

# Maternal Health Data and Initiatives

## Maternal Health Resolution Hearing Item #25-0917

*originally scheduled June 10, 2025  
rescheduled September 16, 2025  
- amended report*

# Public Health Perspective



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# Changing landscape

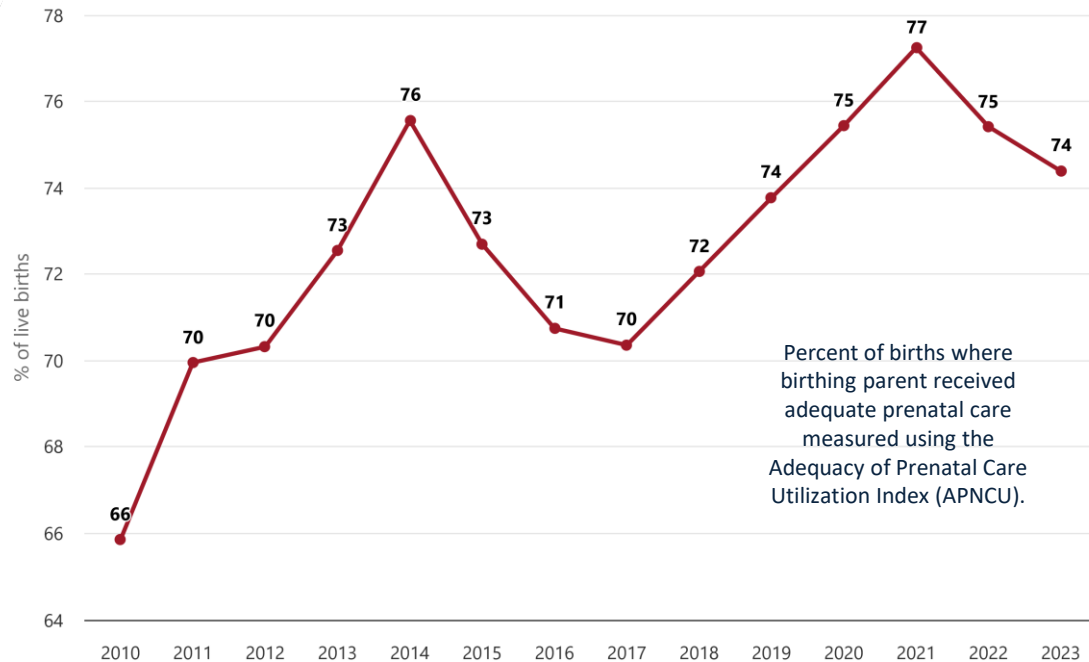
- Federal budget
  - Medicaid changes
  - SNAP cuts
  - Head Start
  - Changes to CDC that may impact SUD grants, work, etc.
- Immigrant populations
- Changing guidance
  - Ex: vaccines for pregnant persons
- Meeting with state health department, local providers, partners to ensure understanding of landscape and unified approach



# Early and Adequate Prenatal Care

Early and adequate prenatal care rate, Suburban Cook County

All Time Periods

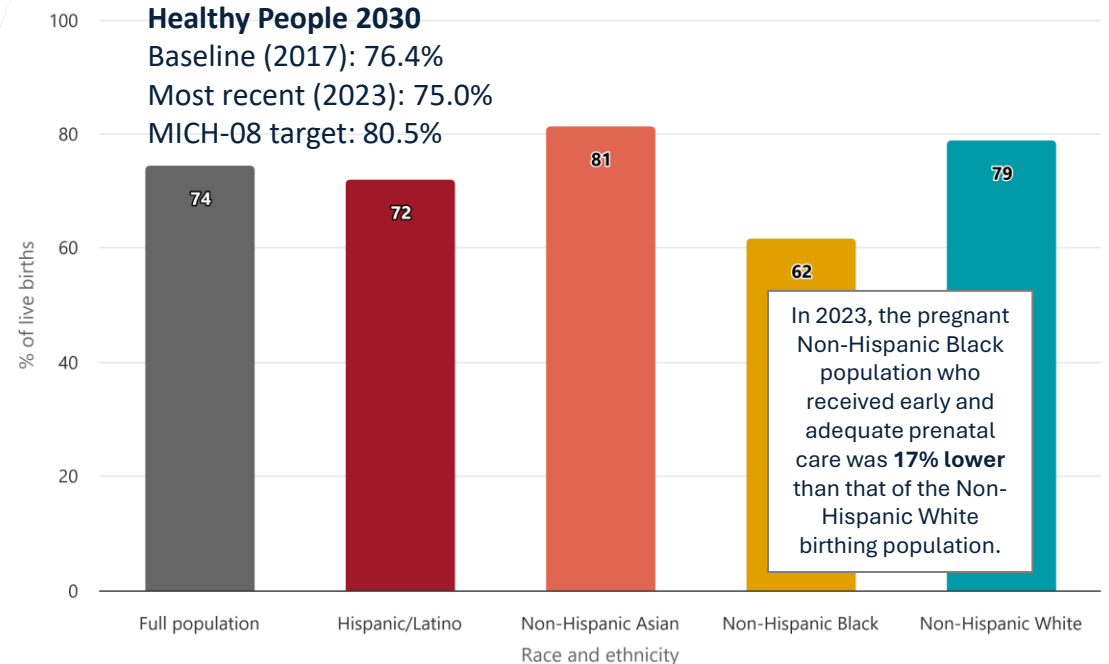


Created on Cook County Health Atlas | [cookcountyhealthatlas.org](https://cookcountyhealthatlas.org)

Early and adequate prenatal care rate: Percent of births where mother received adequate prenatal care by the Adequacy of Prenatal Care Utilization Index (APNCU).

Early and adequate prenatal care rate by Race and ethnicity, Suburban Cook County

2023



Created on Cook County Health Atlas | [cookcountyhealthatlas.org](https://cookcountyhealthatlas.org)

Early and adequate prenatal care rate: Percent of births where mother received adequate prenatal care by the Adequacy of Prenatal Care Utilization Index (APNCU).

Atlas link: <https://cookcountyhealthatlas.org/insights/hvzedvuf>

Atlas link: <https://cookcountyhealthatlas.org/insights/tyi468h7>

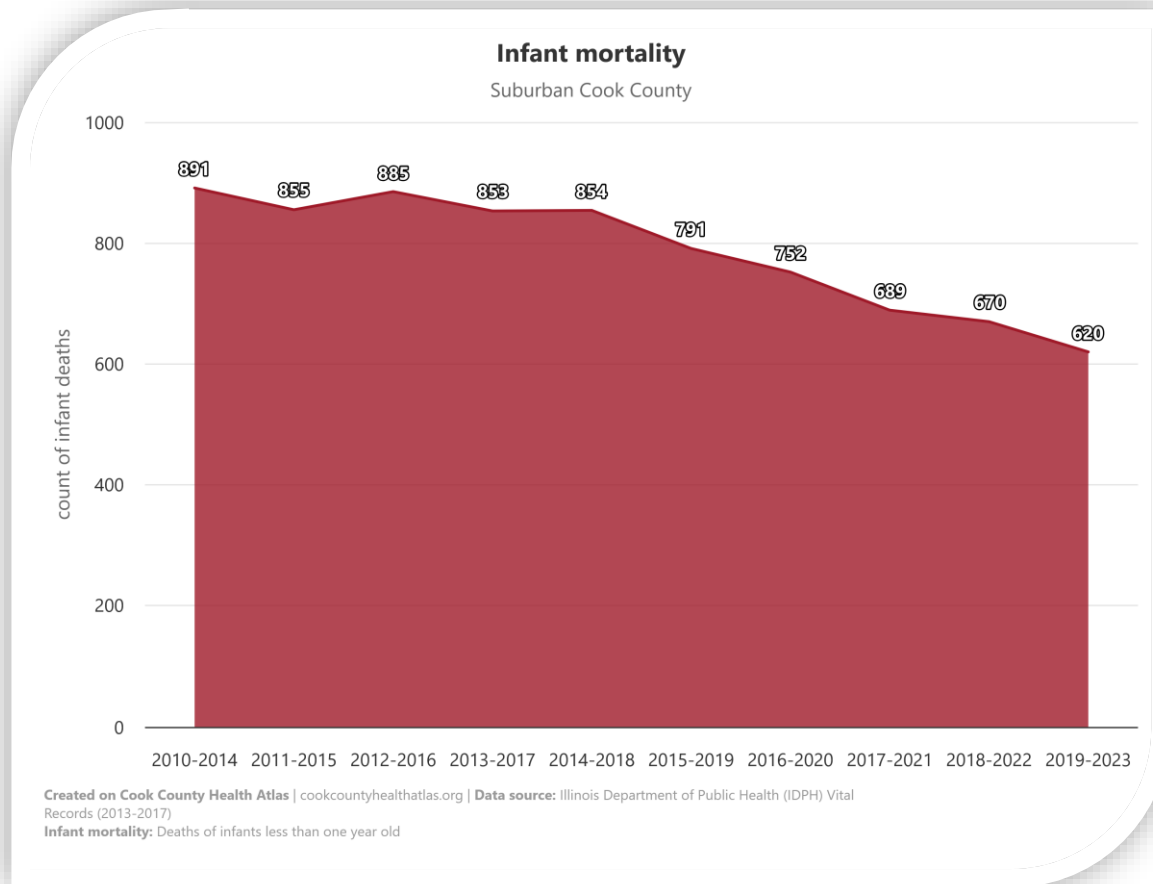


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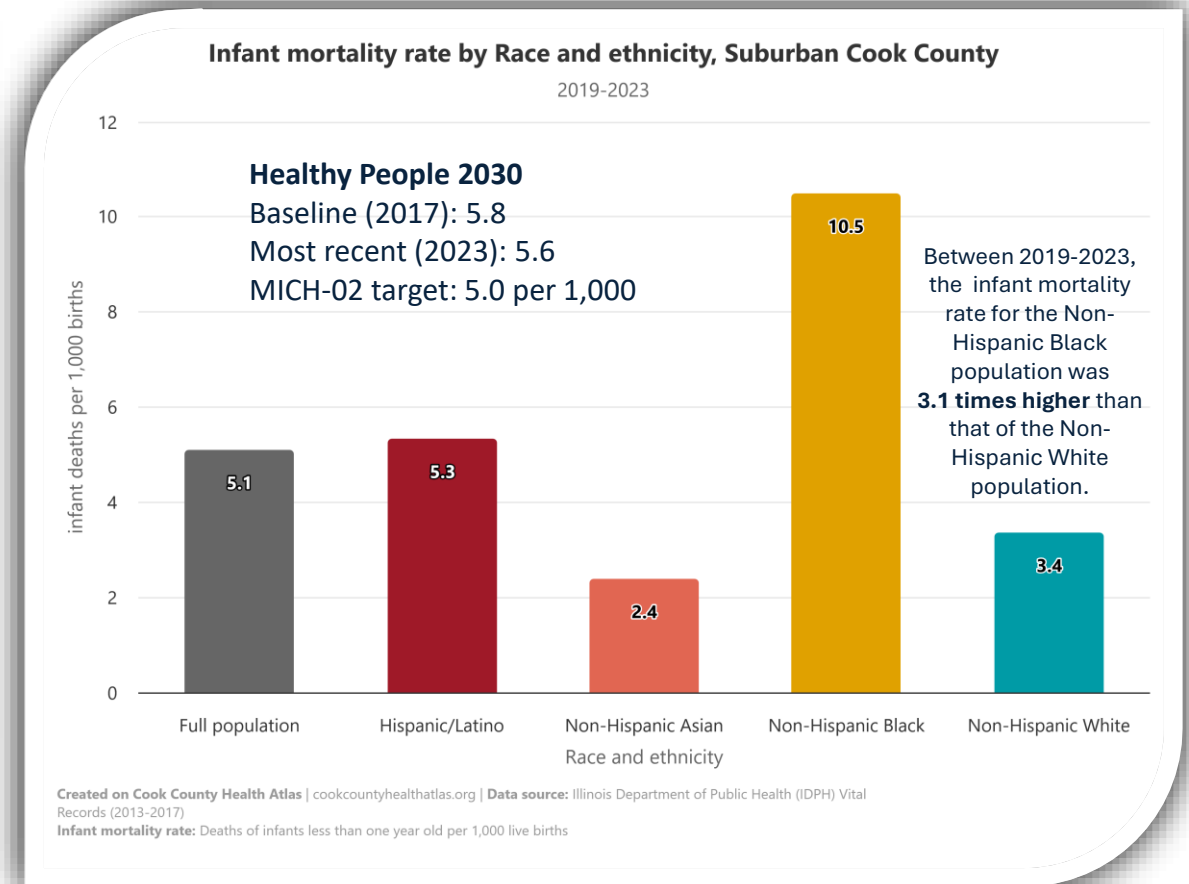
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# Infant Mortality



Atlas link: <https://cookcountyhealthatlas.org/insights/hvzedvef>



Atlas link: <https://cookcountyhealthatlas.org/insights/tyi468h7>

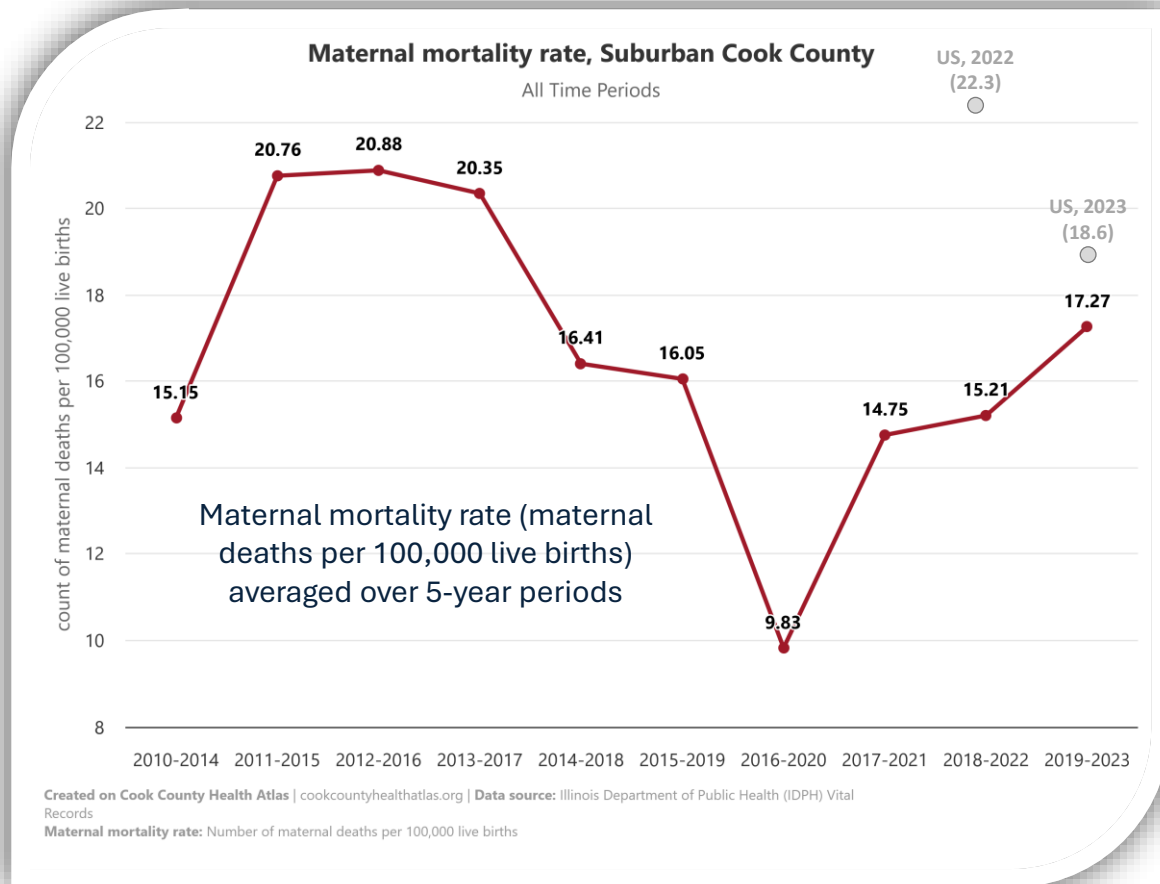


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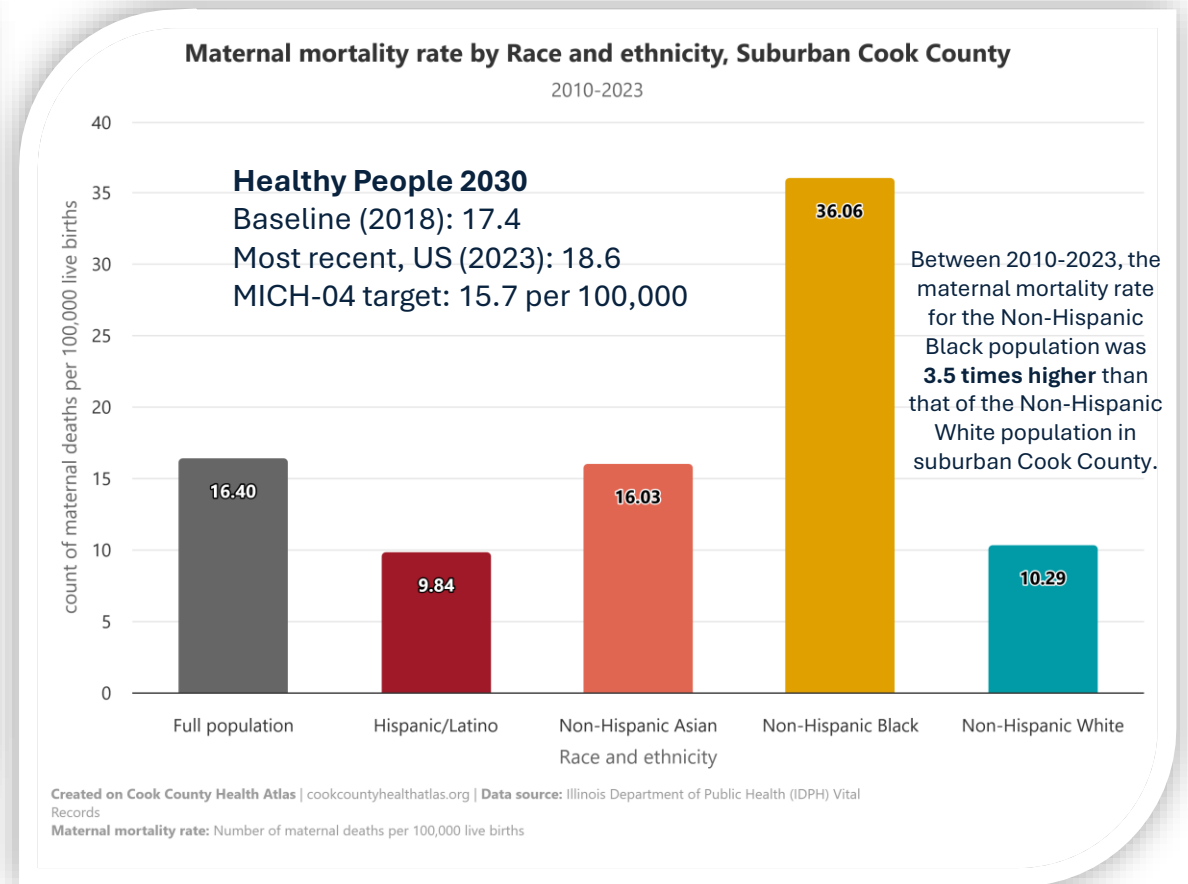
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# Maternal Mortality



Atlas link: <https://cookcountyhealthatlas.org/insights/qpdfbn22>



Atlas link: <https://cookcountyhealthatlas.org/insights/hnm6ygip>

Other: <https://www.cdc.gov/nchs/maternal-mortality/faq.htm>



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# Maternal Morbidity, Mortality and Hardship

## Leading Causes:

- Hemorrhage
- Infection
- Hypertensive Disorders
- Cardiovascular Conditions
- Thromboembolic Disorders

## Medical Risk Factors:

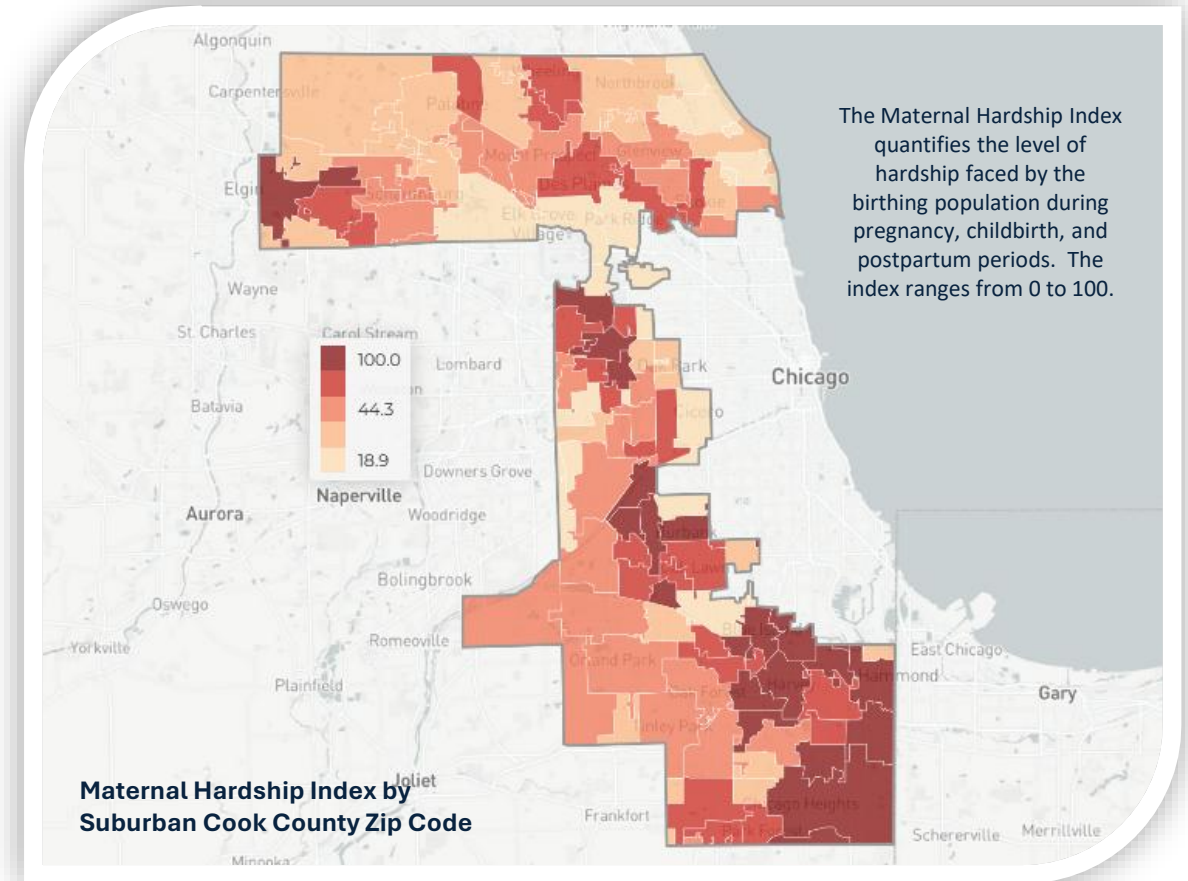
- Pre-existing Health Conditions (HTN, DM, Obesity, CVD, Autoimmune Disorders, Asthma)

## Socioeconomic Risk Factors:

- Low socioeconomic status & education level
- Racial & ethnic disparities

## Healthcare-Related Risk Factors:

- Limited access to quality prenatal/intrapartum/postpartum maternal services.



Atlas link: <https://cookcountyhealthatlas.org/indicators/PDCV>



# Healthy Beginnings Program

The Healthy Beginnings Program is a new initiative designed to improve outcomes for birthing individuals during the perinatal period and infants up to 12 months of age. The program prioritizes communities with the highest maternal and infant risk indicators and delivers wraparound service support through evidence-based protocols.



Healthy Beginnings  
Maternal and Child  
Health Program

Supporting Moms  
and Babies

## Evidence-Based Activities:

- **Home/Clinic Visits** – Nurse assessments, education, referrals
- **Prenatal Care** – Clinic coordination, prenatal support before and during pregnancy
- **Immunizations** – Vaccine education and adherence support
- **Mental Health** – Screening, behavioral health referrals
- **Doula Support** – Education & referrals
- **Early Intervention** – Developmental screenings, case management
- **SDOH Navigation** – Screening and referrals for care barriers
- **Breastfeeding** – Lactation consultant coordination
- **Nutrition** – Prenatal WIC enrollment, Nutrition education & support
- **Safe Sleep** – Education and equipment give aways (Community Baby Shower)
- **Communicable Disease** – Hepatitis B & Lead Poison Prevention case management



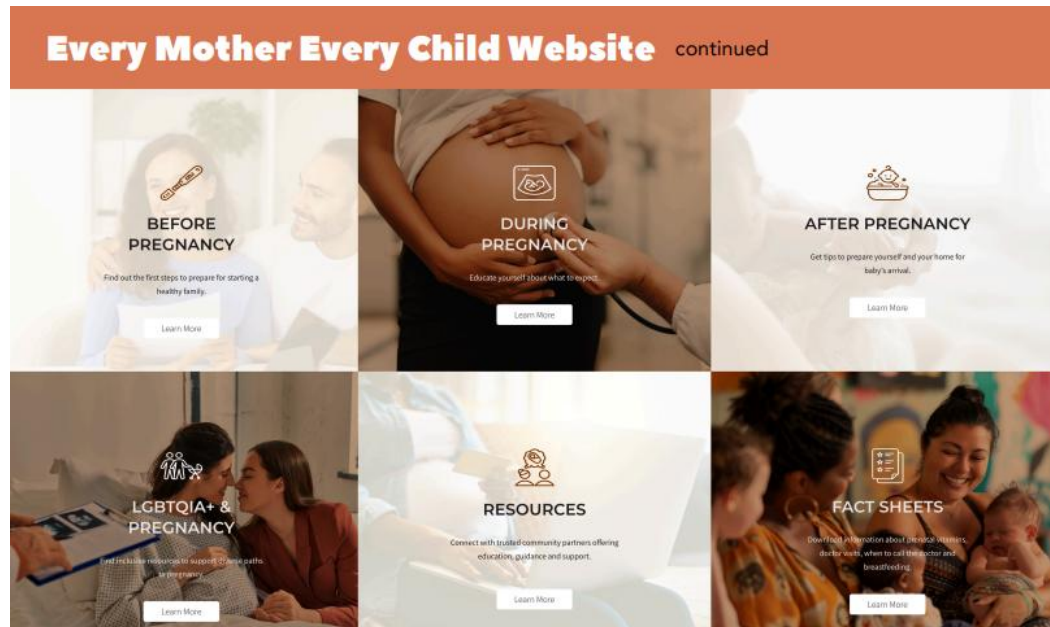
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# Maternal and Child Health Website

**EveryMotherEveryChild.org**: Launched microsite in 2024 to support maternal and child health & offer comprehensive, accessible resources for pregnant, planning to become pregnant, or navigating postpartum care individuals during all stages of pregnancy.



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# Maternal & Child Health Fact Sheets

Downloadable information sheets about prenatal nutrition, prenatal doctor visits, when to call the doctor and breastfeeding tips.

- Website Engagement
- Social Media Engagement
- Digital Communications Toolkit [EveryMotherEveryChild-Social-Media-Toolkit-013125.pdf](#)
- Printed materials distribution in the community
- Multiple languages available



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# Health System Perspective



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# COOK COUNTY HEALTH

## Primary Care Medical Homes (Family Health Care)

1. Arlington Heights Health Center • Arlington Heights, IL ★
2. Belmont-Cragin Health Center • Chicago, IL ★
3. Austin Health Center • Chicago, IL ★
4. North Riverside Health Center • North Riverside, IL ★
5. Dr. Jorge Prieto Health Center • Chicago, IL ★
6. Bronzeville Health Center • Chicago, IL (COMING SOON) ★
7. Englewood Health Center • Chicago, IL ★
8. Robbins Health Center • Robbins, IL ★
9. Cottage Grove Health Center • Ford Heights, IL ★

## Regional Outpatient Centers

(Includes Primary Care Medical Homes, specialty, diagnostic and procedural services)

10. John Sengstacke Health Center ★  
at Provident Hospital • Chicago, IL
11. Blue Island Health Center • Blue Island, IL ★
12. Central Campus • Chicago, IL
  - Professional Building
  - Harrison Square
  - General Medicine Clinic (GMC) ★
  - Specialty Care Center (Clinics A - V) ★
  - Women & Children's Center ★  
at Stroger Hospital
13. Ruth M. Rothstein CORE Center • Chicago, IL ★
14. Provident Dialysis Center • Chicago, IL

## Child & Adolescent Services

15. Morton East Health Center • Cicero, IL

## HOSPITALS

16. John H. Stroger, Jr. Hospital • Chicago, IL
17. Provident Hospital • Chicago, IL

## ADDITIONAL SERVICES

### Cook County Department of Public Health (CCDPH)

18. CCDPH Main Office • Forest Park, IL
19. CCDPH at Bridgeview Courthouse • Bridgeview, IL
20. CCDPH at Rolling Meadows Courthouse • Rolling Meadows, IL

### Correctional Health Services

21. Cook County Jail • Chicago, IL ★
22. Juvenile Temporary Detention Center • Chicago, IL ★

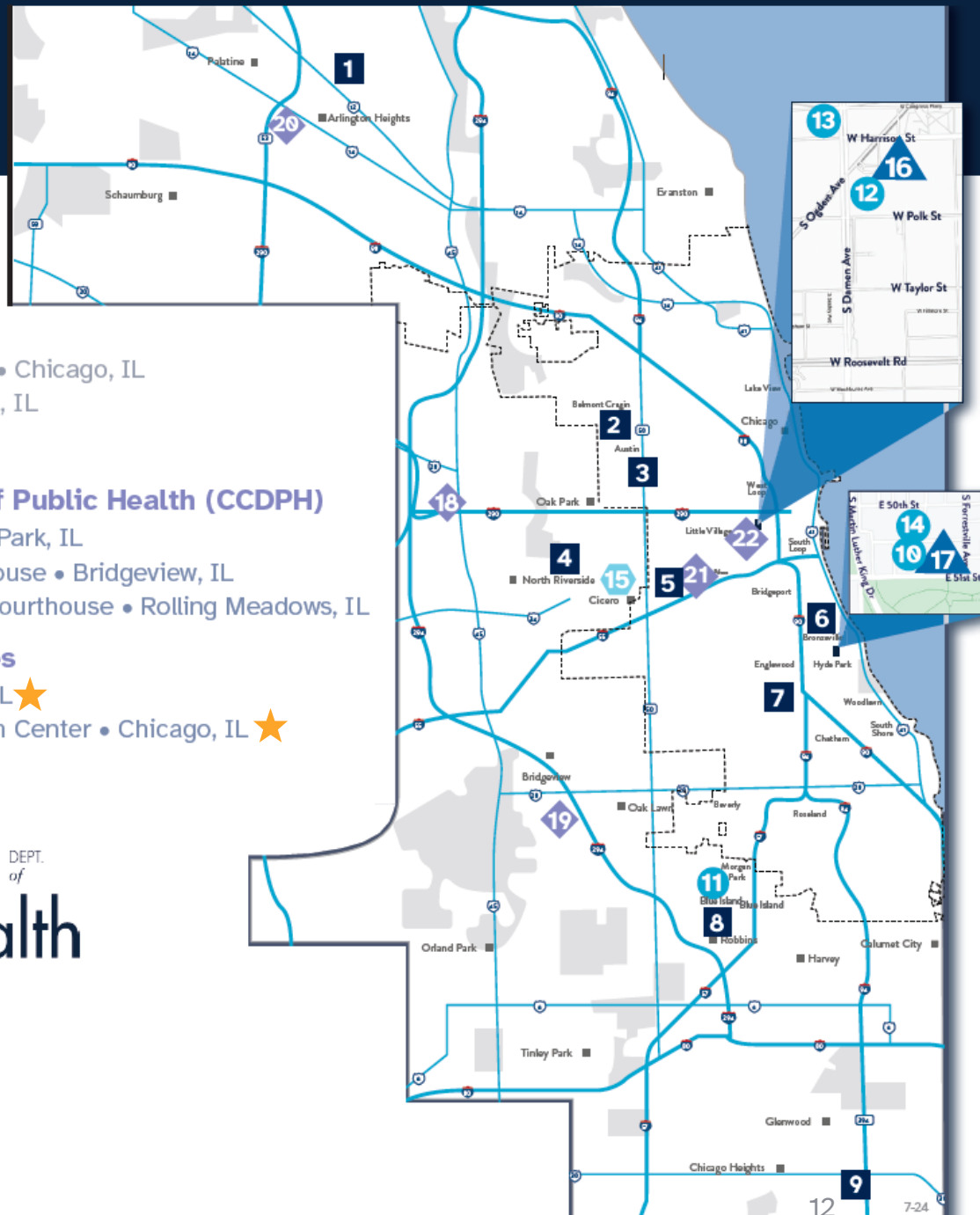


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A MEDICAID HEALTH PLAN



# Severe Maternal Morbidity Rate (SMMR)

## Cook County SMMR

- High SMMR (1 of 7 counties)
- No clear geographic pattern

## CCH SMM Case Review

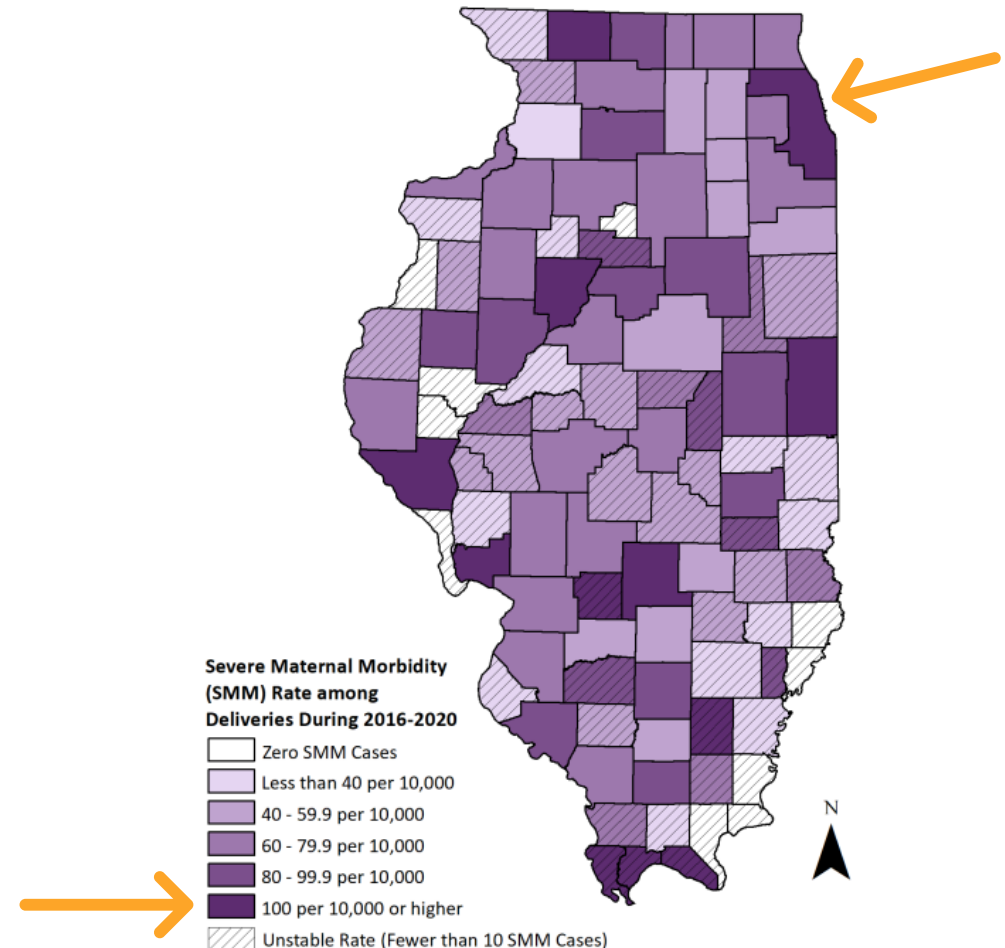
- Transfusion of 4 units of blood
- ICU admission

State reporting requirement (within 7 days)

To explore county differences in a rare event like severe maternal morbidity, five years of data were combined to improve statistical reliability.<sup>46</sup> During 2016-2020, 49 of Illinois' 102 counties had at least 10 cases of severe maternal morbidity to support reliable rate estimates; only these 49 counties are described below.

During 2016-2020, the severe maternal morbidity rate varied across counties (Figure 16), ranging from a low of 39.0 per 10,000 births in Whiteside County to a high of 119.8 per 10,000 births in Pike County. Seven counties had a severe maternal morbidity rate of at least 100 per 10,000 births (Cook, Fayette, Jersey, Peoria, Pike, Stephenson, and Vermilion).

Figure 16. Severe maternal morbidity varies across Illinois but has no clear geographic pattern.

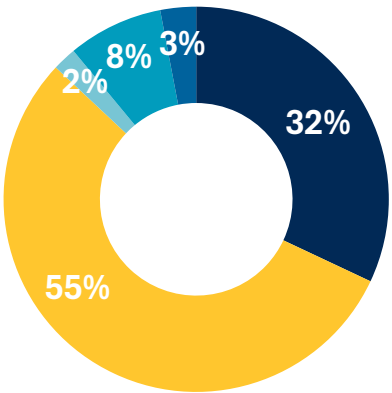


<sup>46</sup> For the map in Figure 16, 2016-2020 data were combined to increase statistical reliability; note this differs from the time period (2018-2020) used for the rest of this section, including Figures 13, 14, and 15.

# OB Risk Factors CY 2024

## RACE/ETHNICITY BREAKOUT

African American   Hispanic   Asian   Other   White

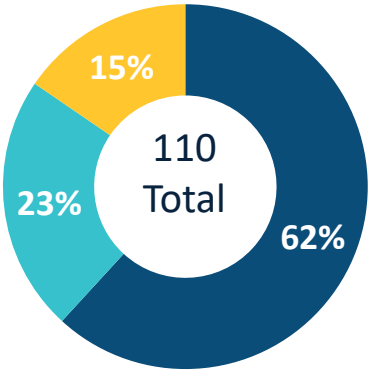


## LEAPFROG MEASURES

TARGET	CY 22	CY 23	CY 24	NTSV C-Section Rate
< 23.9%	21.40%	23.20%	23.99%	
TARGET	CY 22	CY 23	CY 24	C-Section DVT Proph
>90%	97%	98%	100%	

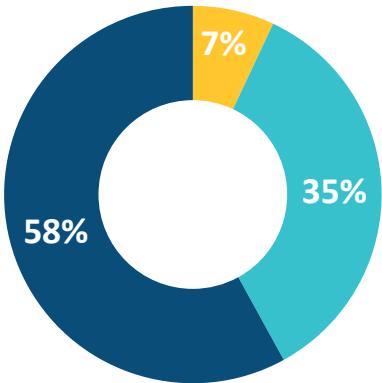
## PPH

1000-1499   1500-1999   2000+



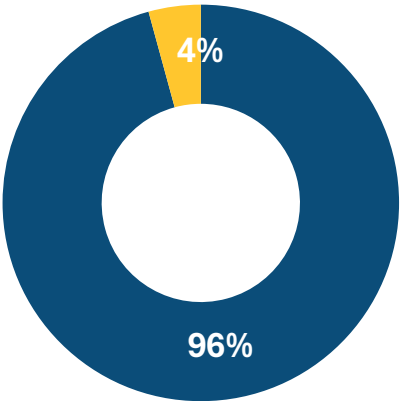
## HYPERTENSION

Severe HTN   Overall   Non-HTN



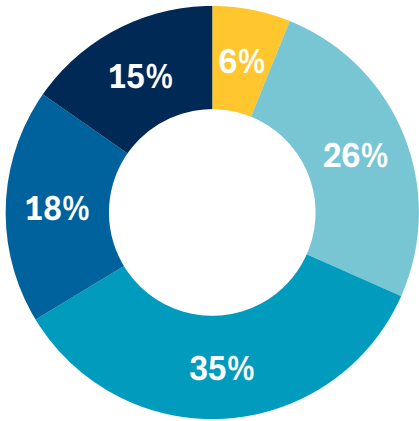
## PRETERM BIRTHS

34+ weeks (ega)   <34 weeks (ega)



## BMI

Normal   Overweight   Class I   Class II   Class III



\*Data based on the 110 PPH in CY24, not total deliveries

# The Women and Children's Service Line

## Comprehensive Women's Care

Menopause counseling  
Urogynecology  
Colorectal  
Nutrition and weight management  
Women's cardiology  
Breast cancer screening & management

## Women's Health & Screening

Breast exams and cancer screenings  
Routine service screenings  
Fibroid management  
Pelvic floor disorder management  
Medication assistance program

## Obstetrics

Prenatal care  
Maternal Fetal Medicine  
Labor & Delivery/Postpartum  
Newborn baby prep education & classes  
Breastfeeding support  
Breastfeeding counseling and support  
Family planning and postpartum contraception  
Antenatal Testing Unit

## Integrated Service Line Model

Primary & preventative care  
Behavioral health  
Diet & nutrition  
SDOH support services

## Pediatrics

NICU & PICU  
Newborn & Postnatal care & checkups  
WIC & other social support services  
Well child visits – Primary Care  
Adolescent Health  
Pediatric Specialty referrals  
Youth focused health & wellness classes  
Immunizations (HPV Gardasil)  
Pediatric Psychiatry/Behavioral Health

## Gynecology

Routine gynecology visits  
Routine pap smears  
STI testing, education, and prevention  
Contraception education and provision  
Specialty referrals  
Immunizations (HPV Gardasil)  
Fertility referrals (IVF)

## Reproductive Health Services

Contraceptive counseling  
Reproductive life planning  
STI testing, education, and treatment  
Pregnancy termination

## Doula Program Update:

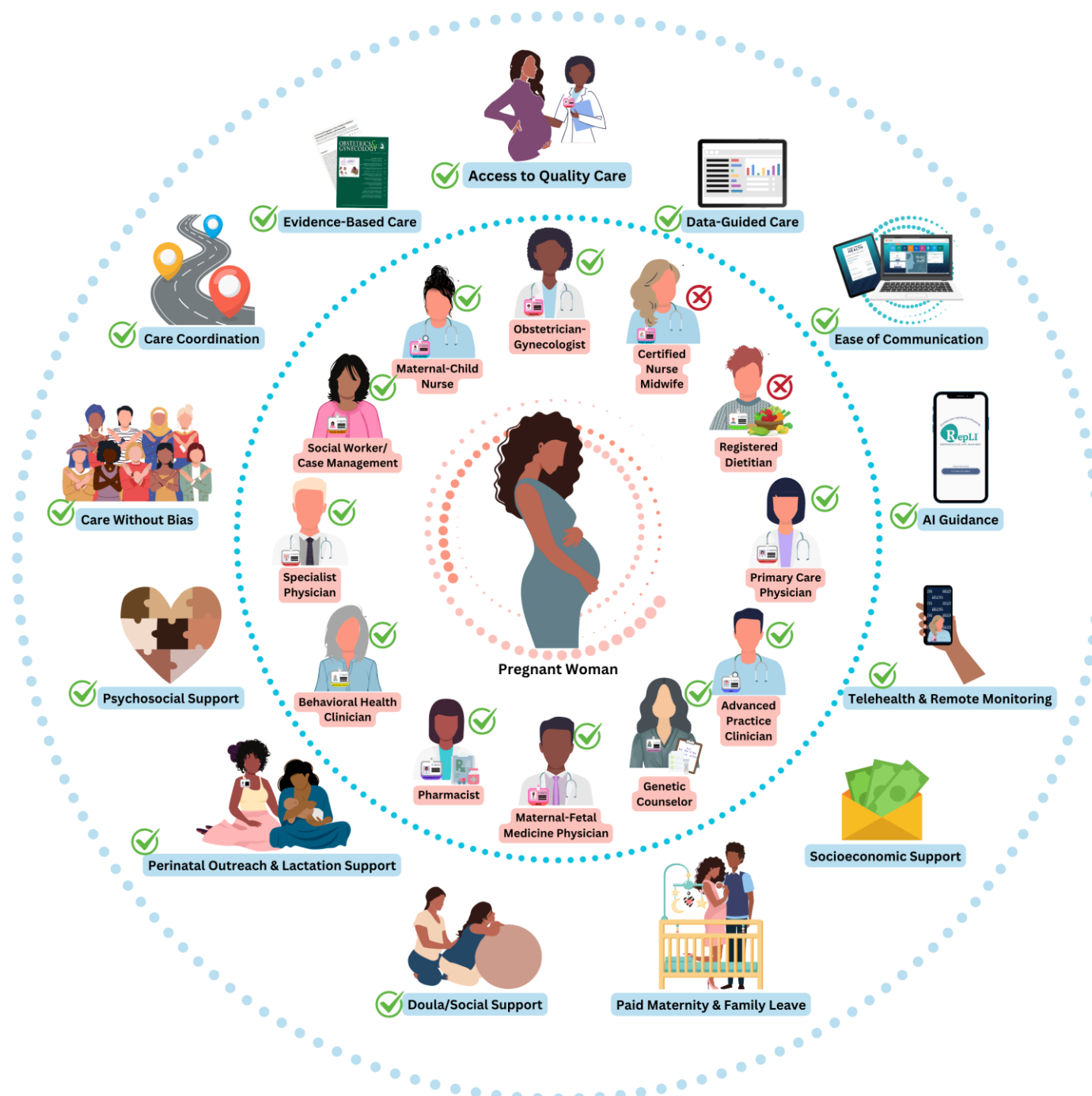
### Program Model:

As primary supports to mom's doulas are expected:

- Attend/participate in a minimum of 50% of prenatal visits,
- Be present during the labor and delivery period as requested by birthing person,
- Be present at 50% postpartum visits and the initial newborn visit that follows the birth
- Doulas may also be asked to participate in home visits.
- Mandatory participation in case reviews with multidisciplinary team that occur monthly at Cook County Health.
- Weekly visits or virtual check-ins after post-partum with CCH home visitor until 6-8 weeks.

### Metric High-Level Categories:

- Patient Feedback
- Attended Deliveries
- Gestational age and chronic medical condition contact
- Birth outcomes
- Outpatient appointments



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# Quality Initiatives

## Current Care Elements and Services

### Data-Guided Care

- Database/dashboards
- Severe Morbidity Mortality Review (SMMR)

### Evidence-based care (California Maternal Quality Care Collaborative Safety Bundles)

- PPH (annual training and simulation)
- Hypertension (emergency medication algorithms & inter-departmental collab PP/HTN clinic)
- Maternal Sepsis\* (finalizing safety bundle)

### Access to Quality Care

- Eight ACHN clinics

### Ease of Communication with Care Team

- Stroger L/D 24/7



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Cermak  
Correctional Health

# Correctional Health Perspective

# Services Provided

Primary Care clinics available to all individuals

STI screening offered to all patients during intake process

Perinatal Service – prenatal clinic for pregnant and postpartum

Medication Assisted Treatment Services (MAT)

Termination care

Family planning services

- Gynecology Clinic  
(staffed by Stroger Attendings & two Cermak PA's) – colposcopy on site
- Ultrasound – OB for dating only
- Referrals to Stroger Hospital for Maternal-Fetal Medicine, antepartum ultrasound and delivery

# Services Provided

- Approximately 6% of incarcerated individuals are cis female
- Census –370 as of 05/27/25
- Number of pregnant persons: 333 unique individuals noted to be pregnant from 1/1/23 to present
  - Average less than 3 birthing persons on a given day.
- All pregnant persons are housed in Cermak's Special Care Unit with 24/7 physician and nursing care
- Pregnant persons are offered special diet which includes nutrition support, healthy options, as well as Liquid supplements (Boost/Ensure)

# Health Plan Perspective



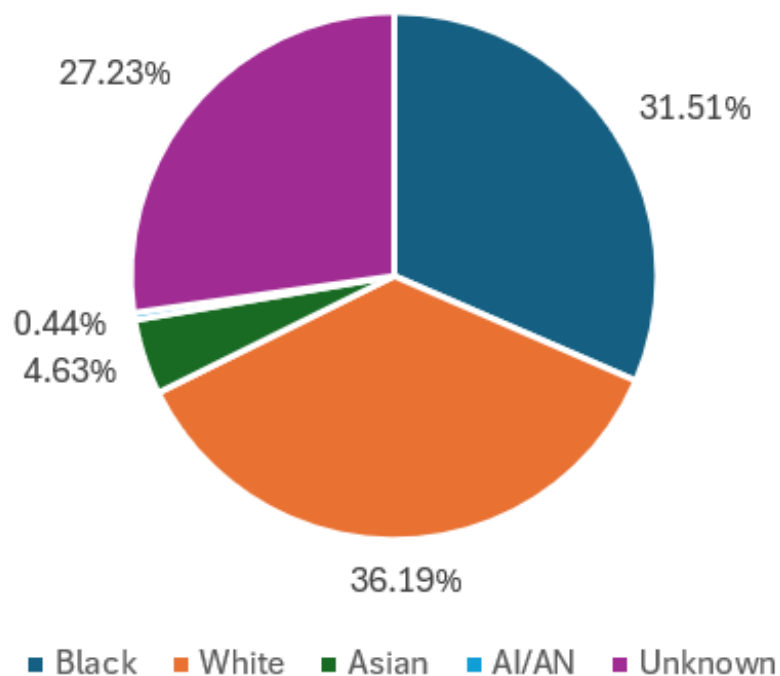
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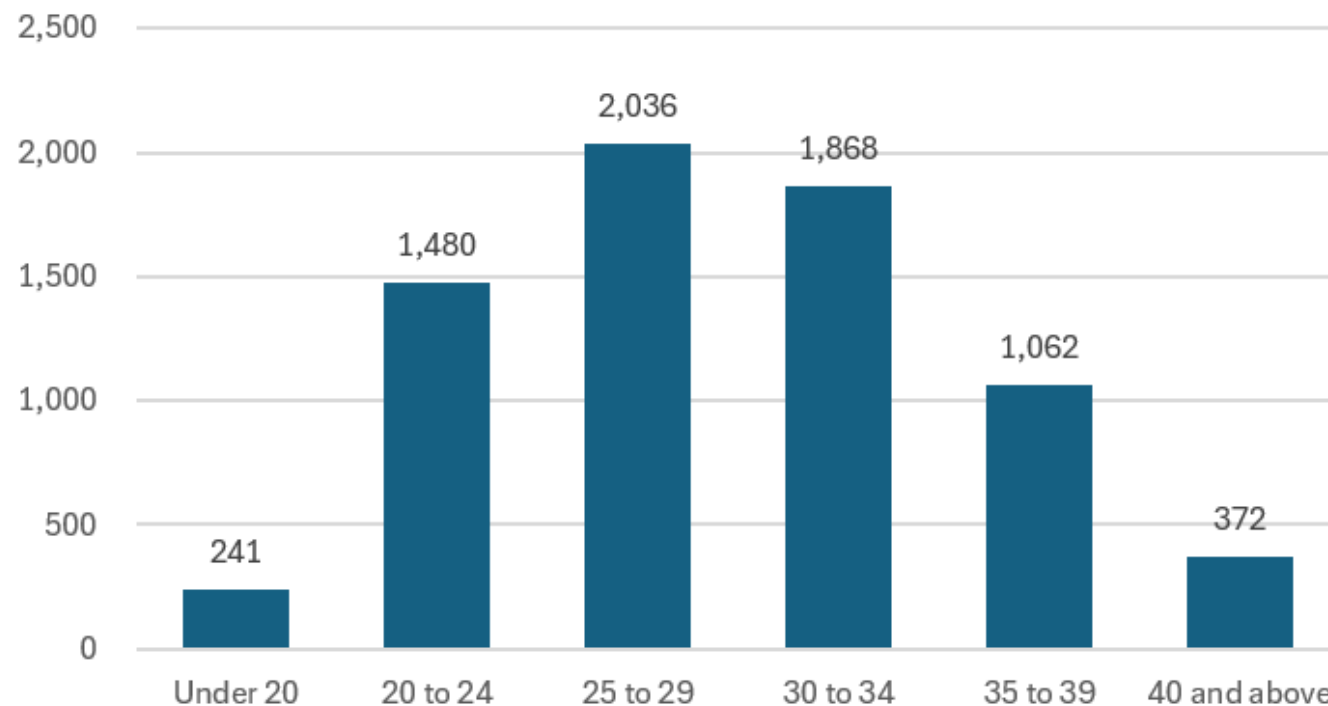
# Data Overview: 2024 Deliveries

- In 2024, there were **7,059** deliveries among CountyCare members
  - Approximately **3 in 4** pregnant members live in DIA zip codes
  - **27.57%** were Caesarean section

Deliveries by Race

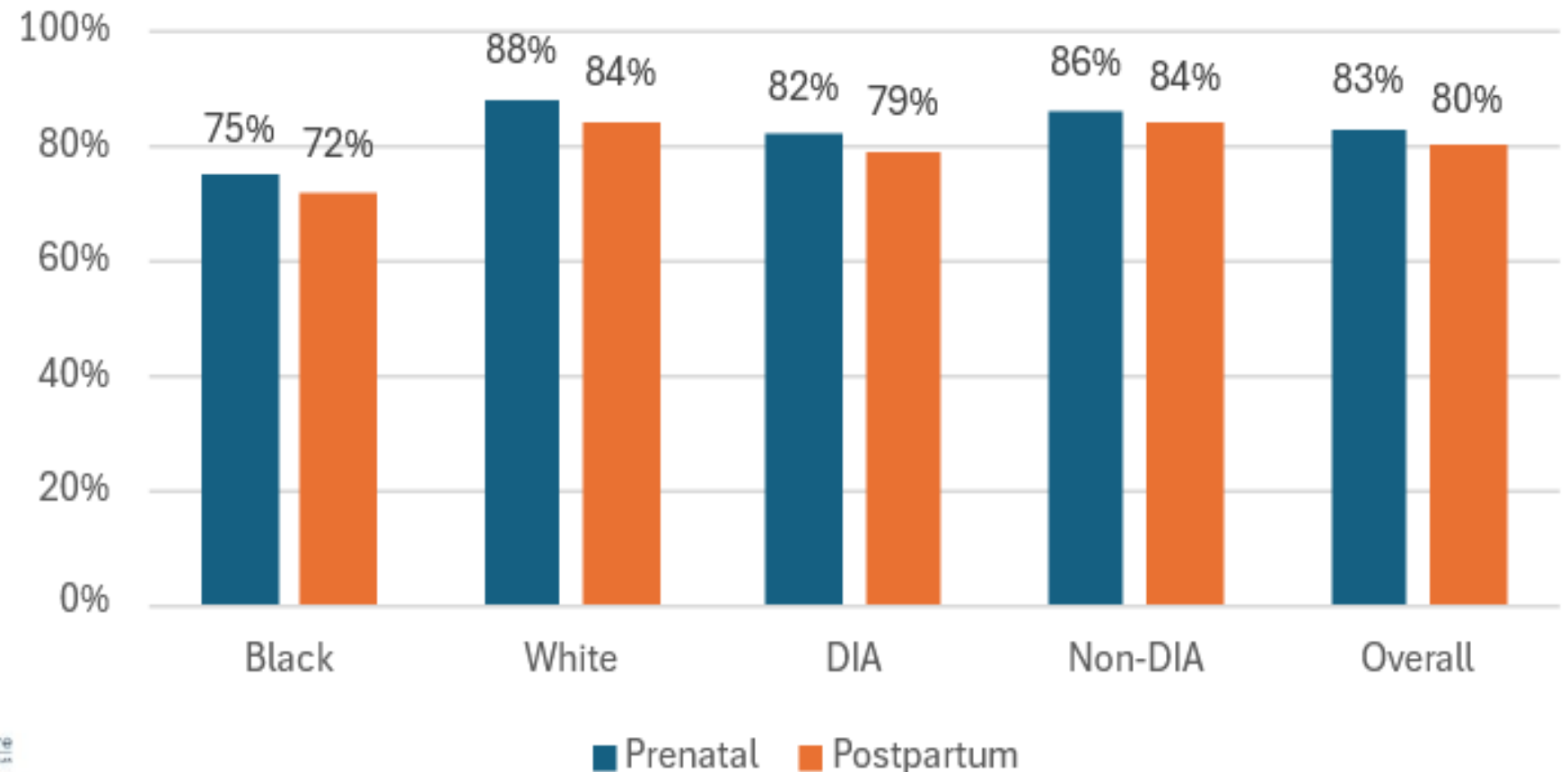


Deliveries by Age Group

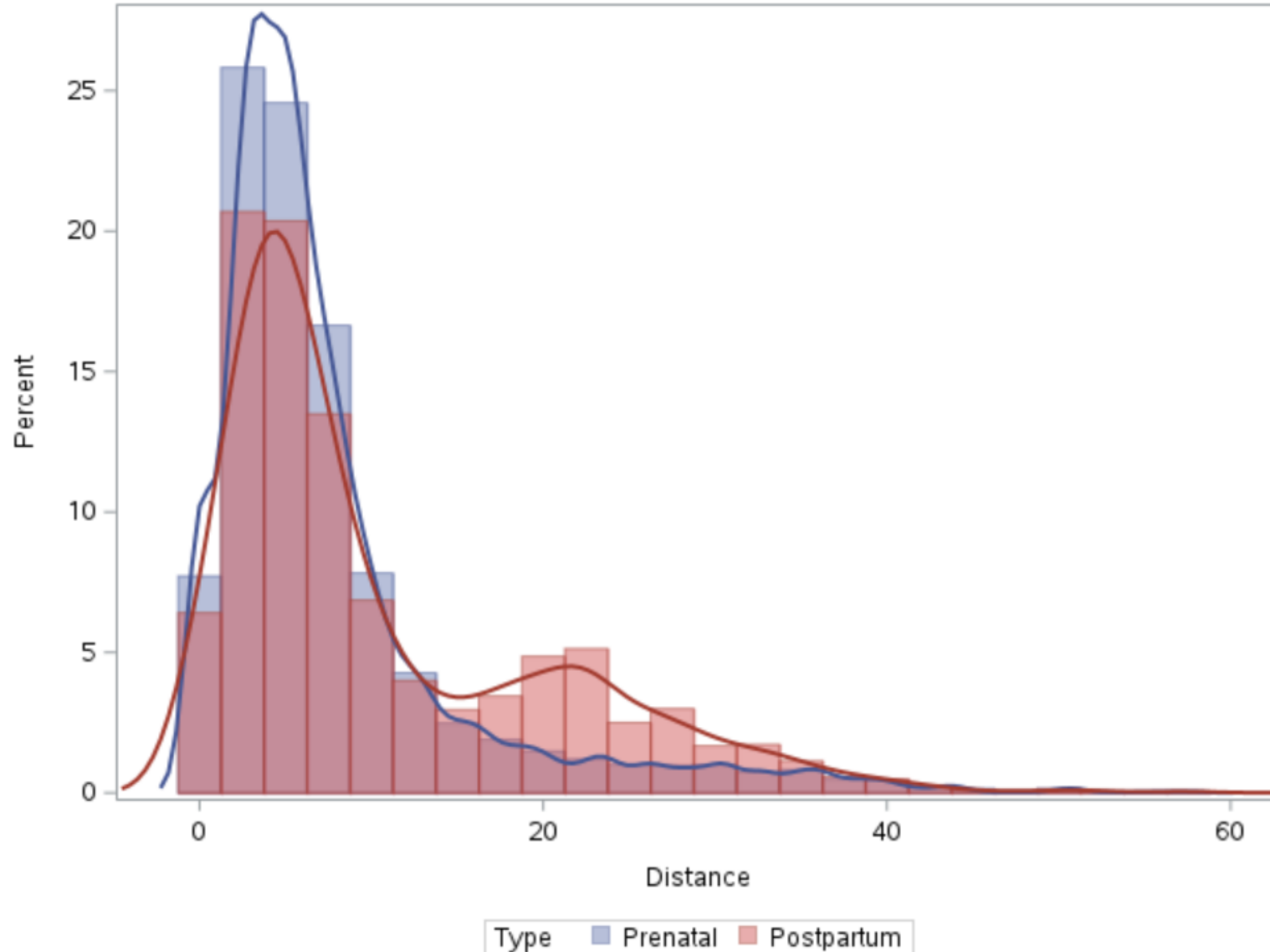


# Prenatal and Postpartum Care (PPC)

## Examining Prenatal and Postpartum Rate Disparities



# Analysis: Distance Traveled



- **Key Finding:** Members not necessarily going back to medical home for postpartum care. Travel distance (in miles) is longer for postpartum care.
- **Actions:** Shared key findings with CBO partners and facilitated discussion activity. Launched call campaign to connect members to postpartum care, with scripting around member choice of provider. Pursuing RFP for population health with focus on maternal child health.

# Member Outreach: PPC

## **Brighter Beginnings text campaign**

Texts highlighting Brighter Beginnings program, rewards and benefits around pregnancy

Audience: All women of reproductive age

## **Prenatal Care phone outreach**

Calls to make sure members are attending prenatal care, connect to care coordination as needed

Audience: All pregnant members

## **Postpartum Care Gap text campaign**

Reminder texts about importance of postpartum care, rewards around attending visit

Audience: All postpartum members with no postpartum appointment in system

## **Postpartum Care Gaps phone outreach**

Calls to make sure members are attending postpartum care, reminding about car seat and Sleep Safe Kit

Audience: All postpartum members with no postpartum appointment in system



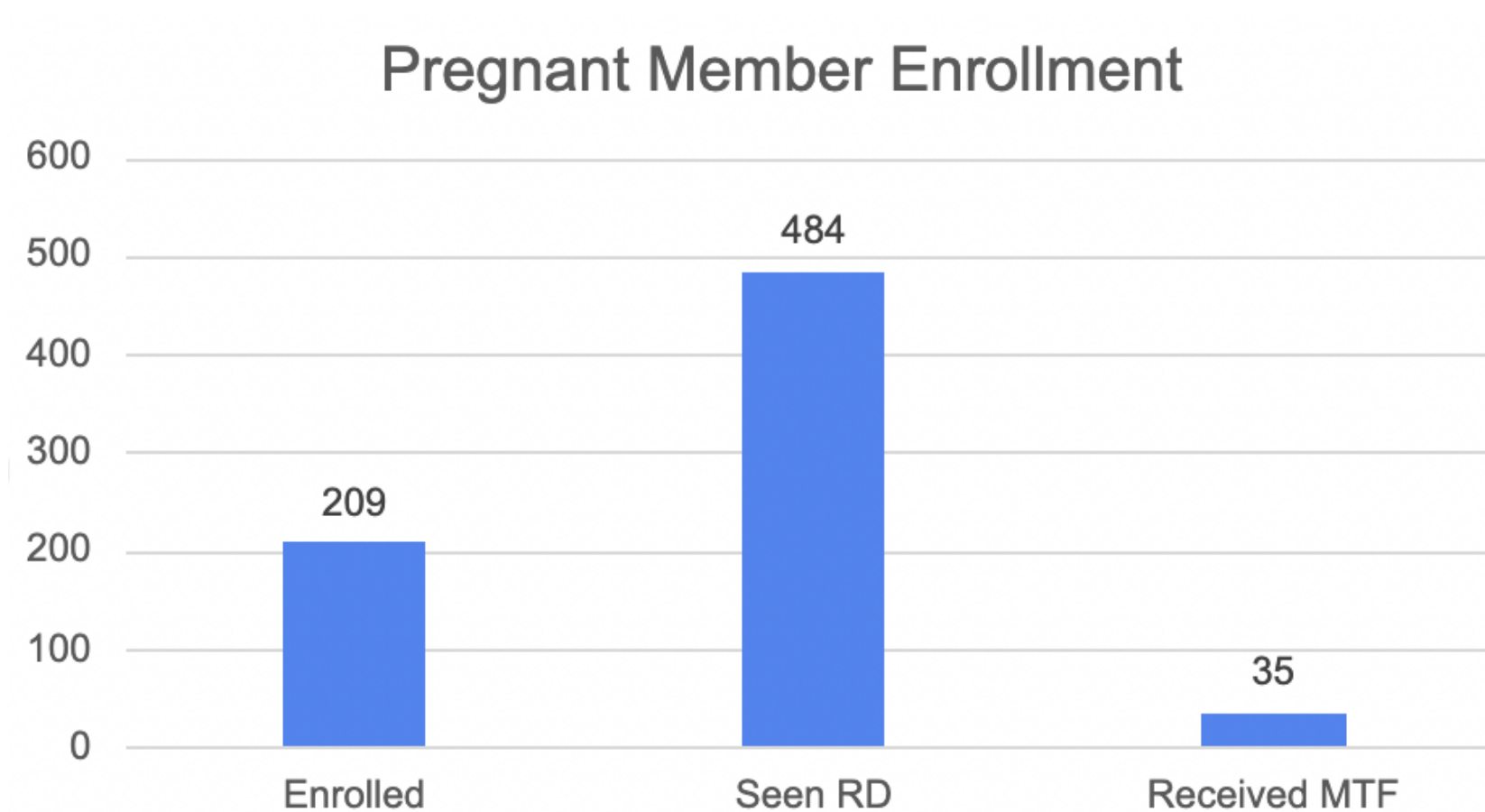
# Progress Made: PPC

Measure	2023 Rate	2024 Rate	Change
Prenatal	86.89%	88.08%	<b>+1.19</b>
Postpartum	81.64%	83.85%	<b>+2.21</b>

- Prenatal Care anticipated to reach 4 star NCQA rating (consistent with 2023)
- Postpartum Care anticipated to reach 4 star NCQA rating for 2024 (up from 3 stars in 2023)



# FoodCare Utilization



# Collaboration

## Mutual training for external MCH groups

- CountyCare presents about Brighter Beginnings to community partners, MCH workgroups and hosts partner presentations for staff
- Example: Working with ConnectHome Visiting Chicago to train care coordinators on services, referral process

## Community partner events

- Promote partner MCH-related events to members via care management
- Host table at partner MCH-related events, sign up for events, FoodCare in-person
- Examples: South Side community baby shower, Family Connects Community Action Board

## Evidence-Based Program Updates

- CountyCare partnered with Illinois Contraceptive Access Now! (ICAN!) to create contraception guides
- CountyCare removed 4 visit requirement from Sleep Safe Kit extra benefit based on latest SUID reports and community partner feedback

## MCH Workgroups

- Family Connects Community Action Board
- March of Dimes workgroups
- Start Early/Head Start



# Community Baby Showers



CountyCare hosted two **community baby showers** on the south and west sides for pregnant and postpartum members



**Driven by data:** MCH team examined PPC rates by zip code and selected zip codes where PPC rates (both prenatal and postpartum) are lower to determine target audience



Unique opportunity to **directly provide assistance** (ordering car seat and Sleep Safe kit, signing up for care coordination, sharing information about Brighter Beginnings and community resources)



# Baby Showers at a Glance

## Fall 2024

- September 28th at Provident Hospital
- **19** members attended
- 6 community partners
- Presentations on postpartum care, mental health

## Spring 2025

- May 17th at Sinai Community Institute
- **41** members attended
- 4 community partners
- Presentations on safe sleep, importance of postpartum, well-child care
- "Clear the Crib" challenge



# Fall Community Baby Shower



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# Spring Community Baby Shower



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# What's Next?

- RFP for Maternal Child Health
- Continued Implementation of Doulas and Lactation Counselors
- Partnership with HFS Health Transformation Collaboratives





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# Thank you