES ANTIBIOTIC STEWARDSHIP IMPROVEMENT COLLABORATIVE (BASIC) (2021-2023) Decreased percent of newborns ≥ 35 weeks who received antibiotic from 5.67% to 3.83% (32% decrease) and increased percent of newborns with antibiotics stopped by 36 hours from 47% to 71%.

MOTHERS AND NEWBORNS AFFECTED BY OPIOIDS (MNO) OB & NEONATAL (2018-2020) Increased percent of pregnant women with Opioid Use Disorder connected to MAT from 41% to 85% and coordinated discharge planning for Opioid Exposed Newborns from 25% to 70%.

IMMEDIATE POSTPARTUM LONG-ACTING REVERSIBLE CONTRACEPTION (IPLARC) (2018-2020) Increased access to immediate postpartum LARC in 100% of teams, by supporting implementation of best practice protocols and simplifying billing.

IMPROVING POSTPARTUM ACCESS TO CARE (IPAC) (2019-2020) Improved scheduling of early postpartum visits before delivery discharge from 2% to greater than 90% of patients. 90% of perinatal clinicians received education on maternal risk and improving access to postpartum care.

MATERNAL HYPERTENSION (2016-2017) Increased the percent of women with severe maternal hypertension treated within 60 minutes from 41% to 85% and saw a decrease in risk of death associated with hypertension from 15% to 9%.

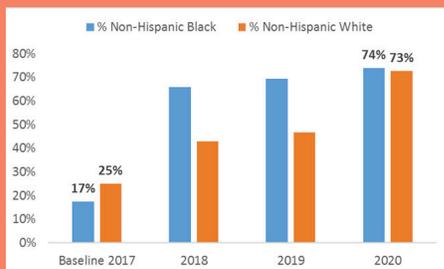
GOLDEN HOUR (2015-2017) Increased the use of a checklist to improve use of best practices in neonatal resuscitation care from 46% to 90%.

BIRTH CERTIFICATE ACCURACY (2015) Increased overall birth certificate accuracy to 95% on key data for perinatal outcomes.

NEONATAL NUTRITION (2014) Reduced time to key nutrition for newborns <1500 grams including total parenteral, lipids and enteric feeding.

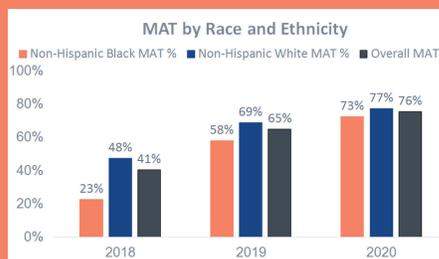
MNO-NEONATAL

At the start of the MNO-Neonatal Initiative, Black Opioid Exposed Newborns (OENs) were less likely to have a coordinated discharge compared to White OENs. Across the initiative, improvements in discharge were seen for all OENs with the greatest improvement for Black newborns.



MNO-OB

At the start of the MNO-OB Initiative, Black women with OUD were connected to Medication Assisted Treatment (MAT) at lower rates compared to White birthing women. At initiative end, this disparity was reduced; significant improvement on linkage to MAT were seen for all, with the greatest achievement among Black birthing women.



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