Maternal Health Data and Initiatives

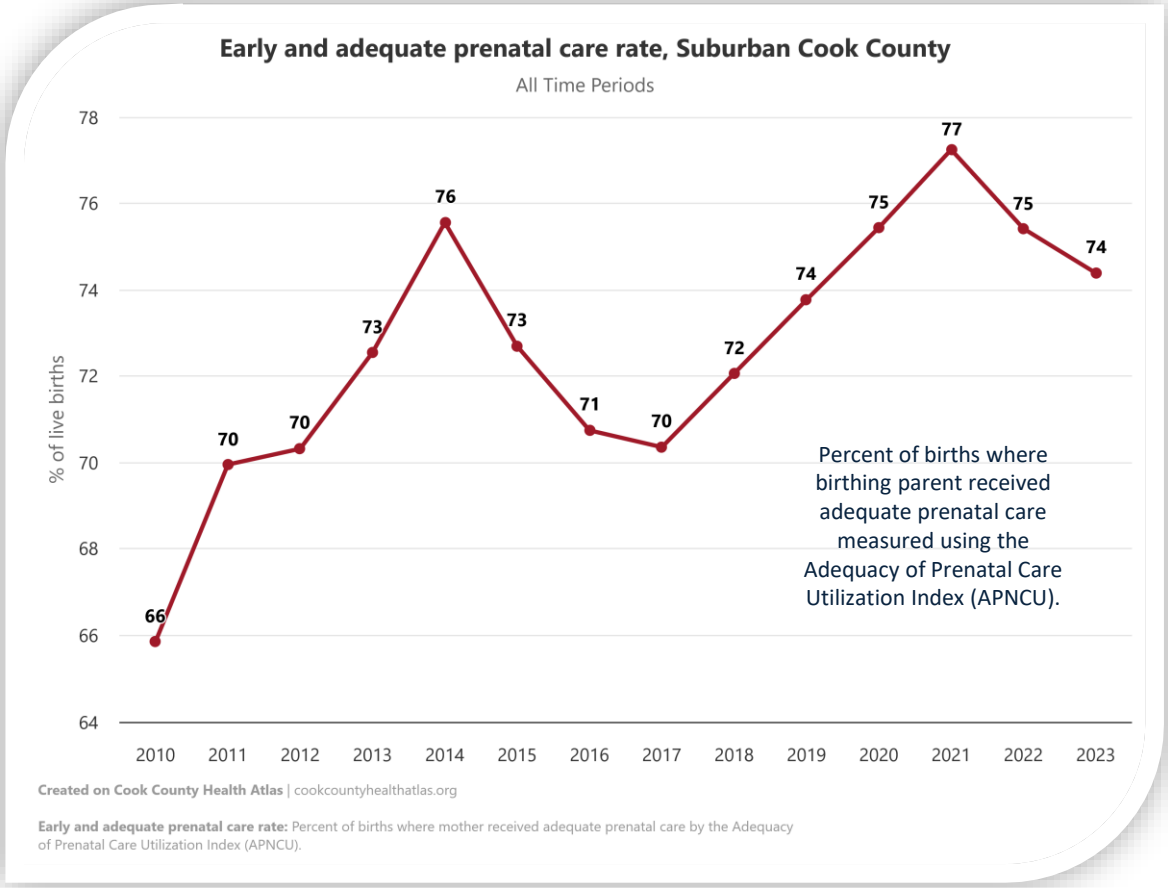
Maternal Health Resolution Hearing
Item #25-0917
June 10, 2025

Cermak Correctional Health

COOK COUNTY HEALTH | Cook County Dept. of Public Health | BUILDING HEALTHIER COMMUNITIES

Public Health Perspective

Early and Adequate Prenatal Care



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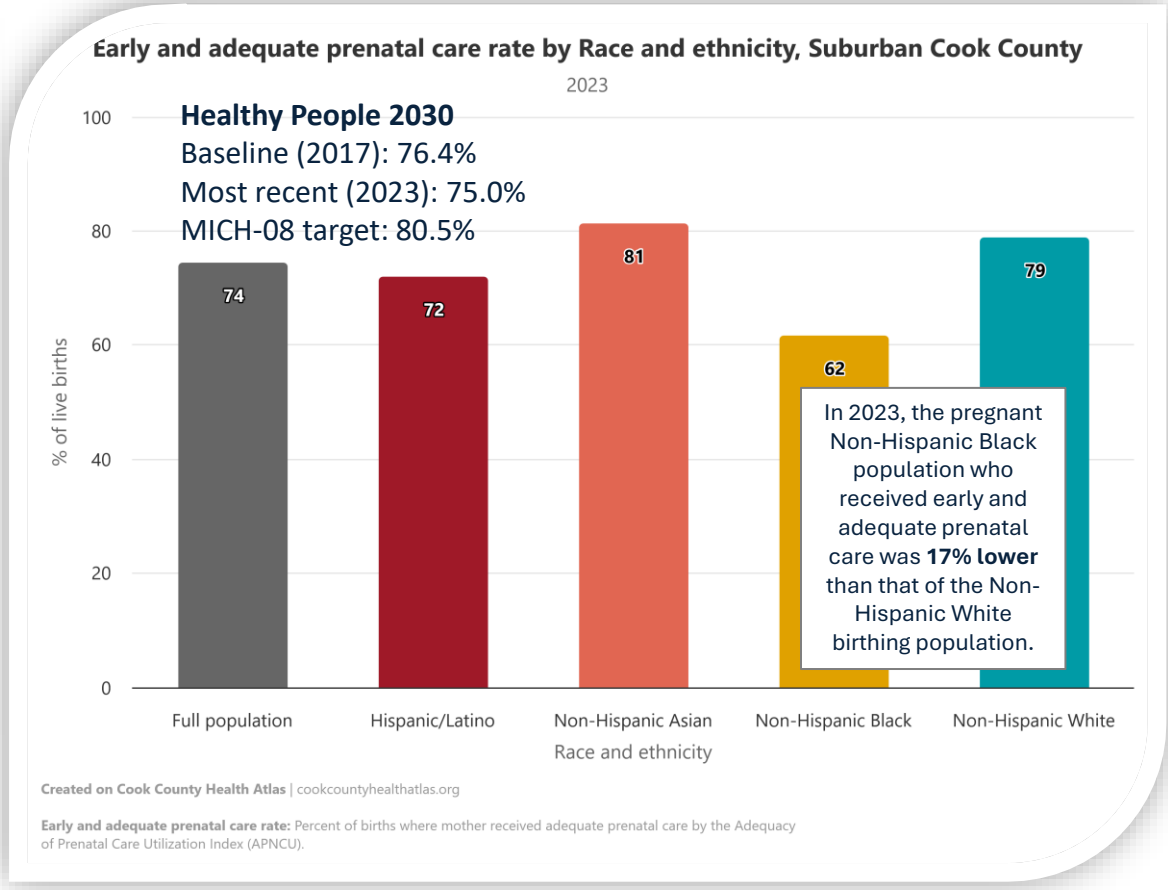

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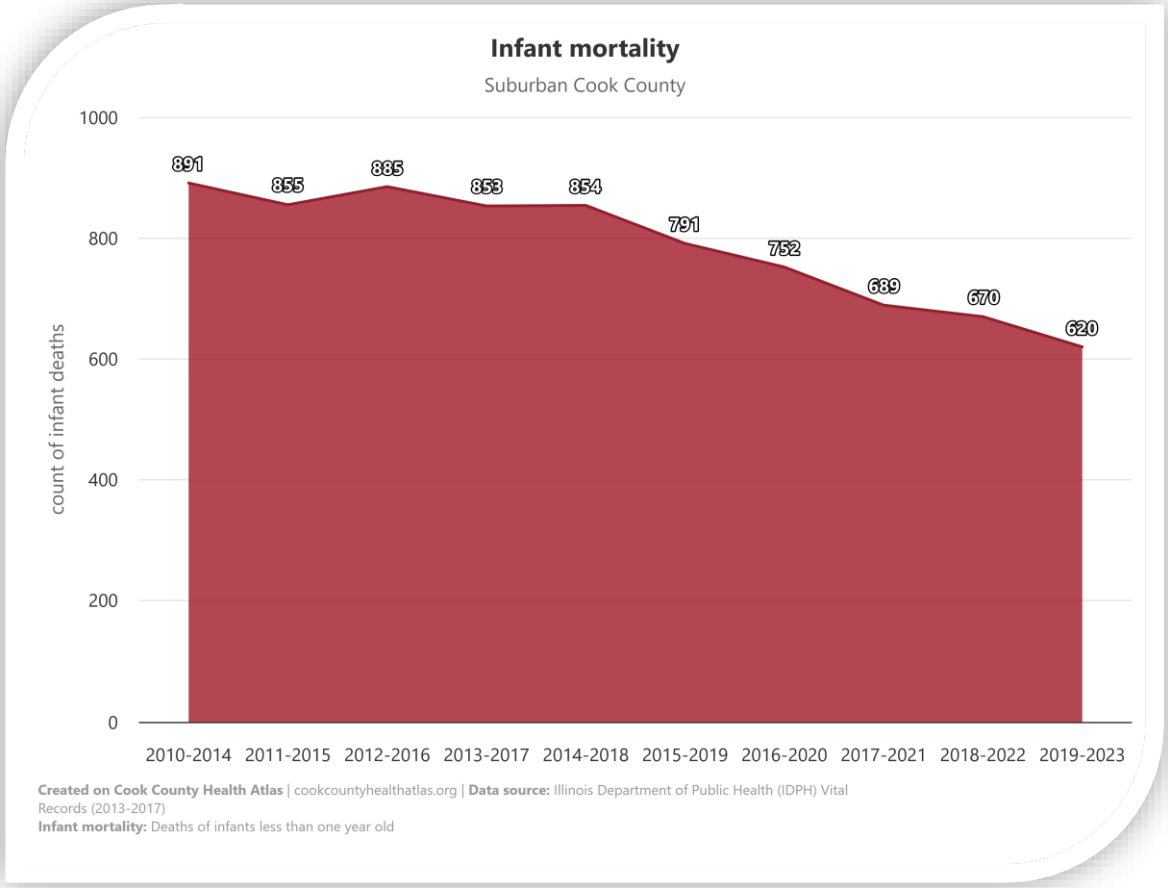
Infant Mortality



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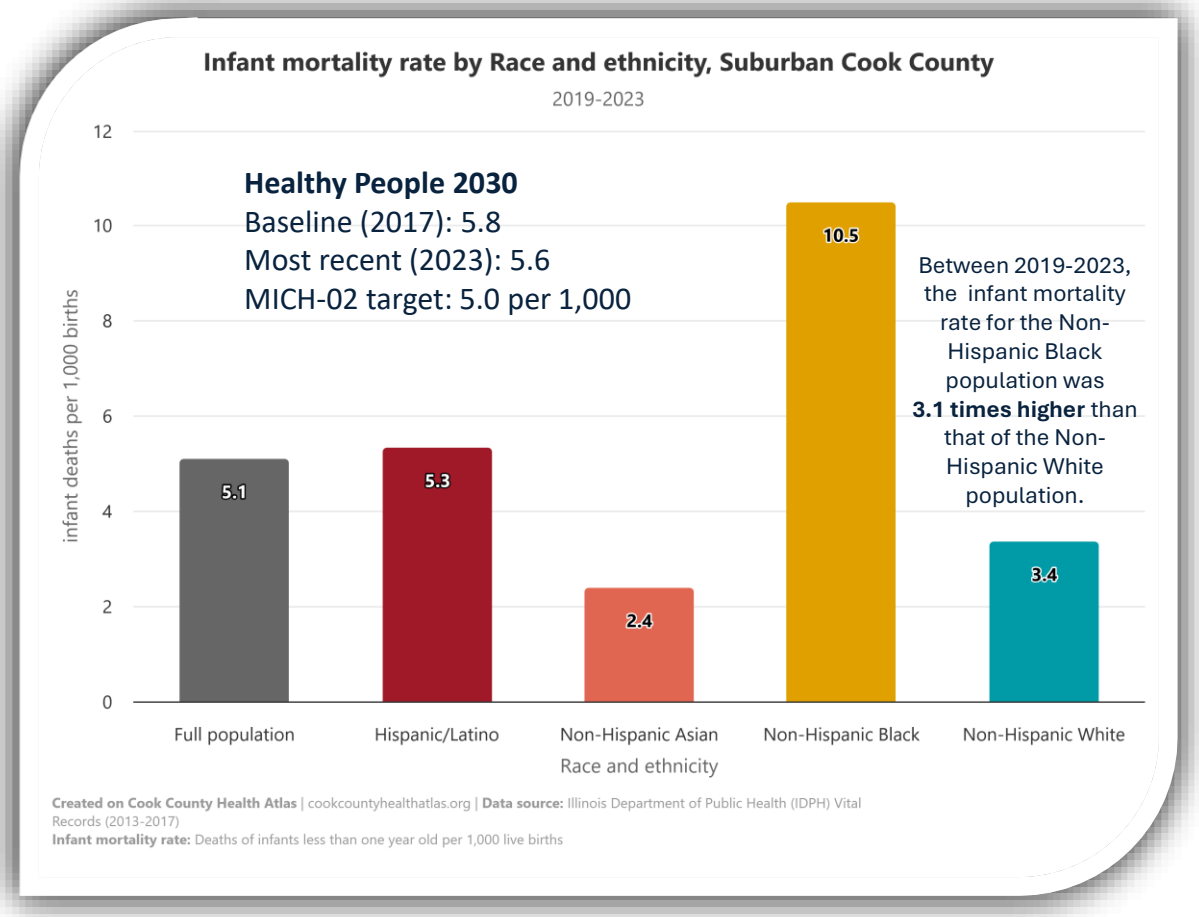

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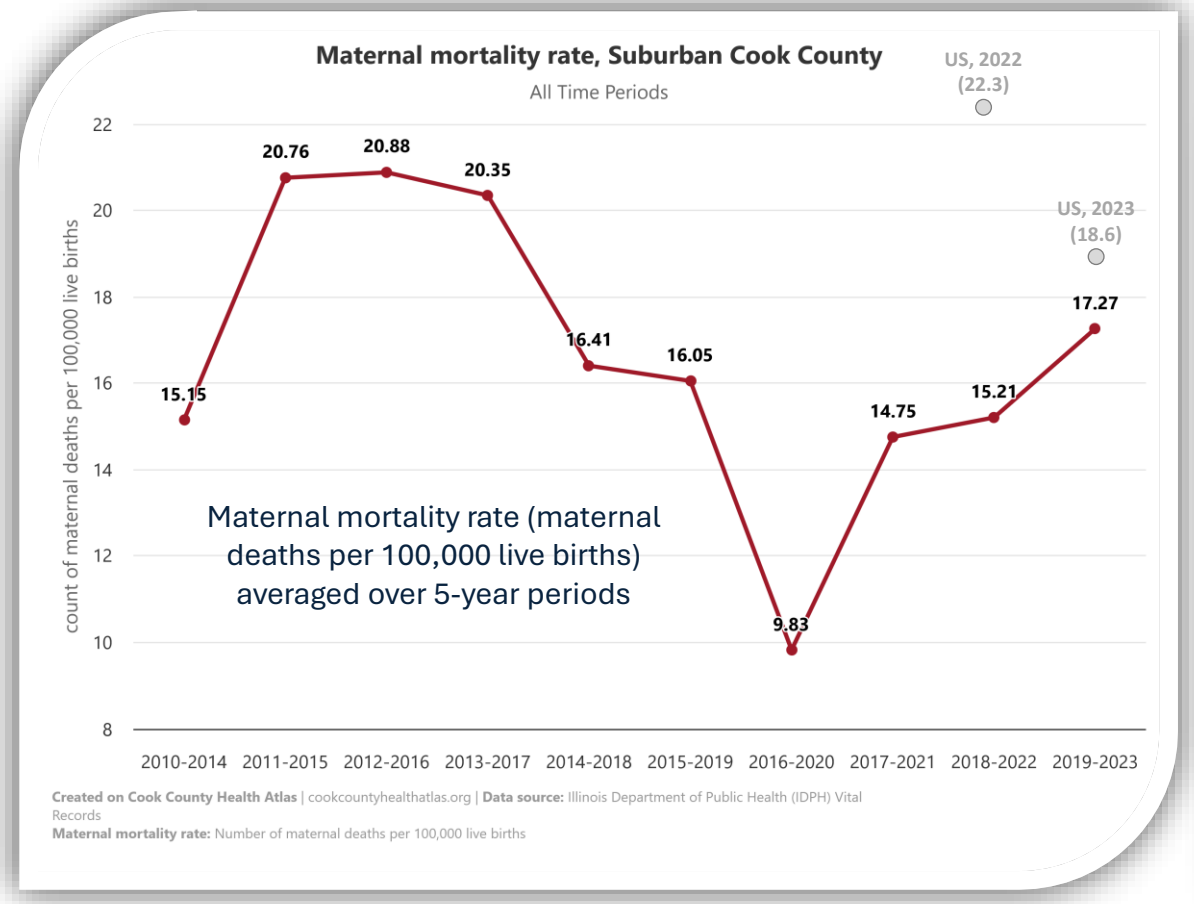
Maternal Mortality



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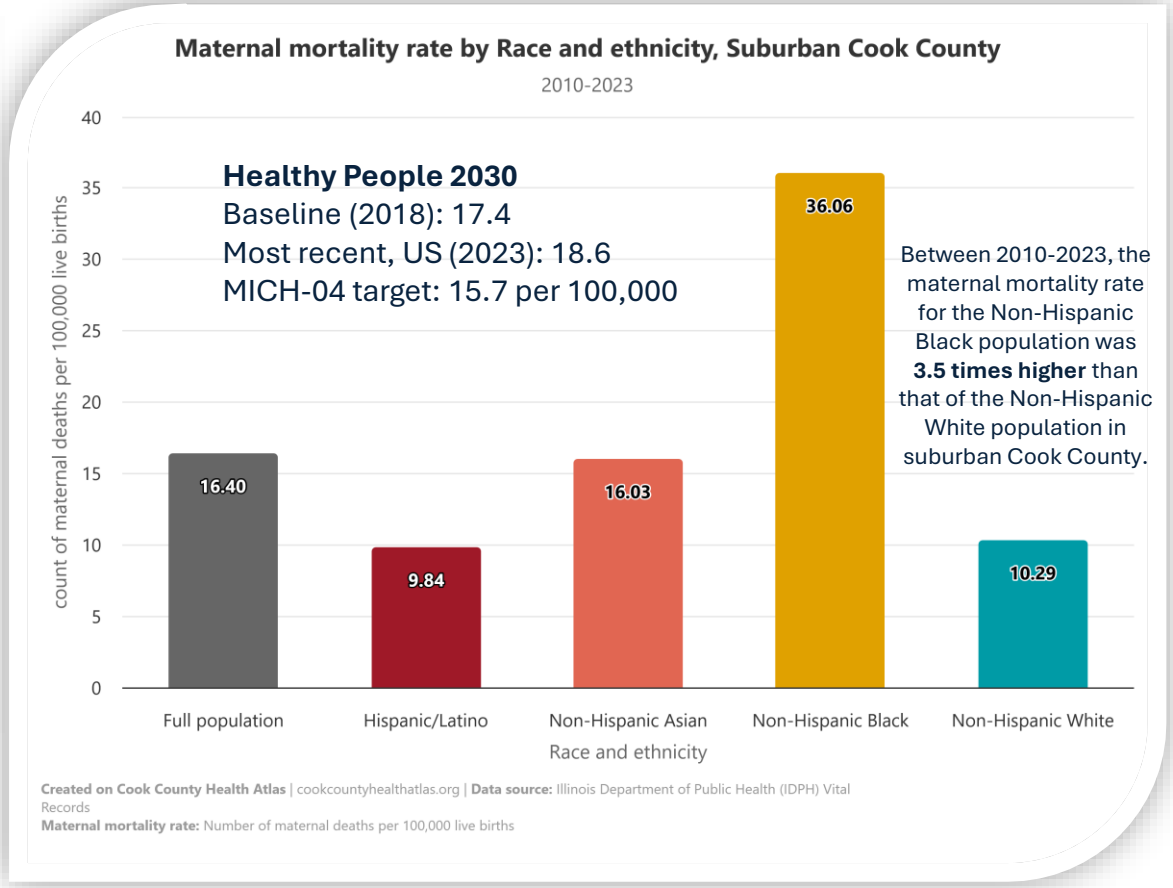

Atlas link: https://cookcountyhealthatlas.org/insights/hnm6ygip

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:

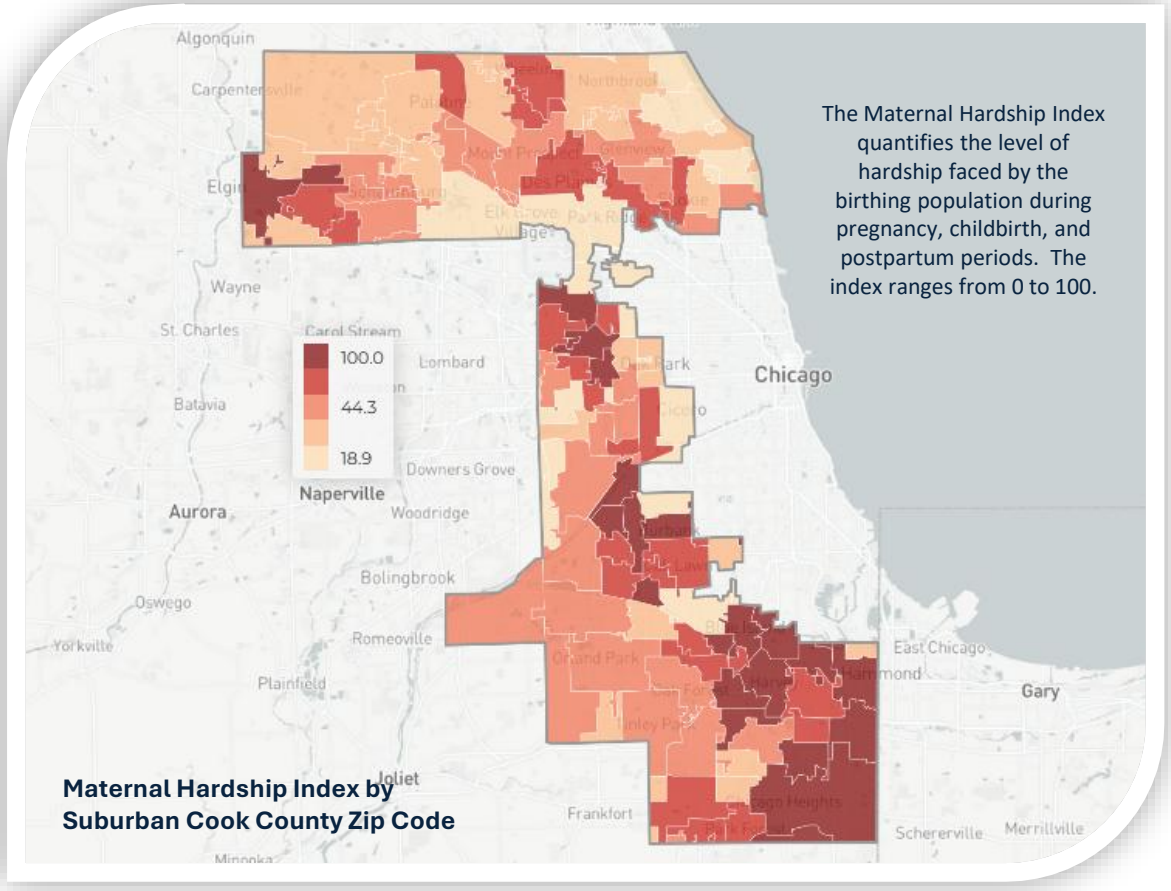
- Pre-existing Health Conditions (HTN, DM, Obesity, CVD, Autoimmune Disorders, Asthma)

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

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Grant-Funded Maternal and Child Health Case Management & Home Visiting Programs

High-Risk Infant Follow-up (HRIF)/Adverse Pregnancy Outcomes Reporting System (APORS) Program: Supports infants (ages 0–2) with serious medical conditions or risk factors like maternal substance use or child abuse. Through early identification, case management, and family education, the program helps reduce infant mortality, promote healthy development, and minimize long-term disabilities. (*Grant ends 5/5/2025)*.

Perinatal Hepatitis B Prevention Program: Identifies pregnant individuals with hepatitis B and ensures their newborns receive timely treatment to prevent infection. Through case management, education, and coordination with hospitals and providers, the program helps deliver hepatitis B immune globulin and vaccinations at birth, followed by follow-up testing to confirm immunity.

Every Mother's Health is Every Child's Right!

MATERNAL MORTALITY IN ILLINOIS

Pregnancy-related deaths increased by 40% in Illinois from 2015-2017 to 2018-2020

About 88 women die each year while pregnant or within one year of pregnancy

90% are preventable

BLACK WOMEN HAVE THE HIGHEST RISK OF PREGNANCY-RELATED DEATH

2-3X

Black women are 2-3X as likely to die from a pregancy-related condition than white women.

High-poverty counties had higher rates of pregnancy-related deaths than low-poverty counties.

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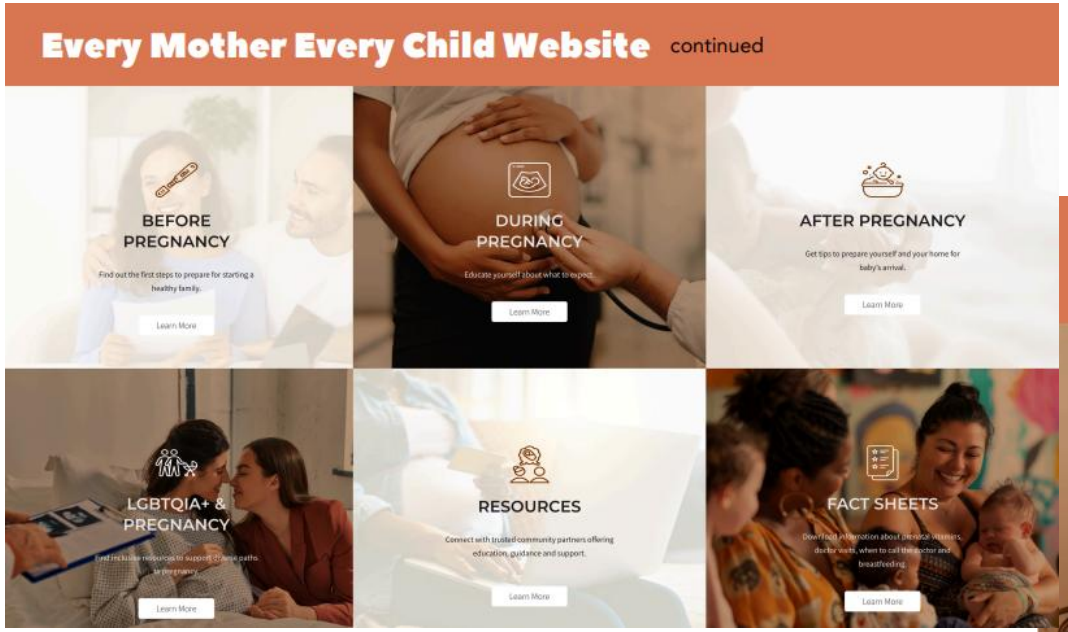
Maternal and Child Health Website

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**

Building MCH capacity

Initiatives:	Focus:	Supported by:
Staff Capacity: MCH Program Coordinator	Oversee MCH initiatives, provide leadership, administrative management, and strategic direction. Responsibilities include building partnerships, offering training for residents and students, and ensuring all MCH program goals are achieved.	HRSA - Grant in partnership with CCHHS Preventative Medicine Department
Staff Capacity: CSTE Fellow – Madison Gardner	Major project for fellowship is to develop an epidemiology surveillance system.	CSTE, CDC
Staff Capacity: Program Coordinator - Madison Lands Epidemiologist IV – Shimu Paul	Hired staff to support MCHESS initiatives	ARPA
MCH Program Evaluation	Design and implement MCHESS, collect and report program progress and impact, and establish regular evaluation and continuous improvement.	Corporate
MCH Epidemiology Surveillance System (MCHESS)	Building capacity, fostering collaboration, and promoting rigorous evaluation practices in MCH programs	CDC, CityMatCH, & Harvard University
MCH Policy Innovation Program	Develop and implement a policy initiative purposed to improve MCH outcomes using a SDOH framework.	NACCHO
MCH Data Ambassador Program	Develop and implement a community-based program	ARPA
2025 CSTE Conference	Presenting the results from the development of the surveillance system, MCH indicators, and community engagement	CSTE,CDC

Better Birth Outcomes (BBO) Comprehensive Program

NEW GRANT ALERT 

Better Birth Outcomes (BBO) - Comprehensive Program:

- Illinois grant program that will provide pregnant and postpartum individuals with personalized nursing support to improve maternal and infant health.
- Connects families to medical and social services by addressing Social Determinants of Health (SDoH), with the goal of reducing birth complications and health disparities throughout Suburban Cook County.
- *Applied for grant 5/5/2025; awardee notification pending.*

Congenital Syphilis

THE ISSUE

- In suburban Cook County, congenital syphilis cases almost tripled from four cases in 2020 to 11 cases in 2021.
- Nationally 3,700 babies were born with syphilis, according to new CDC data.
- 90% of congenital syphilis cases occur in babies born to persons of color.

Syphilis Stops with Me campaign, launched in fall 2024, arms people of childbearing age with the knowledge they can protect their unborn babies from congenital syphilis by getting regular prenatal care, including testing and treatment for syphilis, a common sexually transmitted infection.

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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

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 ★

Cook County DEPT. of Public Health

CountyCare
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

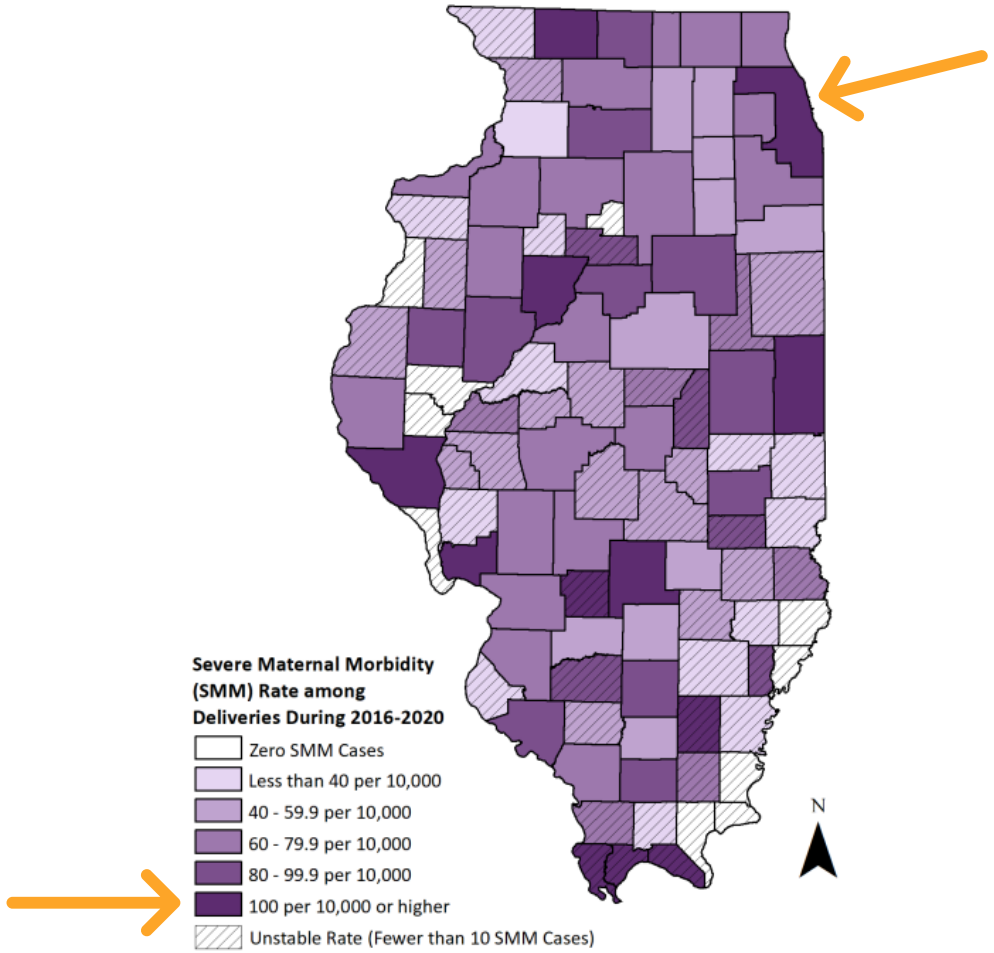
- Transfusion of 4 units of blood
- ICU admission

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.[46] 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.



46 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.

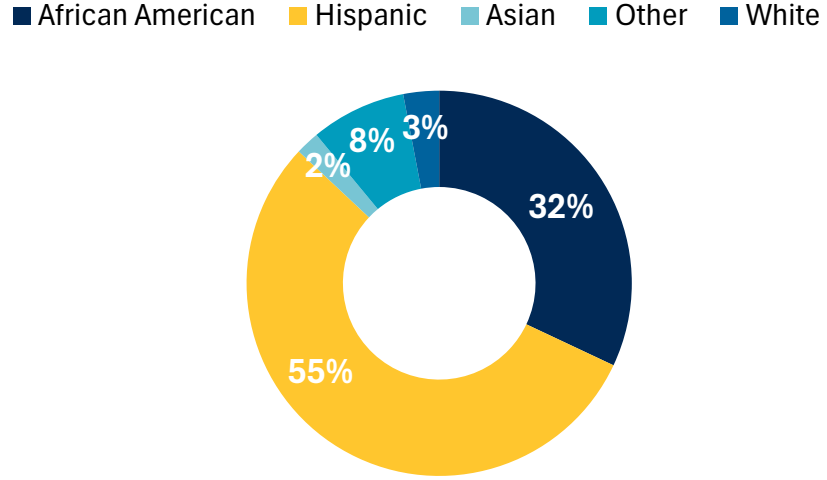
COOK COUNTY HEALTH

2023 Maternal Morbidity and Mortality Report, IL Dept of Public Health
Maternal Morbidity and Mortality

OB Risk Factors CY 2024

COOK COUNTY HEALTH

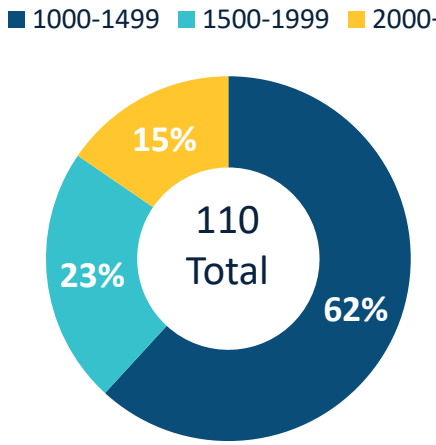
RACE/ETHNICITY BREAKOUT



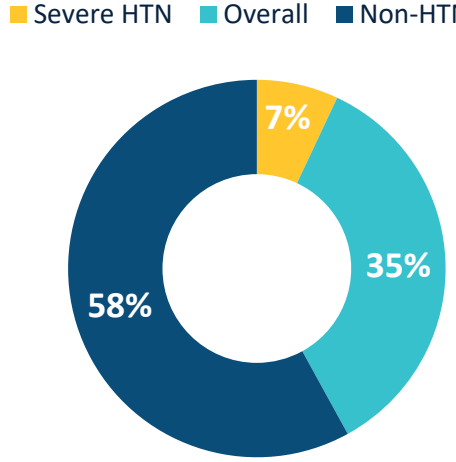
LEAPFROG MEASURES

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%	

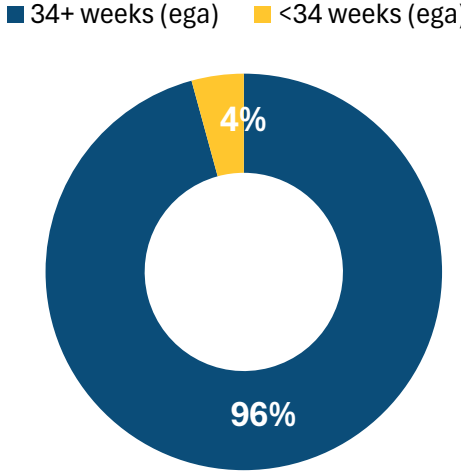
PPH



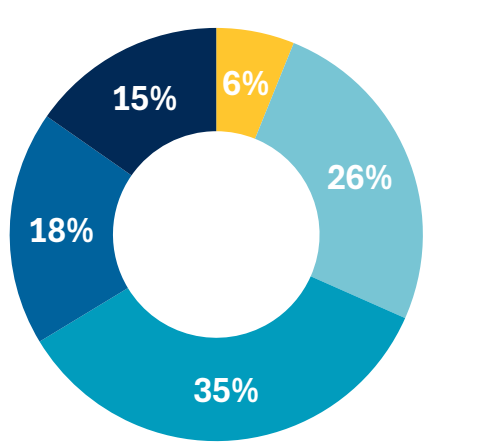
HYPERTENSION



PRETERM BIRTHS



BMI



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

The Women and Children's Service Line

Comprehensive Women's Care

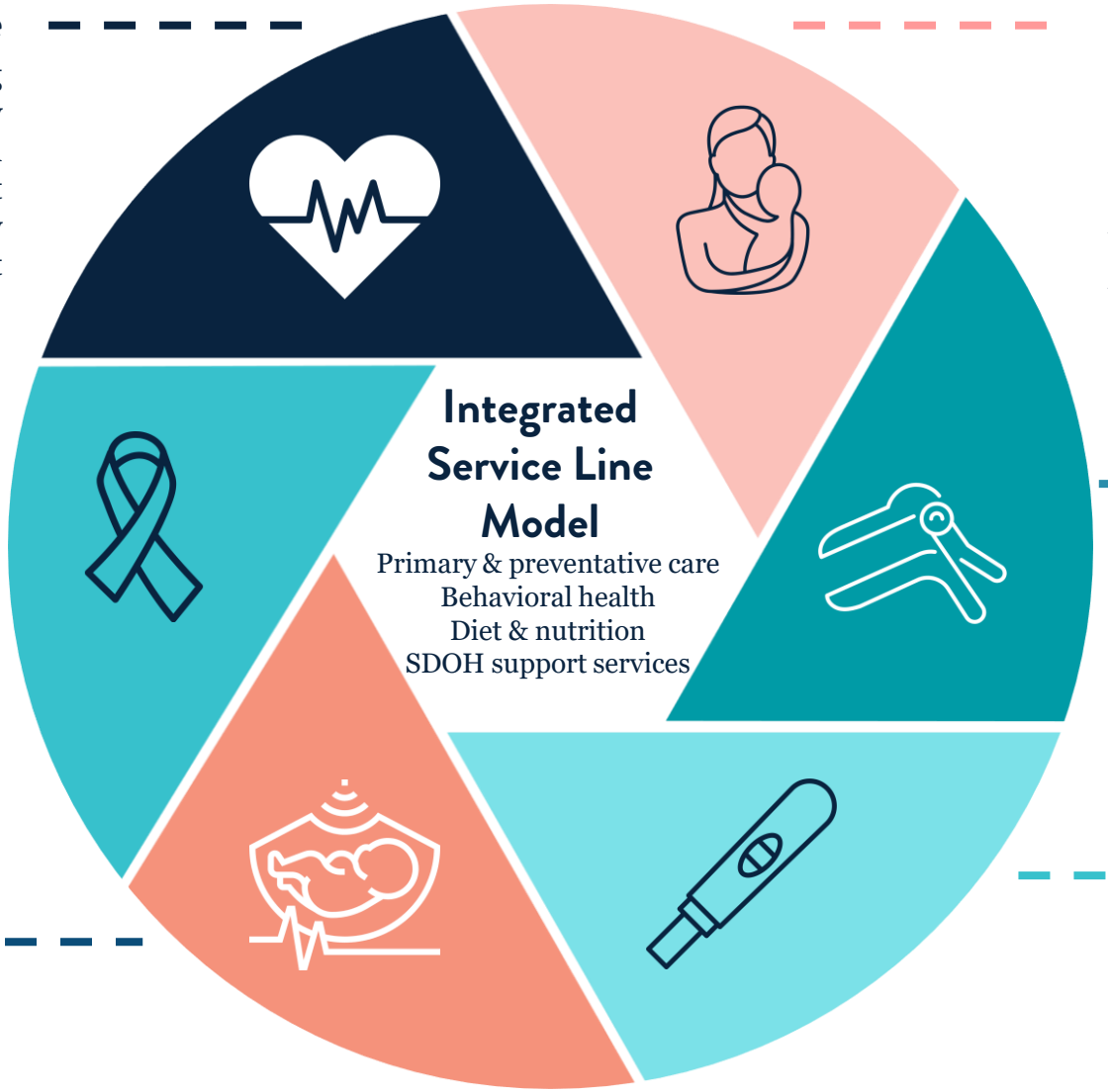
Menopause counseling
Urogynecology
Colorectal
Nutrition and weight management
Women's cardiology
Breast cancer screening & management

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



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:

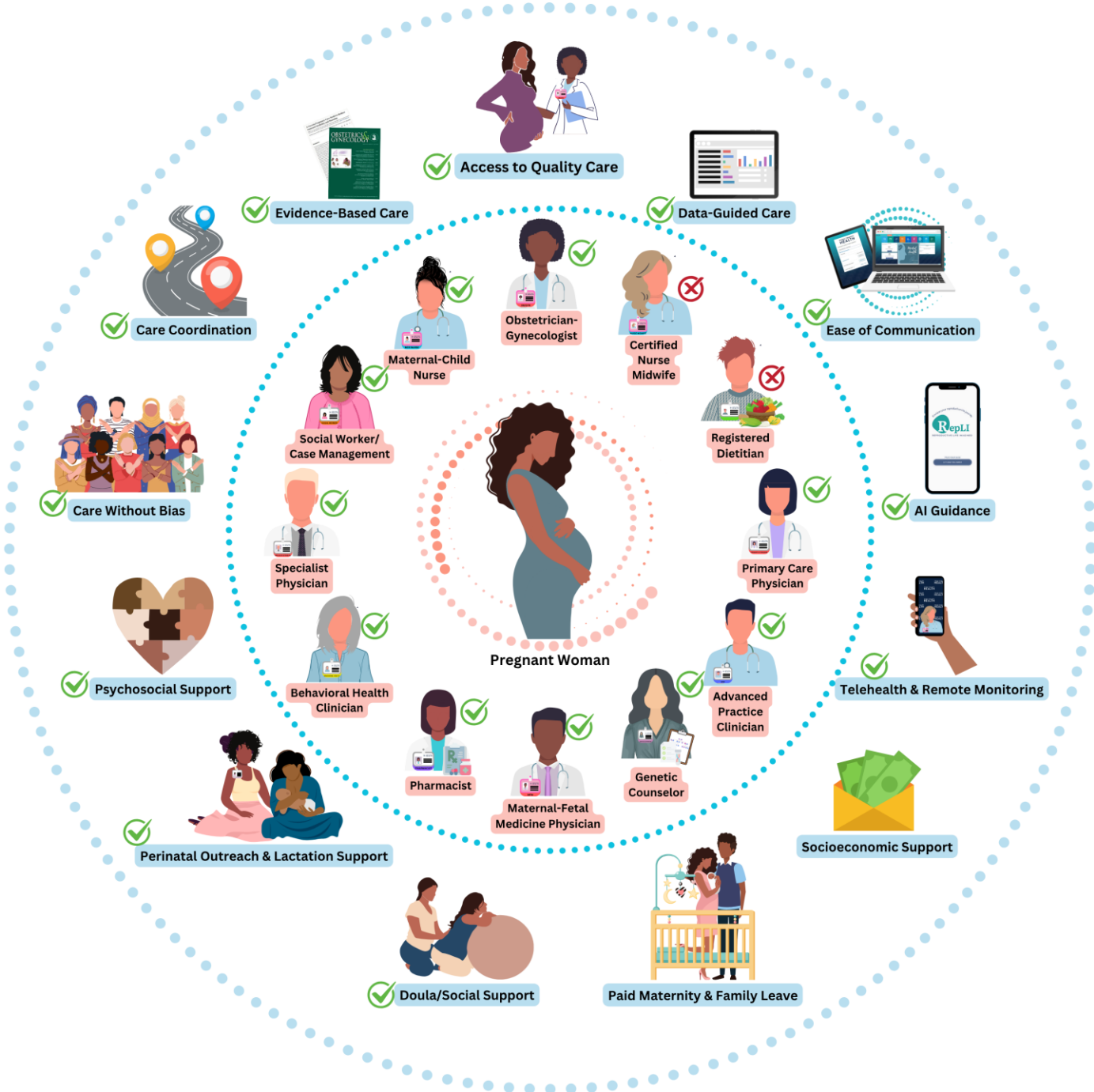
Program Model:

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



COOK COUNTY HEALTH

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

Initiatives:	Focus:	Award:
Women, Infant and Children (WIC)	• Nutrition Services • Peer Breastfeeding Counselors	$1.3M yearly renewal $45,000 yearly renewal
HRSA Healthy Start HV; Family Wellness Coaches	Eliminate racial ethnic disparities to improve health outcomes before, during and after pregnancy	$1M each year for 5 years Total award is $5M
DHS Healthy Family HV; Family Support Workers	Helps new and expectant parents strengthen their families' functioning and reduce their risk for child abuse and/or neglect	$275,000 yearly renewal
CDPH Family Connects; RN Home Visiting	Home-visits to check on the baby, birthing parent, and the whole family	MOU for ~2.0 FTE RN staffing support
ARPA BH Expansion: Social Service Coordinators	Clinic resource linkage to resources; SDOH Resources. Additional ambulatory behavioral health personnel and support	$5M *Behavior Health Funding
CCH Behavioral Health Social Workers	Clinic resource for positive screens for BH services	CCH personnel support MCH
Title X Family Planning Grant	Federal funding for family planning services	$1.8M for 2 years
ILPQC Birth Equity Initiative	Statewide quality council and perinatal advisory committee for hospitals to implement strategies to address maternal health disparities and promote birth equity	$0 – quality collaborative
HRSA Primary Care Training Enhancement Grants (2)	1. Family Medicine Obstetrics Training 2. Family Medicine Community Prevention	$1M each year for 5 years $1M each year for 5 years
NIH/NW STEP UP linkage to PCP	Linkage to PCP within 3 months. Provides 1 personnel resource	$60, 000 for 3 years. Total award $180,000
ICAN! Reproductive Health Quality Collaborative	De-silo, de-stigmatize, and normalize birth control as basic health care for all genders	$0 – quality collaborative
Doula CCH Program	Request for Proposal active for 30 days (Posted 5.7.24)	$1M for 1 year
Prenatal Patient Navigators	Onboard, outreach and educate prenatal patient services to support retention and adherence to care	$450,000 yearly for 3 years. Total ~$1.4M

COOK COUNTY HEALTH

Cook County Dept. of Public Health

BUILDING HEALTHIER COMMUNITIES

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

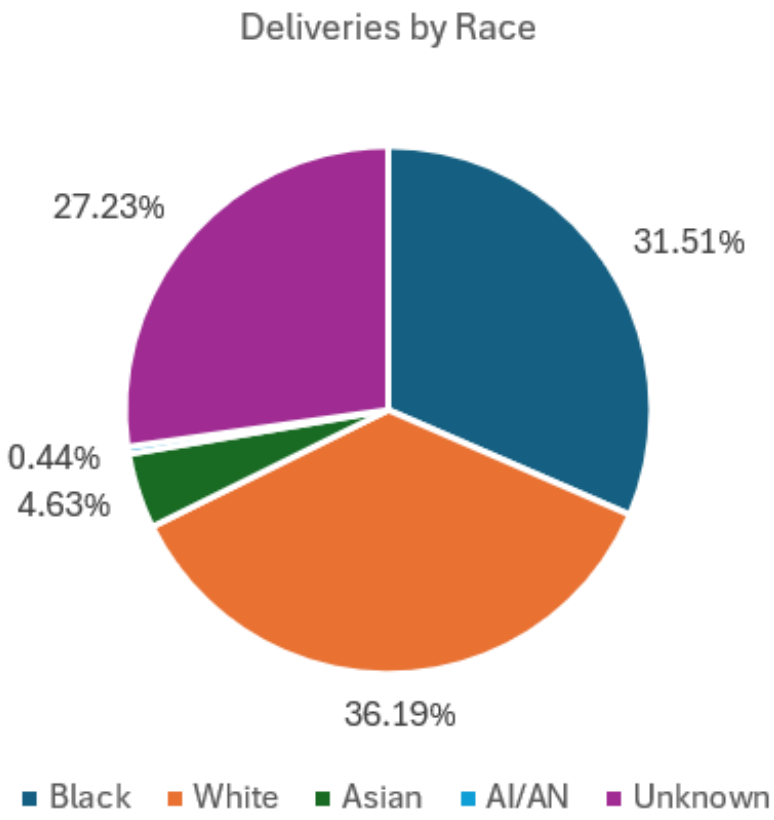
- Approximately 6% of incarcerated individuals are cis female
- Census –370 as of 05/27/25
- Number of pregnant persons: 333 unique individuals noted to be pregnant from 1/1/23 to present
  - Average less than 3 birthing persons on a given day.
- All pregnant persons are housed in Cermak's Special Care 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)

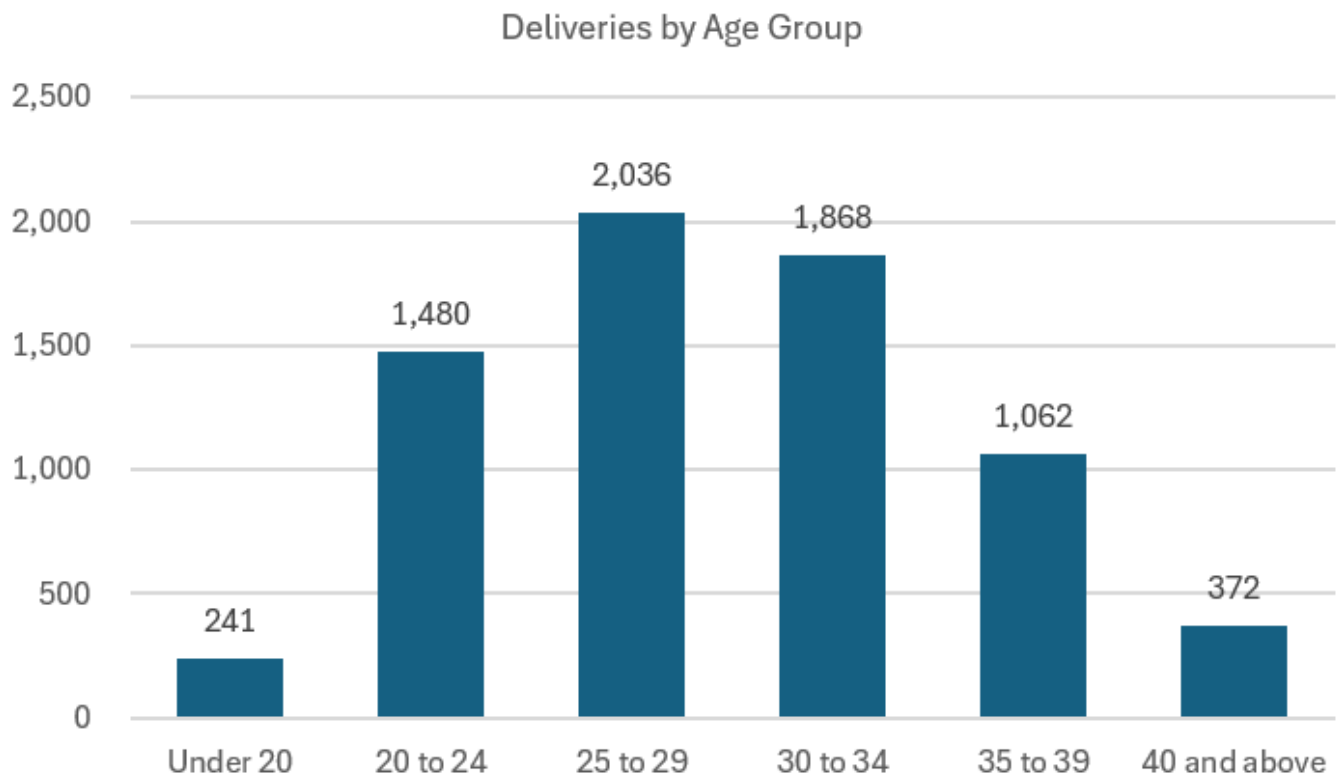
Health Plan Perspective

COOK COUNTY HEALTH

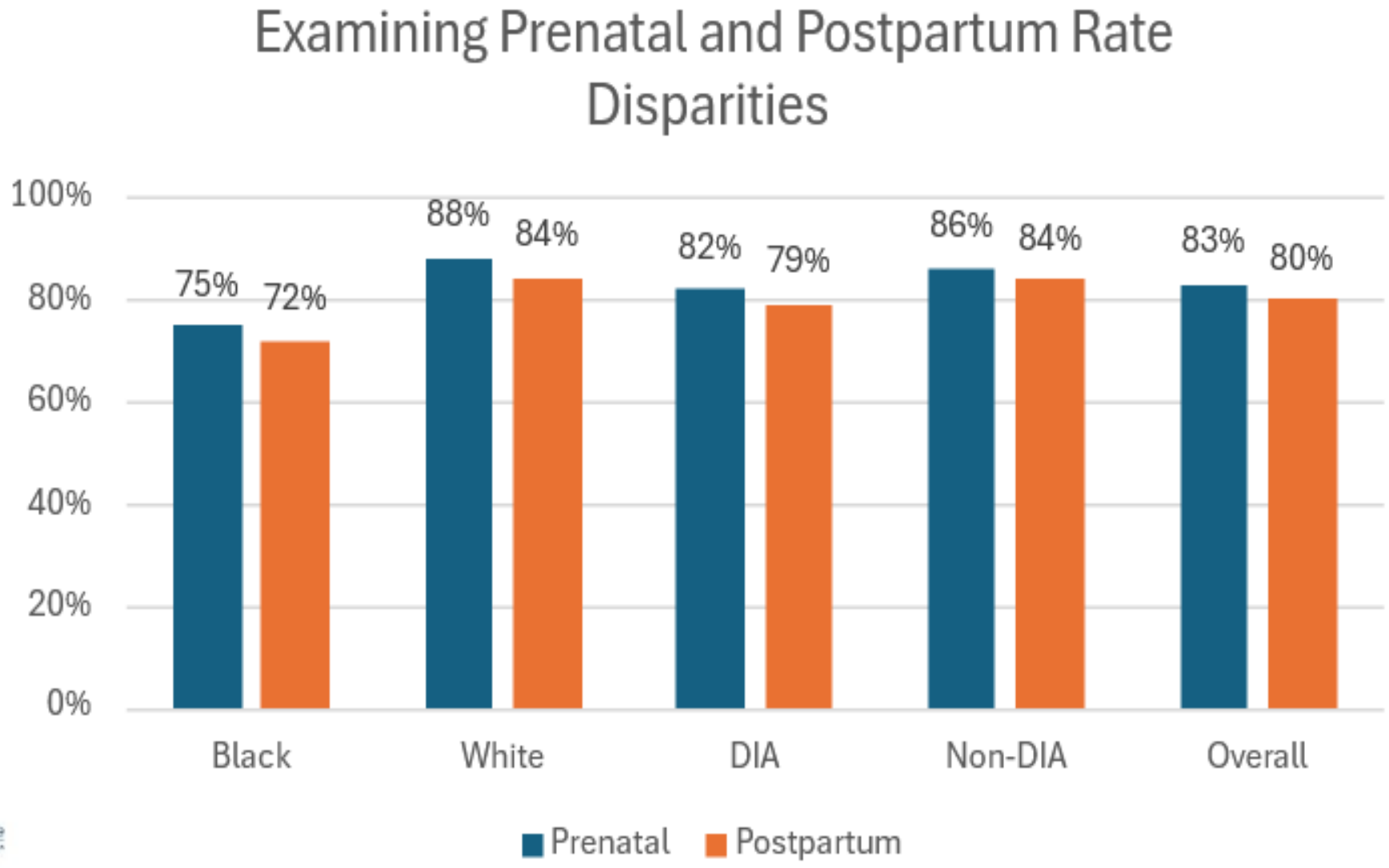
Data Overview: 2024 Deliveries

- 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





Prenatal and Postpartum Care (PPC)



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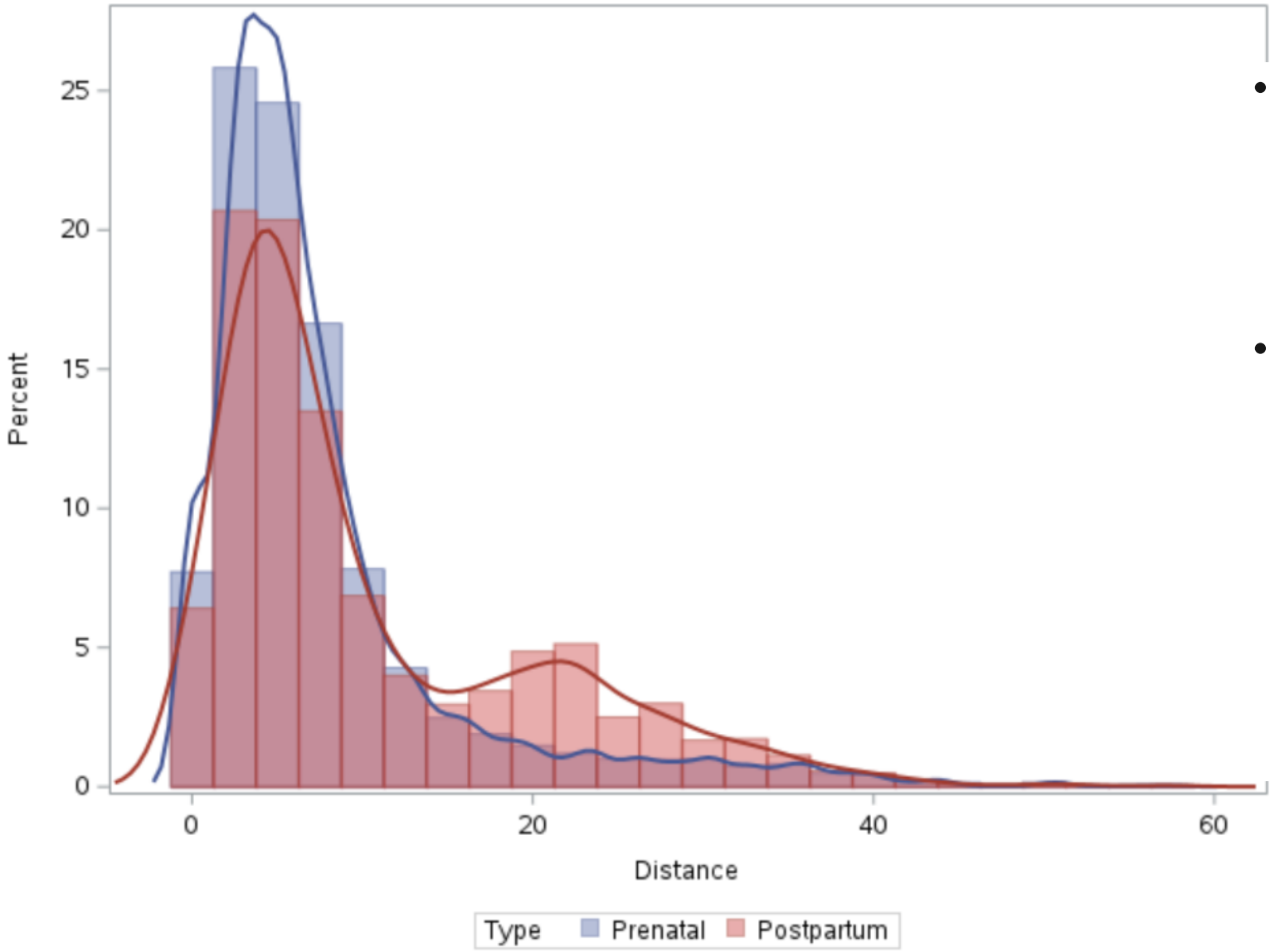
Analysis: Distance Traveled



- **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

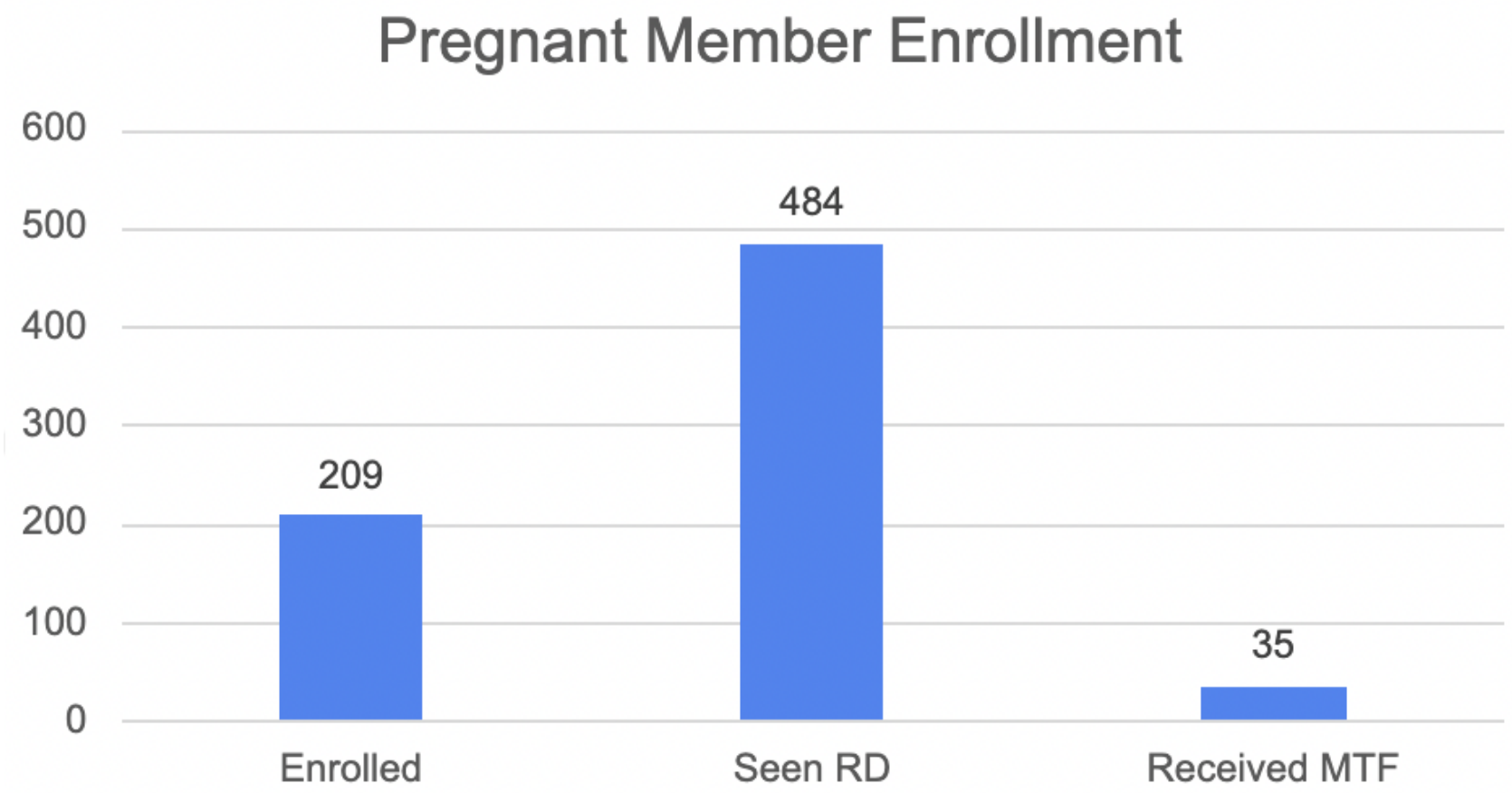
Audience: All postpartum members with no postpartum appointment in system

Progress Made: PPC

Measure	2023 Rate	2024 Rate	Change
Prenatal	86.89%	88.08%	+1.19
Postpartum	81.64%	83.85%	+2.21

- 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



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CountyCare

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, sig wards, FoodCare in-person
- Examples: South Side community baby showe

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

COOK COUNTY HEALTH

CountyCare
A MEDICAID HEALTH PLAN

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)

COOK COUNTY HEALTH

CountyCare
A MEDICAID HEALTH PLAN

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

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A MEDICAID HEALTH PLAN

Fall Community Baby Shower

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CountyCare

Spring Community Baby Shower

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Thank you