

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

110
deaths

During 2021-2022, an average of 110 women died each year while pregnant or within one year of pregnancy, with the highest number occurring during 2021 (116 deaths).

2-3x
likely

Black women are 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.

3x
higher

Although the infant mortality rate in Illinois has decreased over time to 5.6 or less deaths per 1,000 live births, the rate among infants born to Black women is nearly three times that of infants born to White, Hispanic, and Asian women.

3x
higher

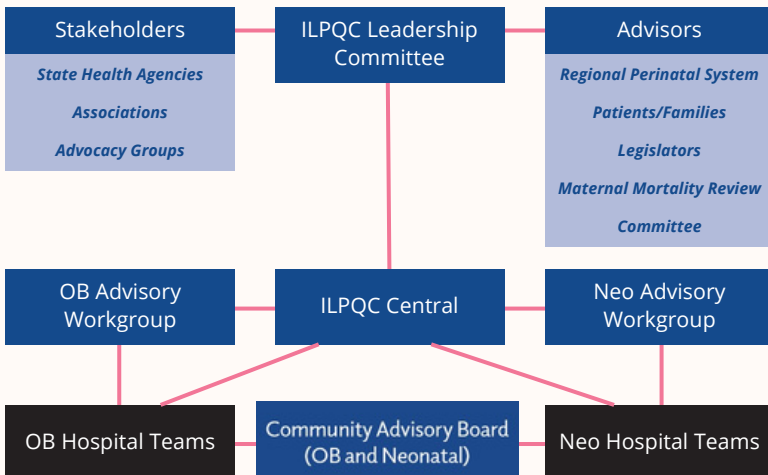
Women on Medicaid during pregnancy were over three times as likely to die from a pregnancy-related cause as women with private insurance.

source: Illinois Department of Public Health, 2024, 2025

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.



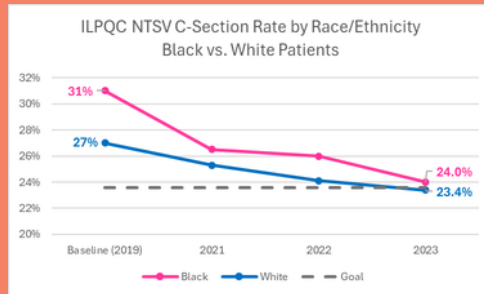
MAKING CHANGE HAPPEN

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:

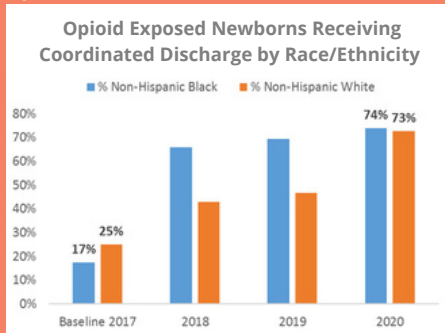
PROMOTING VAGINAL BIRTH

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 23.4% for white patients



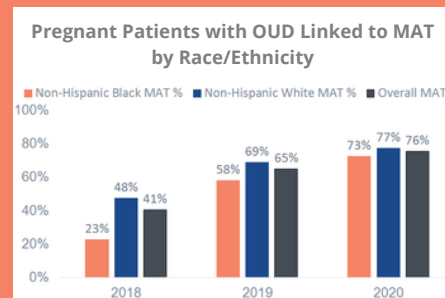
MNO-NEONATAL

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.



14 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 have implemented evidence-based strategies to address disparities, social determinants of health, and bias; advance respectful care; and engage patients and communities. SDOH linkage to resources improved from 54% at baseline to 91%. Teams are now focused on sustaining these gains in routine care.

PROMOTING VAGINAL BIRTH (PVB) (2021 - 2023) Teams have implemented evidence-based key strategies to achieve the Healthy People 2030 goal of a 23.6% or less cesarean delivery rate among Nulliparous, Term, Singleton, Vertex (NTSV) births. NTSV cesarean rates decreased from 24.8% at baseline to 23.4% in 2023. Teams are now focused on maintaining progress.

BABIES ANTIBIOTIC STEWARDSHIP IMPROVEMENT COLLABORATIVE (BASIC) (2021-2023) Decreased percent of newborns \geq 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.

Thank you to our **FUNDERS**:

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