An average of 88 women die each year while pregnant or within one year of pregnancy.

About half were related to pregnancy and 91% were preventable.


Substance use disorder was the leading cause of pregnancy-related deaths.

About 1 in 3 pregnancy-related deaths occurred more than two months after pregnancy.

The majority of deaths had a hospital emergency department visit, with the highest percentage in rural counties.

Black women have the highest risk of pregnancy-related death.

Black women are about two times as likely to die from a pregnancy-related condition as White women.

Black women were more likely to die from pregnancy-related medical conditions.

Discrimination was present in 2 of 5 deaths and more likely to be a contributing factor to deaths among Black women.

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

For more information, contact: DPH.MCH@illinois.gov
Examples of Key Maternal Mortality Reviews Committee Recommendations

- Providers should know and follow best practices for high-quality maternal health care.
- Hospitals should create protocols and practices to identify and to address social determinants of health.
- Hospitals should develop standardized protocols and policies to assure the delivery and implementation of high-quality maternal mental health and substance use care.
- Community-based organizations should partner with clinical systems to ensure providers know about available local social services and case management programs for pregnant and postpartum people.
- State agencies should implement plans of safe care for infants exposed to substances during pregnancy.
- Insurance plans should educate providers and the public about case management and support services.

Key State Initiatives to Improve Maternal Health

- Illinois was the first state to extend full Medicaid benefits through 12 months postpartum.
- Medicaid reimburses for two postpartum visits – one within 0-3 weeks postpartum and one within 4-12 weeks postpartum.
- Medicaid established a new eligibility category to cover comprehensive family planning services for people not otherwise eligible for full Medicaid benefits.
- Medicaid is in the process of developing policies that will add doulas, evidence-based home visiting programs, and certified professional midwives as new provider types and covered services.
- The Illinois Perinatal Quality Collaborative launched a statewide birth equity initiative in June 2021 that aims to support birth hospital capacity to facilitate systems and to change culture to achieve birth equity.
- Illinois maintains a perinatal depression hotline through NorthShore University Health System (866-364-6667).
- Illinois maintains a 24/7 Illinois Helpline for assisting the public with finding substance use treatment and recovery services (833-234-6343), and the hotline launched the MARNow program to provide medication directly to residents seeking opioid use disorder treatment.

More Information and Resources

*Illinois Maternal Morbidity and Mortality Report*

dph.illinois.gov/topics-services/life-stages-populations/maternal-child-family-health-services/maternal-health/mmmr

Resource lists for women and their families are available in Appendix A of the report.

Resource lists for health care providers are available in Appendix B of the report.

Data Sources and Methodology

Using a variety of data sources, the Illinois Department of Public Health identifies all deaths of women while pregnant or within one year of pregnancy (pregnancy-associated deaths). The two Maternal Mortality Review Committees reviewed 263 maternal deaths that occurred during 2018-2020 to develop the recommendations in the Illinois Maternal Morbidity and Mortality Report.