Board of Commissioners of Cook County

Health & Hospitals Committee

Tuesday, September 16, 2025 **9:45 AM** **Cook County Building, Board Room, 118 North Clark Street, Chicago, Illinois**

Issued on: 9/11/2025

NOTICE AND AGENDA

There will be a meeting of the Committee or Subcommittee of the Board of Commissioners of Cook County at the date, time and location listed above to consider the following:

PUBLIC TESTIMONY

Authorization as a public speaker shall only be granted to those individuals who have registered to speak, with the Secretary, 24 hours in advance of the meeting. To register as a public speaker, go to the meeting details page for this meeting at https://cook-county.legistar.com/Calendar.aspx to find a registration link. Duly authorized public speakers may speak live from the County Board Room at 118 N. Clark Street, 5th Floor, Chicago, IL or be sent a link to virtually attend the meeting and will be called upon to deliver testimony at a time specified in the meeting agenda. Authorized public speakers who are not present during the specified time for public testimony will forfeit their allotted time to speak at the meeting. Public testimony must not exceed three minutes; the Secretary will keep track of the time and advise when the time for public testimony has expired. After each virtual speaker has completed their statement, they will be removed from the meeting. Once removed, you will still be able to follow the proceedings for that day at:
https://www.cookcountyil.gov/service/watch-live-board-proceedings or in a viewing area at 69 W. Washington Street, 22nd Floor Conference Room F, Chicago, IL. Persons authorized to provide public testimony shall not use vulgar, abusive, or otherwise inappropriate language when addressing the Board; failure to act appropriately; failure to speak to an item that is germane to the meeting, or failure to adhere to the time requirements may result in expulsion from the meeting and/or disqualify the person from providing future testimony. Written comments will not be read aloud at the meeting, but will be posted on the meeting page and made a part of the meeting record.

25-0917

Sponsored by: DONNA MILLER, ALMA E. ANAYA, BRIDGET DEGNEN, BRIDGET GAINER, JOHN P. DALEY, BILL LOWRY, ANTHONY J. QUEZADA, MICHAEL SCOTT JR., TARA S. STAMPS and MAGGIE TREVOR, Cook County Board of Commissioners

PROPOSED RESOLUTION

CALLING FOR A HEARING OF THE HEALTH AND HOSPITALS COMMITTEE TO RECEIVE AN UPDATE ON THE FULL SPECTRUM OF MATERNAL HEALTH CARE AND MORBIDITY & MORTALITY RATES IN COOK COUNTY

WHEREAS, each year in the U.S., hundreds of women die from complications related to pregnancy and childbirth, known as maternal death, at a rate many times greater than in other developed nations; and

WHEREAS, maternal death/mortality is defined by the World Health Organization (WHO) as "the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and the site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes, and maternal morbidity as "any health condition attributed to and/or complicating pregnancy, and childbirth that has a negative impact on the woman's well-being and/or functioning"; and

WHEREAS, Health and Human Services officials and stakeholders stated that the pandemic worsened factors contributing to maternal health disparities, like access to care, cardiovascular problems and other underlying conditions; and

WHEREAS, in 2021, the U.S. had one of the worst rates of maternal mortality in the country's history going back to 1965. 1,205 people died of maternal causes in the U.S. in 2021, which represents a 40% increase from the previous year, and the U.S. rate for 2021 was 32.9 maternal deaths per 100,000 live births, which is more than ten times the estimated rates of some other high-income countries, including Australia, Austria, Israel, Japan and Spain which all reported between 2 and 3 deaths per 100,000 in 2020; and

WHEREAS, according to the CDC, cardiovascular conditions such as pulmonary embolisms, uncontrolled bleeding and problems emanating from hypertension are the leading cause of pregnancy-related deaths in the U.S. and sadly most, up to 91%, of maternal deaths due to clinical, system, social, community or patient factors are preventable, as the health-care solutions to prevent or manage complications are well known, and more than half of pregnancy-related deaths occur more than 60 days postpartum; and

WHEREAS, the maternal death rate for Black or African American women was 44.0 per 100,000 live births in 2019, then increased to 55.3 in 2020, and 68.9 in 2021. In contrast, White (not Hispanic or Latina) women had death rates of 17.9, 19.1, and 26.1, respectively; and

WHEREAS, the maternal death rate for Hispanic or Latina women was lower 12.6 per 100,000 live births compared with White (not Hispanic or Latina) women 17.9 in 2019, but increased significantly during the pandemic in 2020 to 18.2 and in 2021 to 27.5 per 100 live births; and

WHEREAS, according to the Centers for Disease Control and Prevention (CDC) the 12-month ending provisional maternal mortality rates by race ending June 2024 are as follows: Hispanic or Latina 13.8 per 100,000 live births, White non-Hispanic 15.3, Asian non-Hispanic 14.6 and Black non-Hispanic 51.2; and

WHEREAS, according to the 2023 Illinois Maternal Morbidity and Mortality Report, 43% of women who died while pregnant or within one year of pregnancy died from a cause related to pregnancy, and the leading cause of pregnancy-related death was substance use disorder, which comprised 32% of pregnancy-related deaths and the other 68% most common causes of pregnancy-related death were cardiac and coronary conditions, pre-existing chronic medical conditions, sepsis, mental health conditions, and embolism; and

WHEREAS, for mental health conditions and substance use disorders, all racial/ethnic groups had similar pregnancy related mortality ratios, but for medical causes of death, Black women had a pregnancy-related mortality ratio nearly three times that of White women; and

WHEREAS, disparities in other adverse maternal outcomes, such as preterm and low birthweight births and severe maternal morbidity, which represents a group of potentially life-threatening unexpected maternal conditions or complications that occur during labor and delivery that may cause long-lasting health problems that extend beyond the pregnancy, persisted for Black or African American women; and

WHEREAS, according to the 2022 Illinois Task Force on Infant and Maternal Mortality Among African Americans report, the crisis of non-Hispanic Black/African American infant and maternal mortality and morbidity in states, especially Illinois, mirrors the larger trends seen across the country. Non-Hispanic Black/African American women in Illinois are about three times as likely to experience a pregnancy-related death as White and Hispanic women, and Non-Hispanic Black/African American women also have the highest severe maternal morbidity (SMM) rate at 132.4 per 10,000 live births, more than two times the rate of non-Hispanic White women and significantly higher than Asian and Hispanic women; and

WHEREAS, overall, women in Illinois with no prenatal care had a severe maternal morbidity rate that was nearly three times that of women with adequate prenatal care; and

WHEREAS, in addition, contraceptive care plays a crucial role in improving maternal health outcomes in the United States by preventing unintended pregnancies and sexually transmitted infections (STIs), promoting healthy birth spacing, reducing maternal mortality, enhancing access to prenatal care, improving socioeconomic outcomes, and improving health disparities; and

WHEREAS, contraceptive care also involves ensuring that individuals have access to a range of contraceptive methods. Some populations, such as those with limited access to the healthcare systems due

to geography, income, or fear and distrust in the medical system, experience additional barriers accessing contraceptive care (e.g., transportation, time off of work, and childcare needed for an individual to get to their provider and/or pharmacy to access the contraceptive method of choice), which can significantly impact continuation or appropriate utilization of contraception. Contraceptives are often time-sensitive medications or devices, and, when access is limited, can result in unintended pregnancies; and

WHEREAS, ensuring increased access to the contraception method of choice by making all contraceptives available at healthcare facilities the same day, increasing access to pharmacist-prescribed contraception, and increasing use of telemedicine for contraceptive care can help decrease negative maternal health outcomes; and

WHEREAS, uterine fibroids are a less discussed but severe maternal morbidity factor. According to the National Institute for Health Care Management (NIHCM) Foundation, more than 70% of US women will experience uterine fibroids by 50 years old and they are the most common reason, aside from cancer, that women have their uterus removed through hysterectomy, but for Black women that rate is over 80%. Overall, uterine fibroids become more common, from age 30 to menopause, but Black women develop fibroids at a younger age, have more severe symptoms and develop higher rates of complications; and

WHEREAS, Black women deserve access to high-quality and equitable health care for all maternal health needs, including the treatment of uterine fibroids, and an increased focus on education and advocacy on fibroids prevention, symptoms, treatment, and car as well as adequate insurance coverage are necessary to improve this aspect of Black women's maternal health and fertility; and

WHEREAS, although fibroids are benign tumors, negative maternal health outcomes for Black women who experience them, including late detections of diagnoses, increased rates of surgery-related mortality, and increased rates of hysterectomies have persisted, in fact across the U.S., women of African ancestry are more likely to be offered hysterectomy as the only treatment; and

WHEREAS, Black women with fibroids of all socioeconomic statuses and education levels suffer from a lack of fibroids relief because of non-comprehensive and costly treatment plans, minimal insurance coverage for scans, and harmful, invasive removals; and

WHEREAS, women who undergo infertility treatment, particularly in vitro fertilization (IVF), are at somewhat higher risk of severe maternal morbidity or death. Efforts are needed to identify patient and treatment-specific predictors of severe maternal morbidity that may influence the type of treatment a woman is offered; and

WHEREAS, women who conceived by IVF have a greater than two-fold higher risk of severe maternal morbidity and this higher risk is evident across all racial/ethnic groups. However, non-Hispanic Black and Hispanic women who conceived by IVF had a higher risk of uterine rupture/hysterectomy, and Asian women who conceived by IVF had a higher risk of ICU admission; and

WHEREAS, over the last two years, Commissioner Miller convened two maternal health public hearings

to address this crisis and worked with the leadership at Cook County Health (CCH) to secure $1 million to launch the 1st Doula program at CCH; and

WHEREAS, Doula services not only are shown to improve maternal health outcomes, but are a way of reducing costs associated with maternal mortality and morbidity due to less dependence on pain medication; shorter duration of labor, less time in the hospital; fewer operative deliveries, such as C-section episiotomy; higher APGAR (newborn) scores; decreased infant mortality; and decreased maternal mortality; and

WHEREAS, Commissioner Miller also sponsored a National Association of Counties (NACo) policy resolution that urges the Federal Government and Congress to assist counties by providing funding for increased doula services and training to ameliorate maternal health outcomes for all women and address racial disparities in maternal health, mortality, and morbidity, which was approved at the annual NACo Conference in July 2024; and

WHEREAS, midwives are healthcare providers who are trained to provide obstetric and gynecological services, including primary care, prenatal and obstetric care, and routine gynecological care like annual exams and contraception, also play an important role in maternal health; and

WHEREAS, midwives are usually not physicians, but often work alongside obstetricians and gynecologists (Ob/Gyns) in a hospital to ensure you have access to any care needed, and is recommended when pregnancy is low-risk; and

WHEREAS, the use of midwives and doulas have been shown to improve birth outcomes. Midwives are an important component of the health care workforce, attending 12% of births in the U.S. in 2021, according to a U.S. Government Accountability Office report. Midwife-attended births are associated with fewer medical interventions, and there are efforts to grow and diversify the midwifery workforce to help improve maternal health outcome disparities and reduce mortality and morbidity; and

WHEREAS, Cook County Health (CCH), the Cook County Department of Public Health (CCDPH) and CountyCare have been actively studying and trying to improve maternal morbidity and mortality rates and the health disparities that contribute to adverse pregnancy outcomes, including the above-mentioned doula care program, which launched January 2025; and

WHEREAS, the Health & Hospitals Committee, is the ideal platform to hold the 3rd annual maternal health public hearing to bring together stakeholders from CCH, CCDPH, CountyCare and other healthcare providers and experts to receive an update on the data, and to learn about solutions being implemented to improve maternal morbidity and mortality rates in Cook County as well as discuss the full spectrum of maternal health care;

NOW THEREFORE BE IT RESOLVED, that the Cook County Board of Commissioners does hereby request a public hearing of the Health and Hospitals Committee be held to bring together key maternal health stakeholders in order to fully understand the factors leading to high maternal morbidity and

mortality rates including but not limited to: access to contraceptives, detection, treatment and management of uterine fibroids, and IVF treatments; and

BE IT FURTHER RESOLVED, that representatives from Cook County Health, the Cook County Department of Public Health, CountyCare, the Illinois Department of Public Health, outside healthcare providers and any other pertinent stakeholder representatives are requested to appear before the Health & Hospitals Committee and be prepared to give an overview to the committee and answer questions related to maternal health overall as well as disparities in maternal morbidity and mortality rates in Cook County and Illinois; and

BE IT FURTHER RESOLVED, that each stakeholder be prepared to provide the most up to date data on such rates and the factors that have contributed to them including but not limited to: access to contraceptives, detection, treatment and management of uterine fibroids, and IVF treatments; and

BE IT FURTHER RESOLVED, that each stakeholder be prepared to provide short and long-term recommendations to prevent pregnancy related deaths and improve maternal morbidity and mortality rates in Cook County and Illinois including updates on programs that have been implemented, such as the CCH Doula Program or should be implemented.

Legislative History : 1/16/25 - Board of Commissioners - refer to the Health & Hospitals Committee

Legislative History : 6/10/25 - Health & Hospitals Committee - defer

Legislative History : 6/12/25 - Board of Commissioners - defer

Lynne M. Turner

Secretary

Chair: Lowry
Vice-Chair: Anaya
Members: Committee of the Whole