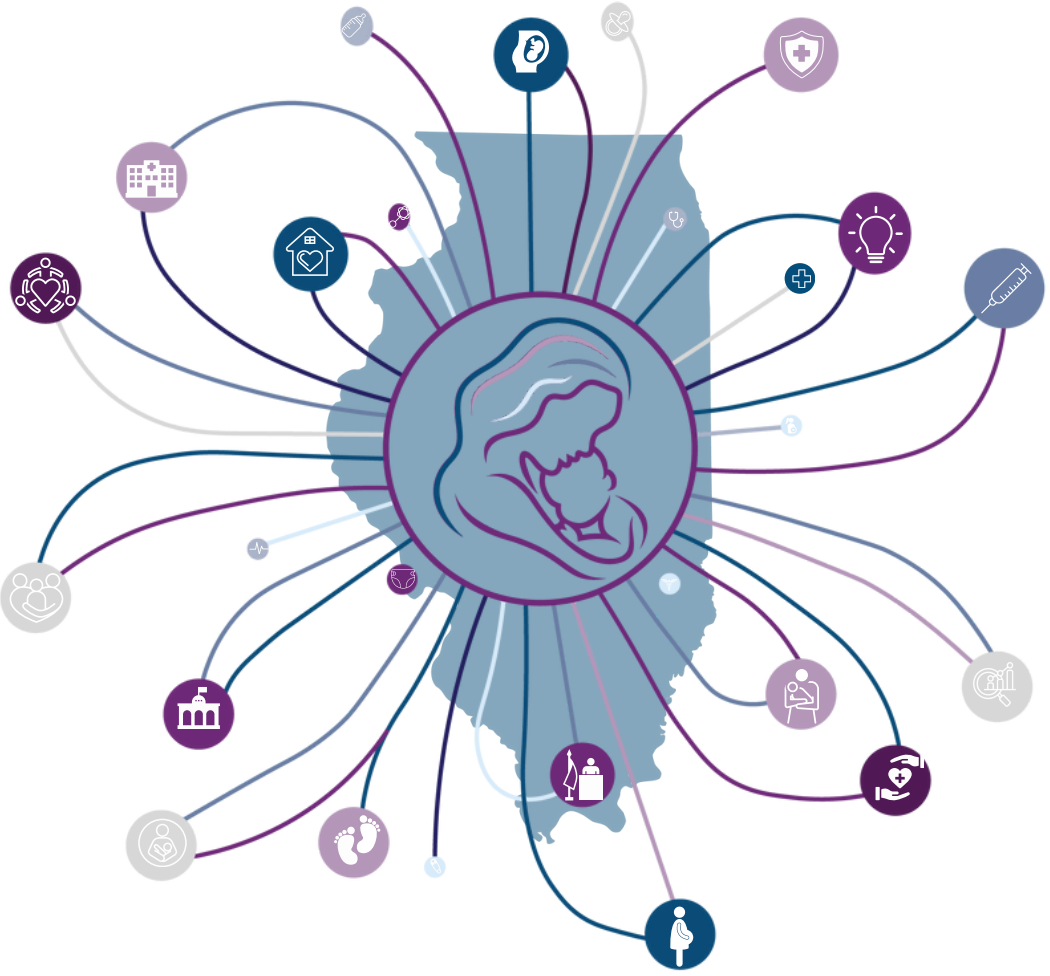
State of Illinois

COORDINATION AND COLLECTIVE ACTION: ILLINOIS' BLUEPRINT FOR BIRTH EQUITY

September 2025



COORDINATION AND COLLECTIVE ACTION:
ILLINOIS' BLUEPRINT FOR BIRTH EQUITY 2025

State agencies who were contributors of the content of the report and served as subject matter experts are listed below: The Illinois Department of Public Health (IDPH), Illinois Department of Healthcare and Family Services (HFS), Illinois Department of Human Services (IDHS), Illinois Department of Children and Family Services (DCFS), Illinois Department of Insurance (IDOI), Illinois Department of Financial and Professional Regulation (IDFPR), Illinois State Board of Education (ISBE), and Illinois Department of Commerce and Economic Opportunity (DCEO). We thank them for their time and effort.

Contributors

IDPH
ILLINOIS DEPARTMENT OF PUBLIC HEALTH

HFS
Illinois Department of
Healthcare and Family Services

IDHS
ILLINOIS DEPARTMENT
OF HUMAN SERVICES

DCFS
Illinois Department of
Children and Family Services

IDFPR
Illinois Department of
Financial and Professional Regulation

IDOI
ILLINOIS DEPARTMENT OF INSURANCE

ILLINOIS
STATE BOARD OF
EDUCATION

Illinois
Department of Commerce
& Economic Opportunity

September 2025

State of Illinois

TABLE OF CONTENTS

FOREWORD

A Note from Governor JB Pritzker

Illinois is a state that values innovation, collaboration, and the well-being of its residents. Like most of the country, we continue to experience inequities in maternal health and birth outcomes. Shifts in federal funding, increased restrictions on reproductive health, and economic pressures will only exacerbate the challenges faced by pregnant people and families across the country. It is more important than ever for us to remain steadfast in our commitment to making Illinois the safest place in the country to raise a family—and that starts with healthy births. It is my hope that this blueprint acts as a catalyst for bold coordination and collective action from all sectors of our state to maintain and improve maternal health and birth outcomes for all.

As Governor, I have made it a priority to achieve the best health outcomes possible for all residents across our state—and this is especially urgent for our mothers and babies. Over the past six years, Illinois has become a national leader in maternal and reproductive health care policy. My administration has expanded Medicaid coverage to 12 months postpartum, invested in the perinatal workforce, supported community-based care models, and strengthened maternal mental health resources. We have also laid the groundwork for greater coordination across state agencies, programs, and funding streams—because we know that addressing maternal health disparities requires a systemwide response.

Building on this progress is not the work of one entity or one administration; it is the work of a diverse set of partners across sectors that are committed to equity and the health of future generations. Achieving healthy pregnancies and births for everyone who chooses to have a baby is a shared responsibility that transcends politics, economic status, and sector. By addressing system-level challenges and focusing on long-term change, we can make Illinois a national model for maternal health equity and create a lasting impact for families across our state.

As a key pillar of the Illinois Birth Equity Initiative, our Department of Public Health has led in developing this blueprint to provide a detailed map of the different roles that Illinois' state infrastructure plays in providing care before, during, and after pregnancy. This blueprint begins to chart the path forward through four strategic priorities that serve as a framework for unlocking improved outcomes for everyone who gives birth in Illinois. These recommendations are the result of months of collaboration and coordination across Illinois' Health and Human Services agencies and engagement by community leaders, advocates, and providers across Illinois. All of this work has been made possible through the tremendous commitment many have already made to advancing birth equity in communities across our state.

This blueprint is a call to action for leaders across Illinois. It is a first step toward aligning efforts, driving innovation, and ensuring that equity becomes the standard of our maternal health system. From government to health care systems to philanthropic leaders, advocacy organizations, nonprofits, private-sector partners, and community members, we all have a role to play in ensuring that every family in Illinois has access to equitable, high-quality care. Please join us in working together to create a future where all children and families in Illinois thrive.

Sincerely,

Governor JB Pritzker

A Note from
Lieutenant Governor Juliana Stratton

In 2022, a group of black midwives and doulas joined my office for what we call "Tea With The LG." Our reason for convening was anything but joyful – I wanted to understand the maternal mortality crisis that disproportionately impacts black women in Illinois and across the nation. Somehow, these providers managed to illuminate such a dark subject through their passion and deep-seated belief that all women deserve more. They brought with them candor, concern for their people, optimism, and meaningful ideas for solutions. They were so determined to make a change that I worked with the Governor's Office to put them in touch with state agencies who could set their vision into motion. It is because of these midwives and doulas that our conversation transcended into legislative action: Illinois' Birth Equity Initiative.

This initiative bolsters our administration's belief that no government should decide when or if a family grows, and ensures that when families do expand, both mom and baby have access to the care they need to thrive safely. However, the initiative goes a step further to acknowledge the substantial gap in care for mothers who do not fit the criteria of "white and urban dwelling with unlimited access to resources." Black women are three times more likely to die from pregnancy-related medical conditions than white women. As rural-area hospitals and labor and delivery wings close due to funding cuts, women living outside of metropolitan cities become at risk. A successful pregnancy, delivery, and postpartum process should not be dictated by the color of a family's skin nor their zip code.

In 2024, Illinois put action behind our words to make this initiative a reality. We brought private insurers up to parity with Medicaid and demanded coverage for holistic birthing care and postpartum support; we've invested millions into assessing the crisis in mortality for black women; and we activated a pilot program to tackle the hidden health emergency facing 47% of American families – diaper need.

Every woman deserves to bring life into this world safely and with dignity, and every family deserves to bring their child home with the resources they need to grow. Whether you're in the heart of Chicago's loop or on a farm in Tuscola, Ill., no family should welcome a new soul with grief for the one who carried it.

While the current presidential administration strips support away from vulnerable communities, programs like these are more critical than ever. As leaders, our job is to work in collaboration with the communities we serve to deliver real solutions. That's what the Birth Equity Initiative is about. I am so proud to be part of an administration that commits wholeheartedly to doing right by the people of Illinois.

Respectfully,

Juliana Stratton

EXECUTIVE SUMMARY

In recent years, Illinois has deepened its investment in and commitment to birth equity in order to achieve optimal outcomes for every pregnant person[1] and their child. The state has focused on expanding access to care, improving coverage and integration of maternal health, strengthening the maternal care workforce, addressing social drivers impacting outcomes, and aligning statewide systems and data to enhance monitoring and data-driven decision-making. Through landmark legislation, such as the expansion of Medicaid coverage to 12 months postpartum[2], and the participation in the federal Transforming Maternal Health (TMaH) Model,[3] which seeks to improve maternal health outcomes by implementing a more whole-person approach to care, Illinois has laid a solid foundation for progress toward a future where every individual in Illinois has a safe and healthy pregnancy, birth, and postpartum experience.

Illinois has the foundational building blocks necessary to effect sustainable and meaningful change for parents and children in their communities. There is a strong commitment from leadership across state government agencies to achieve positive outcomes. A vibrant ecosystem of community leaders, community-based organizations, and maternal and birth advocates is at the forefront of a movement to embrace a holistic perspective for the care and well-being of the people of Illinois. Philanthropic coordination is growing, with several issue-specific funder groups helping to drive collective strategy and investment to support maternal health and birth equity.

Asset Rich, Systems Poor

While Illinois is rich in assets and interest, the systems and sectors that influence maternal and infant outcomes are often disconnected. Numerous maternal health efforts have emerged across the state, but many have historically operated in silos—leading to fragmented care, duplication, or missed opportunities for collective impact. Even when efforts span adjacent areas like reproductive health or early childhood, they often differ in goals, leadership, and funding streams. The result can be a disjointed experience for individuals and families, contributing to suboptimal and disparate outcomes, especially for the most vulnerable communities and communities of color in Illinois. **Persistent structural inequities, including the historical and ongoing impacts of racism, continue to influence access to care, quality of services, and resource distribution across the state.**

While data from 2016-2021 showed an increase in prenatal and postpartum care utilization,[4] access still remains a challenge. Between 2016 and 2023, 32 obstetric hospitals closed reducing available birthing facilities in majority-black neighborhoods in the Chicagoland area and rural communities.[5] Data from 2023 found that black women were twice as likely as white women to die from pregnancy-related causes.[6] The majority of these deaths were preventable, and for black women in particular, were caused in part by discrimination and systemic racism contributing to inadequate and poor quality of care, lack of care coordination, and limited services.[7] The 2024 Health Outcomes Disparities Report similarly calls on health systems to remedy “a legacy of structural racism that disenfranchised generations and created lasting mistrust,” emphasizing that progress must be rooted in community partnership and shared decision-making. It also highlights the need for stronger coordination across sectors and more transparent, equity-centered data practices to ensure efforts are not only inclusive in design but measurable in impact.[8]

---

[1] This blueprint uses gender-neutral terms to include trans men, nonbinary people, and others who may become pregnant. It also uses words like ‘women’ and ‘mothers’ in recognition of their experiences.

[2] State of Illinois, “Pritzker Administration Announces Illinois is First State to Extend Full Medicaid Benefits to Mothers 12 Months Postpartum,” *Illinois.gov*, April 13, 2021, https://www.illinois.gov/news/press-release.23111.html.

[3] Centers for Medicare & Medicaid Services, “Transforming Maternal Health (TMaH) Model,” *CMS.gov*, accessed June 6, 2025, https://www.cms.gov/priorities/innovation/innovation-models/transforming-maternal-health-tmah-model.

[4] Illinois Department of Healthcare and Family Services, Perinatal Report 2024 (Illinois Department of Healthcare and Family Services, January 2024), https://hfs.illinois.gov/content/dam/soi/en/web/hfs/sitecollectiondocuments/2024perinatalreport.pdf.

[5] Barbara C. Keino et al., “Mapping Geographic Access to Illinois Birthing Hospitals, 2016–2023,” *Preventing Chronic Disease* 21 (2024): E102, https://www.cdc.gov/pcd/issues/2024/24_0332.htm.

[6] Illinois Department of Public Health, 2023–2024 Report to the General Assembly: *Illinois Task Force on Infant and Maternal Mortality Among African Americans* (Illinois Department of Public Health, December 2024).

[7] Illinois Department of Public Health, *Illinois Maternal Morbidity and Mortality Report* (Illinois Department of Public Health, October 2023), https://dph.illinois.gov/content/dam/soi/en/web/idph/publications/idph/topics-and-services/life-stages-populations/maternal-child-family-health-services/maternal-health/mmmr/maternal-morbidity-mortality-report2023.pdf. The report found that overall, 91% of pregnancy-related deaths are preventable and the leading contributing cause was poor care quality and coordination.

[8] Illinois Department of Human Services, *Health Outcomes Disparities Report* (Illinois Department of Human Services, 2024), https://witnessslips.ilga.gov/reports/ReportsSubmitted/4867RSGAEmail10314RSGAAttachDHS_ILHealthDisparitiesReport_Memo%2020240328.pdf

A Time for Collective Reimagining

At the same time, Illinois is facing a significantly dynamic political and financial environment, driven by the current federal administration. The state's Medicaid program currently covers roughly 3.2 million to 3.5 million residents, nearly a quarter of the population, and over 40% of all births in the state. New federal legislation threatens to reduce Illinois's Medicaid funding by an estimated $48 billion over the next decade. These shifts risk coverage losses for over 330,000 residents in Illinois, jeopardizing the health and well-being, as well as progress gained, for our state. Given the scale and scope of potential change, **now is the moment for a collective revisioning of these systems.** Illinois can align leaders and stakeholders around a shared vision, anchoring both pragmatic and resilient paths forward in a time of uncertainty.

Strategic Priorities and a Call to Action

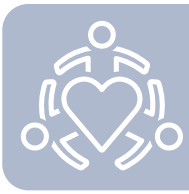
This blueprint is a crucial first step towards developing a comprehensive, multi-stakeholder action planning process. It builds on the work of past and current partners across sectors and leverages existing research and insights about the barriers to achieving optimal maternal and birth outcomes, including analysis and recommendations from the *2023 Illinois Maternal Morbidity and Mortality Report.*[9] In addition, this blueprint represents a year-long engagement process that drew expertise from leaders across multiple sectors, including state agencies, maternal health experts, community leaders, health care providers, and parents.

This blueprint offers an assessment of what the state of Illinois is doing to improve maternal health and birth equity and is intended to complement and align with the efforts of health care providers, advocates, researchers, and local leaders across the state. Among the contributors were four Health and Human Services (HHS) agencies with significant responsibility for maternal health and birth equity: the Illinois Department of Public Health (IDPH), Illinois Department of Healthcare and Family Services (HFS), Illinois Department of Human Services (IDHS), and Illinois Department of Children and Family Services (DCFS). These core agencies were joined by additional public agencies whose work intersects with key drivers of maternal health, including the Illinois Department of Insurance (IDOI), Illinois Department of Financial and Professional Regulation (IDFPR), Illinois State Board of Education (ISBE), and Illinois Department of Commerce and Economic Opportunity (DCEO).

The assessment surfaced a strong foundation of agency-led initiatives, ranging from Medicaid coverage extensions and expanded home visiting to behavioral health integration and maternal health workforce development. Across agencies, there is clear momentum and commitment to improving maternal and infant health. At the same time, the review highlighted opportunities to better align and connect these efforts, particularly in areas such as care coordination across clinical and community settings, early risk identification during pregnancy, and the integration of mental health supports into routine maternal care. Promising alternative and community-led care models and enhanced referral systems are in motion, but they would benefit from greater investment and statewide scale. Strengthening shared outcomes, building data infrastructure, and advancing cross-agency collaboration represent powerful opportunities to amplify the impact of existing efforts and drive more equitable outcomes for pregnant people and their families across Illinois.

Through additional surveys, roundtable discussions, and interagency collaboration, we identified needs and opportunities across five key domains that shape outcomes for pregnant people and their babies during the critical prenatal to postpartum period: Maternal Healthcare Access, Maternal Healthcare Quality, Maternal Health Workforce, Mental and Behavioral Health, and Structural Determinants of Health. These insights inform four recommendations for cross-cutting strategic priorities that have the potential to improve maternal health in Illinois:

[9] Illinois Department of Public Health, *Illinois Maternal Morbidity and Mortality Report* (Illinois Department of Public Health, 2023), https://dph.illinois.gov/content/dam/soi/en/web/idph/publications/idph/topics-and-services/life-stages-populations/maternal-child-family-health-services/maternal-health/mmmr/maternal-morbidity-mortality-report2023.pdf.



1. **Expand Investments in Healthcare Quality and Provider Support:** Illinois will build on existing efforts to improve maternity care quality by exploring how to best scale models that reduce care fragmentation and by strengthening incentives and supports that empower providers to deliver high-quality, patient-centered care.

2. **Promote Access to Birthing and Specialty Care Services:** Illinois will strengthen and rebuild its maternal health infrastructure by examining the root causes of OB unit closures, identifying sustainable solutions, exploring innovations that enable alternative care delivery models, and investing in a resilient maternal health workforce.

3. **Establish Universal Risk Assessment, Referral, and Care Coordination:** Illinois will continue to improve early identification and intervention by expanding risk assessment, coordination, and referral from pregnancy through the postpartum period, deepening integration of mental health care, and improving coordination between clinical and community-based support.

4. **Develop Shared Measurement and Accountability Framework for Maternal Health and Birth Equity:** Illinois will advance data systems to monitor population-level maternal health, define and align core metrics, and promote transparency and shared accountability to drive collective progress toward birth equity.

As Illinois continues its journey toward a more equitable and sustainable maternal health system, this work will require the coordinated, connected, and collective efforts of many. As a next step, the Governor's Office and state agency leadership are investing the time, resources, and infrastructure to build and launch a cross-sector, multistakeholder, multiyear initiative to design a comprehensive roadmap for birth equity in Illinois. This process will align with ongoing field-led strategies such as efforts focused on doulas, birth centers, and community-based birth justice strategic planning to build trust, strengthen partnerships, and ensure coherence across the ecosystem. In November 2025, the state will launch a collective action-planning process at a statewide summit focused on advancing birth equity. As part of this launch, the state will identify and fund a backbone infrastructure to facilitate an inclusive process where partners across sectors—including community-based organizations and the communities they serve, health care delivery systems, state and health agencies, payers, legislators, employers, academic institutions, and private funders—can co-create a comprehensive and feasible roadmap for the state to reach the vision and priorities outlined in this blueprint. The aim is to have this collectively designed roadmap complete by 2027.

We invite leaders from across sectors to come together to align complementary strategies and help bring these recommendations to life. The momentum is strong, and the path forward is clear. By coming together with purpose and urgency, Illinois can ensure every family can thrive—and birth equity becomes a reality for all.

INTRODUCTION: THE OPPORTUNITY TO TRANSFORM MATERNAL HEALTH AND BIRTH OUTCOMES

In recent years, Illinois has deepened its investment in and commitment to maternal health and birth equity as a core pillar of its *Healthy Illinois 2028*: *State Health Improvement Plan* (SHIP).[10] Illinois benefits from a strong policy environment that includes comprehensive reproductive rights legislation, the Birth Equity Initiative, and a unified early childhood state agency in development. The state has achieved recent wins such as being the first in the nation to expand Medicaid coverage to 12 months postpartum, expanding benefits to include perinatal doula and lactation consultant services and other support providers, and allocating over $20 million in grant funding in 2025 to advance birth equity through community-led solutions, capacity building, and system-level innovation. Through the Illinois Department of Public Health alone, $4.5 million in grants[11] were awarded to 12 organizations advancing innovative, equity-driven maternal care—making clear that when families and children thrive, so do communities and the state.

Despite Illinois' strong foundation and growing momentum, disparities in maternal and birth outcomes persist based on race, income, geography, and other identity factors. Data from 2016-2021 showed an increase in prenatal and postpartum care utilization, yet 35% of Medicaid-covered pregnant individuals still did not access adequate prenatal care, and 33% did not receive postpartum care within 56 days of delivery in Illinois.[12] These gaps in care are especially alarming since black women in Illinois are twice as likely as white women to die from pregnancy-related causes and to experience severe maternal morbidity during pregnancy, at childbirth, or in the first year postpartum.[13] For many black women and other communities of color, these outcomes are the result of structural discrimination and racism in the health system, which has left "a legacy of structural racism that disenfranchised generations and created lasting mistrust."[14] In rural areas, only 65.4% of pregnant individuals live within 30 minutes of a birthing hospital, leading to longer travel times and potential delays in essential obstetric care.[15] The Maternal Mortality Review Committee, Illinois' key source of data and analysis on the state of maternal health and morbidity, found that 91% of pregnancy-related deaths between 2018 and 2020 could have been prevented. The leading contributing factors to these preventable deaths were inadequate and poor quality of care, poor coordination of care, and lack of access to services.[16]

While Illinois is rich in assets, the systems and sectors that influence maternal and infant outcomes can often be disconnected for a variety of reasons. Numerous maternal health efforts have emerged across the state, but many have historically operated in silos—leading to the potential for fragmented care, duplication, or missed opportunities for impact. Even when efforts span adjacent areas like reproductive health or early childhood, they often differ in goals, leadership, data, and funding streams. The result is a disjointed experience for individuals and families seeking care.

This fragmentation is compounded by obstetrics unit closures, inconsistent quality of care, and a maternal health workforce stretched thin. The shortage can be particularly severe when it comes to culturally congruent, community-based providers who reflect and understand the lived experiences of the populations most affected by poor outcomes. Many communities of color lack access to providers who share their backgrounds, language, or birthing values—which can limit trust, communication, and the effectiveness of care. At the same time, critical data systems that could support more coordinated decision-making at the system level remain siloed and difficult to use. These challenges to birth equity are the result of well-intentioned but misaligned and underutilized policies, systems, and structures that must be reimagined and redesigned.

[10] Illinois Department of Public Health, *Healthy Illinois 2028: State Health Improvement Plan* (Illinois Department of Public Health, 2023), https://dph.illinois.gov/content/dam/soi/en/web/idph/publications/idph/topics-and-services/provider-partner-resources/healthy-illinois/2028/state-health-improvement-plan_2028.pdf.
[11] Illinois Department of Public Health, "IDPH Awards $4.5 Million in Grants to Support Governor Pritzker's Birth Equity Efforts Across Illinois," Illinois Department of Public Health, January 29, 2025, https://dph.illinois.gov/resource-center/news/2025/january/release-20250129.html.
[12] Illinois Department of Healthcare and Family Services, Perinatal Report 2024 (Illinois Department of Healthcare and Family Services, 2024), https://hfs.illinois.gov/content/dam/soi/en/web/hfs/sitecollectiondocuments/2024perinatalreport.pdf.
[13] Illinois Department of Public Health, *2023–2024 Report to the General Assembly: Illinois Task Force on Infant and Maternal Mortality Among African Americans* (Illinois Department of Public Health, December 2024).
[14] Illinois Department of Human Services, *Health Outcomes Disparities Report* (Illinois Department of Human Services, 2024), https://witnessslips.ilga.gov/reports/ReportsSubmitted/4867RSGAEmail10314RSGAAttachDHS_ILHealthDisparitiesReport_Memo%2020240328.pdf.
[15] Barbara C. Keino et al., "Mapping Geographic Access to Illinois Birthing Hospitals, 2016–2023," *Preventing Chronic Disease* 21 (December 2024): E102, https://doi.org/10.5888/pcd21.240332.
[16] Illinois Department of Public Health, *Illinois Maternal Morbidity and Mortality Report, (Illinois Department of Public Health, October 2023)*, https://dph.illinois.gov/content/dam/soi/en/web/idph/publications/idph/topics-and-services/life-stages-populations/maternal-child-family-health-services/maternal-health/mmmr/maternal-morbidity-mortality-report2023.pdf.

This blueprint builds on these findings and represents a year-long engagement process that drew expertise from an interagency group of maternal health experts, community advocates, health care providers, and other partners, as well as from roundtable discussions with pregnant people and postpartum parents. It has incorporated findings from the Title V Needs Assessment consumer survey to ensure alignment with community-identified priorities. It also leverages existing research and insights about the barriers to achieving optimal maternal and birth outcomes, including analysis and recommendations from the 2023 Illinois Maternal Morbidity and Mortality Report. This input informed the foundational frameworks underlying this blueprint, and we showcase the voices of those affected by this work through quotes and Bright Spot stories captured in blue and purple callouts.[17]

Vision for Birth Equity in Illinois

After engaging with key maternal health actors such as state agencies, community members, academic institutions, community organizations, and philanthropic leaders, we developed a vision for birth equity in Illinois: ***We envision a future where every individual in Illinois has a safe and healthy pregnancy, birth, and postpartum experience.*** Achieving this vision for maternal health and birth equity requires a coordinated, systemwide approach.

Blueprint Objectives

In this blueprint, we focus on maternal health and birth equity, with an emphasis on the systems that support individuals during pregnancy, at birth, and into the postpartum period. We map the current activity and assets led by four core health and human services state agencies that play a pivotal role in supporting maternal health and birth equity across the state: the Illinois Department of Public Health, Illinois Department of Healthcare and Family Services (which administers Medicaid), Illinois Department of Human Services, and Illinois Department of Children and Family Services. Additionally, this blueprint also brings in select initiatives by other agencies that have a role in maternal health policy, such as the Illinois Department of Professional Regulation and Illinois Department of Insurance. The blueprint has three key objectives:

1. **Surface key barriers** that prevent optimal birth outcomes across Illinois.
2. **Map the roles of state agencies** and highlight current initiatives supporting maternal health.
3. **Identify system-level efforts** where the state agencies and cross-sector partners can take collective action.

[17] To protect the confidentiality and privacy of the families, community leaders, and stakeholders who have shared their feedback and stories, we have changed names and identifying details in the quotes and stories shared throughout this blueprint.

SECTION 1: SCOPE OF THIS BLUEPRINT

Definition of Birth Equity in Illinois

In this blueprint, we adapt the National Birth Equity Collaborative's definition of birth equity to the specific context of Illinois: Birth equity is just and fair access to high-quality, respectful, and culturally aligned care and support throughout the journey of pregnancy, birth, and into the postpartum period—regardless of a person's race, income, geography, or immigration status.[18]

Maternal health and birth equity are also shaped by experiences that span the time before and after pregnancy. This includes the reproductive or preconception journey, breastfeeding, the postpartum period, parenting support, and positive early childhood experiences. We acknowledge that these intersections matter, and all can influence the maternal and birth journey in varying ways. The state has investments to optimize outcomes throughout this life course. However, the analyses and recommendations in this blueprint are primarily focused on the system-level changes Illinois can advance to improve the birth experience.

Reproductive Health & Preconception Care	Pregnancy & Postpartum Support	Infant & Early Childhood Health
• Reproductive health education and awareness • Contraception access • Abortion access • Fertility treatments • Preconception health screenings • Overall health and well-being, including nutrition, exercise, and vitamins	• Maternal health services during pregnancy and childbirth • Community-focused supports (e.g., doulas, lactation supports) • Maternal and family mental health services and home visiting ***Focus of this Blueprint***	• Access to high-quality childcare choices • Family and caregiver supports • Early intervention services and family support programs • Early childhood home visiting

[18] The National Birth Equity Collaborative defines birth equity as "the assurance of the conditions of optimal births for all people, with a willingness to address racial and social inequities in a sustained effort." Our approach builds on this definition, applying it to the specific context of Illinois and the role of state systems in advancing birth equity

Critical Role of Cross-Sector Actors

Improving maternal and infant outcomes requires a coordinated response by a wide range of state and non-state actors who interact with people from pregnancy to the postpartum period. This broad coalition of cross-system actors, including community organizations, health care providers, state agencies, payers, businesses, policymakers, philanthropic organizations, academic institutions, and families themselves, is critical to ensuring equitable access to care, improving health outcomes, and creating a system that supports individuals and families before, during, and after pregnancy.

State and health agencies	Governmental agencies that oversee, manage, and implement public health programs and policies. This includes local and state health departments as well as specific agencies (e.g,. Title V maternal and child health programs, social service agencies). These agencies often partner with community-based organizations to deliver public health programs.
Healthcare delivery systems	Individual practices or collectives that encompass multiple healthcare organizations (e.g. hospitals, clinics) that deliver clinical health care services and public health interventions to communities. Typically, these systems hire clinical care providers (e.g., obstetricians, gynecologists, certified nurse midwives) and partner with community-based support providers (e.g., doulas, lactation specialists, licensed certified professional midwives).
Community-based organizations	Organizations rooted in local communities, primarily focused on addressing specific health and social service needs and challenges (e.g., access to maternal health hubs, nutritious food, stable housing, transportation, financial services). These organizations work to enhance health outcomes by leveraging local resources, knowledge, and networks. Often, they are also trusted leaders who elevate the voice of communities with lived experience and help organize and advocate for birth equity.
Payers (public and private)	Public (i.e., Medicaid and Medicare administered by government or private companies) and private health insurance agencies that finance or reimburse the cost of health services. These actors play a pivotal role in the health care system, directly impacting access, affordability, and the quality of health care services.
Local and state legislators	Elected representatives at various governmental levels who create, amend, and oversee the implementation of laws and policies that affect maternal health and birth equity outcomes.
Private-sector employers	Employers and businesses that employ pregnant people and caregivers. They often support workers with workplace policies and benefits that support health, well-being, and caregiving responsibilities.
Private funders	An individual, corporation, or private foundation that invests or allocates financial resources to support various health initiatives, research, services, or infrastructure. Unlike public or government funders, private funders deploy private capital, often driven by a combination of philanthropic goals, strategic interests, and, in some cases, investment returns.
Academic institutions	Universities, colleges, and training institutes that focus on education, training, and research related to health disciplines, including maternal and birth outcomes. These institutions play a pivotal role in shaping knowledge, elevating community voice, and informing the skills, and competencies of healthcare professionals while driving innovation and advancements in the medical and public health sectors.

Each of these actors plays a unique role in supporting birth equity. As we look ahead, an important step toward greater cross-sector coordination is building a shared understanding of the state's maternal health infrastructure and programs. State agencies influence the broader ecosystem through funding, partnership, regulation, and more—and have an important role to play in fostering alignment.

Advancing this work requires a clear view of how Illinois currently invests in and implements maternal health efforts across its agencies and where opportunities exist to strengthen coordination. This foundation will help unlock change beyond the state systems by connecting and amplifying complementary efforts led by cross-sector partners.

SECTION 2: ASSET RICH, SYSTEMS POOR: THE MATERNAL HEALTH INFRASTRUCTURE IN ILLINOIS

Five Domains Influencing Pregnancy to Postpartum Outcomes

In conversations with community leaders, health care providers, local and state government representatives, and individuals with lived experience, five domains emerged as foundational to achieving equitable outcomes for all pregnant people and infants in Illinois. When these domains are not optimized and systems are not well connected, this can lead to suboptimal maternal and birth outcomes. Each of these domains is independently important, yet is also interconnected and/or overlapping with other domains in practice:

1. **Maternal Healthcare Access:** Ensuring that all pregnant individuals receive affordable care, free from financial, geographic, and systemic barriers
2. **Maternal Healthcare Quality:** Strengthening maternal health services through evidence-based, patient-centered, and equitable care practices.
3. **Maternal Health Workforce:** Building a diverse and equitably distributed workforce, beyond just clinicians, that includes midwives, doulas, lactation consultants, and mental health specialists.
4. **Mental and Behavioral Health:** Expanding access to perinatal mental health care and substance use treatment, addressing mental health provider shortages, and removing stigma.
5. **Structural Determinants of Health:** Addressing the social and economic structural barriers, including economic stability, food security, and transportation, that influence maternal health.

State Infrastructure Supporting Maternal Health and Birth Equity Outcomes

In Illinois, four key health and human services (HHS) agencies serve as the hub of maternal health and birth equity initiatives and have the greatest influence over maternal health care access, quality, workforce, mental health, and social determinants of health. These agencies are referred to as the “core HHS agencies” throughout this blueprint:

- **Illinois Department of Public Health (IDPH)** – Oversees statewide maternal and infant health initiatives, including surveillance, data collection, and programs aimed at reducing maternal mortality and improving birth outcomes.
- **Illinois Department of Healthcare and Family Services (HFS)** – Administers Medicaid and other health coverage programs that provide essential maternal and reproductive health services to low-income individuals and families.
- **Illinois Department of Human Services (IDHS)** – Supports maternal and child health through programs such as the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), behavioral health and recovery services, and family support initiatives such as doula and early childhood home visiting programs. The agency also oversees the Division of Behavioral Health and Recovery (previously the Division of Mental Health), which provide communities with mental health and substance use prevention and treatment resources.
- **Illinois Department of Children and Family Services (DCFS)** – Works to protect children and support families with programs including initiatives focused on maternal and infant relationships, home visiting and parenting programs, and services for families involved in the child welfare system.

Beyond these four key agencies is an expanded ecosystem of agencies that influence aspects of these domains, specifically covering health care access, quality, and workforce:

- **Illinois Department of Insurance (IDOI)** – Regulates fully insured health insurance plans, which are required to provide maternity and newborn care coverage, ensuring that maternal and infant health services remain accessible and affordable.
- **Illinois Department of Financial and Professional Regulation (IDFPR)** – Licenses and regulates health care professionals, including physicians, midwives, nurses, and mental health providers, ensuring a qualified maternal health workforce across the state, including freestanding birth centers.
- **Illinois State Board of Education (ISBE)** – Leads the Early Childhood Block Grant Prevention Initiative Home Visiting Program to provide intensive, research-based, and comprehensive child development and family support services for expectant parents and families with children aged 0-3 years to help them build a strong foundation for learning and to prepare children for later school success.
- **Illinois Department of Commerce and Economic Opportunity (DCEO)** – Manages the Illinois Reproductive Health Facilities Capital Grant Program, which supports reproductive health care facilities in Illinois that are experiencing increased demand for their services, including freestanding birth centers.

Illinois' four core HHS agencies are making significant investments across maternal health care access, quality, and workforce. Expanded Medicaid coverage for 12 months postpartum, inclusion of community-based providers such as doulas and lactation consultants, and the use of telehealth are all helping to broaden access to maternal care. At the same time, workforce development initiatives, enhancements to risk-appropriate perinatal care, and the launch of new licensing programs are strengthening the pipeline of qualified providers in both clinical and community settings. New standards for culturally competent care to address racial disparities are being advanced through provider education and support. Agencies are also exploring innovative ways to incentivize high-quality care and improve data collection. While additional efforts to improve risk assessment and care coordination are underway, many of these activities still require greater system-level alignment and coordination.

> *"It's not just about creating new programs; we need to make sure people actually know about them. Families in every ZIP code should have the same chance to benefit, and public clinics should have access to the same quality of resources you'd find in a private hospital."*
>
> *—County health department official*

Illinois has a robust social safety net and mental health system. IDHS currently funds and administers major programs supporting family health, well-being, and stability—including WIC, SNAP, and services that connect low-income families to resources addressing economic, food, housing, and transportation needs. These include home visiting, case management, and other community-based support. In addition, HFS, IDPH, and IDHS operate helplines, provide educational resources, and run pilot initiatives to improve access to mental health screening and care throughout pregnancy and the postpartum period.

While maternal health and birth equity have become more embedded within this system, significant structural challenges remain. Mental health services and programs addressing structural determinants of health are not yet fully integrated into maternal care. Screening and referral practices vary across the state, and awareness among residents and providers remains uneven. Although better data on service utilization and effectiveness could guide more strategic, equity-focused investments, the current data infrastructure limits this potential. Much of the work continues to occur in silos, with limits to coordination and data-sharing mechanisms. Agencies may collect different data sets, use incompatible reporting systems, and operate on platforms that are not integrated, often because of funding flows with differing reporting needs.

As a result, critical data systems that could support coordinated, system-level decision-making remain inaccessible or difficult to use, both for government agencies and community organizations. For example, providers often face multiple, conflicting reporting demands or cannot access the data collected by state agencies. These inefficiencies place a heavy burden on partners and limit collective impact.

"Some systems are antiquated. [Contracted organizations] need access to the state's data that is specific to them. They don't know what counterparts are doing and are not sure if their efforts are overlapping. The current system needs more coordination."

—Community-based organization leader

Limited alignment on shared goals and objectives contributes to siloed efforts and fragmented data systems, making it difficult for agencies to collaborate effectively even on similar initiatives or with common partners. These gaps ultimately impact care at the individual level. Over the past five years, Illinois' core health and human services agencies have pursued a "no wrong door" approach, aiming to build a coordinated, person-centered ecosystem where families can access the support they need without encountering institutional barriers. However, because similar programs and services are administered by multiple agencies, families often face confusing and inconsistent experiences, particularly during vulnerable moments. This is especially true in areas like mental health, housing, transportation, and food security, which are managed across multiple agencies. Families may encounter overlapping assessments, unclear service pathways, varying eligibility criteria, and fragmented referral processes when they attempt to access care day-to-day. At the system level, disconnected data and reporting often drive disconnected strategies: Each agency typically develops its strategic plan in isolation, increasing the risk of duplicated efforts, missed opportunities for alignment, and reduced overall impact.

Despite these challenges, the core HHS agencies (IDPH, HFS, IDHS, and DCFS) are beginning to address structural barriers to achieve more coordinated, cross-cutting impact. In recent years, this work has progressed informally and organically, resulting in notable wins for maternal health and birth equity. For example, Illinois became the first state to extend Medicaid coverage to one year postpartum—an outcome made possible by strong interagency collaboration to address a critical need. Similarly, the effort to establish reimbursement pathways for new provider types required aligned action across multiple agencies. These early collaborations helped catalyze a more formalized structure: the Interagency Maternal Child Health Working Group, formed out of a shared recognition that timely collaboration, better information-sharing, and greater strategic alignment are foundational to realizing a collective vision for maternal health in Illinois. As this coordination continues to mature, it will be critical to intentionally bring additional state agencies into this work, beyond the core HHS. Building a truly coordinated, cross-agency approach will require aligning efforts across the full spectrum of agencies that influence the conditions in which families live, work, and seek care.

Structural reforms are also reshaping how the state delivers care. The creation of the Illinois Department of Early Childhood (IDEC) will consolidate early childhood services currently housed across IDHS, ISBE, and DCFS, streamlining access for families and improving coordination across early childhood programs like home visiting, which are critical in the early postpartum period.[19] Similarly, the merger of the Division of Mental Health and the Division of Substance Use Prevention and Recovery into a single unit will reduce administrative burdens, expand treatment access, and enhance outcomes for individuals seeking mental health and substance use services, including people who may benefit from these services during pregnancy.[20]

These structural reforms mark important progress and lay the groundwork for deeper system-level solutions to support pregnant and postpartum individuals and their families. Yet, continued focus is needed to ensure that changes in infrastructure lead to improved experiences and outcomes at the individual level. Illinois has taken important steps through new interagency collaborations, structural reform, and a growing culture of shared accountability. However, closing the remaining system-level gaps—ensuring consistent delivery of high-quality maternal care, increasing access points, improving coordination, and tracking progress through shared measures—requires engagement beyond state agencies alone. To fully leverage the assets across Illinois, cross-system solutions and cross-sector collaboration are essential.

In the next section, we outline four strategic priorities where collective action can drive lasting, transformational change for maternal health and birth equity.

[19] "Illinois Department of Early Childhood," Illinois Department of Early Childhood, accessed June 20, 2025, https://idec.illinois.gov/.
[20] Illinois Governor's Office, "Executive Order 2025-01: Division of Behavioral Health and Recovery" Office of the Governor, 2025, https://www.illinois.gov/content/dam/soi/en/web/illinois/documents/government/executive-orders/2025/executive-order-2025-01-division-of-behavioral-health-and-recovery.pdf.

SECTION 3: STRATEGIC PRIORITIES AND CALL TO ACTION

The Governor's Office and state agencies are committed to making Illinois a national leader in maternal health and birth equity. To address these system-level challenges and improve outcomes for pregnant and birthing people and their families, four strategic priorities have been identified. These priorities emerged from a year-long engagement process that included surveys, roundtables, and cross-agency collaboration with leaders from state government, healthcare, community organizations, and people with lived experience. They reflect common themes raised across sectors, align with existing momentum, and target the most pressing system gaps affecting maternal health outcomes in Illinois.

The following pages provide a detailed look at the four strategic priorities. For each, we outline: (1) key challenges currently impacting maternal health outcomes; (2) relevant efforts already underway by state agencies; and (3) opportunities for further exploration and collective action. These priorities are interconnected and complex: While each requires targeted interventions, progress in one area often influences the others. Wherever possible, we have mapped existing state agency efforts to the most relevant strategic priority. In some cases, we have intentionally included assets that span multiple priorities to highlight connections and reinforce cross-cutting linkages.

Strategic Priority 1: Expand Investments in Healthcare Quality and Provider Support

Relevant Domains: Maternal Healthcare Quality, Maternal Health Workforce

Challenges

Across Illinois, gaps in quality and unbiased care are exacerbated by limited training, tools, and support that would enable providers to deliver high-quality, evidence-based maternal care—leading to mistrust among the public. According to the 2023 Illinois Maternal Morbidity and Mortality Report, the leading contributing factor to preventable deaths was poor quality and fragmentation of care.[21] Clinical best practices exist for identifying and managing common maternal health conditions[22], but many providers lack adequate training or support to consistently implement them. This is particularly acute for patients from diverse racial, cultural, or socioeconomic backgrounds, who experience compounding impacts from structural discrimination based on race, language, or other identity factors in and out of the clinical setting. Data from 2018-2020 identified discrimination in 39% of pregnancy-related deaths during this time period. It was more likely to be a contributing factor for black women (50%) than white women (35%) and all other racial and ethnic groups.[23] Additionally, there are limited mechanisms to incentivize and support standard delivery of high-quality maternal health care. While many hospitals and providers are deeply committed to improving outcomes, there is significant variation in how clinical guidelines, safety protocols, and evidence-based practices are applied. These limitations can result in missed diagnoses, reduced care coordination, and limited follow-up across the prenatal to postpartum journey—and they represent an opportunity for Illinois to reimagine how we can address this issue.

> *"I am concerned about trauma and lack of consent in prenatal care, particularly in the intrapartum (labor and delivery) period. So many women I have spoken to have had traumatic birth experiences that have led to PTSD and lack of trust in the medical system."*
>
> *—2024 Title V consumer survey respondent*

[21] Illinois Department of Public Health, *Illinois Maternal Morbidity and Mortality Report,* (Illinois Department of Public Health, October 2023), https://dph.illinois.gov/content/dam/soi/en/web/idph/publications/idph/topics-and-services/life-stages-populations/maternal-child-family-health-services/maternal-health/mmmr/maternal-morbidity-mortality-report2023.pdf.

[22] American College of Obstetricians and Gynecologists, "Tailored Prenatal Care Delivery for Pregnant Individuals," *Clinical Consensus*, No. 8 (May 2025), accessed June 11, 2025, https://www.acog.org/clinical/clinical-guidance/clinical-consensus/articles/2025/04/tailored-prenatal-care-delivery-for-pregnant-individuals.

[23] Illinois Department of Public Health, *Illinois Maternal Morbidity and Mortality Report* (Illinois Department of Public Health, October 2023), 7, https://dph.illinois.gov/content/dam/soi/en/web/idph/publications/idph/topics-and-services/life-stages-populations/maternal-child-family-health-services/maternal-health/mmmr/maternal-morbidity-mortality-report2023.pdf. The blueprint adopts the same definitions as the *2023 Illinois Maternal Morbidity and Mortality Report*. It defines discrimination as "treating someone less or more favorably based on the group, class, or category they belong to resulting from biases, prejudices, and stereotyping. It can manifest as differences in care, clinical communication, and shared decision-making." Structural racism is defined as "the systems of power based on historical injustices and contemporary social factors that systematically disadvantage people of color and advantage white people through inequities in housing, education, employment, earnings, benefits, credit, media, healthcare, criminal justice, etc."

Existing State Assets

Illinois is already working to enhance quality of care through provider-focused training on implicit bias and maternal health; investments in quality care delivery through provider and institution supports; and risk designation frameworks to ensure the highest-risk pregnancies and births are receiving the appropriate level of care.

Agency	Key Strategies and Assets
IDPH, IDHS	• **Strengthen quality improvement and provider training efforts across the state.** This includes support for the Illinois Perinatal Quality Collaborative (ILPQC), which advances clinical best practices and systemwide improvements. Initiatives like Expanding Birth Equity Training for Providers are helping to deliver equity-focused clinical education on emergency maternal health, racial disparities, implicit bias, and respectful maternity care in hospitals and clinics throughout Illinois. ILPQC also recently began a Birthing Hospital Quality Designation Program (funded by Blue Cross Blue Shield of Illinois) to recognize hospitals implementing essential strategies to advance birth equity.
IDFPR	• **Implement continuing education requirements for all health care providers that includes completion of a one-hour implicit bias training** as part of renewal requirements to ensure a basic level of training is completed before providers can deliver care to patients. A recent amendment expands this requirement to explicitly include racial disparities in maternal health treatment and provide education on current statistics about pregnancy-related deaths for racial and ethnic groups, potential high-risk factors for women who are part of specific racial and ethnic groups, and medical care plans and programs that have demonstrated a successful decrease in maternal mortality rates and complications pre- and post-pregnancy.
IDPH	• **Lead the Task Force on Infant and Maternal Mortality Among African Americans,** a statewide initiative focused on identifying and dismantling the systemic inequities that contribute to these outcomes. The Task Force brings together public health leaders, clinicians, researchers, and community advocates to identify solutions and best practices that center the voices and needs of black communities. • **Maintain and update the regionalized perinatal system, which is the statewide system that classifies hospitals by level of care** (Levels 0 – 3), to match patients with the most appropriate facility. IDPH is in the process of updating the standard of care by implementing four levels of both neonatal and maternal care to ensure that hospitals have the necessary services to treat the range of patients. IDPH also facilitates rules around birth center licensing and guidance for coordination with hospitals to ensure all patients access the right level of care across hospitals and birth centers. • **Partner with University of Illinois at Chicago to implement maternal health care education for emergency departments.** The Toolkit training consists of five educational modules that focus on recommendations from the Illinois MMRCs, triage and management of emergencies in perinatal patients, screening and treatment of mental health and substance use conditions, addressing trauma during pregnancy, performing resuscitation during pregnancy, and conducting safe and coordinated discharge of perinatal patients from the emergency department.
HFS	• **Provide affordable maternal and infant health coverage.** HFS administers the Medicaid program in Illinois, which provides full-benefit health coverage with no premiums and no cost-sharing during pregnancy, labor, and delivery, and 12 months of postpartum coverage for families with incomes of up to 213% of the federal poverty level. HFS has been working to expand access to community providers within Medicaid, including doulas, lactation consultants, home visitors, certified professional midwives (CPMs), and community health workers. HFS also provides bonus payments to providers to encourage timely postpartum visits. • **Ensure maternal and infant health is prioritized in Medicaid's statewide quality program.** The HFS 2024-2027 Comprehensive Medical Programs Quality Strategy framework includes Maternal and Child Health as one of its five pillars of improvement. HFS enforces Medicaid accountability through the HealthChoice Illinois (HCI) quality withhold program, which includes maternal and child health pay for performance and pay for reporting quality measures. The measures are stratified using factors including age, gender, race, ethnicity, and geography and are used to address care gaps and identify disparities to improve outcomes for all. HCI managed care plans are mandated to direct any unearned withhold funds toward maternal and child health equity and quality improvement projects. Additionally, every state Medicaid managed care program is federally required to have an MCO Performance Improvement Project (PIP). Illinois' PIP is timely prenatal care, further emphasizing the importance of maternal health outcomes in Illinois' Medicaid program. • **Explore model to support whole-person care and value-based payments for improved health outcomes** as one of 15 states selected to implement the federal Transforming Maternal Health (TMaH) Model. This model includes provider infrastructure payments and the development of a value-based alternative payment model for maternity care services to improve quality and health outcomes and promote the long-term sustainability of services.
DOI	• **Implement reforms for fully insured private insurance coverage under the Network Adequacy and Transparency Act.** This act ensures that issuers comply with minimum provider-to-beneficiary ratios and travel and distance standards for pediatrics and OB/GYN. Additionally, provider directories must be up to date and searchable by provider type, hospital or facility type, and whether a provider is accepting new patients.

Bright Spot: Promoting Culturally Competent Maternal Care Through Respectful Care Breakfast

The Respectful Care Breakfast, an initiative spearheaded by the Illinois Perinatal Quality Collaborative (ILPQC), brings together pregnant and postpartum individuals, health care providers, and community partners for informal discussions over breakfast to explore and promote respectful, high-quality maternity care. Since the program's introduction, over 40 hospitals across the state have held Respectful Care Breakfasts, inviting patients who delivered in the last year and OB clinical team members to discuss birth experiences and share opportunities to promote respectful care. These gatherings have facilitated widespread engagement, encouraged standardized respectful-care training for staff, and supported the implementation of patient-reported experience measures (PREMs).

Opportunities for Further Impact

Additional efforts to ensure a fully trained health care workforce and stronger systems of care coordination and standardization will help Illinois reduce maternal morbidity and ensure all care facilities deliver the highest level of care to all patients:

- **Scale up models that reduce care fragmentation:** Under the federal Transforming Maternal Health (TMaH) Model, HFS will collaborate with providers and community partners to develop and pilot a more comprehensive and integrated approach to addressing physical health, mental health, and social needs throughout pregnancy, childbirth, and postpartum care. Lessons learned from TMaH will help inform future state policy and program design aimed at reducing care fragmentation and strengthening maternal health systems.
- **Incentivize and empower providers to deliver high-quality care**: Exploring how to leverage existing incentive programs and infrastructure, such as HFS's quality assurance program, can enable pathways to not only improve outcomes but also shift clinical care practice in directions that enable high-quality care delivery. In addition, building upon existing efforts that provide evidence-based training, cross-regional learning, and ongoing education in areas such as unconscious bias; respectful, trauma-informed care; shared decision-making; emergency department care; stigma reduction; and active listening can enable providers to have the confidence and competence to improve patient experience and outcomes.
- **Improve coordination between out-of-hospital birth providers and hospital systems:** Establishing clearer processes and expectations for coordination between midwives, including certified professional midwives (CPMs) and birthing centers, and the regionalized hospital system, including emergency departments, can reduce fragmentation and improve continuity of care. While the regionalized system supports some out-of-hospital providers, there is currently no formal protocol for coordination with home birth providers. Building on existing infrastructure to develop shared care planning, communication protocols, and emergency transfer systems can help ensure safer outcomes and more seamless transitions across birth settings.

"The onus is on the providers. They need to be educated. They need to educate themselves on how to build those trusting relationships and how to be more culturally inclusive and competent…Knowing that there is such a widespread distrust in the medical system for people of color, it's on them to do better."

—Focus group community representative

Strategic Priority 2: Promote Access to Birthing and Specialty Care Services

Relevant Domains: Maternal Healthcare Access, Maternal Health Workforce

Challenges

Access to maternal health care in Illinois remains deeply uneven, as hospitals across both rural regions and disinvested urban and south suburban areas in the Chicagoland area continue to close labor and delivery units. Challenges with sustainability, low reimbursement rates, high operating costs, declining numbers of births, and workforce shortages have strained the maternity care infrastructure, especially in already underserved communities such as rural communities, and suburban and urban low-income areas. Between 2016 and 2023, Illinois closed 32 obstetric hospitals, resulting in a 27% net reduction in birthing facilities. These closures have been especially concentrated in the southern half of Chicago, where majority-black neighborhoods are now served by just three of the city's 16 birthing hospitals, and rural communities.[24] More than one-third of counties are considered maternity care deserts: areas with a maternity care shortage, with many residents traveling up to 50 miles to reach a birthing facility. According to data from 2023, in rural areas across Illinois, 34.6% of women live over 30 minutes from a birthing hospital, compared with 1.1% of women living in urban areas.[25] Not only are health care access points decreasing, but many individuals fall into coverage gaps, where they earn too much to qualify for traditional Medicaid but too little to afford private insurance or out-of-pocket care.[26] Further cuts to Medicaid at the federal level could exacerbate the existing strain on health care systems. These gaps can delay or entirely prevent access to essential maternal health services, increasing the risk of complications.

> *"Access to consistent health care is difficult for many in our community due to lack of transportation, lack of choice of providers, and type of insurance. If you have the medical card (Medicaid) your choices are so limited and are often compounded by the lack of transportation, need to work, or lack of someone to care for children."*
>
> *—2024 Title V consumer survey respondent*

For some pregnant individuals and their families, utilizing local birthing hospitals may not be a preferred option due to concerns about care quality, experiences with systemic racism, or a lack of culturally responsive services. Other barriers —such as lack of childcare, inflexible work schedules, or limited community support—also shape how people engage with available care. These dynamics influence utilization patterns, which can further strain the sustainability of OB units in low-demand or low-trust areas.

At the same time, alternative models of care that could help fill access gaps remain underutilized or insufficiently scaled. For instance, while telemedicine has the potential to address prenatal and specialty care needs in maternal care deserts and lead to equivalent or improved prenatal outcomes,[27] it is not yet fully integrated or equitably accessible across Illinois. Freestanding birth centers and midwifery-led models offer culturally responsive options for low-risk pregnancies, but they remain few in number and are unevenly distributed across the state, though growing. Continued attention to supportive policies, reimbursement, and infrastructure may be needed to enable broader adoption. Similarly, essential maternal health workforce members—such as doulas, lactation consultants, and community health workers—are not consistently integrated into the formal health care system. Their limited inclusion restricts access to supportive services that could improve quality of care, patient experience, and outcomes in underserved communities.

Existing State Assets

Illinois has made meaningful progress in addressing maternal health challenges. The state has expanded Medicaid to cover pregnancy-related care for up to 12 months postpartum and extended eligibility regardless of immigration status. Medicaid now reimburses a broader range of maternal health providers, including doulas and lactation consultants, with plans underway to include home visitors, certified professional midwives (CPMs), and community health workers. Additional efforts have improved access through telehealth, enhanced regional mapping of birthing and specialty care infrastructure, and supported pilot programs that bring care closer to home for all Illinois residents.

---

[24] Illinois Department of Public Health, *FY24 Application and FY22 Report: Illinois MCH Title V Block Grant* (Illinois Department of Public Health, 2023).
[25] **Barbara C. Keino et al.,** "Mapping Geographic Access to Illinois Birthing Hospitals, 2016–2023," *Preventing Chronic Disease* 21 (December 2024): E102, https://www.cdc.gov/pcd/issues/2024/24_0332.htm.
[26] **Illinois Department of Healthcare and Family Services**, Feasibility of a Public Option in Illinois: Final Report (Springfield, IL: Illinois Department of Healthcare and Family Services, February 2021), https://www.illinois.gov/hfs/SiteCollectionDocuments/IllinoisPublicOptionFeasibilityReport021021.pdf.
[27] American College of Obstetricians and Gynecologists, "Tailored Prenatal Care Delivery for Pregnant Individuals," Clinical Consensus, No. 8 (May 2025), accessed June 11, 2025, https://www.acog.org/clinical/clinical-guidance/clinical-consensus/articles/2025/04/tailored-prenatal-care-delivery-for-pregnant-individuals.

Agency	Key Strategies and Assets

HFS	• **Lead one of the most comprehensive Medicaid maternal health programs** in the country that includes:
	  • 12-month postpartum coverage with full-benefit Medicaid with continuous eligibility, regardless of immigration status or pregnancy outcome
	  • Provider-determined presumptive eligibility programs to ensure immediate access to services
	  • Coverage without premiums, co-pays, or cost-sharing
	• **Formalize reimbursements to a broader set of providers within the Medicaid system.** HFS has expanded Medicaid coverage to include doulas and lactation consultants and is working to expand provider enrollment and cover services delivered by community health workers, home visitors, certified professional midwives (CPMs), and medical caseworkers. This phased rollout—which will continue through 2025—helps elevate community-based maternal care as a central component of Illinois' provider ecosystem. To support this implementation, HFS has established the Illinois Medicaid-Certified Doula Program in partnership with Southern Illinois University, developed enhanced trainings and supports in partnership with the University of Illinois Medicaid Technical Assistance Center (MTAC) and established standing recommendations for doulas and lactation consultants in partnership with IDPH.
	• **Expand telehealth coverage within Medicaid**, including video and audio services. HFS expanded access to telehealth in Medicaid during the COVID-19 pandemic and has retained the broader telehealth policies post-public health emergency. Medicaid also reimburses the same rate for in-person and telehealth care. This expansion helps address access barriers, including transportation, childcare, and needing to take additional time off work for travel to and from appointments.
	• **Support integration of mental health services through tools like** DocAssist, a psychiatric consultation service that helps primary care clinicians manage perinatal mental health needs, expanding access to coverage. HFS also enforces mental health coverage requirements within Medicaid, making treatment more accessible to low-income families.
	• **Continue to pilot models to bring care closer to families' homes and communities through the Healthcare Transformation Collaboratives (HTCs) initiative**. This initiative invests resources in regional partnerships that bring together hospitals. Some HTCs implement innovative, evidence-based interventions and community-centered approaches to address systematic inequities in care delivery, access to care, and social support, and support community-based organizations and providers to redesign systems of care. For example, the Medicaid Innovation Collaborative developed a digital platform offering a Pregnancy and Postpartum Support Program for Medicaid customers.

DOI	• **Ensure that enrollees in fully insured plans are eligible for the same maternal care coverage as Medicaid-insured communities** through the Birth Equity Initiative legislation. This includes expanding coverage to include maternal mental health, midwifery, doula services, and home births through recent legislative reforms. • **Implement the landmark legislation to expand telehealth video and audio services** passed in 2021 in response to the COVID-19 pandemic. The expansion has allowed patients to access maternal care, including remote prenatal care monitoring, lactation consultations, and behavioral health supports that would otherwise be a challenge to access. • **Develop and implement a uniform electronic provider directory form that will collect provider information, including contact information,** languages spoken, and specialty care areas, as well as availability for new patient appointments and access to telemedicine options. This information is intended to provide more accurate provider information to both payers and patients. • **Ensure that lactation consultation services, breastfeeding supplies, and postpartum mental and behavioral health services are provided at no cost-sharing to the enrollee.**
IDPH	• **Manage a public-facing map of Illinois hospitals in the regionalized perinatal system.** This resource—a knowledge base of existing hospitals, the level of care they provide, and where they are located—ensures that communities have access to information that can help inform decisions about where to access care during pregnancy and birth. • **Strengthen provider pipelines** and incentivize service in rural and underserved areas through programs like Illinois National Health Service Corps and the Underserved Health Care Provider Workforce Program. These offer loan repayment and financial incentives to providers working in Health Professional Shortage Areas (HPSAs) and Medically Underserved Areas (MUAs). IDPH also administers the J-1 Visa Waiver Program, which allows international physicians trained in the U.S. to remain in Illinois if they commit to practicing in designated shortage areas. • **Oversee grant support for initiatives like the perinatal depression hotline** operated by NorthShore (Endeavor Health), which provides 24/7 critical support to pregnant and postpartum residents birthing people across the state experiencing mental health needs. • **Implement birth equity seed grants,** which support innovative, community-based efforts that have the potential to reduce inequities in populations historically at higher risk for adverse birth outcomes.
IDFPR	• **Implement pathways for international medical graduates** without an accredited two-year residency in the U.S. to obtain a medical license to provide care in Illinois. • **Manage licensure pathways for certified professional midwives** (CPMs) with the goal of expanding alternative models of care for low-risk individuals and building a more racially and culturally diverse, geographically distributed maternal health workforce across the state. Licensure began in 2025.
IDHS	• **Provide educational tools and helplines such as the Illinois Helpline and MAR NOW** through the Division of Behavioral Health and Recovery. These programs are intended to provide an additional access point for individuals to be connected to care in their communities. • **Implement the Drug Overdose Prevention Program**, an initiative that enables hospitals providing care to pregnant or postpartum women to distribute take-home opioid overdose reversal agents, such as naloxone kits (Narcan), with a low-threshold approach to preventing the leading cause of mortality in Illinois.
DCEO	• **Pilot grants to fund community-based reproductive health care facilities,** including a Chicago-area birth center, via new construction, security upgrades, and equipment to increase capacity and enhance safety, which includes the purchase of vehicles for mobile care units.

Bright Spot: Accessing Virtual Maternal Healthcare via OSF OnCall

OSF OnCall Connect's Pregnancy and Postpartum Support program, a Healthcare Transformation Collaboratives initiative, has expanded access to comprehensive, high-quality care for Medicaid-eligible families by offering 24/7 virtual support, remote blood pressure monitoring, trimester-specific health education, and screening for structural determinants of health. The program is designed to meet people where they are, especially those navigating geographic, financial, or logistical barriers to care. One such example is Andria, a 29-year-old mother of two who relocated from Chicago to Galesburg in search of safer housing and stable employment. While she found a modest apartment and part-time work, she struggled with limited transportation, rising food costs, and access to prenatal care. Having experienced two difficult previous pregnancies marked by severe nausea and blood pressure complications, Andria felt increasingly anxious when she learned she was expecting again—but had no clear path to consistent care. When she found an OnAPP flier at her local housing authority, she enrolled by scanning a QR code and was quickly connected to a virtual care team. Through the program, Andria received a blood pressure cuff with instructional videos, began logging her readings, and alternated between virtual and in-person prenatal visits. She also gained access to mental health counseling, food resources, and pregnancy-specific education. As her due date approached, care shifted to birthing and postpartum support, including monitoring for pre-eclampsia. With consistent check-ins and a trusted care team, Andria remained engaged and prepared for delivery with confidence and peace of mind.

Opportunities for Further Impact

While these efforts have led to progress, there are additional areas of opportunity. Understanding the factors that enable OB unit financial sustainability, exploring innovations in care delivery, and optimizing the maternal health workforce can help focus the policy, funding, and programmatic interventions that can shift outcomes for pregnant and postpartum patients. Illinois will be considering the recently posted CMS's Rural Health Transformation Program and the potential to compete for a share of the $10 billion available annually from FFY 2026–2030, distributed to approved states through base allocations and performance-based awards. These funds offer the potential to bring additional resources to address gaps in access to birthing and specialty care services in Illinois.

- **Examine root causes of OB unit closures:** Reimbursement rates, chronic staffing shortages, malpractice issues, patient choice and preference, and, in some downstate and rural areas, declining birth rates reduce demand for obstetric services and contribute to OB unit closures. At its core, these drivers reflect deeper, complex challenges surrounding the delivery of high-quality care and the experiences of patients. In addition, the prevailing business model struggles to sustain maternal and birthing care, which is viewed as a high-cost, low-margin service. These structural and financial pressures disproportionately impact low-income communities and communities of color, contributing to the rise of areas with maternity care shortages and worsening access to safe, local maternal care. Examining these complex challenges in partnership with cross-sector leaders, including those from state agencies, hospital systems, payers, and communities, can help identify the relevant policy, program, and funding interventions.
- **Sustain and explore innovations that enable alternative models of care delivery:** Care delivery innovations such as telehealth options, mobile health, virtual consultations for health care providers working across geographies through the regionalized perinatal system, and freestanding birth centers for low-risk patients can help address gaps in maternal health care. While some of these innovations are already in progress, it's important to assess their utilization and efficacy to identify additional gaps and sustainability needs. For example, expanding alternative birth options such as freestanding birth centers honors personal preferences—yet, to ensure safety when complications arise, clear and trusted transfer pathways between community providers and hospitals need to be in place. This honors patient choice while maintaining quality and safe, seamless transitions whenever needed.
- **Optimize supports for maternal workforce pipeline building and retention:** Targeted training, credentialing, and support initiatives across provider types will be key in supporting the workforce pipeline and making Illinois attractive to highly skilled providers. This includes supporting the wide range of care provider types, including OB clinicians, certified professional midwives (CPMs), emergency department providers, and community-based maternal care supports such as doulas, lactation consultants, and home visitors. Consideration should also be given to early outreach and pathway programs that encourage individuals of color and/or in rural areas to enter maternal health professions. Scholarships, mentorship opportunities, and partnerships with high schools, community colleges, and universities can help build a more diverse and culturally responsive workforce reflective of Illinois communities.

Strategic Priority 3: Establish Universal Risk Assessment, Referral, and Care Coordination

Relevant Domains: Maternal Healthcare Quality, Mental and Behavioral Health, Structural Determinants of Health, Maternal Health Workforce

Challenges

Despite longstanding efforts to improve maternal health in Illinois, persistent gaps in care coordination and systemic fragmentation continue to contribute to preventable deaths and maternal morbidity. This is especially the case for pregnant people of color, those with complex and high-risk pregnancy needs, and those in under-resourced communities experiencing economic vulnerability, housing instability, food insecurity, unreliable transportation, and limited access to behavioral health and other essential support services.

According to the American College of Obstetricians and Gynecologists (ACOG), prenatal care is one of the most common preventative care services, yet the format for delivery of these services has remained largely unchanged.[28] For example, a key barrier to early detection and management of chronic conditions and pregnancy complications is the absence of an early universal, standardized risk assessment tool across all providers. Without this, conditions such as hypertension, diabetes, perinatal mood and anxiety disorders, and substance use disorder may go unidentified or unaddressed—leaving individuals to navigate the fragmented health care and social support systems alone, while also managing the demands of daily life and family care. Unstable housing, food insecurity, or lack of childcare and transportation can lead individuals to forgo or forget appointments, potentially worsening their health status and increasing the risk of a preventable death. Recognizing the criticality of innovating prenatal care delivery, in May 2025 ACOG published new clinical guidance highlighting the importance of comprehensive prenatal needs assessments, referrals to the appropriate supports with care coordination, and tailoring and innovating prenatal care delivery in ways that are responsive to individual patient circumstances.[29]

In the most recent Illinois Maternal Morbidity and Mortality Report, data showed the leading cause of maternal death in Illinois was substance use disorder, which accounted for 32% of maternal deaths—more than double the second leading cause (cardiac/coronary conditions, 14%).[30] In some regions, more than one in four births involve a maternal mental health condition, and substance use during pregnancy affects over 20% of cases.[31] Yet the same communities where people struggle most with these issues are often those where services are least available and hardest to navigate.[32] The result is an uneven quality of care that mirrors, and often magnifies, existing racial, geographic, and economic disparities, making timely referral to appropriate services not just important, but essential.

> *"In rural areas, addiction treatment centers tailored for pregnant mothers, along with safe, temporary housing solutions for homeless children and families are desperately needed."*
>
> *—County health department official*

[28] American College of Obstetricians and Gynecologists, "Tailored Prenatal Care Delivery for Pregnant Individuals," *Clinical Consensus*, No. 8 (May 2025), accessed June 11, 2025, https://www.acog.org/clinical/clinical-guidance/clinical-consensus/articles/2025/04/tailored-prenatal-care-delivery-for-pregnant-individuals.
[29] American College of Obstetricians and Gynecologists, "Tailored Prenatal Care Delivery for Pregnant Individuals," *Clinical Consensus*, No. 8 (May 2025), accessed June 11, 2025, https://www.acog.org/clinical/clinical-guidance/clinical-consensus/articles/2025/04/tailored-prenatal-care-delivery-for-pregnant-individuals. Through this clinical consensus document, AGOC offers guidance on three key areas that benefit from innovation and transformative approaches to prenatal care delivery:
1) addressing unmet social needs, 2) frequency of prenatal visits and monitoring, and 3) incorporation of telemedicine and alternative care modalities.
[30] Illinois Department of Public Health, *Illinois Maternal Morbidity and Mortality Report* (Illinois Department of Public Health, October 2023), https://dph.illinois.gov/content/dam/soi/en/web/idph/publications/idph/topics-and-services/life-stages-populations/maternal-child-family-health-services/maternal-health/mmmr/maternal-morbidity-mortality-report2023.pdf.
[31] Illinois Department of Public Health, *Illinois Maternal Morbidity and Mortality Report* (Illinois Department of Public Health, October 2023), https://dph.illinois.gov/content/dam/soi/en/web/idph/publications/idph/topics-and-services/life-stages-populations/maternal-child-family-health-services/maternal-health/mmmr/maternal-morbidity-mortality-report2023.pdf.
[32] "Maternity Care Desert," March of Dimes PeriStats, accessed June 20, 2025, https://www.marchofdimes.org/peristats/data?reg=99&top=23&stop=641&lev=1&slev=4&obj=18&sreg=17.

Another challenge compounding these issues is that existing referral systems across Illinois are variable and disconnected, with no set pathways for connecting patients to the relevant care in timely ways. Limited coordination between prenatal providers, specialty care providers, and community-based professionals (certified professional midwives (CPMs), doulas, lactation consultants, and community health workers) exacerbates these gaps. Despite their proven value, many of these community-based professionals remain underutilized and disconnected from formal clinical systems due to inconsistent reimbursement pathways, unclear referral protocols, and limited integration into care teams. This leaves families experiencing a wide range of needs without clear pathways to follow-up care or support, even when risk is identified.

> *"Many other states that have had midwives in their communities for decades have a much more integrated process for getting needed care to the incoming transfer patient (mom and/or baby) as soon as possible from the point that the community midwife makes the decision to seek next-level care and makes that call. We can do better if we focus on coordinating, communicating, and standardizing this process so that all parties work together more efficiently, resulting in more timely access to next-level care."*
>
> *—Illinois Council of Certified Professional Midwives*

Existing State Assets

Illinois is already investing in strengthening its maternal and birth infrastructure to build more effective pathways for cross-sector coordination and improve services to meet the needs of people. This includes implementing initiatives that bundle clinical care with services addressing structural determinants of care, funding programs that support family economic stability and well-being to ensure continuous access to services and investing in systems to track trends in maternal health and birth outcomes.

Agency	Key Strategies and Assets

IDHS	• **Award the Early Childhood Comprehensive Systems Planning Grant** focused on improving care coordination postpartum across early childhood systems. Specifically, DHS is exploring integrated models of service delivery through a Universal Newborn Support System (UNSS) initiative. UNSS provides a framework for assessing risk, enhancing care coordination, and offering referrals under a universal structure. This effort can set a strong foundation for expanding this model earlier into pregnancy.
	  ◦ **Co-fund with IDPH Family Connects Chicago, a universal newborn support system** that enables access to supports in the early postpartum period. The program provides between one and three nurse home visits to every family with a newborn at approximately three weeks of age, regardless of income or demographic risk. Nurses assess newborn and maternal health, assess needs, and provide knowledge to link the family to appropriate resources in the community. IDHS also supports Family Connects in Stephenson and Peoria counties.
	• **Administer direct family support programming.** These programs, with varying numbers and locations of touchpoints with families, focus on assessing the needs of pregnant individuals and their families and facilitating connections that support ongoing engagement in care and access to the resources:
	  ◦ **High-Risk Family Case Management pilot** in state fiscal year 2025 provides nursing assessment, intervention, and service coordination to meet the health, social, educational, and developmental needs of high-risk pregnant and postpartum individuals and/or their high-risk infants throughout pregnancy and the first year after birth.
	  ◦ **Better Birth Outcomes,** expanded and revised based on family input, provides a comprehensive nursing assessment to mom and baby dyads through in-person visits with a Nurse Navigator. This direct, one-to-one assistance aims to connect and engage families with desired services.
	  ◦ **Early childhood home visiting** provides intensive, research-based, and comprehensive child development and family support services for expectant parents and families with children aged 0-3 years to help them build a strong foundation for learning and to prepare children for later school success. The Illinois State Board of Education and Head Start fund the majority of these programs.
	  ◦ **Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)** provides a health outcome-based nutrition assessment, including anthropometric data, biochemical data, clinical data, dietary/environmental data, and family information. The program safeguards the health of low-income women, infants, and children who are at nutritional risk by providing nutritious foods to supplement diets, information on healthy eating, and referrals to health care.
	• **Implement initiatives to promote economic stability and provide emergency needs,** including Supplemental Nutrition Assistance Program (SNAP), emergency housing support, domestic and intimate partner violence prevention and intervention supports, and nonemergency transportation services.
	• **Fund community-based mental health providers and support workforce training in trauma-informed practices.** The Division of Behavioral Health and Recovery (DBHR) provides nonclinical support, such as peer support networks and substance use recovery services, which are essential for families navigating stress, trauma, and other perinatal mental health challenges. Additionally, the DBHR supports programs such as the Pregnant and Parenting Women with Opioid Use Disorder three-year pilot program. This initiative focuses on family-based services to pregnant and postpartum women with a primary, secondary, or tertiary diagnosis of opioid use disorder, including specialized screening, referral, and family-based treatment interventions and recovery support services that include access to a Doula Certified Peer Recovery Specialist for up to 12 months postpartum.

DCFS	• **Implement the Intact Family Recovery Program and Plans of Safe Care pilot** with cross-agency collaboration from IDHS, IDPH, HFS, and ISBE via the Family Recovery Plans Implementation Task Force (managed by IDHS) and the Family Care Plan Leadership Team (managed by DCFS). The pilot offers a holistic, integrated model of care for pregnant people with substance use disorder that helps coordinate access to Medicaid, mental health treatment, home visiting programs, concrete economic supports, and early childhood resources—ensuring continuous, personalized care that extends beyond childbirth. These tools help bridge the gap between medical, behavioral, and social supports, giving families a standardized process for connecting with providers across the state and across practice settings. The goal is to facilitate connection to and coordination of services during one of the most vulnerable periods of life.
HFS	• **Test Medicaid reimbursement of nonclinical interventions** through federal Section 1115 Medicaid social determinants of health waiver. This could include offering housing supports and food and nutrition services within the Medicaid delivery system. In practice, this will allow healthcare providers to connect patients with community-based resources that improve health outcomes but have historically fallen outside the boundaries of traditional medical care, addressing healthcare access barriers. • **Fund regional Healthcare Transformation Collaboratives (HTC) across the state that bring together hospitals, community-based organizations, and providers to redesign systems of care** that bridge clinical services with social supports, particularly in communities facing significant disparities *(see Strategic Priority #2 and OSF OnCall bright spot for more details)*. • **Improve care coordination and supports for community-based providers.** A procurement to support closed-loop referrals and Medicaid billing for community services is currently in development.

Bright Spot: Coordinated Support Leads to Improved Breastfeeding Outcomes

During a routine postpartum nurse home visit, Maria, a new mother, shared concerns about her infant Leo's feeding and weight gain. The visiting registered nurse observed that Leo was not receiving adequate nutrition due to breastfeeding challenges. Acting quickly, the nurse connected Maria to an International Board-Certified Lactation Consultant based at the local WIC office. With timely, tailored support, Leo gained a full pound within just one week.

Maria later shared how supported she felt during this difficult period. She expressed gratitude for having professionals "in her corner" to help her achieve her breastfeeding goals while addressing her baby's health needs.

This example demonstrates how cross-system collaboration between home visiting, public health nursing, and WIC services through High-Risk Family Case Management can deliver responsive, person-centered care that improves outcomes for both parent and child.

Opportunities for Further Impact

Addressing care coordination challenges requires more than clinical alignment—it demands investment in a coordinated system that can standardize and centralize three core functions: (1) early identification and risk stratification of pregnant individuals and families across clinical, behavioral, and social needs; (2) timely referral to the appropriate supports and services based on that risk profile; and (3) consistent tracking and follow-up through at least the first year postpartum or post-pregnancy. Ideally, such a system would enable early, seamless connections to the full continuum of care and support needed during pregnancy, the postpartum period, and early parenting. While Illinois has made significant investments in care coordination, mental health, and family support services, there is a clear opportunity to align and integrate them into a more proactive and upstream system—starting at pregnancy identification—to reduce duplication, close gaps, and prevent avoidable maternal morbidity and mortality.

- **Expand risk assessment, coordination, and referrals starting at pregnancy:** The UNSS initiative is a model of integrated risk assessment, care coordination, and referral that can be expanded to serve patients during the prenatal stages. Applying the lessons learned from this effort to the development of a unified entry point beginning at pregnancy would offer the most comprehensive response to coordination challenges. This would enable providers to identify individuals at the earliest stages of pregnancy who are at higher risk for adverse outcomes, connect them with services tailored to their unique circumstances, and ensure coordination and communication across systems through one year postpartum. Using the same tool across providers would support more aligned care, reduce duplication, and help ensure that no one falls through the cracks.
- **Improve integration and coordination of mental health care as part of maternal care:** Thoughtful integration of mental health services into the full continuum of care for individuals from pregnancy through the postpartum period can help reduce care gaps and improve outcomes related to mental health and substance use. This integration necessitates cross-sector collaboration among policymakers, care providers, and community-based organizations to establish and adopt a statewide standard for mental health screening and reporting. Standardized screening, combined with investments to connect clinical services to culturally and linguistically appropriate community-based care, will ensure broader and more equitable access to maternal mental health support.

> *"Postpartum depression, anxiety, and other perinatal mood disorders are prevalent but often untreated, especially in rural areas. Integrating mental health screenings into every prenatal and postpartum visit and ensuring immediate access to counselors or therapists is critical."*
>
> *—Nonprofit leader*

- **Strengthen pathways for coordination and integration of clinical maternal and community-based services:** Creating structured opportunities for cross-learning, collaboration, and relationship-building across provider types can further strengthen these connections. Beyond the maternal health workforce, it is essential to ensure that community-based services offering family stability and well-being supports (e.g., economic stability, food, housing, and transportation services) are meaningfully connected to care providers. Clearer referral pathways and handoffs between systems can help create a "no wrong door" experience for pregnant individuals.

Strategic Priority 4: Develop Shared Measurement and Accountability Framework for Maternal Health and Birth Equity

Relevant Domains: Maternal Healthcare Access, Maternal Healthcare Quality, Maternal Health Workforce, Mental and Behavioral Health, Structural Determinants of Health

Challenges

Illinois has a solid foundation of maternal health data and expertise, offering a great opportunity for systemwide learning and improvement. However, the state lacks a coordinated, statewide framework to consistently and clearly track progress on maternal health and birth equity. Many current public data systems are outdated, not connected to local systems, and hard to access or use in real time. For example, a person receiving services from multiple agencies like WIC or DCFS has no shared system that provides a full picture of their needs. Some tools, such as the Illinois Public Health Community Map, [33] are underused because they lack detailed local data. National systems such as PRAMS[34] face delays and funding shortages, limiting their reliability. Different agencies use varying definitions, goals, and reporting rules—even when programs and funding overlap—which makes collaboration between state agencies and community groups difficult.

This lack of data coordination limits strategic alignment across agencies. While Illinois' core agencies each have their strategies, integrating their efforts is key to ensuring safe and healthy pregnancy-to-postpartum care for everyone. Currently, these agencies often operate in parallel, coordinating only occasionally and often too late to share critical information or align on priorities. This disconnect affects not only state agencies but also health care providers, payers, community groups, funders, and, most importantly, the Illinois families they serve. As a result, valuable data remains siloed, underutilized, or inaccessible to those who need it most, including policymakers, providers, and frontline organizations.

> *"Illinois could help improve access to data and data sharing so that more families can be reached and connected. Efforts to communicate with families should be better aimed and expanded so that more people know about the work and support available."*
>
> *—Fetal and Infant Mortality Review Committee member*

[33] "Illinois Public Health Community Map," Illinois Healthcare Report Card, Illinois Department of Public Health., accessed June 4, 2025. https://healthcarereportcard.illinois.gov/map.

[34] PRAMS stands for "Pregnancy Risk Assessment Monitoring System." This initiative is managed by the Cetner for Disease Control to gather ongoing, site-specific and population-based data about women and infants at high risk for health problems, monitor ongoing changes in health status, and measure progress toward goals in improving the health of mothers and infants. Learn more about PRAMS at https://www.cdc.gov/prams/index.html.

Existing State Assets

Illinois is working to transform how maternal health data is collected, shared, and used to develop a more comprehensive picture of maternal health and birth equity in Illinois. State agencies are building the infrastructure needed to move from fragmented systems to a more coordinated, transparent, and actionable data environment.

Agency	Key Strategies and Assets
IDPH	• **Increase transparency and improve public access to hospital quality data** through the Illinois Hospital Report Card. This platform includes selected maternal health metrics and allows patients, providers, and policymakers to compare hospital performance on key indicators. • **Lead the Maternal Mortality Review Committee (MMRC),** which reviews all deaths during pregnancy to one year postpartum to identify data-driven approaches to improving maternal health in Illinois. The committee also tracks trends in causes and conditions contributing to poor outcomes, such as obesity, mental health conditions, and discrimination. These insights inform the department's targeted birth equity initiatives that address both clinical risk factors and the underlying social and environmental conditions that contribute to poor health. Additionally, IDPH supports local health departments and community-based organizations with technical assistance and funding to implement localized responses, ensuring that interventions are tailored to the needs of the populations most affected by chronic disease and adverse maternal outcomes. The department also strengthens epidemiologic capacity through partnerships—including analytical support from UIC's Maternal and Child Health Epidemiology program, a CSTE Fellowship, and the use of the ePeriNet system to collect and analyze hospital-level data.
HFS	• **Maintain Medicaid claims data that captures service utilization, diagnoses, and procedures for a large share of Illinois' pregnant residents.** This data offers a critical foundation for tracking maternal health outcomes and care patterns over time. However, its potential is limited by broader fragmentation across systems as many IDHS programs (e.g., home visiting, behavioral health, family supports) operate on separate data platforms, and health care providers use non-interoperable electronic health record systems.
HFS, IDPH	• **Implement shared and centralized data access through the Moms & Babies Data Mart,** allowing IDPH epidemiologists to analyze Medicaid claims linked with vital records for more complete analysis of prenatal and postpartum outcomes.

There remains a clear opportunity to further modernize infrastructure, reduce fragmentation, and ensure timely, actionable data is accessible to those closest to the work across state agencies, providers, and community-based partners. By linking clinical and social data, investing in real-time communication tools, and developing more inclusive performance measures, Illinois is laying the groundwork for a maternal health system that is accountable, community-informed, and equity-centered.

- **Improve quality and accessibility of population-level maternal health data:** With foundational efforts like the Moms & Babies Data Mart underway, Illinois is beginning to build the infrastructure for more connected maternal health data. To build on this progress, the state can strengthen data interoperability by standardizing definitions, establishing shared governance structures, and developing secure data-sharing infrastructure across state agencies such as Medicaid, Public Health, and Human Services, as well as with community-based systems. In parallel, there is a longer-term opportunity to explore how to overcome the lack of interoperability between government systems and the electronic health records used by hospitals, clinics, and other providers. Providers often operate on siloed systems that do not communicate with one another, which can lead to critical gaps in care when historical information—such as prior complications or diagnoses—is unavailable unless self-reported by the patient. Addressing these technical and policy barriers, though complex, could significantly improve continuity of care, patient safety, and public health decision-making.
- **Align on critical outcomes data for pregnant women and births:** Timely and complete data on maternal and birth outcomes remains limited across many parts of Illinois. There is a need to strengthen data collection efforts—particularly for outcomes disaggregated by geography, race/ethnicity, and payer type—across state and hospital systems to identify where challenges persist. Enhancing vital statistics to include information such as prenatal care access and location presents a system-level opportunity to better understand care pathways. When linked with outcomes, this data can help illuminate disparities and guide more targeted, equity-focused interventions.
- **Identify clear and shared measures of success:** Currently, there is no set of outcome measures and benchmarks shared across Illinois that helps track progress against maternal and birth equity outcomes. Different measures, such as maternal morbidity and mortality or preterm birth, are used to determine progress on outcomes, but none of these measures on its own paints a comprehensive picture of the maternal health landscape. Aligning across shared metrics that all sectors supporting maternal health and birth equity can collectively track progress against is a critical next step.

SECTION 4: MOBILIZING FOR COLLECTIVE ACTION

To realize the vision outlined in this blueprint, Illinois needs a statewide action plan grounded in shared goals, clearly defined priorities, and a coordinated set of activities developed by a diverse network of cross-sector actors.

This blueprint is a starting point. While the Governor's Office and state agencies play a critical role, they are only one part of a much broader ecosystem of partners needed to make Illinois a safe place for all pregnant people and their babies. Achieving lasting change will require deep collaboration with community-based organizations and the communities they serve, healthcare delivery systems, state and health agencies, payers, legislators, employers, academic institutions, and private funders. These partners have the opportunity to work closely together and co-create more resilient statewide solutions.

As Illinois continues its journey toward a more equitable and sustainable maternal health system, success will depend on coordinated, connected, and collective action. As a next step, the Governor's Office and state agency leadership are committing the time, resources, and infrastructure to build and launch a cross-sector, multistakeholder, multiyear initiative to co-design a comprehensive roadmap for birth equity in Illinois. This strategic plan will guide the implementation of the four recommendations in this blueprint. During a time of growing uncertainty, organizing and coordinating on a shared vision and coordinated roadmap is one of the most meaningful investments we can make for the health and well-being of pregnant people and their babies in Illinois.

To accelerate action and kick off the process for designing this roadmap, the state will convene a broad group of current and future partners at a Maternal Health Summit in November 2025. This summit will formally launch the action-planning process and bring together leaders from across maternal health ecosystem to build alignment across the key needs and opportunities, collectively shape goals and metrics for success, align and optimize on funding flows, and develop clear roles, accountabilities, and hand-offs across strategies and initiatives to ensure that system-level shifts can be made and sustained into the future.

We envision to collectively achieve the following:

1. **Build relationships, trust, and alignment:** Currently, multiple maternal health and birth equity-focused strategic planning and field-level efforts are underway in Illinois. These include the Illinois Department of Public Health's Maternal and Child Health Services Title V Block Grant, the State Health Improvement Plan (SHIP), and the federally funded State Maternal Health Innovation (MHI) initiative at the University of Illinois Chicago (UIC). These state-led efforts complement community-based initiatives, including the Doula and CPM Landscape Analysis, Freestanding Birth Center Strategy, Community Based Birth Justice Plan, and the Southern Illinois Assessment of Maternal and Child Health Workforce Needs. Aligning these efforts will help bridge connections, deepen relationships, and build trust as we embark on collective action-planning.[35]

2. **Launch the 2025 *Maternal Morbidity and Mortality Report*:** This latest analysis will provide refreshed data that will help inform and set the baseline for the current state of maternal health and birth equity outcomes in Illinois. This will provide a strong foundation for the strategy and action-planning effort.

3. **Kick off action-planning**: During the Maternal Health Summit in November, we will create spaces for diverse community leaders, subject matter experts, and cross-sector leaders to dive into each of the four strategic recommendations in this blueprint. We expect this action-planning to be the first step of a multiyear effort.

4. **Operationalize a backbone for the strategy process:** Coming out of the summit, and with new alignment on the strategic opportunities and goals for the action-planning process, the state will identify and fund a backbone infrastructure to facilitate an inclusive process to co-create a comprehensive and feasible roadmap for the state to reach the vision and priorities outlined in this blueprint. The aim is to have this collectively designed roadmap complete by 2027.

[35] Likely, additional efforts are also underway that may not be fully captured here. A detailed table outlining these strategies and initiatives we have identified to date is available in the Appendix.

In recognition that meaningful progress requires shared spaces for dialogue and understanding, representatives from state agencies and the Governor's Office intend to participate in several community-led events throughout the fall. These opportunities allow for deeper engagement with diverse partners and perspectives and help ensure that collaborative strategies are informed by the full range of experiences across the maternal health ecosystem. In addition to the state-led Maternal Health Summit, this broader engagement will support a more connected and inclusive approach to advancing maternal health and birth equity in Illinois.

Bright Spot: IL BEGIN Supports Blueprint and Action

IL BEGIN, an emerging funder collaborative in Illinois, brings together philanthropic partners working across reproductive justice, maternal and child health, and early childhood to break down silos in how these issues are addressed in policy, systems, and services. The collaborative is grounded in the belief that families deserve care experiences that reflect the interconnected realities of their lives. As an early partner in this effort, four IL BEGIN funders came together to support the development of this initial Blueprint as a foundational step toward building a comprehensive maternal health and birth equity strategy for the state. In addition to providing financial resources to support the blueprint development, IL BEGIN funders have contributed their deep knowledge of ongoing investments and challenges, shared trusted relationships with community partners, and offered strategic guidance throughout the process. Working in close collaboration with state agencies and community stakeholders, IL BEGIN is helping to strengthen communication channels and expand decision-making tables—ensuring that this journey toward systems change is both inclusive and aligned. As planning continues through the fall summit and future engagements, IL BEGIN will be a key thought partner in shaping a multiyear, multistakeholder strategy for Illinois.

Improved maternal health and birth equity cannot be achieved by any single program, agency, or sector alone. It will take all of us—working across boundaries, guided by equity, and grounded in the lived experiences of families across Illinois. It requires an investment of time, as well as dedication, patience, and perseverance. This issue is of critical importance to the Governor, and Illinois has the potential not only to be the safest place to give birth in the country, but to be the best place to be healthy and thrive throughout the prenatal to postpartum period. Each of us brings a different type of expertise, experience, and perspective to the problem and opportunities to drive impact. We need to spend the time listening to one another, learning from one another, and building solutions that truly are made for each and every one of us.

We invite you to join us in these efforts.

> *"If moms are better supported, the improved outcomes of their children and, in turn, their communities will be exponential."*
>
> *—2024 Title V consumer survey respondent*

METHODOLOGY

To inform this blueprint, the University of Illinois Chicago - Division of Academic Internal Medicine and Geriatrics (UIC-AIM) and the Illinois Department of Public Health (IDPH) used a mixed-methods approach to gather data from a broad group of maternal health partners. Data were collected over the course of nine months, from July 2024 to March 2025. The IDPH/UIC-AIM team conducted a landscape survey, key informant interviews, listening sessions, and a policy and program review. A birth equity interagency workgroup was established to help shape the blueprint. The group met regularly between May 2024 and April 2025. Members represented the Governor's Office, IDPH, HFS, DCFS, and the IDHS Division of Substance Use Prevention and Recovery and Division of Family & Community Services.

Landscape Survey

To better understand existing maternal and child health programs in Illinois, the IDPH/UIC-AIM team developed and administered a statewide survey using Qualtrics XM, an online survey tool. The survey launched in mid-July 2024 with an email and link sent to IDPH's and other state agencies' networks as well as to UIC-AIM's contacts. The survey remained open through March 2025.

Through the survey, the IDPH/UIC-AIM team sought to capture information about participants' organizations, such as type of organization, populations served, programs and services provided, funding support received, metrics evaluated, and maternal health collaborations in which the organization is involved. In addition, participants were asked to provide their thoughts on what Illinois could do in the future to improve maternal health. This question allowed participants to share their concerns as well as recommendations.

Ninety-four respondents fully or partially completed the survey. Participants represented a range of organizations—including hospitals (22%), community organizations (18%), academic institutions (11%), and local health departments (12%)—with services spanning all 102 Illinois counties. Most frequently reported services included health care delivery, education, and community-based programs.

Key Informant Interviews

To gain deeper insights and accommodate those preferring conversation, UIC-AIM and IDPH conducted 30 unstructured interviews—10 with state agencies and 20 with hospitals, academic institutions, community organizations, and membership groups. Interviews explored existing efforts, challenges, and hopes for maternal health in Illinois.

Listening Sessions

UIC-AIM partnered with the Illinois Task Force on Infant and Maternal Mortality Among African Americans (IMMT) to analyze and expand listening sessions focused on women's pregnancy experiences. Women between the ages of 18 and 44 years who were pregnant and/or had given birth in Illinois within the past two to three years, and their partners, were invited to participate in virtual listening sessions. IMMT conducted three sessions in 2022 and partnered with UIC-AIM to conduct four sessions between December 2024 and February 2025. UIC-AIM conducted one additional session in March 2025. Recruitment was primarily supported by maternal health organizations statewide. Prior to participating in a session, consumers completed a brief intake form. During the listening sessions, participants were asked questions about their experiences before, during, and after pregnancy. Listening sessions were audio-recorded, transcribed and de-identified. Transcripts were then coded using Atlas.ti, a qualitative data analysis software tool.

A total of 38 consumers participated in the listening sessions. Ninety-five percent of the participants were female. The majority of the participants identified as black/African American (92%). Most participants resided in the southern part of the state (42%); there was an equal representation of consumers from Chicago and Suburban Cook County (24% each); and the remaining participants reported they were from Central Illinois (10%).

Review of the Public Input for 2025 Illinois Title V Needs Assessment

The Center of Excellence in Maternal and Child Health at the University of Illinois Chicago conducted a Public Input Survey and Consumer Focus Groups with Illinois residents to better understand their needs related to women's/maternal, perinatal, infant, child, and adolescent health, as well as the needs of children and youth with special health care needs. Insights from the Public Input Survey and Consumer Focus Groups were reviewed by Illinois Title V leadership.

Additional Data

UIC-AIM and IDPH also compiled state policies, laws, and reports from relevant state agencies and maternal health partners to contextualize and strengthen the recommendations in this blueprint. They are listed in the Appendix.

APPENDIX

Five Key Domains of Maternal Health

1. **Maternal Healthcare Access**
   The ability of pregnant and postpartum individuals to obtain timely, affordable, and appropriate care across all settings—including hospitals, birth centers, and home-based models. Access includes routine and specialty care, screenings, prenatal and postpartum services, and insurance coverage. It also requires addressing barriers such as transportation, provider shortages, and systemic bias, ensuring care is both available and navigable for all communities.

2. **Maternal Healthcare Quality**
   The delivery of maternal health services that are safe, effective, patient-centered, timely, efficient, and equitable. Quality care includes coordinated service delivery, adherence to clinical best practices, and responsiveness to the needs, preferences, and values of patients. A high-quality system ensures all people receive the right care, at the right time, in the right way—regardless of background or geography.

3. **Maternal Health Workforce**
   The full spectrum of trained providers supporting maternal health—including obstetricians, midwives, nurses, doulas, lactation consultants, and mental health professionals. A strong workforce is equitably distributed, culturally responsive, and accessible in all communities.

4. **Mental and Behavioral Health**
   The prevention, identification, and treatment of maternal mental health conditions and substance use disorders. This includes screening, timely referrals, counseling, medication management, and recovery support before, during, and after pregnancy. Integrated, stigma-free care is essential to improving outcomes and supporting emotional well-being for pregnant and postpartum individuals.

5. **Structural Determinants of Health**
   The social and economic conditions that influence maternal and infant health—such as housing, food security, transportation, income, education, and neighborhood safety. These structural factors shape health outcomes before, during, and after pregnancy, and they must be addressed in tandem with clinical care to achieve equity.

Key State and Local Agencies Supporting Maternal Health and Birth Equity in Illinois

- **Chicago Department of Public Health (CDPH):** Leads maternal and infant health programming for the city of Chicago, including public health education, home visiting, and equity-focused initiatives.
- **Illinois Department of Public Health (IDPH):** Oversees statewide maternal and infant health initiatives, including surveillance, data collection, and programs aimed at reducing maternal mortality and improving birth outcomes.
- **Illinois Department of Public Health – Center for Rural Health:** Addresses maternal health access and service delivery challenges in rural communities across the state.
- **Illinois Department of Healthcare and Family Services (HFS):** Administers Medicaid and other coverage programs that support access to maternal, reproductive, and perinatal health services for low-income individuals and families.
- **Illinois Department of Human Services (IDHS):** Supports maternal and child health through WIC, behavioral health, home visiting, early childhood services, and family support programs.
- **Illinois Department of Children and Family Services (DCFS):** Supports maternal and infant relationships through child welfare services, home visiting and parenting programs, and initiatives for families impacted involved in the child welfare system.
- **Illinois State Board of Education (ISBE):** Supports early childhood education and school-based health programs that promote prenatal, perinatal, and early childhood development.
- **Illinois Department of Financial and Professional Regulation (IDFPR):** Licenses and regulates health care professionals, including physicians, midwives, nurses, and behavioral health providers, to ensure a qualified maternal health workforce across the state.
- **Illinois Department of Insurance (IDOI):** Regulates fully insured health insurance plans to ensure coverage of maternal and infant health services, including maternity care and mental health benefits.
- **Illinois Department of Corrections (IDOC):** Provides prenatal, postpartum, and reproductive health care for incarcerated pregnant individuals and mothers.
- **Illinois Department of Transportation (IDOT):** Addresses transportation-related barriers that impact access to maternal health care, especially in rural and underserved areas.
- **Illinois Health Facilities and Services Review Board (HFSRB):** Reviews and approves facility expansions and service changes, including those affecting maternal and perinatal care infrastructure. HFSRB acts as an independent board and is housed in IDPH.

Key Maternal Health Policies in Illinois

Maternal Healthcare Access	• **Birth Center Licensing Act** *(Public Act 102-0518; 77 Ill. Adm. Code Part 264)* Establishes a licensing process for independent birth centers through IDPH. Sets standards for staffing, care quality, reimbursement, reporting, inspections, and hospital transfer agreements. Adopted in 2023. • **Illinois Health Care and Human Service Reform Act** *(305 ILCS 5/5A-12.7 (n) and (o).)* Allocates at least $50 million annually for safety net hospitals and at least $10 million for critical access hospitals to preserve or expand maternal and perinatal services through HFS. Funds may also support behavioral health and telehealth in critical access hospitals. Hospitals must maintain IDPH perinatal designation to qualify. • **Hospital Licensing Act** *(210 ILCS 85; 77 Ill. Admin. Code Part. 250)* Describe the authority, oversight, and requirements for a hospital to operate and get licensed. For perinatal (maternal and neonatal) health, the administrative code contains facility level requirements to provide obstetric and neonatal services, and it also mandates that facilities follow the requirements regarding the certificate of need process for a facility to open or close. • **Certificate of Need Act** *(Public Act (20 ILCS 3960)* Every hospital and birthing center facility that seeks to establish or discontinue a facility and/or category of service in Illinois must comply with the regulations and processes set forth by the Health Facilities and Services Review Board, including the certificate of need process. Of note, this is one opportunity for the public to provide input regarding a proposed facility change.
Maternal Healthcare Quality	• **Reporting of Infant and Maternal Mortality Act** *(Public Act 101-0446)* Amends the Hospital Report Card Act to require reporting of preterm births, infant mortality, and maternal mortality, disaggregated by race and ethnicity. • **The Developmental Disability Prevention Act** *(410 ILCS 250/0.01)* Established a mandate for Illinois to create a process whereby hospitals receive a designation for the level of care they can provide. 77 Ill. Admin. Code 640 established the process for implementation and currently hospitals are designated between a Level 0 and Level 3 based on their resources and capacity to provide high quality care. The goal is for pregnant patients and neonates to receive care at facilities that best meet their needs and risk. The code also bestows IDPH with the authority to establish regional perinatal hospital hubs (Level 3 hospitals), known as Administrative Perinatal Centers (APCs) that provide support via education, consults, transfers/transports, and quality improvement efforts across their "network" of lower-level hospitals. • **Maternal Levels of Care Act** *(Public Act 101-0447, 2019)* Directs IDPH to update code 640 and establish maternal levels of care distinct from existing neonatal levels. Requires hospital designation based on capabilities and additional data collection on maternal mortality and morbidity. • **Implicit Bias Training Act** *(Public Act 102-0004)* Directs IDFPR to require all healthcare professionals to complete one hour of implicit bias training with each license or registration renewal after January 1, 2023, to ensure a basic level of training is completed before providers can deliver care to patients. In 2025, an amendment was passed to include content specific to maternal health. • **Amendment of the Department of Public Health Powers and Duties Law of the Civil Administrative Code (Public Act 101-0390)** Requires that IDPH shall ensure that all birthing facilities conduct continuing education yearly for providers on hypertension and hemorrhage, support Emergency depts to identify pregnant and postpartum patients and refer to OB, and to work with ILPQC on birth equity initiative.

Maternal Health Workforce	• **International Medical Graduate (IMG) Licensure Pathway** *(Medical Practice Act of 1987, 225 ILCS 60; IDFPR Medical Practice Rules, 68 Ill. Adm. Code 1285)* Codifies and implements an IDFPR-administered pathway for qualified IMGs without a U.S.-accredited two-year residency to obtain supervised Illinois licensure and provide care.
	• **Health care Protection Act** *(Public Act 103-0650)*
	Supports DOI to develop a statewide electronic provider directory to ensure up-to-date information is available for consumers and insurers.
	• **Medicaid Coverage Expansion for Maternal Health Providers**
	  • *Public Act 102-0004:* Adds doulas, home visiting, and community health workers.
	  • Public Act 102-0665: Adds lactation consultants and medical caseworkers as well as a second preventative postpartum visit and the Medicaid family planning program.
	  • *Public Act 102-1037*: Adds licensed certified professional midwives (CPMs).
	  • *Public Act 103-0720*: Adds non-licensed CPMs.
	• **Licensed Certified Professional Midwife Practice Act** *(225 ILCS 64; 68 Ill. Adm. Code 1345)*
	Defines licensure standards and education and training requirements, via IDFPR, for CPMs practicing in out-of-hospital settings.
	• **Hospital Hemorrhage Training Act** *(Public Act 101-0390)*
	Requires all birthing facilities to provide annual continuing education on managing severe maternal hypertension and obstetric hemorrhage.

Mental and Behavioral Health	• **Maternal Mental Health Insurance Coverage Act** *(Public Act 101-0386)* Mandates insurance coverage for mental health conditions occurring during pregnancy and the postpartum period. • **Maternal Mental Health Conditions Education, Early Diagnosis, and Treatment Act** *(Public Act 101-0512; amended by Public Act 103-0881)* Mandates that the Illinois Department of Human Services, in collaboration with other state agencies, develop and disseminate educational materials on maternal mental health conditions to birthing hospitals. Hospitals are required to train staff working with pregnant and postpartum individuals and supplement the materials with local resources. The 2023 amendment expanded the Act's scope to include broader mental health education, early diagnosis, and treatment initiatives, enhancing support for maternal mental health across the state.
Structural Determinants of Health	• **Task Force on Infant and Maternal Mortality Among African Americans Act *(Public Act 101-0038)*** Establishes a statewide task force to identify best practices and issue annual recommendations to reduce racial disparities in infant and maternal mortality. • **Family Case Management Act *(410I LCS212)*** Provides IDHS with legislative authority to use general revenue funds for maternal child health case management. • **Improving Health Care for Pregnant and Postpartum Individuals Act *(20 ILCS 1305/10-23)*** Requires IDHS to expand and update maternal child health programs to serve pregnant and postpartum individuals determined to be high-risk. Passed in 2021.

Other Strategic Planning Processes Underway in Illinois

Initiative	Organization	Description
Maternal and Child Health Services Title V Block Grant	Illinois Department of Public Health (IDPH)	A federal–state partnership focused on improving population-level maternal and child health outcomes through investments in system-based approaches and evidence-based programs. IDPH is currently leading a strategic planning process for the 2026–2030 cycle, informed by stakeholder input, data analysis, and needs assessments.
State Health Improvement Plan (SHIP)	Illinois Department of Public Health (IDPH)	A plan that identifies Maternal and Infant Health as one of five statewide health priorities. An action team of subject matter experts and partners is developing an implementation plan focused on improving access to care and public health services for pregnant and postpartum people and infants. The final implementation plan is expected by the end of 2025.
State Maternal Health Innovation (MHI) Program (also named I PROMOTE-IL)	University of Illinois Chicago (UIC)	A federally funded HRSA initiative, housed at the University of Illinois Chicago, focused on reducing maternal mortality and severe maternal morbidity. A statewide Maternal Health Task Force is conducting a comprehensive assessment of maternal care and coverage, identifying gaps, and supporting the development of a strategic plan to share measurable goals focused on describing, cataloging and communicating existing efforts to improve maternal health and to serve as a tool to support coordination. The project runs from 2024 to 2029.
Illinois Doula and CPM Landscape Analysis	Health & Medicine Policy Research Group (HMPRG)	A workforce assessment of doulas and certified professional midwives across the state. This representative sample aims to quantify the existing doula/CPM workforce, identify where and with whom they work, assess their work and training experience, and identify potential barriers and opportunities for increasing their utilization of state certification and Medicaid reimbursement. All doulas, CPMs, and traditional midwives in Illinois, regardless of work environment or location, are eligible to participate.
Illinois Community-Based Birth Justice Strategic Plan	Health & Medicine Policy Research Group (HMPRG) and Black Midwifery Collective	An effort guided by a coordinating committee of community-based birth justice advocates from across Illinois, who are reviewing findings and helping shape the plan's strategic priorities. The plan is informed by three key assessments: (1) a statewide survey of birth justice workforce members—including doulas, midwives, Community Health Workers, home visitors, and behavioral health workers—focused on resource accessibility and systemic barriers; (2) an environmental scan of out-of-hospital birth options, including best practices and interviews with Illinois birth center leaders; and (3) the above-described workforce assessment of doulas and certified professional midwives. In September 2025, a two-day summit will convene key actors to review findings, participate in workshops, and co-develop strategic activities and outcomes. A finalized plan is expected for release in early 2026.
Freestanding Birth Center Strategic Plan	Health & Medicine Policy Research Group (HMPRG)	An effort to provide ongoing legislative advocacy and programmatic recommendations to state and local actors to support the development and sustainability of birth centers across the state. As part of this, HMPRG convenes the Freestanding Birth Center Task Force.
Chicago Illinois Doula Coalition Network (CIDCN)	BA NIA Inc.	A collaborative initiative working to expand access to culturally grounded, community-led doula care across Illinois. Led by BA NIA Inc. in partnership with eight community-based organizations, the Chicago Illinois Doula Coalition Network (CIDCN) aims to standardize doula services, support training and workforce development, and advocate for policy change to ensure equitable, respectful care for all pregnant people—particularly those in historically underserved communities. CIDCN brings together doulas, midwives, and health organizations to strengthen the maternal health ecosystem and advance birth justice statewide.
Care Navigation Landscape Analysis	EverThrive Illinois	This report will explore prenatal through postnatal care coordination systems to inform the development of a statewide system in Illinois that improves birthing people's access to services through one year postpartum. The work focuses on states and communities that have developed central or coordinated intake systems and will include a literature discussion, themes from insights gathered from interviews with Illinois stakeholders, highlights from interviews with leaders in other states and communities about their care coordination models, along with an examination of these model components, and finally, a discussion of issues for consideration in developing a statewide system in Illinois.
Assessment of Maternal and Child Health Workforce Needs and Priorities in Southern Illinois	The Little Resource Center, Carbondale and CHOICES	Center for Reproductive Health, the Illinois Department of Public Health (IDPH), and Carbondale's Little Resource Center undertook a 6-month collaboration to identify and build the BIPOC birth workforce in Southern Illinois. The study aimed to assess workforce composition by identifying clinical and non-clinical maternal and child health professionals, including their roles, work settings, and geographic distribution; examine workforce experiences related to stressors, burnout, job satisfaction, and retention; and provide strategic recommendations for workforce development, policy, funding, and improved maternal and child health services.
Downstate SUD Initiative	University of Illinois Chicago Center for Research on Women and Gender (UIC-CRWG)	Downstate Illinois research on maternal health and substance use disorder (SUD). Focuses on lived experience-informed policy.

ACKNOWLEDGMENTS

The development of this blueprint would not have been possible without the insight, experience, and collaboration of partners across Illinois who are deeply committed to advancing birth equity. This effort reflects a public–private partnership, with funding made possible through a combination of state support and private philanthropic support via IL BEGIN.

We are especially grateful to the community leaders, health care professionals, researchers, and government partners who generously shared their time and perspectives through listening sessions and key informant interviews. Your expertise and lived experience shaped every stage of this work, and your voices are reflected throughout the blueprint. We are deeply thankful to UIC-AIM for their steadfast partnership in collecting, analyzing, and interpreting the data that anchors this report, and for bringing both rigor and care to this critical work. We are also thankful to the UIC Center for Excellence in Maternal Child Health for sharing data they collected in the Title V Needs Assessment.

We thank the following organizations for their role in community engagement efforts:

Listening Sessions

- Brightpoint
- Community Engagement Subcommittee, Task Force on Infant and Maternal Mortality Among African Americans
- EverThrive Illinois
- SIHF Healthcare
- The Little Resource Center
- University of Illinois Hospital & Health Sciences System (UI Health)

Key Informant Interviews

- Advocate Hospital (Peoria)
- Black Midwifery Collective
- Coverage Advocates for Reproductive Equity (CARE)
- EverThrive Illinois
- Health & Medicine Management and Policy Research Group (HMPRG)
- Illinois Association of Medicaid Health Plans (IAMHP)
- Illinois Perinatal Quality Collaborative (ILPQC)
- National Center for Rural Health Professionals
- Rural Obstetrical Shortage Alliance (ROSA)
- SSM Health Cardinal Glennon Children's Hospital (Southern Illinois Perinatal Network)
- Start Early
- UIC Center for Research on Women and Gender (UIC-CRWG)
- UIC STRETCH-OB (Structured Training for Rural Enhancement of Community Health in Obstetrics Program)
- University of Chicago Medicine Perinatal Center
- University of Illinois Chicago Office of Community Engagement and Neighborhood Health Partnerships (OCEAN-HP)

Survey Respondents

Community-Based Organizations, Nonprofits, and Coalitions

- All Hands Health Network (part of Lurie Children's)
- Aurora African American Health Coalition
- BA NIA Inc.
- Beautiful Things Midwifery and Lactation
- Black Midwifery Collective
- Brightpoint
- Chicago Family Doulas
- Chicagoland Birth & Baby
- Christian Community Health Center
- Dahlia Center for Perinatal Mental Health
- Danville Birth Project
- Doula Lab
- EverThrive Illinois
- Gifts from Liam
- Hopeful Beginnings
- International Cesarean Awareness Network of Chicago
- Jordan Scott Doula LLC
- Labor of Love Midwifery
- Sudden Infant Death Services of IL, Inc.
- Sokana Collective
- Spero Family Services
- Tapestry 360 Health
- The Little Resource Center Carbondale
- West Side United

Policy, Advocacy and Provider Associations

- AllianceChicago
- Health & Medicine Policy Research Group
- Illinois Chapter, American Academy of Pediatrics
- Illinois Council of Certified Professional Midwives
- Illinois Critical Access Hospital Network
- Illinois Primary Health Care Association
- Illinois Public Health Institute
- Illinois Respite Coalition
- Near North Health
- RUSH Community-Based Practices

Hospitals, Health Systems, and Medical Centers

- Ann & Robert H. Lurie Children's Hospital of Chicago
- Ascension St. Mary Hospital
- Carle Health In School Health
- Carle Health
- Cook County Health
- Endeavor Health, Edward-Elmhurst
- Endeavor Health Swedish Hospital
- Loyola University Medical Center
- OSF Healthcare St. Mary Medical Center
- OSF Little Company of Mary Medical Center
- OSF Sacred Heart Medical Center
- Riverside Medical Center
- Rush University Medical Center
- Rush University Medical Center
- Saint Anthony Hospital
- Shriners Children's Chicago
- SIHF Healthcare
- St. Louis Children's Hospital–Academic Pediatrics & Complex Care Clinic
- UChicago Medicine
- UChicago Medicine AdventHealth Hinsdale
- UCM AdventHealth Bolingbrook
- UI Health 55th & Pulaski Health Collaborative
- UnityPoint Health Trinity
- UW Health Swedish American Hospital

Academic Institutions & Research Centers

- ILPQC Project at Northwestern University and Endeavor Health
- Northwestern University Center for Health Equity Transformation
- University of Chicago Medicine
- University of Illinois Center of Excellence in Maternal and Child Health
- University of Illinois Chicago Administrative Perinatal Center
- University of Illinois Chicago Office of Community Engagement and Neighborhood Health Partnerships (OCEAN-HP)
- University of Illinois College of Medicine Rockford

Local Public Health Departments

- Cass County Health Department
- Chicago Department of Public Health
- Christian County Health Department
- Douglas County Health Department
- DuPage County Health Department
- Egyptian Health Department
- Henry & Stark County Health Department
- Jersey County Health Department
- Logan County WIC Office
- Perry County Health Department
- Shelby County WIC Office
- Southern 7 Health Department
- Tazewell County Health Department
- Will County Health Department

State Departments and key programs

- Illinois Department of Health Services
- Illinois Department of Healthcare and Family Services
- Illinois Department of Human Services
- Illinois Department of Public Health
- Illinois Early Childhood Comprehensive Systems (ECCS)
- Illinois MIECHV (Maternal, Infant, and Early Childhood Home Visiting) program
- Illinois State Board of Education

September 2025