# 2026

# Perinatal Report

JB Pritzker, Governor

Elizabeth M Whitehorn, HFS Director

HFS

Illinois Department of Healthcare and Family Services

# Table of Contents

# Letter From the Director

Governor Pritzker and Honorable Members of the General Assembly:

As Illinois seeks to advance the quality of perinatal care, providing the necessary tools for healthy births is one of the most impactful long-term services Medicaid offers. I am pleased to report that the Illinois Department of Healthcare and Family Services has made progress in many ways to support positive perinatal outcomes. The 2026 Perinatal Report describes these accomplishments, including initiatives undertaken with numerous healthcare partners, and summarizes perinatal demographics.

This is the tenth report offered by HFS. Earlier reports may be found on the HFS website. From the issuance of the first report in 2004, these analyses have been a valuable guide for improving birth outcomes in Illinois.

Since the release of the most recent report, HFS has continued making vital advances. Crucial provider types such as doulas and lactation consultants have been added to available Medicaid services and more will continue to be included. To help new providers promptly offer services, HFS partnered with the Medicaid Technical Assistance Center (MTAC), offering step-by-step system training. Illinois also continues to provide postpartum care up to 12 months after delivery, regardless of the pregnancy outcome.

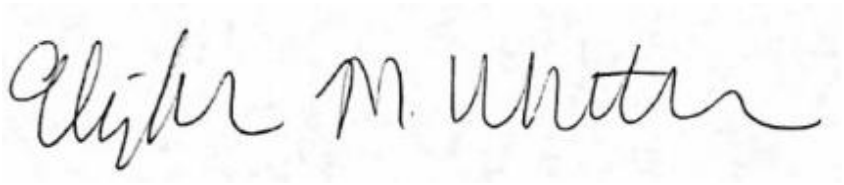
Another recent advance has been an award from the Centers for Medicare and Medicaid Services to participate in the new Transforming Maternal Health (TMaH) Model. Announced in early January 2025, this award provides Illinois with $17 million to improve maternal health outcomes through piloting of an integrated approach addressing physical and mental health with social needs throughout pregnancy, childbirth and the postpartum care continuum. The model will be tested in underserved areas of the state that have disparities in maternal health and birth outcomes.

Many HFS partners have also added or expanded initiatives specifically designed to address maternal and child health needs. These include Managed Care Organizations, which provide healthcare to most Medicaid customers, and Healthcare

Transformation Collaboratives that operate in historically underserved communities throughout Illinois.

HFS will continue to build on these achievements and explore other opportunities as we continue improving perinatal outcomes for our customers.

Sincerely,



Elizabeth M. Whitehorn,

Director

# 1 | Introduction

The Illinois Department of Healthcare and Family Services (HFS or the Department) is the agency responsible for administering the state's Medicaid program. Improving birth outcomes for Illinois residents enrolled in Medicaid is the central aim of Public Act 93-0536, (the 'Act') a legislative measure designed to strengthen the quality and accessibility of perinatal health care services across the state. The perinatal period can broadly be defined as the period of conception through the first year of the baby's life. Recognizing that customers covered by Medicaid are often at higher risk for adverse maternal and infant health outcomes, the Act emphasizes the need for a coordinated, data-informed approach to maternal and infant care.

## Legislative Mandate

HFS is mandated to monitor, evaluate, and continuously improve perinatal health care services. To ensure transparency and accountability, the Act requires HFS to report biennially to the Illinois General Assembly, providing evidence-based assessments of the effectiveness of services delivered to Medicaid recipients during the perinatal period. The Perinatal Report is critical in informing state policies, guiding resource allocation, and shaping programmatic strategies to reduce disparities and promote equitable health outcomes for birthing customers and their infants.

To support improved maternal and infant health outcomes, the legislation authorizes HFS to reimburse a range of perinatal services that aim to:

- Prevent low birthweight births
- Reduce neonatal intensive care unit (NICU) admissions
- Promote overall perinatal health and well-being

Maternal health services eligible for reimbursement under this mandate include:

- Comprehensive risk assessments for pregnant customers
- Postpartum care for up to 12 months after delivery
- Family planning services
- Childbirth support, including doula and labor assistance
- Psychosocial counseling and mental health support
- Treatment and prevention of periodontal disease
- Other evidence-based support services have been demonstrated to improve birth outcomes

These provisions reflect a holistic, preventive approach to perinatal care, ensuring that Medicaid recipients receive timely, coordinated services that address both health-related clinical and social needs.

# 2 | Overview

The 2026 HFS Perinatal Report summarizes data and provides updates on HFS initiatives undertaken with its partners to improve birth outcomes for birthing persons and infants while working to reduce the associated personal, medical, and social costs. In 2023, over 50% of all Illinois births and approximately 90% of Illinois teen births were financed by Medicaid, underscoring its foundational role in advancing maternal health equity and outcomes. HFS remains encouraged that through current endeavors and the prioritization of improving birth outcomes and ongoing partnerships, there can be a positive effect on the lives of birthing persons, children, and Illinois families.

**Key Initiatives and Progress include:**

- **Addressing Equity and Disparities**
  Persistent racial and geographic disparities remain a significant concern. Black birthing persons in Illinois are nearly three times more likely to die from pregnancy-related causes than white birthing persons. Through data-driven approaches, including stratified quality reporting and targeted interventions in high-burden communities, Illinois Medicaid is working to close this equity gap by enhancing community engagement and involving customers with lived experience who serve Black, Hispanic, and rural populations disproportionately affected by adverse maternal outcomes.
- **Extended Postpartum Coverage**
  In response to federal policy changes and the American Rescue Plan Act, Illinois became the first state to extend Medicaid postpartum coverage from 60 days to 12 months. This extension ensures that birthing customers have continuous access to critical medical and behavioral health services during the first year after delivery—a period associated with increased risk for complications and maternal mortality.
- **Integration of Community-Based Services**
  In 2024, Illinois expanded coverage for doula services and lactation consultants, recognizing their positive impact on maternal satisfaction, birth outcomes, and support during labor and postpartum recovery. HFS is now working to incorporate additional maternal health providers as part of a broader strategy to provide culturally congruent wraparound care.

*Note: While many birthing persons receiving perinatal services are covered by Medicaid, there is a small number who receive care provided from other state-funded sources within HFS. For this reason, some data is noted as "HFS" births instead of "Medicaid" births.*

# 3 | Illinois' Commitment to Perinatal Health

HFS is committed to building strong care systems for pregnant and postpartum persons, as the commitment to perinatal health is unwavering. As Illinois provided an extension of full benefit Medicaid coverage with continuous eligibility through 12 months postpartum in 2021, regardless of how the pregnancy ends, Illinois also became the first state in the nation to offer state funding for 12 months of full benefit Medicaid coverage with continuous eligibility. HFS is also committed to improving the quality and equity of perinatal care by listening to the voices of those with lived experiences and collaborating with families, community-based organizations, and all interdisciplinary healthcare team members. By putting those efforts in place, the Department hopes that all pregnant persons in the State of Illinois can have healthy pregnancies, know that they are valued, and feel their voices are honored.

Studies have shown that focusing only on the health of the birthing person prior to the birth of the infant will not be enough to improve perinatal health. Addressing disparities in perinatal health outcomes will require monitoring care after discharge by extending reach to the family and across the continuum of care from pregnancy to early childhood. To address those challenges, we offer the following services:

**Healthy Kids (EPSDT Program)**

Healthy Kids is Illinois' EPSDT (Early and Periodic Screening, Diagnostic, and Treatment) program. It provides comprehensive well-child screenings and follow-up care for children under 21 enrolled in HFS Medical Programs. Services include:

- Preventive care and immunizations
- Vision, hearing, and dental screenings
- Diagnosis and treatment of identified conditions
- Coordination of care through a medical home model

**Immunization Services**

Under the Healthy Kids program, the Early and Periodic Screening Diagnosis and Treatment (EPSDT) under federal law requires that children receive age-appropriate immunizations aligned with the Centers for Disease Control (CDC), American Academy of Pediatrics (AAP), and American Academy of Family Practice (AAFP) guidelines. The Illinois Vaccines for Children Program Plus

(VFC Plus) Program offers free vaccines to eligible children and supports providers with ordering, billing, and recordkeeping.

### Lead Screening

Federal and state policies require blood lead testing at 12 and 24 months for all children enrolled in HFS Medical Programs. Children up to age 7 with no prior test must also be screened, regardless of geographic location. In January 2025, the new lead limit was lowered from 5 to 3.5mcg/ per dL of blood demonstrating the commitment to improving the health and development for children in Illinois by lowering the acceptable blood-lead limits.

### Dental and Oral Health Services

HFS provides oral exams, cleanings, and fluoride treatments for Medicaid-eligible children. Pediatricians and family physicians are encouraged to integrate oral health screenings into well-child visits and refer families to dental providers via DentaQuest.

### Perinatal HIV Counseling and Testing

The Illinois Perinatal HIV Prevention Act requires that all pregnant birthing persons be offered HIV counseling and testing early in pregnancy. Rapid tests must be administered during labor and delivery if no documented test exists. Early detection allows for timely interventions that can reduce perinatal HIV transmission.

### Perinatal Depression Screening

HFS promotes perinatal depression screening using the Edinburgh Postnatal Depression Scale (EPDS). Providers can access a toll-free consultation line with psychiatrists from the University of Illinois at Chicago. The goal is early detection and treatment to mitigate long-term effects on birthing persons and their children. Guidelines are provided for prescribing antidepressants during pregnancy and breastfeeding. In addition, the prenatal and postpartum depression screening measures are included in the HealthChoice Illinois MCO Quality Withhold program.

### Medicaid Presumptive Eligibility (MPE)

Comprehensive Medicaid coverage for pregnant birthing persons and their infants—covering prenatal care, delivery, postpartum services (up to 12 months); offers immediate, temporary coverage for outpatient healthcare for pregnant birthing persons.

### Moms & Babies

Moms & Babies covers healthcare for birthing persons while they are pregnant for up to 12 months after the baby is born. Moms & Babies coverage is the full Medicaid benefit package, including both outpatient healthcare, and inpatient hospital care, including labor and delivery, primary and specialty care, and prescription drugs.

# 4 | Maternal Health Demographics Provided By the Department of Healthcare and Family Services

## Overall Deliveries

There continues to be a steady decrease in deliveries covered by Medicaid. This decline closely parallels the statewide and national reduction in total births. There are a few contributing factors that we can consider that may have led to this pattern. Many families are choosing to delay parenthood by postponing pregnancies and instead choosing to focus on their careers first. In addition, there has been a cultural shift. When families do decide to have children, they are also choosing to have fewer children. Lastly, the lingering effects of COVID-19 has played a role as families consider the uncertainty around health risk, economic stability and childcare availability as well as childcare cost that has made many reconsider family planning. Consequently, total Illinois births have declined from 129,956 in 2020 to 121,143 in 2023; a 7% drop.

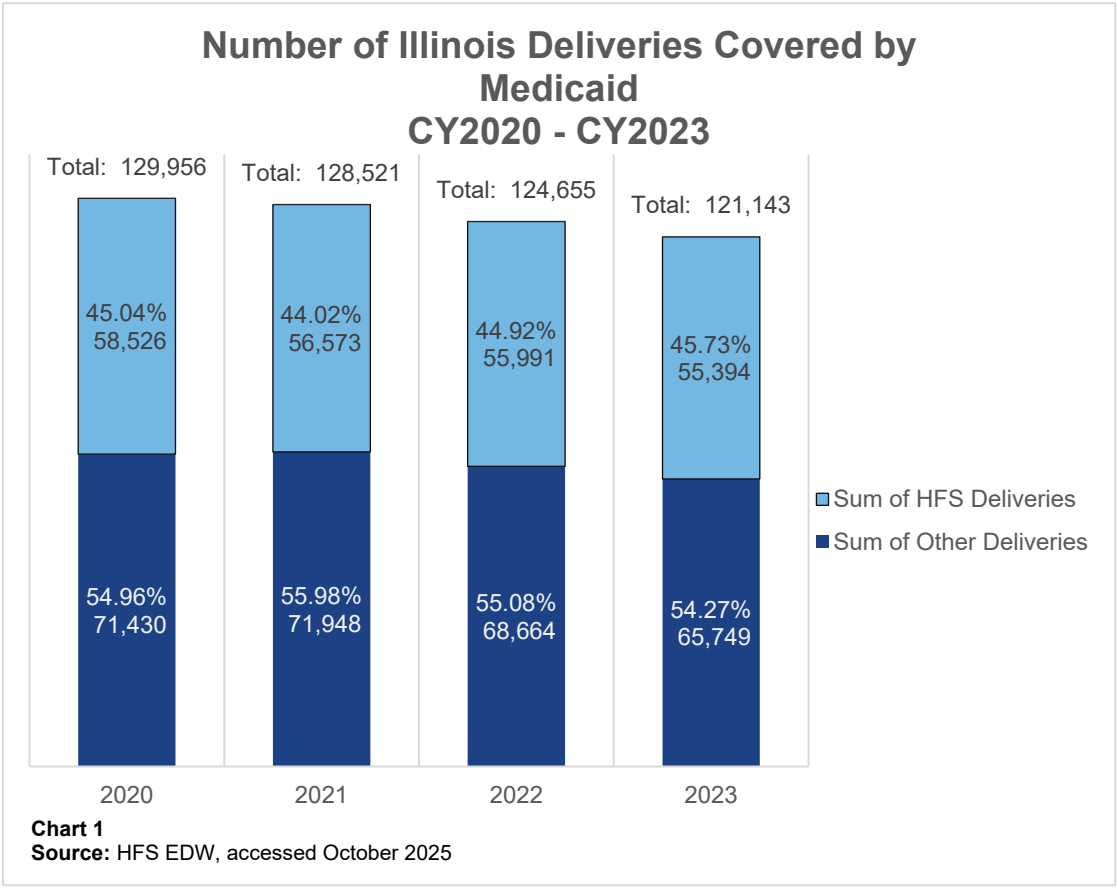



**Chart 1**
**Source:** HFS EDW, accessed October 2025

# IL Teen Deliveries

Youth reproductive health prevention initiatives have been effective. Teen deliveries on a statewide level have declined sharply from 5,300 in 2020 to 4,252 in 2023, which is a 20% drop. This decrease aligns with the broader national reduction of declining teen pregnancy rates that has occurred over the past decade. The decrease has been linked to an increase in access to and utilization of effective contraceptives methods resulting in a greater awareness of reproductive health options. Behavioral changes among adolescents such as the delay in sexual activity, prevention programs and expanded public health education are also contributing factors. Nonetheless, maintaining access to preventive reproductive health remains critical to sustain this progress.

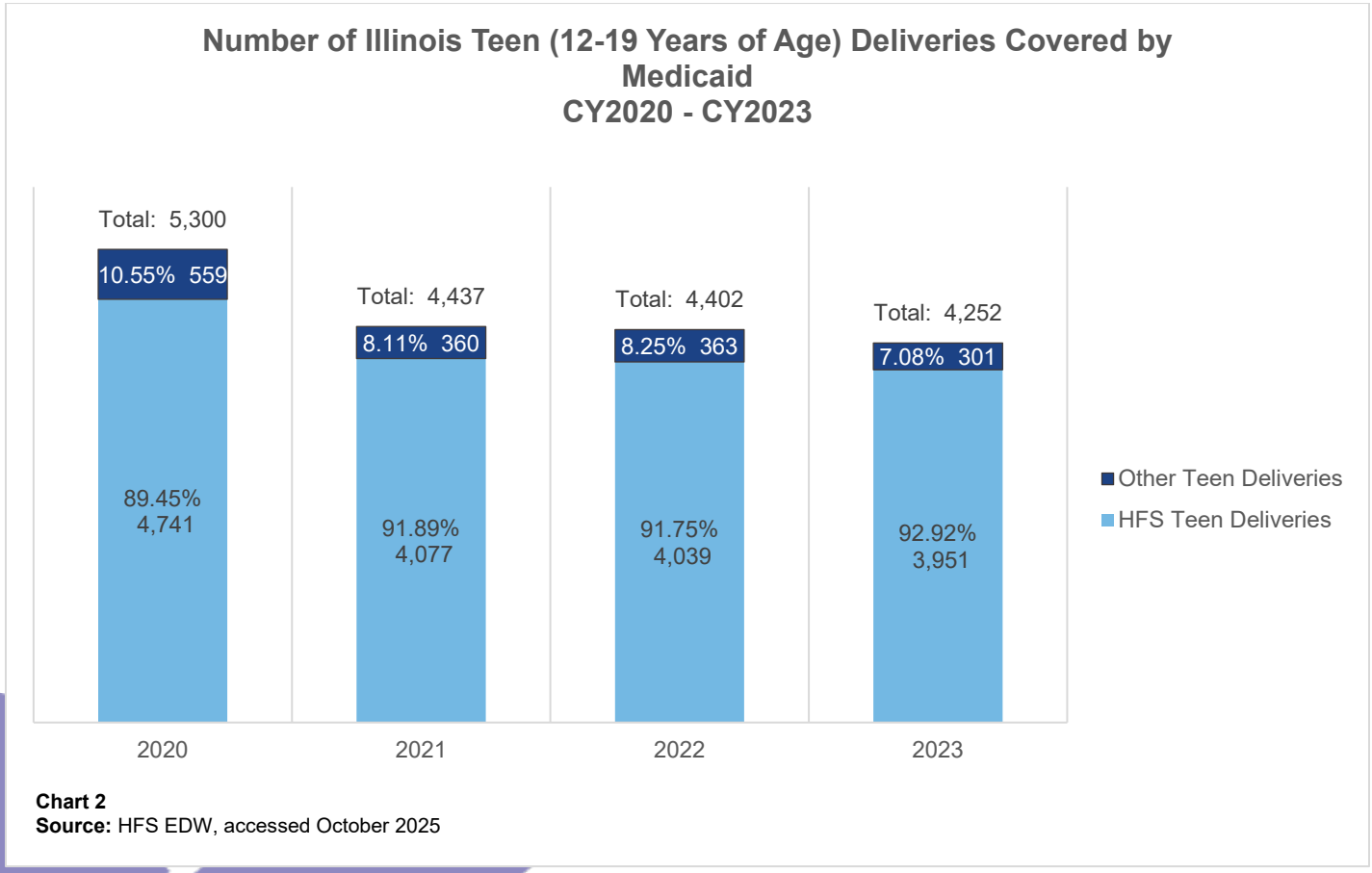



**Chart 2**
**Source:** HFS EDW, accessed October 2025

# Enrollment in Medicaid Before and After Delivery

Early enrollment into prenatal care can be key to a healthy pregnancy. A healthy pregnancy begins with a healthy mother. For those without health insurance and are not enrolled in Medicaid, access to proper resources is crucial. This begins with a visit to see a doctor of Obstetrics and Gynecology (Ob/Gyn) as soon as the pregnancy becomes known.

Illinois provides presumptive eligibility for Medicaid for all birthing persons upon becoming pregnant. Data reflects that many Illinois Medicaid-covered birthing persons had Medicaid coverage prior to conception showing stability in eligibility. However, there continues to be birthing persons who enter Medicaid late which can reduce early prenatal care access. The data demonstrates that retention improved through 2022 in alignment with Medicaid postpartum extensions, however, they declined again in 2023 which could be due to post-COVID enrollment redeterminations.

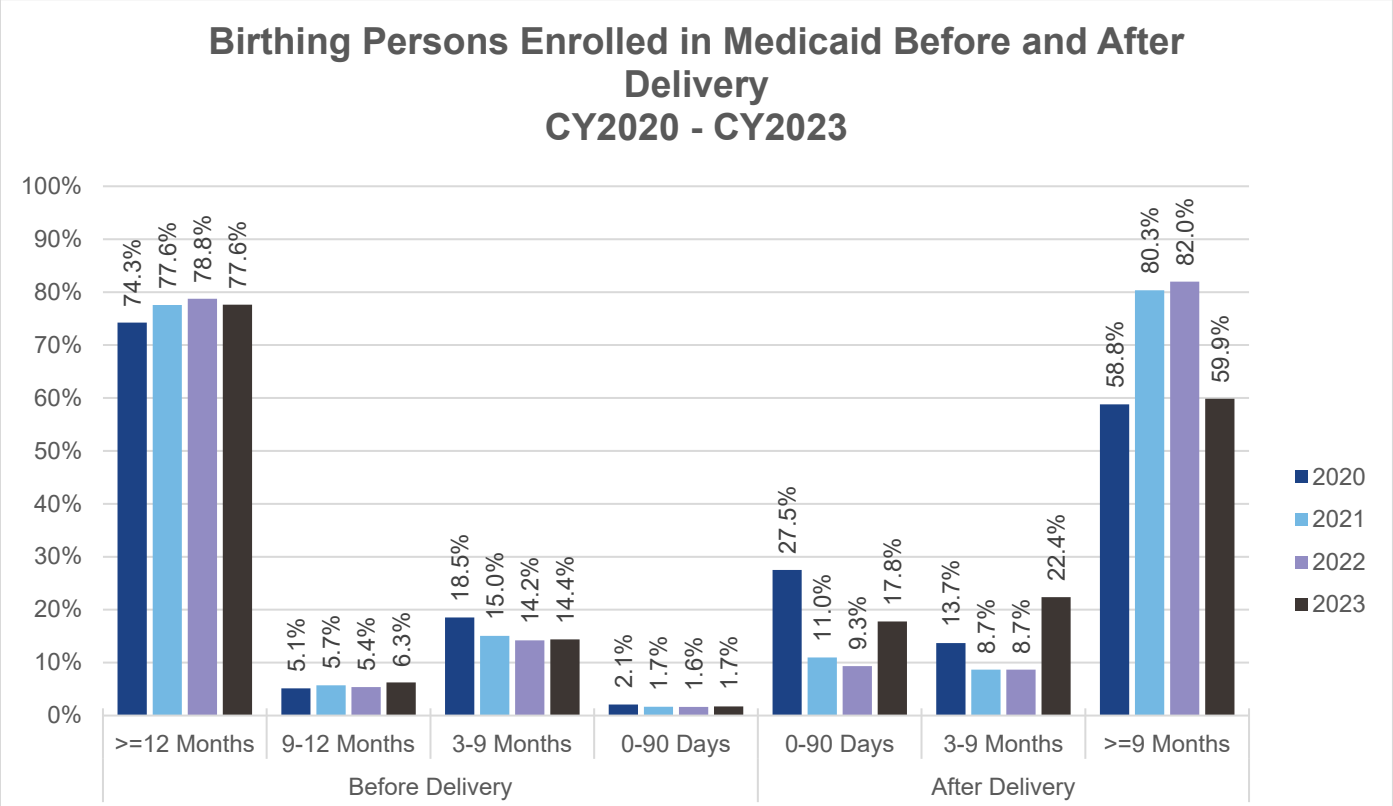



**Chart 3**
**Source:** HFS EDW, accessed October 2025

## Medicaid Enrollment Duration for Poor Birth Outcomes

Poor birth outcomes are defined as low birthweight (under 2500 grams), very low birthweight (under 1500 grams), birth defects, or infant mortality and demise. The following chart shows that in the prenatal period, 80-84%, and in the postpartum period, 58.1% of birthing persons who experienced a poor birth outcome were enrolled in Medicaid in 2023. This decrease may be the result of disruptions tied to Medicaid redeterminations post COVID after continuous coverage ended. Demise rates as well as LBW and VLBW deliveries remain persistently high among Black birthing persons demonstrating racial gaps remain unchanged and the need for equity-focused interventions. Even though there is a high prenatal enrollment, it does not equal a positive birth outcome and that there are contributing factors that also influence successful birth outcomes. Therefore, the Department and other stakeholders are working collaboratively to continue high prenatal and improved postpartum Medicaid coverage while also identifying opportunities to remove other barriers that influence negative birth outcomes.

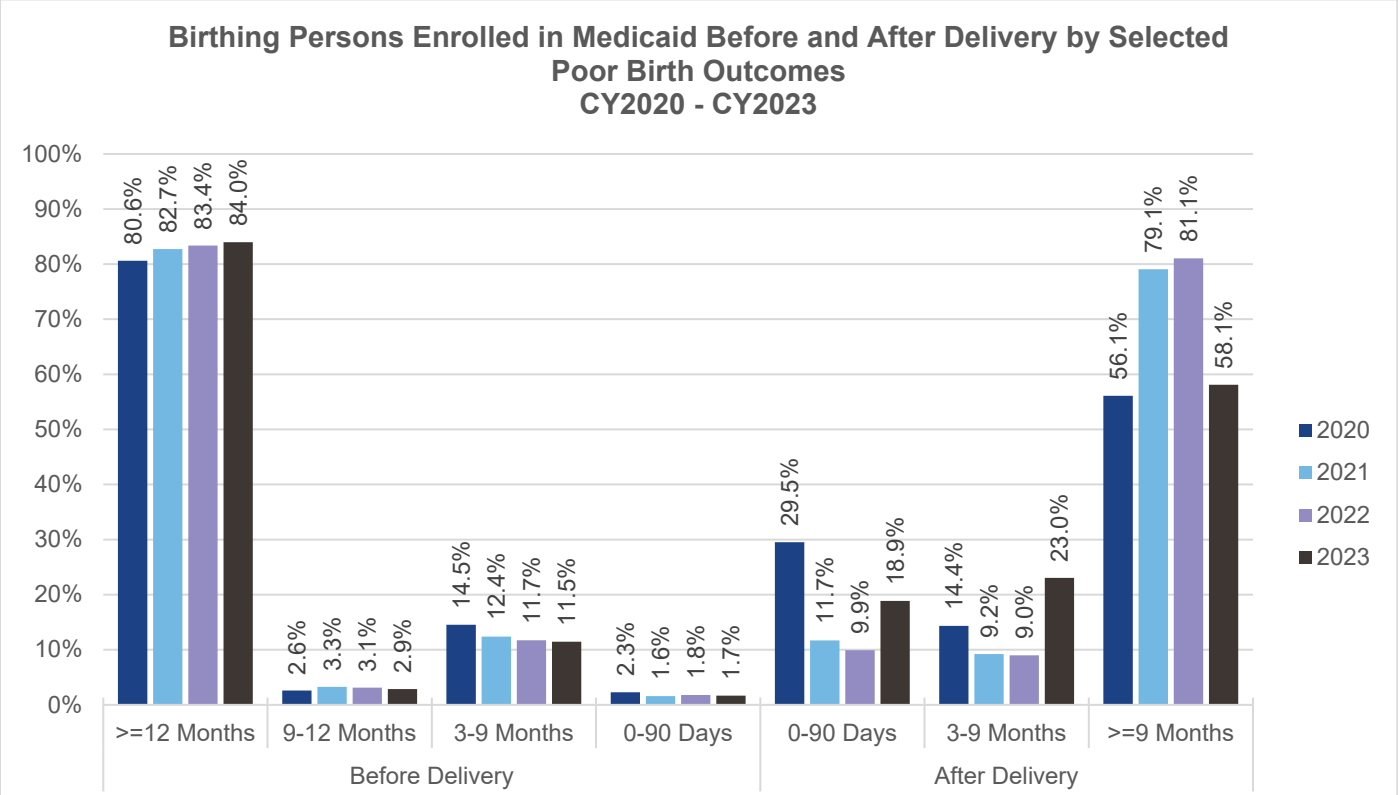



**Chart 4**
**Source:** HFS EDW, accessed October 2025

## Birthing Persons Enrolled in Medicaid >= 12 Months Before Delivery
## Selected by Poor Birth Outcomes (LBW, VLBW and Demise) by race
## CY2020 - CY2023

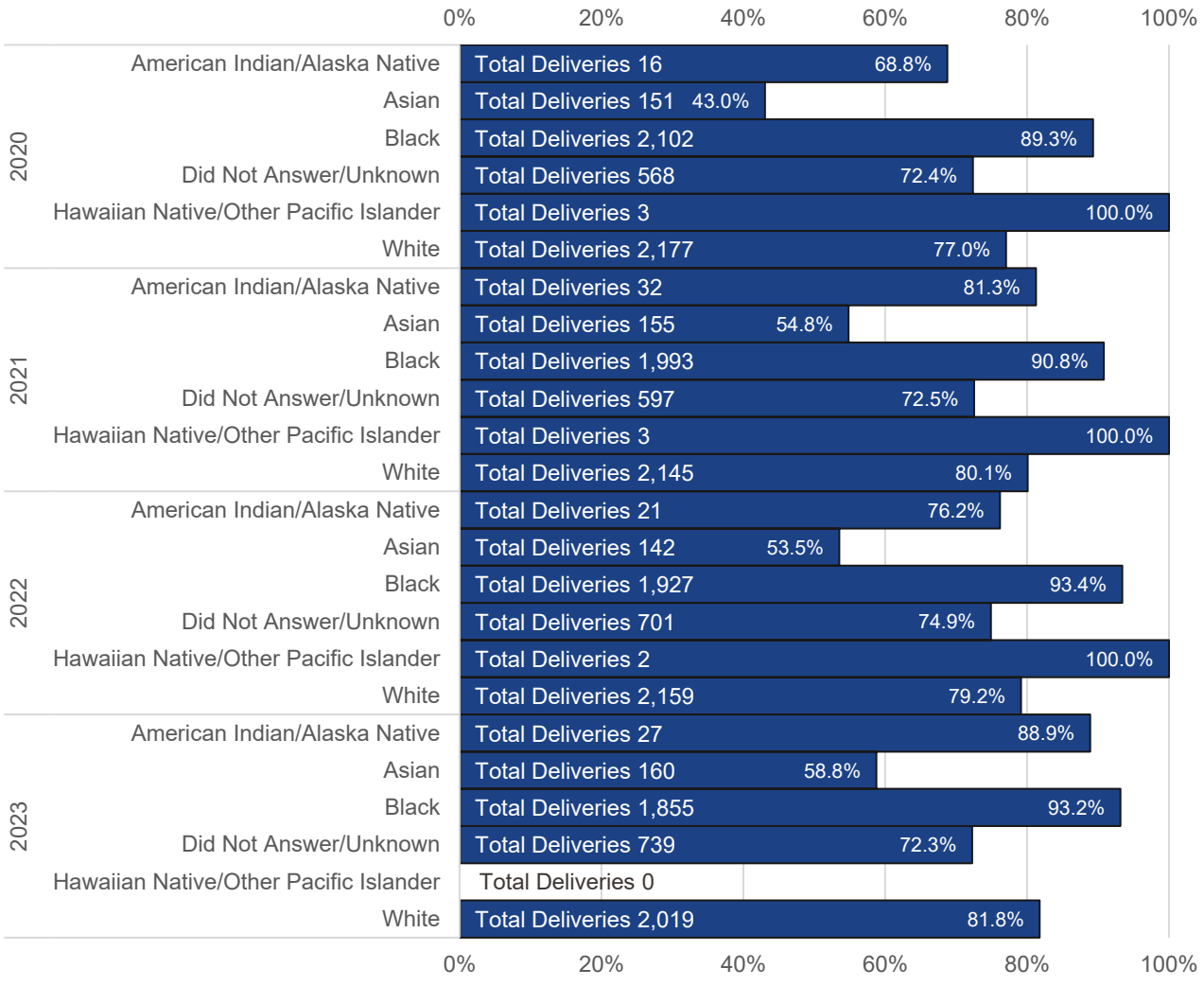



**Chart 5**
**Source:** HFS EDW, accessed October 2025
**Data Note:** Data are among matched mom/baby pairs. Selected outcomes include LBW, VLBW and demise.

# Infant Mortality

Between 2020-2023, Infant Mortality Rates (IMR) worsened slightly at the state level, however, the Medicaid population data currently reveals severe and persistent inequities. Black IMR increased from 0.84% in 2020 to 1.05% in 2023 while White IMR decreased from 0.5% to 0.42%. The state average of the overall IMR slightly increased from 5% to 5.5% which remains close to the national average of 5.4%. While outcomes for IL births remain stubbornly inequitable, HFS continues to work diligently to address this long-recognized public health crises with new strategies being implemented at the state, health systems and community levels.

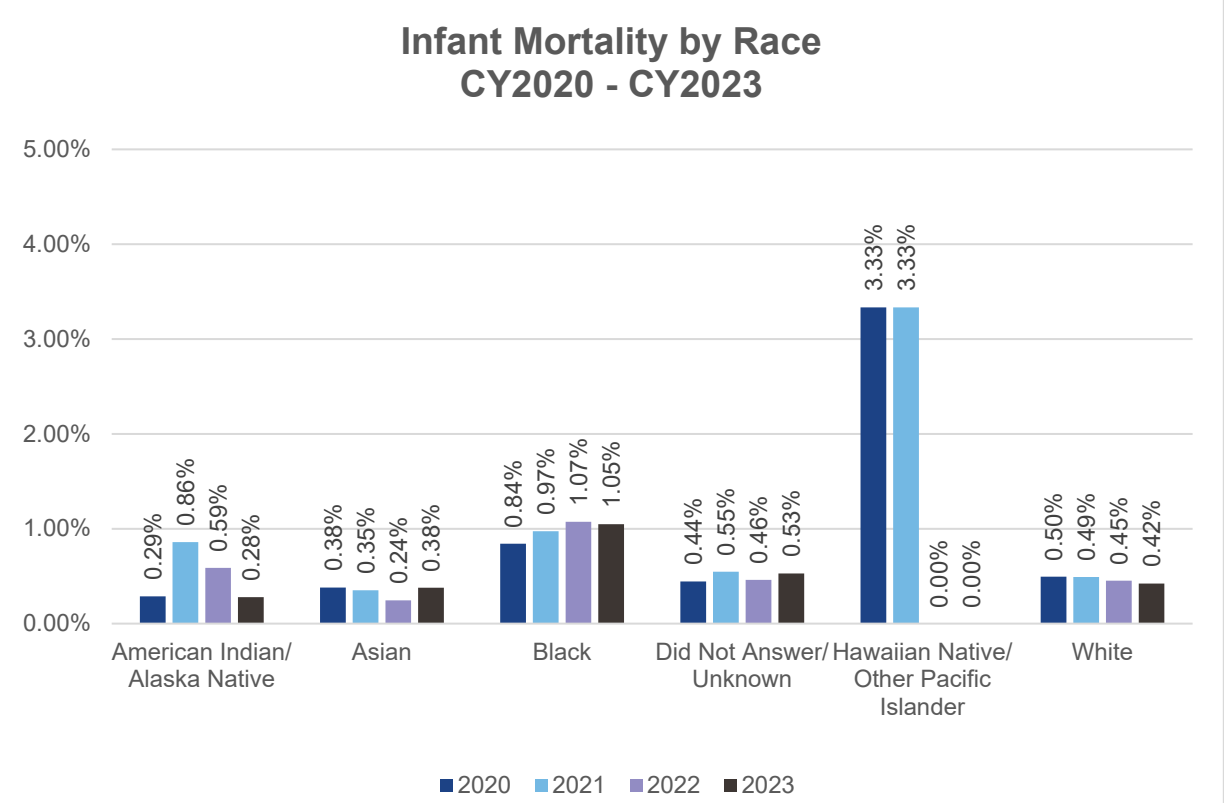



**Chart 6**
**Source:** HFS EDW, accessed October 2025

# Delivery Methods

Although the overall number of cesarean section births statewide have stayed relatively unchanged ranging from 27-29% over the last 4 years, the vaginal delivery rate has declined. There was a brief rebound from 69.4% in 2021 to 70.14% in 2022, however, it dropped from 70.14% in 2022 to 65.94% in 2023. The unknown delivery method spiked from 0.8 -1% in 2020-2022 to 7% in 2023 largely likely due to data collection or reporting issues. However, Black birthing persons continue to show a steady decline in vaginal deliveries than some of the other groups dropping from 67.68% in 2020 to 63.22% in 2023. White birthing persons also show a decline in vaginal deliveries from 70.45% to 66.12%.

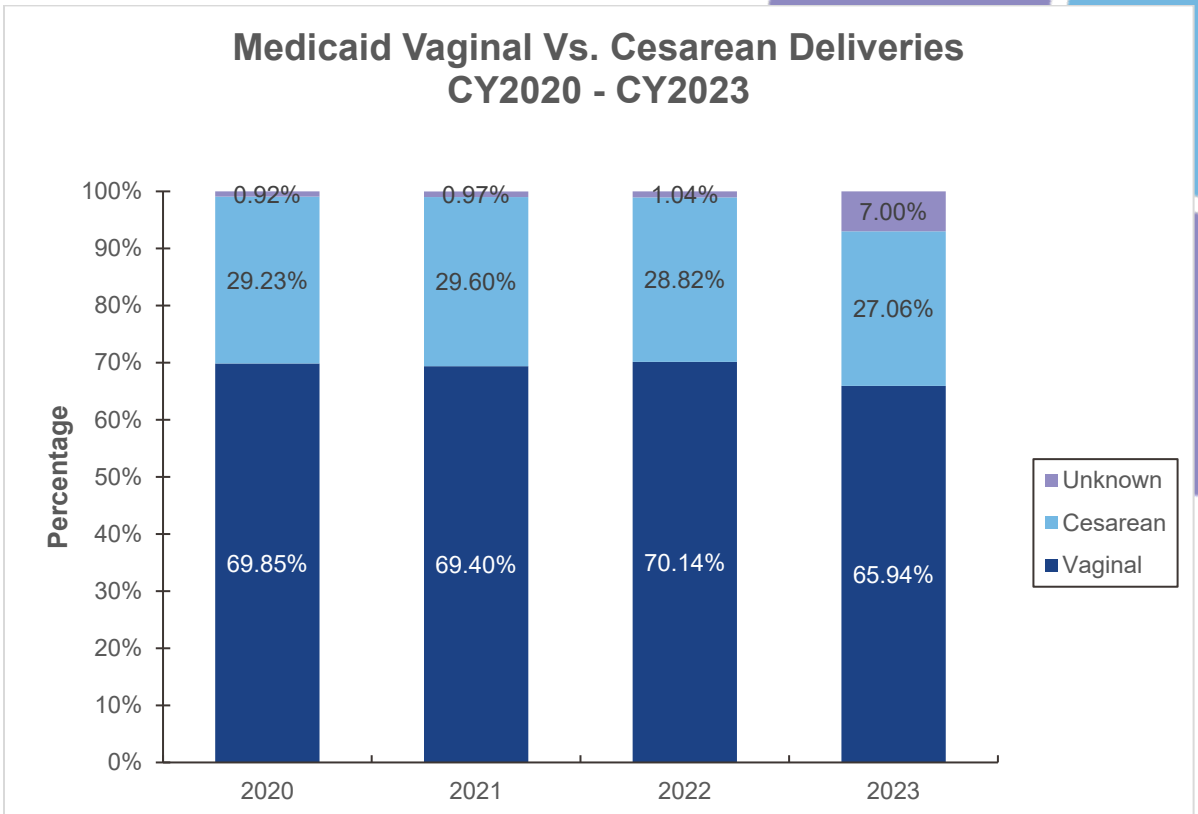



**Chart 7**
**Source:** HFS EDW, accessed October 2025

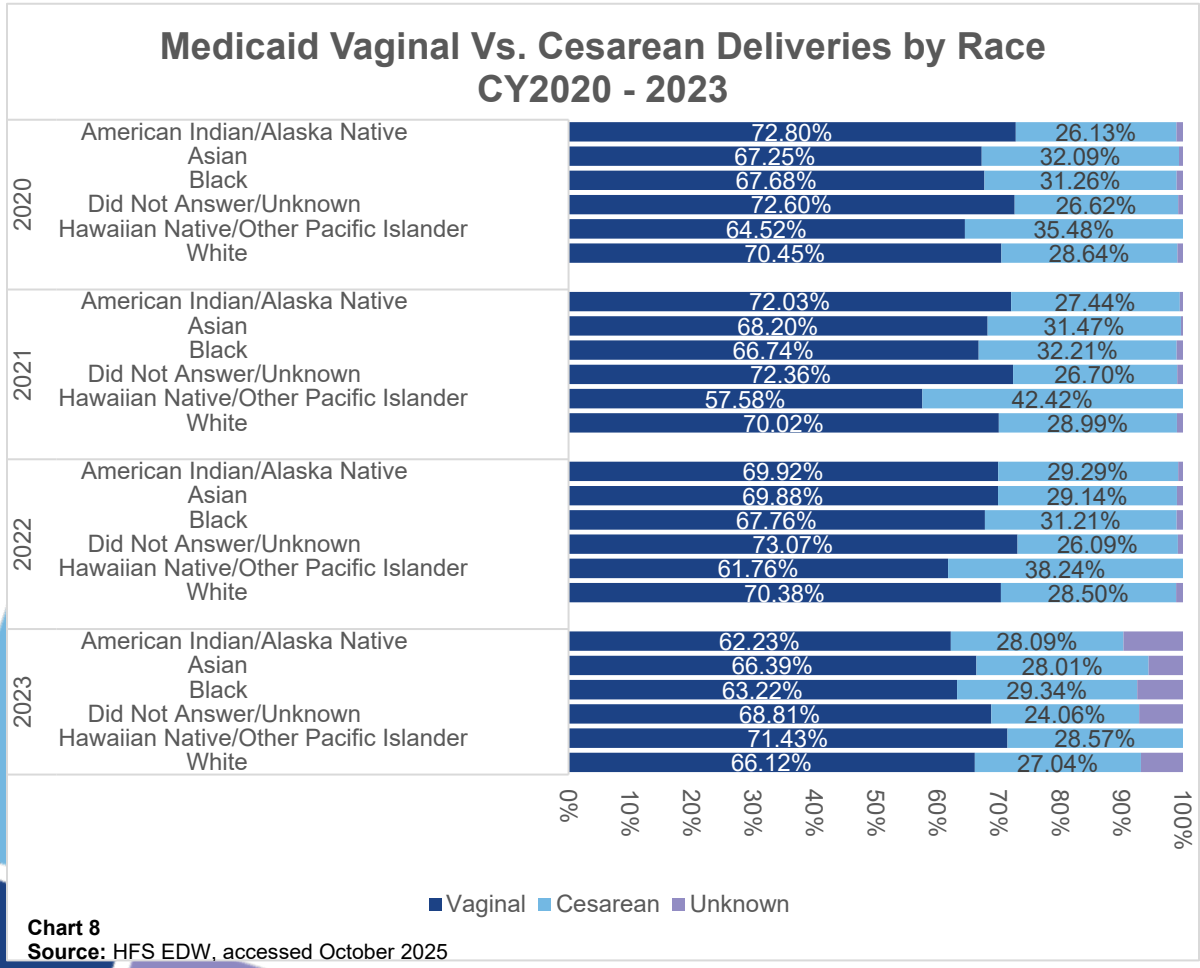



**Chart 8**
**Source:** HFS EDW, accessed October 2025

# Deliveries at Level III Facilities

Many hospitals have 3 Perinatal Levels of Care: Level I, Level II and Level III with the Level III hospitals providing care to high-risk pregnancies. While normal births increased over the last several years then sharply decreased and are on a steady decline from 32.16% in 2020 to 24.71% in 2023, the Non-normal DRG deliveries (high-risk or complicated) deliveries account for 29% of births at Level III facilities which suggest there is still a demand for specialized care. White births on average account for twice as many Black births in spite of the gradual decrease in deliveries over the years. Both Black and White cesarean rates are on a steady decline since 2020; where Black cesarean deliveries dropped from 4,911 in 2020 to 3,592 in 2023 and White cesarean deliveries dropped from 8,227 in 2020 to 6,691 in 2023. This consistent decline can suggest that there is potentially a decline in the number of births at Level III hospitals whereby there is a shift to community hospitals (Level I or II) for deliveries or initiatives that target reduction in the cesarean rate are successful. Overall, C-sections continue to highlight the ongoing reliance on the Level III facilities for the high-risk pregnancies as they make up a significant proportion of the births.

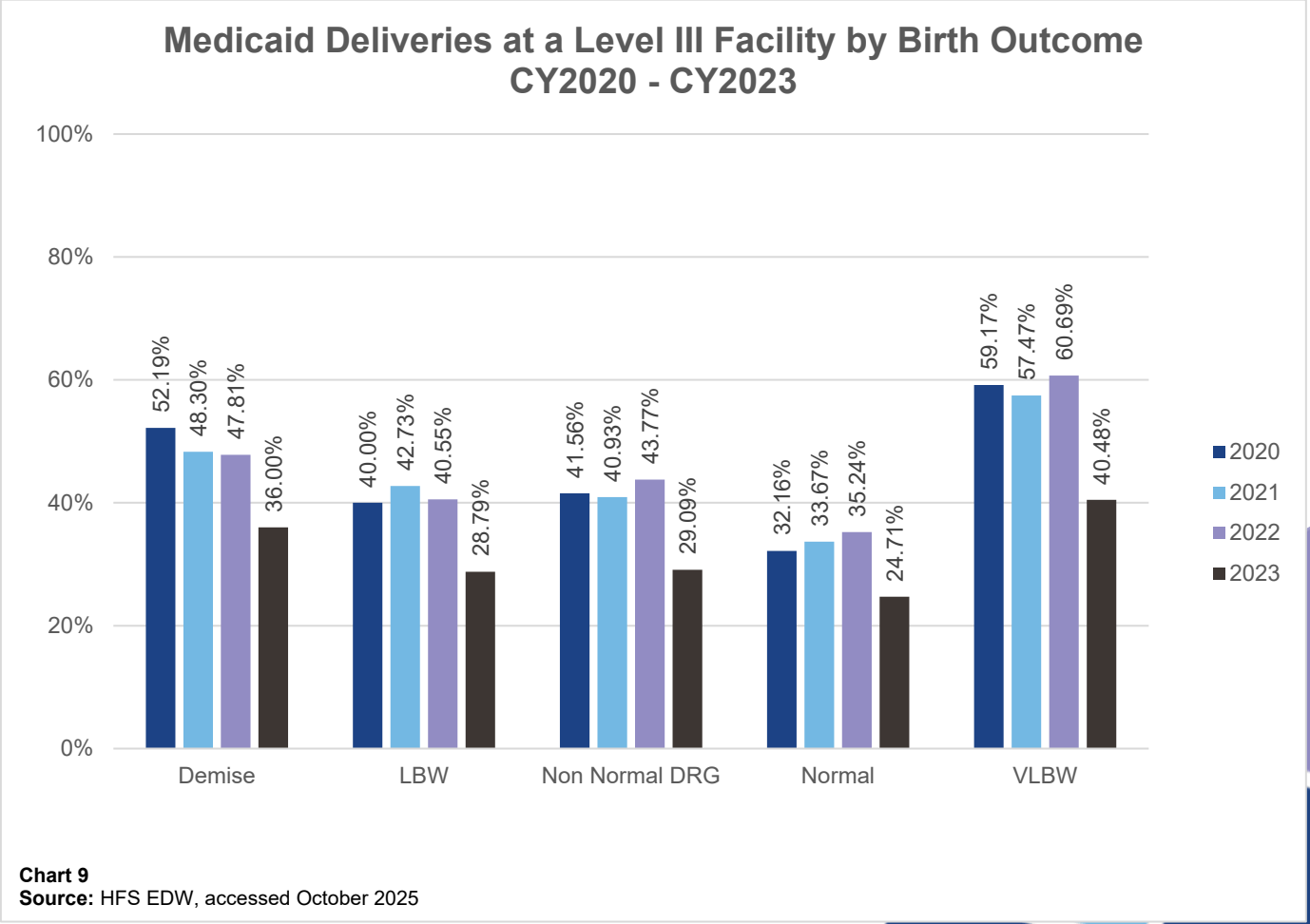



**Chart 9**
**Source:** HFS EDW, accessed October 2025

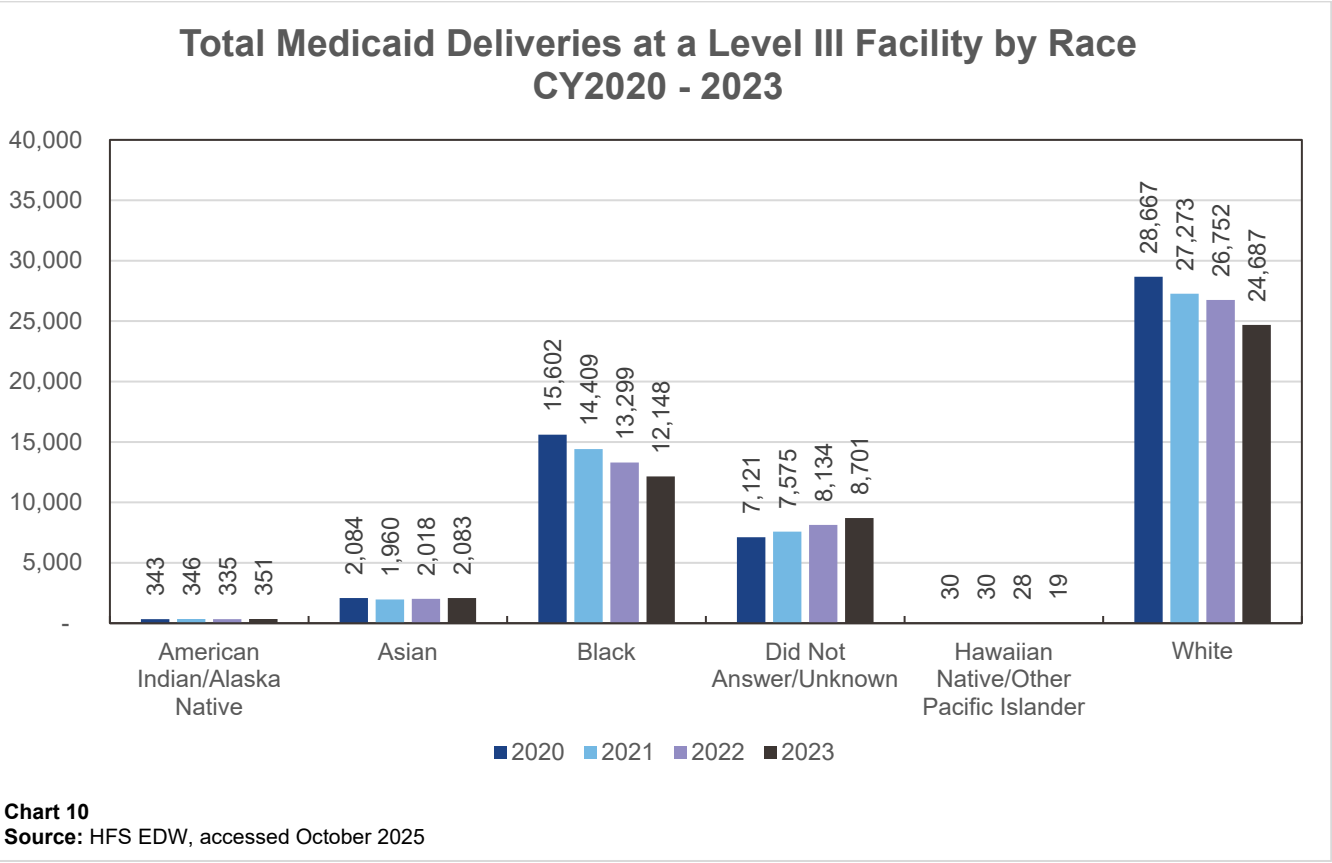



**Chart 10**
**Source:** HFS EDW, accessed October 2025

# Medicaid Deliveries for Prenatal Services at Level III Facilities

In 2020-2021, most groups had a high performance in all five birth categories of >90% of births receiving Level III prenatal services. However, by 2022-2023, coverage sharply decreased across all racial/ethnic groups and all outcomes. This could imply a systematic shift that could reflect policy change, access to care or reporting changes. Noticeably, normal deliveries also declined sharply with a similar drop off in non-normal outcomes which demonstrates a decline in reach of specialized care. Strikingly, Black births still remain the most affected by adverse outcomes. While there is a consistent decline each year, the largest volume of Level III births are still white deliveries with approximately half followed by Black deliveries.

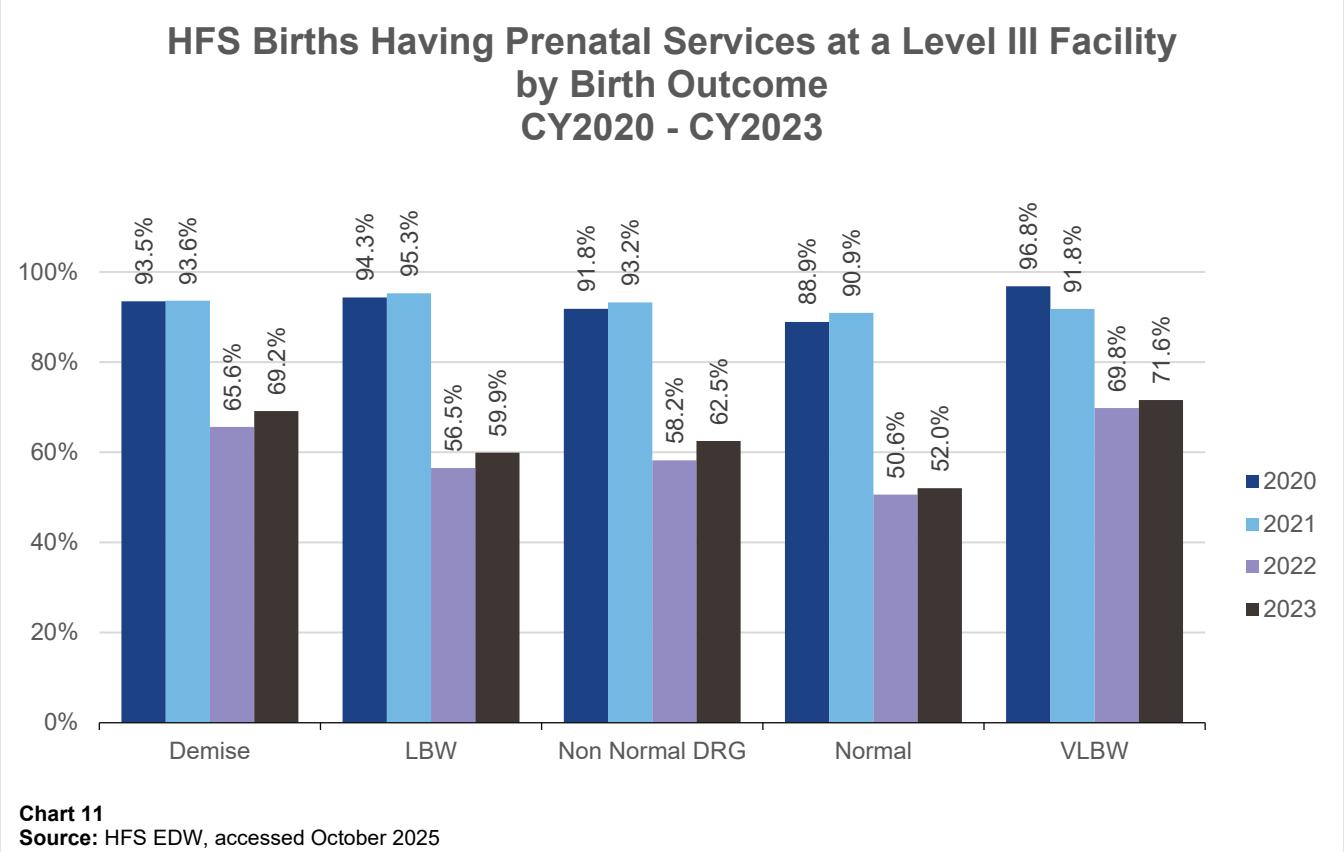



**Chart 11**
**Source:** HFS EDW, accessed October 2025

## HFS Births Having Prenatal Services at a Level III Facility by Race
## CY2020-2023

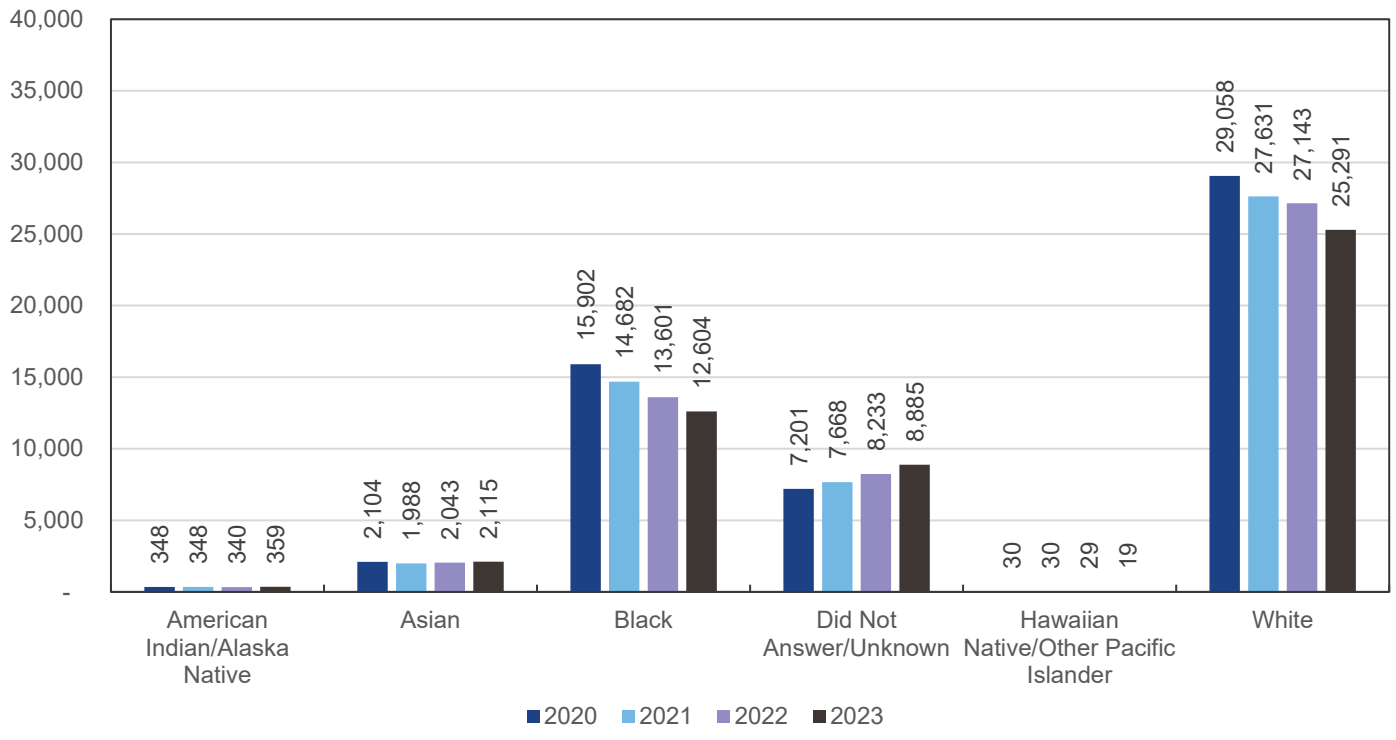



**Chart 12**
**Source:** HFS EDW, accessed October 2025
**Data Note:** Data are among matched mom/baby pairs.

# Prenatal and Postpartum Care

Timely prenatal and postpartum care has improved significantly over the course of the past 3 years. The prenatal metric measures the percentage of deliveries in which birthing persons had a prenatal care visit in the first trimester, on or before their enrollment date or within 42 days of enrollment in Medicaid. Prenatal care visits improved from approximately 64.4% to 66.8%. The postpartum care metric measures the percentage of deliveries in which birthing persons had their postpartum visit on or between 7 and 84 days after delivery. Postpartum visits improved from 65.4% to nearly 70.86%. This data coincides with the initiation of the healthcare plans, HealthChoice Illinois and the maternal child quality measure implementation.

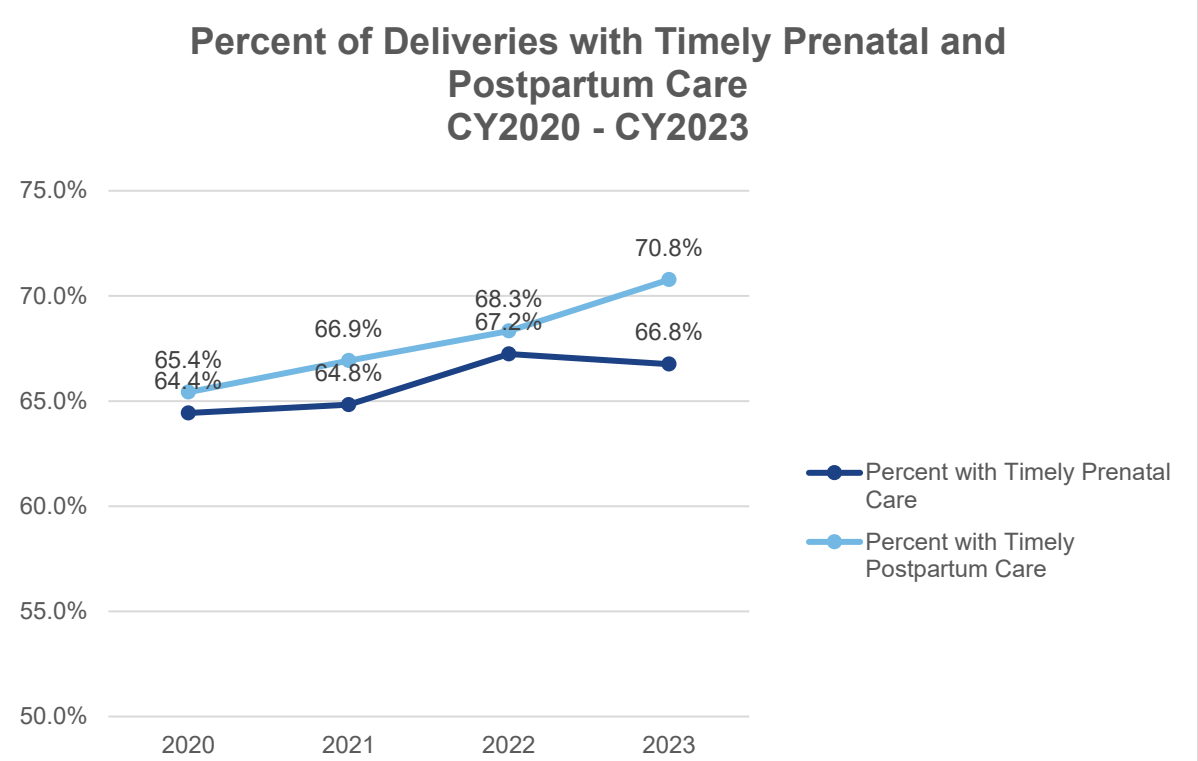



**Chart 13**
**Source:** HFS EDW, accessed October 2025
**Data Note:** Prenatal- number that received prenatal care within 42 days of enrollment. Postpartum- number that received postpartum care within 21 - 56 days after delivery

# Mental Health

## Perinatal Depression Screening

HFS has seen declining rates in both prenatal and postpartum depression screenings, despite adding opportunities for providers to screen at newborn visits. Although decreasing numbers during 2020 and 2021 could be related to the pandemic, it remains very concerning that the numbers continue to decrease. To improve the number of depression screenings, new provider types may have the option to provide depression screenings during the home visit in the postpartum period and the Department has added both prenatal and postpartum depression screenings as pay-for-reporting (P4R) measures within our quality metrics. The goal is to continue to work with the Managed Care Organizations (MCOs) to find ways to make perinatal depression screenings part of each perinatal visit.

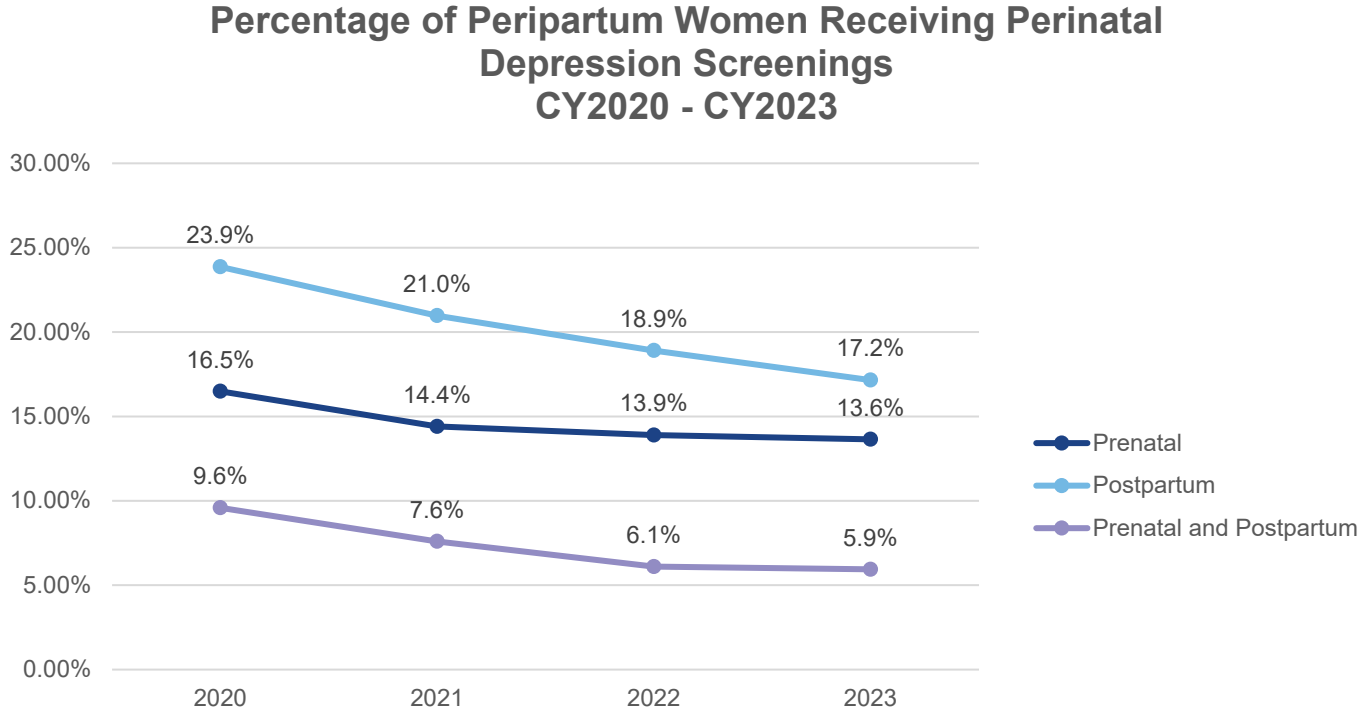



**Chart 14**
**Source:** HFS EDW, accessed October 2025
**Data Note:** Measure 105 - This measure gives the percentage of women receiving prenatal and or postpartum depression screenings. It counts deliveries when the woman was continuously enrolled for 42 days before delivery through 56 days after delivery.Dual medicaid/ medicare recpients are excluded.

# Birth Outcomes

Nationwide, racial disparities in infant mortality, low birthweight and very low birthweight infants have been a very concerning trend. National births are on a steady annual decline which mirrors the steady decline in Illinois Medicaid births. Medicaid births declined from 54,623 in 2020 to 49,293 in 2023; this is approximately a 10% decrease. HFS continues to work alongside its partners to find ways to improve outcomes for all mothers and infants to provide a healthier start to newborn life in Illinois.

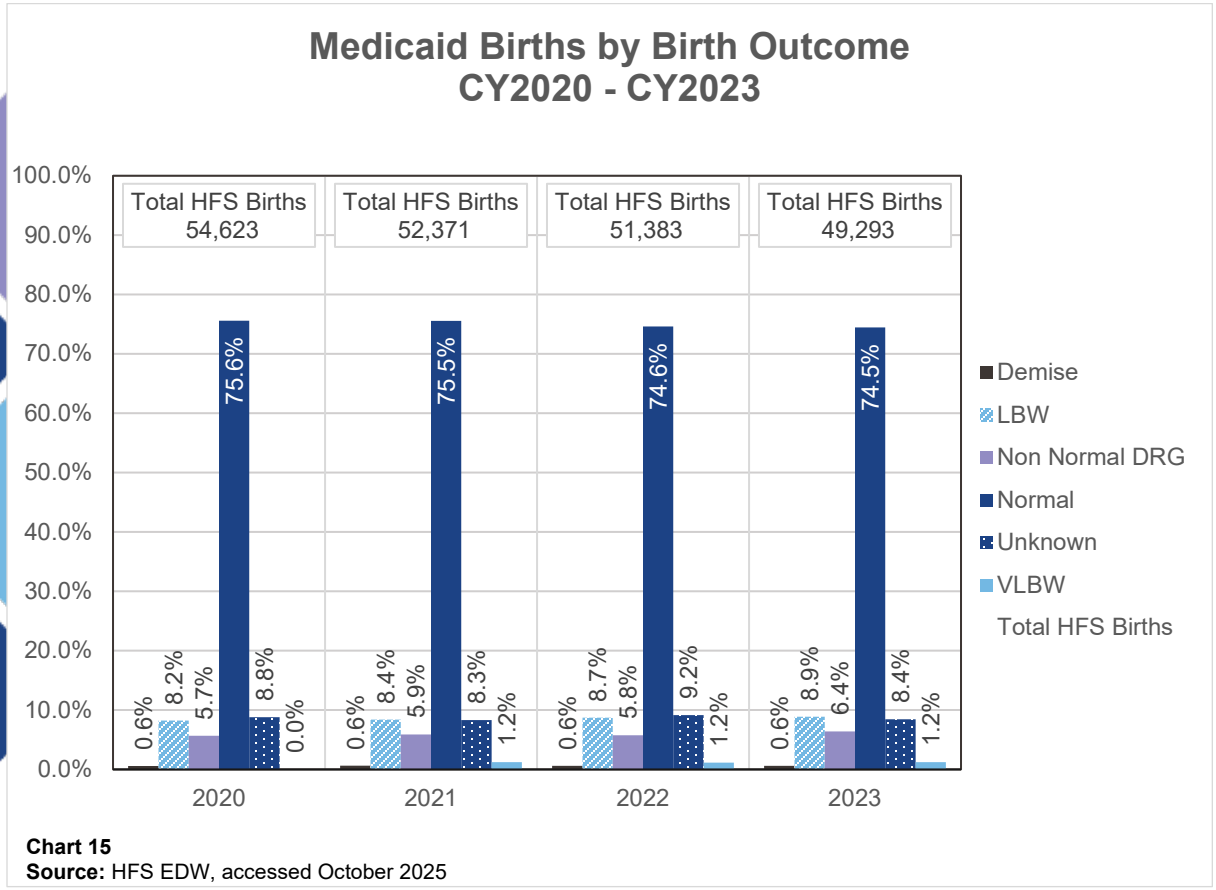



**Chart 15**
**Source:** HFS EDW, accessed October 2025

## Low Birthweight

Both statewide and HFS populations show a very slow rise in the overall rate of low birthweight infants born to birthing persons. Low birthweight is defined as “an infant born weighing 2.5 kg or 5lbs. 8oz.” While statewide LBW increased from 78.4 per 1000 to 84.8 per 1000, Medicaid births increased even more steeply from 102.8 to 110.4 per 1000. The largest rise is among mothers identifying as Black, from 147.2 per 1000 in 2020 to 165.4 per 1000 in 2023. Overall, all births statewide are showing a steady annual increase, however, Medicaid covered populations continue to experience disproportionately higher risk for both LBW and VLBW. Some of the contributing factors for the increases in Medicaid LBW births could be stress, environment, social/economic conditions, access to OB care and policy changes. Low birthweight is defined as “an infant born weighing 2.5 kg or 5lbs. 8oz.”

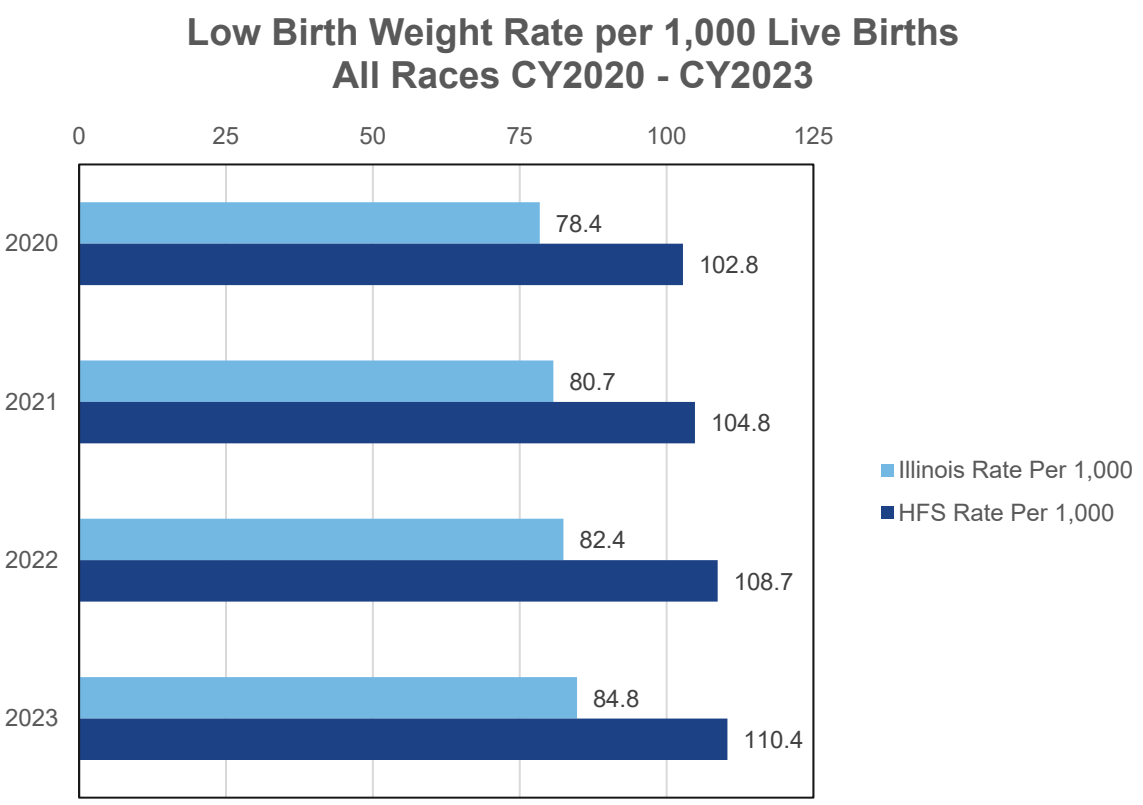



**Chart 16**
**Source:** HFS EDW, accessed October 2025

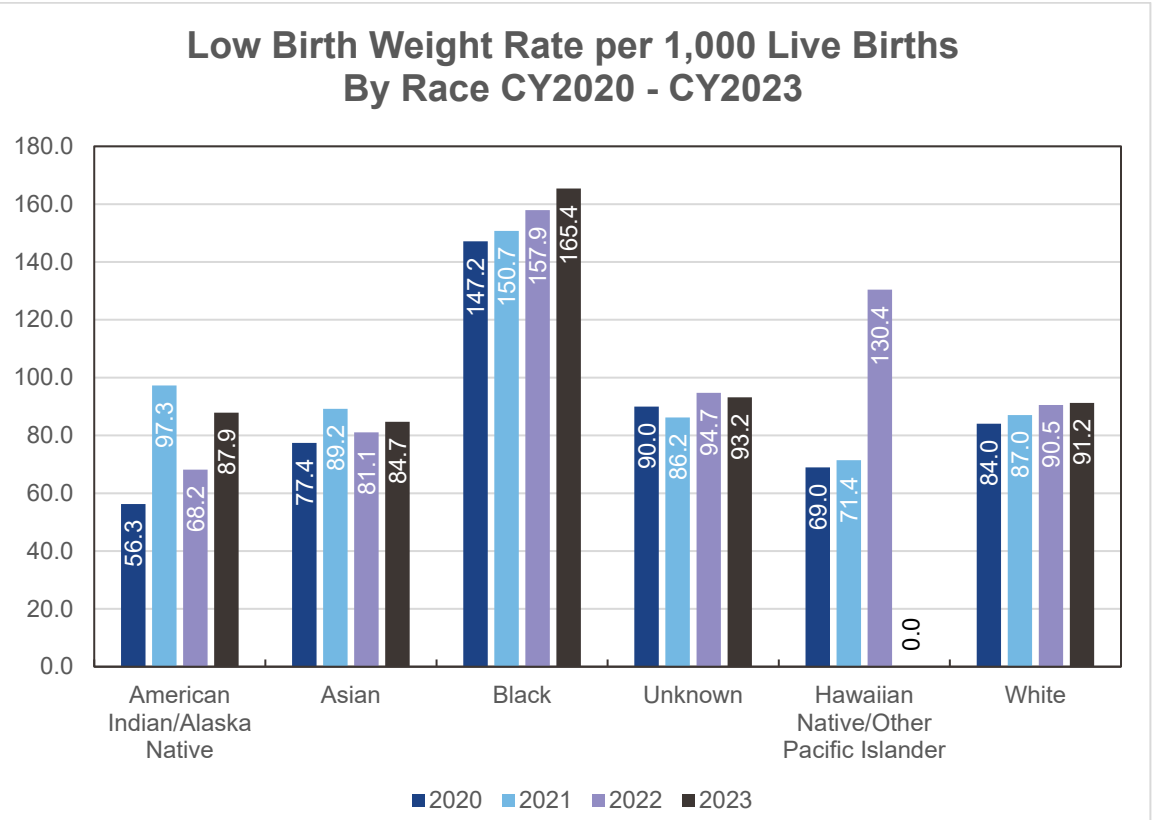



**Chart 17**
**Source:** HFS EDW, accessed October 2025

## Very Low Birthweight

Very low birthweight is defined as “an infant weighing less than 1.5 kg or 3lbs. 4 oz.” Both categories have potential for risks after delivery which may involve difficulty breathing, bleeding in the brain, feeding difficulties, retinopathy of prematurity (a disease of the eyes that affects some premature babies), and other complications. Overall, Medicaid rates consistently exceed statewide averages while as the years alternate, there are gradual increases which highlight persistent socioeconomic inequities in maternal and perinatal health.

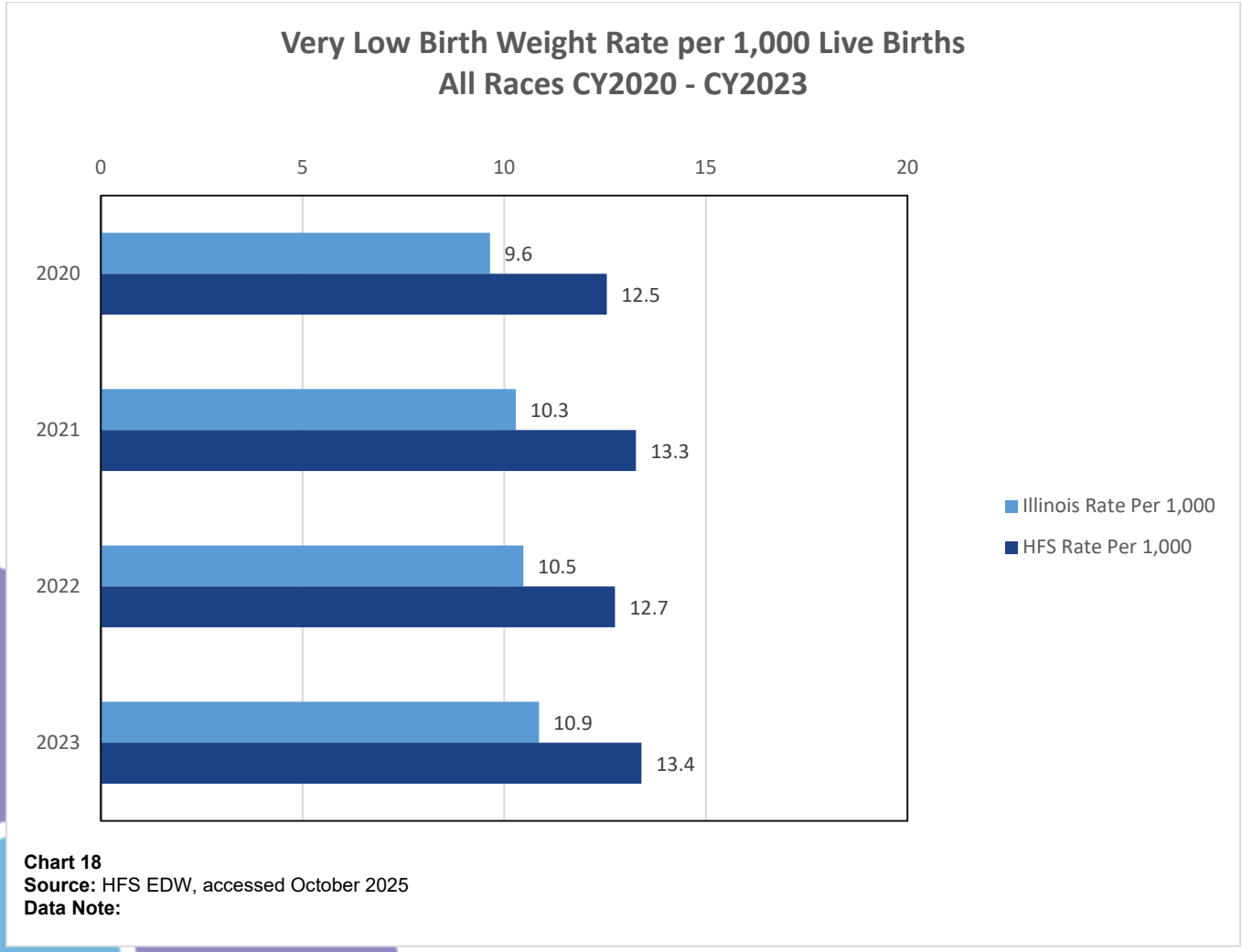



**Chart 18**
**Source:** HFS EDW, accessed October 2025
**Data Note:**

## Birth Costs

Although the number of Live Births plus Non-Live Deliveries essentially remained stable, the cost of births from 2020-2023 continued to increase. There was a significant increase in 2021 during COVID; however post-COVID, rates continued to increase but not as significantly. When the total program cost rose, this was a result of the MCO paid portion due to consequences of the pandemic disruptions rather than the Non-Linked Accounts (outside of managed care plans). The cost can be associated with hospital staffing shortages, higher labor and supply cost. The MCO-related cost increase can be attributed to higher contract rates and increase in the utilization in MCO covered populations. In addition, other contributing factors could be healthcare inflation and increased interventions through C-sections, NICU stays and postpartum support needed.

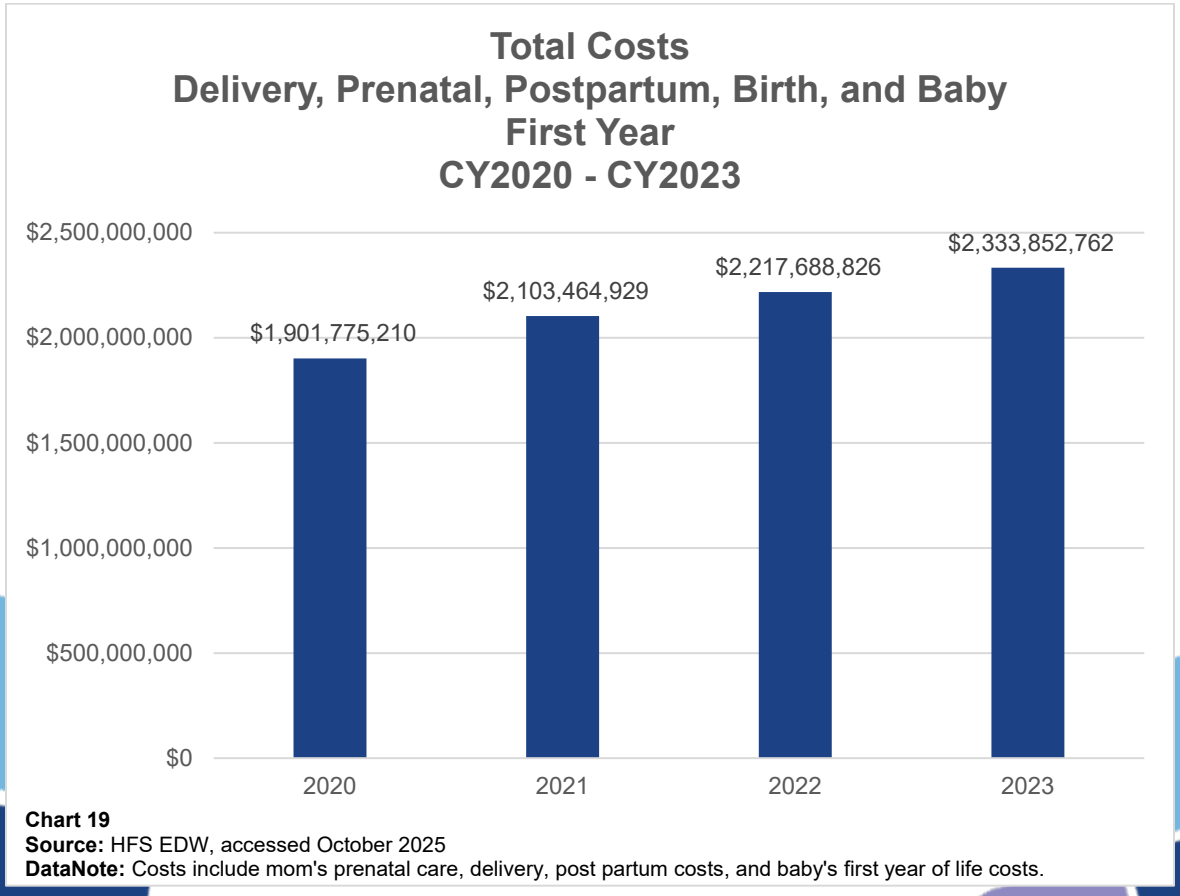



**Chart 19**
**Source:** HFS EDW, accessed October 2025
**DataNote:** Costs include mom's prenatal care, delivery, post partum costs, and baby's first year of life costs.

# Family Planning

Family Planning services include counseling and interventions that allow individuals to :

- Determine if and when they should have children
- Prevent unintended pregnancies or the birth spacing
- Plan the birth spacing and
- Address fertility, reproductive health issues and broader sexual health needs

As trends continue to show disparities across race and birthing outcomes, there has been a slight reduction from 2020 of 56.1% to 2023 of 51.5% in normal births. Nonetheless, approximately half of all birthing persons on Medicaid accessed a family planning service within 6 months postpartum from 2020-2023. Those who participated have better outcomes than those who did not which suggest that those who may have benefitted the most were not consistently receiving the services. Family planning services can be critical for improving maternal and child health.

Family planning allows a birthing person to have more control over if they have a child and allows them to determine the timing if they choose to do so. In following with a birthing person's health provider, staying healthy, and choosing a form of contraception that works for them, they are doing the very best for themselves and for their potential unborn child if they choose to become pregnant. If they choose to have a child, starting out with a healthy, well-spaced and ideally planned pregnancy can lead to a healthy newborn infant. It is the goal of HFS to provide family planning services to birthing persons within 6 months of each pregnancy.

HFS' Family Planning Program collaborates with the Illinois Department of Public Health Family Planning Program to ensure all eligible clients can obtain contraceptive services and counseling to support informed reproductive health decision-making. Covered services include contraception, counseling, Sexually Transmitted Infection (STI) treatment, and abortion services. Postpartum family planning is highlighted to support healthy birth spacing, especially for those with prior pregnancy complications or adverse infant outcomes. By focusing on postpartum contraception and spacing education, the likelihood of subsequent unintended pregnancies can be reduced and maternal/infant outcomes improved. To advance this work, HFS has incorporated a pay-for-reporting measure within HealthChoice Illinois MCOs to further strengthen outcomes related to most or moderately effective methods of contraception and long-acting reversible methods of contraception [modern methods of reproductive contraception (MMRC) and long-acting reversible contraceptives (LARC), respectively] and other effective contraceptive use among members who choose these methods.

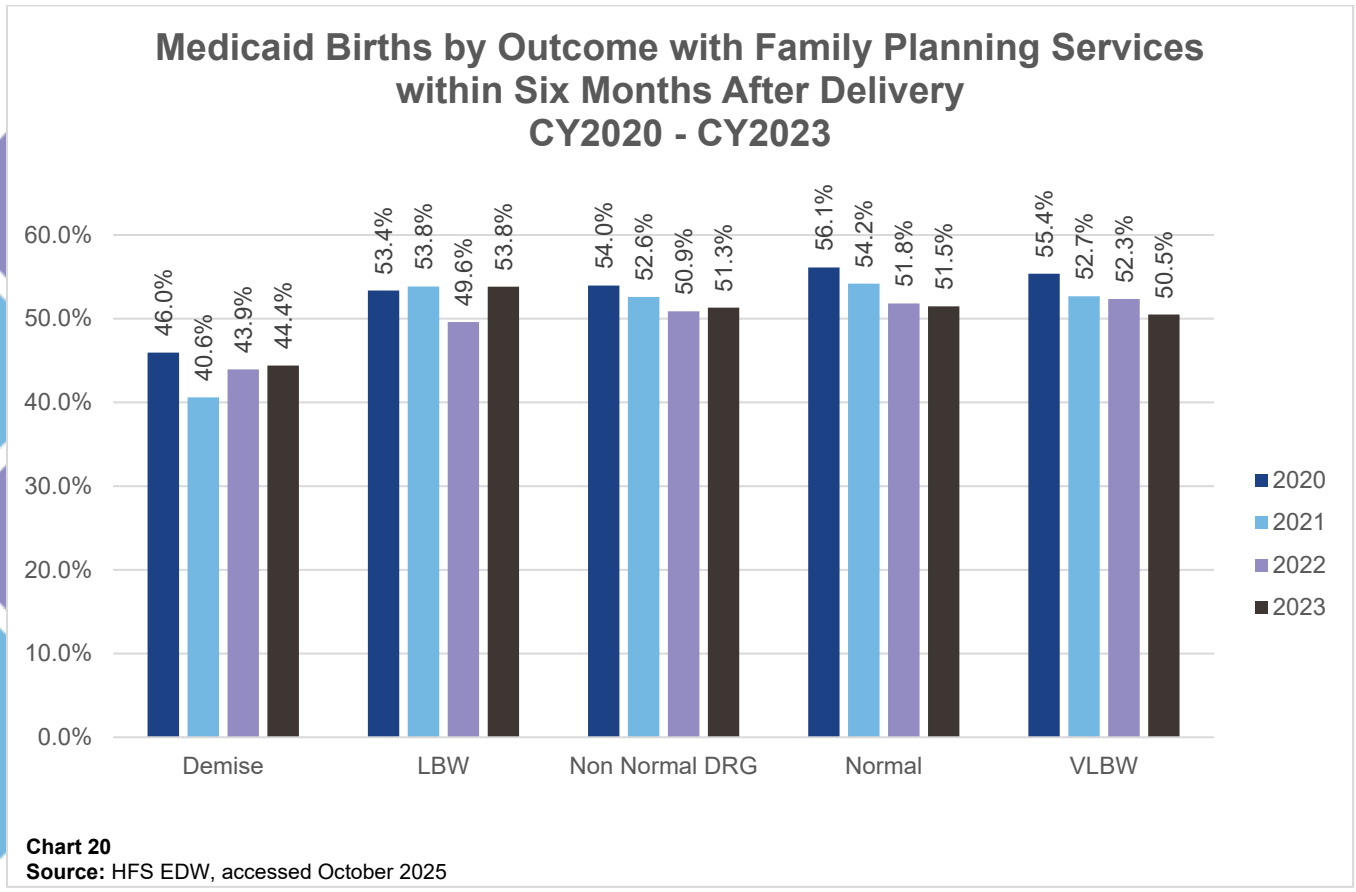



**Chart 20**
**Source:** HFS EDW, accessed October 2025

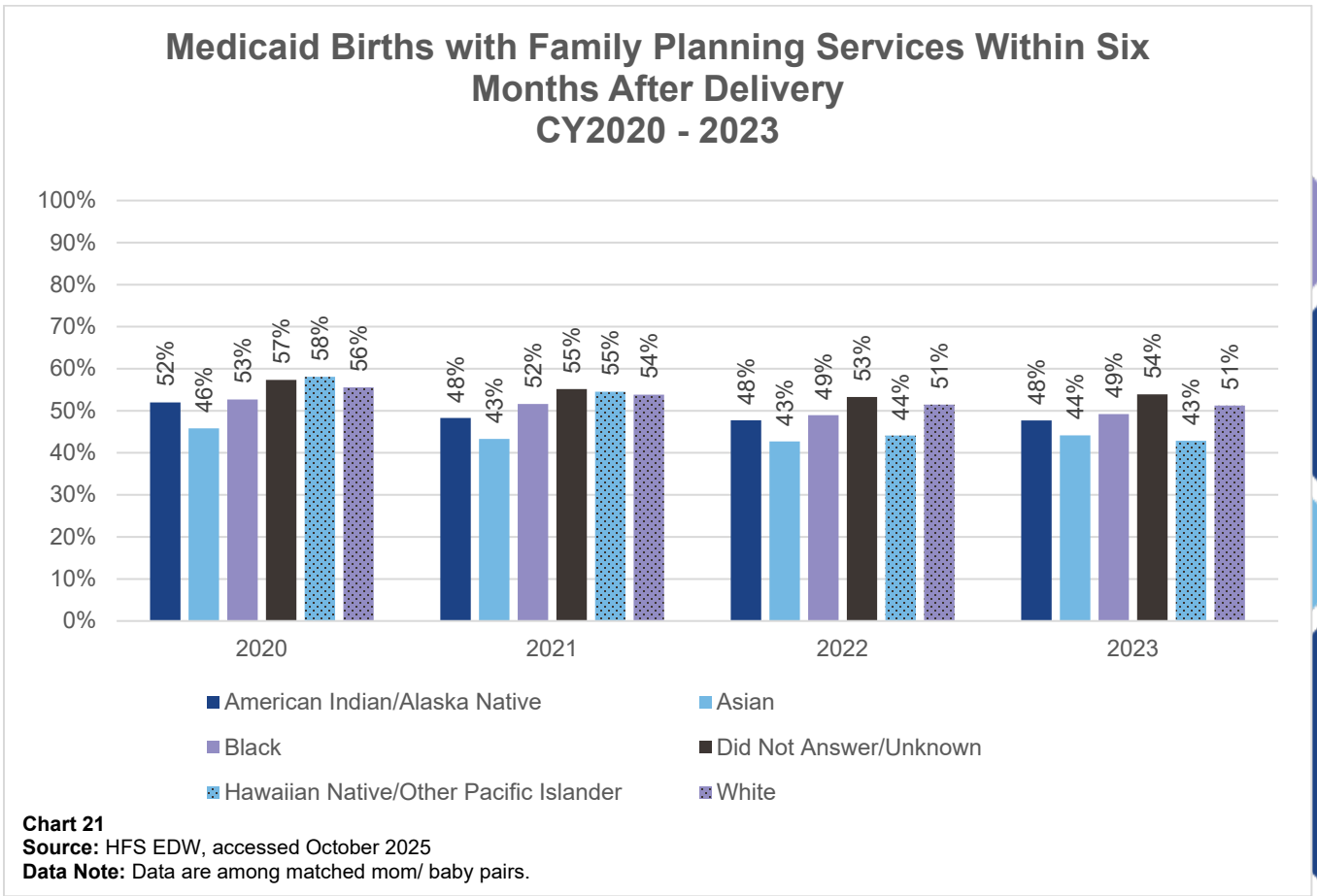



**Chart 21**
**Source:** HFS EDW, accessed October 2025
**Data Note:** Data are among matched mom/ baby pairs.

## Birth Spacing by Interval

It is recommended that birthing persons space pregnancies at least 18months apart to allow the body and mind time to recuperate. The data demonstrates that approximately 65% of Medicaid recipients spaced subsequent births at least 18-24 months apart in alignment with clinical guidelines. The short-interval deliveries (<12 months) as well deliveries in the 12-17 month interval are slowly increasing. However, the longer spacing (>24 months interval) although it is dominant; is slightly declined from 67.1% in 2020 to 64.1 % in 2023 so there is a shift toward shorter birth intervals. This decrease may be the result of social or cultural shifts as it relates to family planning.

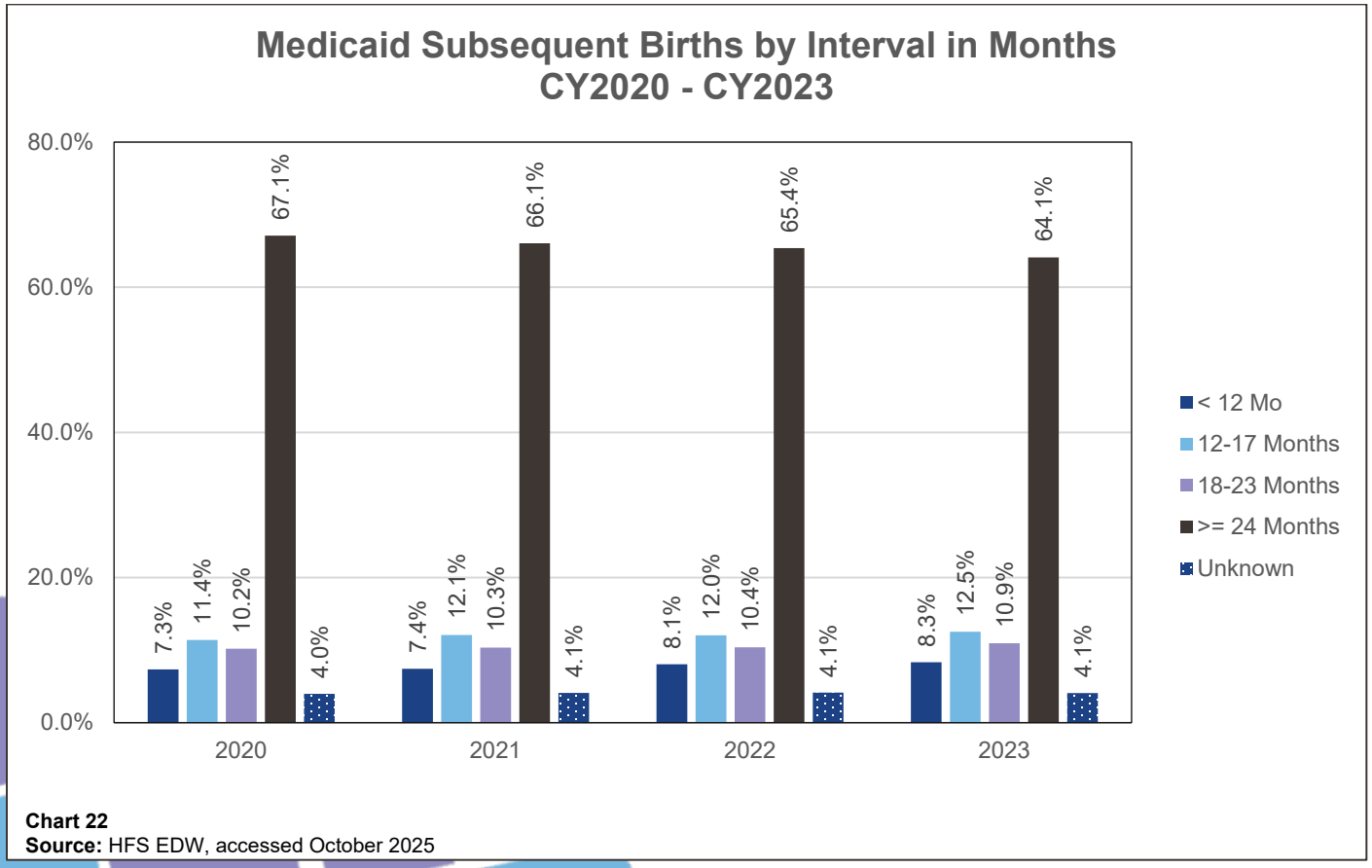



**Chart 22**
**Source:** HFS EDW, accessed October 2025

## Contraceptive Usage

Within the Medicaid Managed Care Program, HFS requires every MCO to maintain family planning protocols and to cover all FDA-approved contraceptive methods. Currently, Illinois residents can obtain hormonal birth control following a screening by a pharmacist, or via telehealth with a birthing person's health clinician. In addition, Illinois hospitals make implantable long-acting reversible contraceptives (LARCs) available immediately postpartum, supporting prevention of unintended pregnancies. As a result, LARC utilization declined sharply between 2020 and 2021 for both LARCs and other contraceptive methods and has continued a more gradual decrease since the COVID era. A major driver of the 2021 drop was program eligibility —many individuals no longer met income requirements and were disenrolled; some individuals were disenrolled due to administrative reasons such as incomplete paperwork until redeterminations resumed.

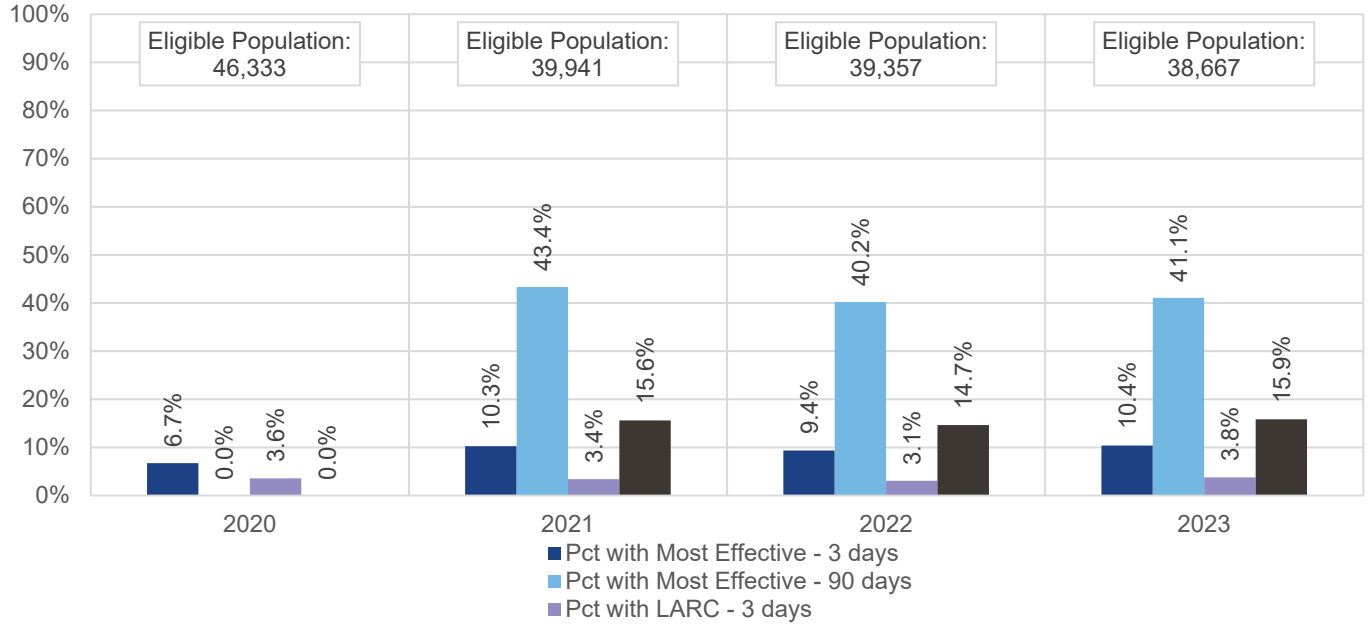



**Chart 23**
**Source:** HFS EDW, accessed October 2025
**Data Note:** LARC methods include contraceptive implants, intrauterine device or systems (IUD/ IUS). This measure did not start collecting 90 days data until 2021.

## Human Papillomavirus (HPV) Vaccine

Nearly 80 million people in the U.S.– about one in four – are currently infected with HPV, and about 14 million including teens, become infected with HPV each year. Most people with HPV never develop symptoms, and infections go away by themselves within two years. However, some HPV infections last longer and can cause cancers and other diseases: cancers of the cervix, vagina, and vulva in birthing persons; cancers of the penis in men; and cancers of the anus and back of the throat. The Human Papillomavirus (HPV) vaccine is crucially important because most people do not even know they are infected, but it protects against cancers that can be caused by HPV infection.

While vaccination rates were on the rise prior to the pandemic, it is not surprising that they declined during 2020-2021 and the beginning of the pandemic, as in-person visits and overall vaccination rates all decreased in number. The Department is reassured that the decline was not large and look forward to seeing it increase again when we have post-pandemic data.

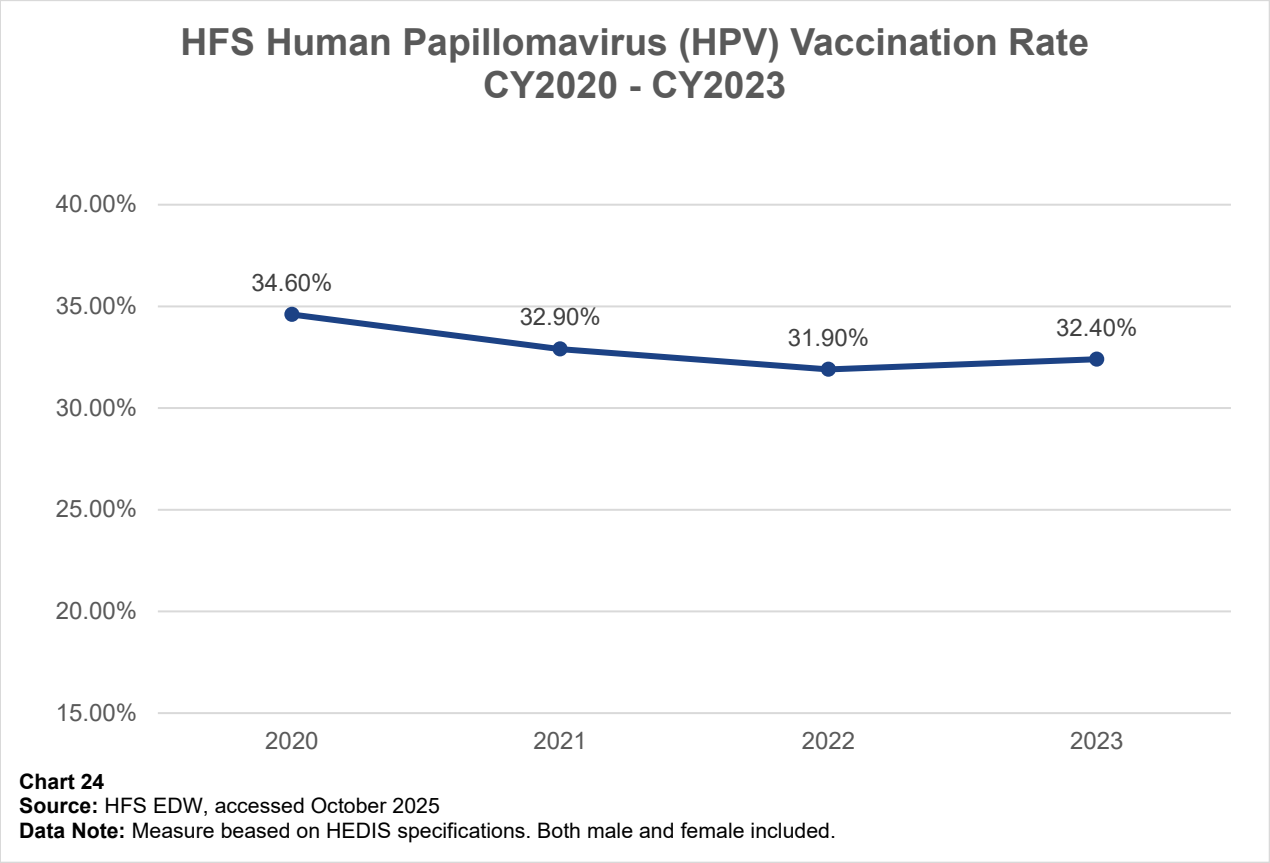



**Chart 24**
**Source:** HFS EDW, accessed October 2025
**Data Note:** Measure beased on HEDIS specifications. Both male and female included.

# 5 | Governor JB Pritzker's Birth Equity Initiative

In 2024, Governor JB Pritzker proposed the Birth Equity Initiative in response to significant disparities in maternal mortality rates, with data that showed that Black birthing persons were three times more likely to die from pregnancy-related causes than white birthing persons, regardless of income level.

The Governor's budget invested $15 million to close the maternal mortality gap through home visiting expansion, capital dollars for community-birth centers, a diaper pilot program, changes to Medicaid reimbursement rates, and a child tax credit for underserved families. In early 2025, the Illinois Department of Public Health (IDPH) announced it had awarded $4.5 million to 12 groups across the state, funded through the Governor's Birth Equity Initiative, designed to support innovative, community-based efforts that have the potential to reduce inequities in populations at higher risk for adverse birth outcomes.

Public Act 103-720 was passed and signed into law to require insurers that provide state-regulated health care plans to cover pregnancy and postpartum services for covered customers, including midwife services, doula visits, and lactation consultants for up to 12 months after the end of a pregnancy. It also ensures competitive Medicaid reimbursement rates for doulas, lactation consultants, home visitors, and other community-based care providers who help new birthing persons before, during birth, and after.

# 6 | New Provider Types

HFS continues to be committed to expanding access to quality prenatal and postpartum care across the state and believes that integrating new providers into the healthcare system will enhance maternal health outcomes and promote health equity. This commitment is made evident as the Governor's Office launched enrollment access for new provider types in 2024 to include Lactation Consultants, Doulas and Home Visitors who now can get reimbursed for perinatal services provided to Medicaid recipients. HFS is committed to transforming how Illinois supports preventive and perinatal health services and focuses on improving maternal and child health and reducing longstanding health disparities one life at a time.

## Lactation Consultants

A Lactation Consultant is a healthcare professional dedicated to helping parents have a positive breastfeeding experience. In 2024, HFS has expanded the roster of Medicaid-enrolled providers to include International Board-Certified Lactation Consultants (IBCLCs), Certified Lactation Consultants (CLCs), and Certified Lactation Specialists (CLSs). The addition of the new provider types aligns with Public Act 102-0665 (SB967), which supports efforts to improve maternal health. They are critical in improving maternal and infant health outcomes by providing skilled breastfeeding support. From sore nipples to latching concerns or milk supply issues, they offer practical solutions and emotional support. Although breastfeeding is a profoundly personal decision, data show that 60% of birthing persons do not breastfeed for as long as they would prefer. International Board-Certified Lactation Consultants (IBCLCs) are trained to resolve complex feeding challenges and support families in achieving breastfeeding goals. Expanding access to IBCLCs in clinical and community settings—including hospitals, birthing centers, and private practices—is essential to advancing health equity and supporting informed infant feeding choices.

HFS has partnered with several organizations across the state to understand better their contribution to enhancing the feeding experience for both the baby and the birthing person. This collaboration has proven invaluable in ensuring the necessary tools are in place to ensure the best outcome for each family needing additional lactation services. The option to receive additional guidance may be the determining factor that allows the birthing person to have the necessary tools

to continue breastfeeding through possible complications. The education they provide is invaluable, as we would like the birthing person to reach their goals.

## Doulas

Doulas are trained professionals who provide continuous, one-on-one emotional and informational support during the perinatal period. They are not medical professionals and do not provide services, but work alongside nurses, obstetricians, midwives, and other health care providers, according to Attanasio et al. (2014). Hognett et al. (2003) suggest that having a doula as a member of the birth team decreases the overall cesarean rate by 50%, the length of labor by 25%, the use of oxytocin by 40%, and requests for an epidural by 60%. Doulas are the voices who advocate on behalf of the birthing person when the birthing person is most vulnerable and cannot advocate for themselves. They are a support system for the family and provide informational, emotional, and educational support before and after birth, as well as physical support to the birthing person during labor and delivery.

Studies show that the most significant cause of maternal mortality in the US is disproportionately attributed to the high rate of deaths among black birthing persons. One attributing factor to many of the deaths is due to inequities in the healthcare system. In some cases, implicit biases are a contributing factor to causes that lead to preventable deaths. Nonetheless, the maternal mortality rates continue to grow in the United States.

Birthing persons with doula support experience greater satisfaction with care and are less likely to experience birth complications, less likely to have low birth weight babies, and more likely to initiate breastfeeding. Studies have also shown that the benefits of doula services for high-risk pregnancies

that are associated with low-income birthing persons, birthing persons of color, and those who face language barriers result in fewer pre-term deliveries, according to the Center for Health Journalism. One study found in PubMed (NIH.gov, 2023) indicated that overall, higher odds of respectful care among birthing persons supported by a doula than those without such support.

In 2024, HFS expanded the roster of Medicaid-enrolled providers to include the Doula as a new provider type. Doulas on a statewide level who are interested in providing services to Medicaid recipients can sign up for the **Illinois Medicaid-Certified Doula Program**, facilitated by Southern Illinois University (SIU), School of Medicine. HFS is partnering with SIU, which works directly with the doulas to ensure they have all the guidance they need. This includes obtaining the proper credentials to be an Illinois Medicaid-Certified Doula. Assistance is provided to ensure all required documentation is submitted on time.

In addition, Public Act 104-0009 - SB2437 Maternal and Child Health Medicaid – Maternal Health - Doula legislation was passed that recognizes the importance that doulas provide in the support and advocacy for pregnant persons. This new legislation declares that Medicaid Doulas will no longer be counted as a support person or against the guest quota before, during, and after labor and childbirth. Doulas will be required at the hospital's request to provide written acknowledgement of the Illinois Medicaid Doula Certificate and enrollment in the medical assistance program. This access is a monumental achievement as the doula services can remain constant throughout the laboring process, and the birthing person will not have to choose between receiving support from the family or the Doula.

In addition, all hospitals with licensed obstetric beds and birthing centers shall adopt and maintain written policies and procedures to permit a patient enrolled in the medical assistance program to

have an Illinois Medicaid-certified and enrolled Doula of their choice accompany the patient within the facility's premises for the purposes of providing support before, during, and after labor and childbirth. Each applicable facility must post a summary of its adopted policies and procedures on its website, including contact information to facilitate communication between the facility and Illinois Medicaid-enrolled doulas and doula organizations.

These practices will encourage the healthcare system to adapt to new organizational cultures and to be open and receptive to viewing Doulas as part of the healthcare team. The goal is for every person wishing to have a baby in Illinois to be paired with a doula available to provide them with the services they need, regardless of their financial situation.

# Home Visitors

A Home Visitor (HV) is a person who provides resources and skills to parents and caregivers to help raise and encourage children to be socially, physically, and emotionally healthy and ready to learn. Home visiting is a ***free and voluntary*** service that provides vital assistance and longstanding practices to promote the health and well-being of birthing persons, children, and their families. The Home Visiting program assists parents and caregivers in raising children who are:

- Socially,
- Physically, and
- Emotionally healthy and ready to learn.

Parents with young children and expectant parents are paired with a trained home visitor to foster healthy parent-child relationships during the critical early years of a child's life. Home visitors are typically nurses, social workers, or other professionals specializing in early childhood development, parent education, family support, and school readiness.

Home visits can last about an hour and are provided weekly, biweekly, or monthly based on each family's needs and preferences. Home visitors regularly meet with families and provide knowledge and skills to support their young children's health and well-being and ensure a great start to life. Home visitors get to know each family over time and tailor services to meet their needs.

## Summary of Home Visiting Programs

In Illinois, HFS is currently working to provide Medicaid reimbursement to include evidenced-based and research informed (home visiting) HV programs. The covered HV programs are broken down by nurse models and non-nurse models.

## Nurse Models:

### Family Connect

**Service Locations:** Chicago, Peoria, Stephenson County (There may be some modifications based on location.)

**Description:** A HV model designed for birthing people and newborns: model provides health assessments of birthing person and infant, risk and assessments of family's psycho-social needs, and referrals to community supports. Models include a community alignment component that brings families, community agencies and health care providers together to build a system of equitable access to community supports and resources for all families based on their needs, which are identified through the nurse home visits.

**Pregnancy-12 weeks post-partum**

- **Age Limit:** 2 weeks-12 weeks (NICU admission up to/less than 6 months old)
- **Frequency:** 1-3 home visits
- **Duration of Visits:** 60-120 minutes
- **Service Length:** 0-12 weeks post-partum, except for NICU babies where services can be up to 6 months.

*Note: There is not a financial requirement associated with this model, however, this model does require enrollment into the program prior to the baby turning 6 months old to qualify for this program.*

### Nurse Family Partnership (NFP)

**Service Locations:** Programs are available in Saline, Gallatin, White, Hamilton, Pope, Hardin, Franklin, Williamson, and Champaign Counties.

**Description:** A HV program that employs registered nurses to support first-time, low-income birthing persons starting during pregnancy and continuing until the child's second birthday.

- Improve prenatal and maternal health and birth outcomes
- Improve child health and development
- Improve families' economic self-sufficiency and/or maternal life course development

**Services provided at or before 28 weeks prenatal**

- **Age Limit:** 2 years old
- **Frequency of Visits:** Flexible frequency; Based on risk framework
- **Duration of Visits:** Minimum of 60 -75 minutes
- **Service Length:** 2 years

*Note: There is not a financial requirement associated with this model, however, this model does require enrollment into the program prior to the birth of the baby to qualify for this program.*

## Non-Nurse Models:

### Healthy Families America (HFA)

**Service Locations:** Programs are located throughout the throughout northern, central and Southern Illinois.

**Description:** HFA supports high-risk, overburdened families to prevent child abuse, neglect, and adverse childhood experiences.

- Some sites like Rock Island, Shawnee Health, and VNA Health Care offer doula services.
- Build and sustain community partnerships to systematically engage overburdened families in home visiting services prenatally or at birth.
- Cultivate and strengthen nurturing parent-child relationships.
- Promote healthy childhood growth and development.
- Enhance family functioning by reducing risk and building protective factors.

**Families are enrolled prenatally or at birth.**

- **Age Limit:** Services typically continue until the child is age 3.  Depending on the program some HFA programs may extend services up to age 5, depending on local program design and funding.
- **Frequency of Visits:** Bi-weekly to quarterly, according to the needs of the family
- **Duration of Visits:** Minimum of 60 minutes
- **Service Length:** Service are offered until 3 years; may extend to 5 years

## Parents As Teachers (PAT)

**Service Locations:** There are various locations throughout the state of Illinois specifically in Joe Daviess, Stevenson County, and Madison County.

**Description:** PAT is an early childhood education and family support model that promotes school readiness through parent education and developmental support.

- Increase parent knowledge of early childhood development and improve parent practices
- Provide early detection of developmental delays and health issues
- Prevent child abuse and neglect
- Increase children's school readiness and success

**Prenatal up to 5 years old**

- **Age Limit:** 5 years old or until the child enters kindergarten
- **Frequency of Visits:** This varies based on the needs of the family, but the minimum requirement is 1 visit per month and can be more based on the needs of the family.
- **Duration of Visits:** Minimum of 60 -90 minutes
- **Service Length:** At minimum offer 2 years of services to the family

## Early Head Start Home-Based

**Service Locations:** Programs are located throughout the state, specifically in Cook and Madison County.

**Description:** Children and families enrolled receive HV services by the child's teacher.

- Support family well-being, including family safety, health, and economic stability
- Promote healthy prenatal outcomes for pregnant birthing persons
- Support child learning and development
- Provide services and supports for children with disabilities, if applicable
- Foster parental confidence and skills that promote early learning

**Services provided before 3 years old**

- **Age Limit:** 3 years old
- **Frequency of Visits:** One home visit per week, a minimum of 46 visits must be provided annually
- **Duration of Visits:** 90 minutes
- **Service Length:** Prenatal to 3 years old

## Home Instruction for Parents of Preschool Youngsters (HIPPY)

**Service Location:** Programs are offered in Cook County.

**Description:** A HV model that helps parents prepare their children (ages 2 to 5) for success in school and beyond.

- Promote healthy prenatal outcomes for pregnant birthing persons
- Enhance the development of very young children
- Promote healthy family functioning

**Services provided at 2 years old up to age 5 years old**

- **Age Limit:** 5 years old
- **Frequency of Visits:** Weekly 1-hour visits for a 30-week curriculum and at least 6 group meetings, typically during the school year
- **Duration of Visits:** 30 to 60 minutes
- **Service Length:** 2 years up to age 5 years old

## BabyTalk

**Service Locations:** Programs are located throughout the Decatur and various other locations throughout northern, central and Southern Illinois.

**Description:** The model is designed to impact child development and nurture parent-child relationships.

- Nurture healthy parent-child relationships
- Promote a trustworthy system of support for families
- Improve social, behavioral, and cognitive skills (school readiness)

**Prenatal mothers and families with children from birth up to 3 years of age.**

- **Age Limit**: 3 years old
- **Frequency of Visits:** Weekly to Bi-monthly, according to the needs of the family
- **Service Length:** Maximum of 5 years

## Healthy Start

**Service Locations:** Programs are located in Chicagoland and Southern Illinois.

**Description:** Healthy Start is a federal initiative that aims to improve health outcomes before, during, and after pregnancy. The programs focus is on communities in the U.S. where infant mortality rates are at least 1.5 times the national average.

**Services provided before 18 months old**

- **Age Limit:** Before birth and up

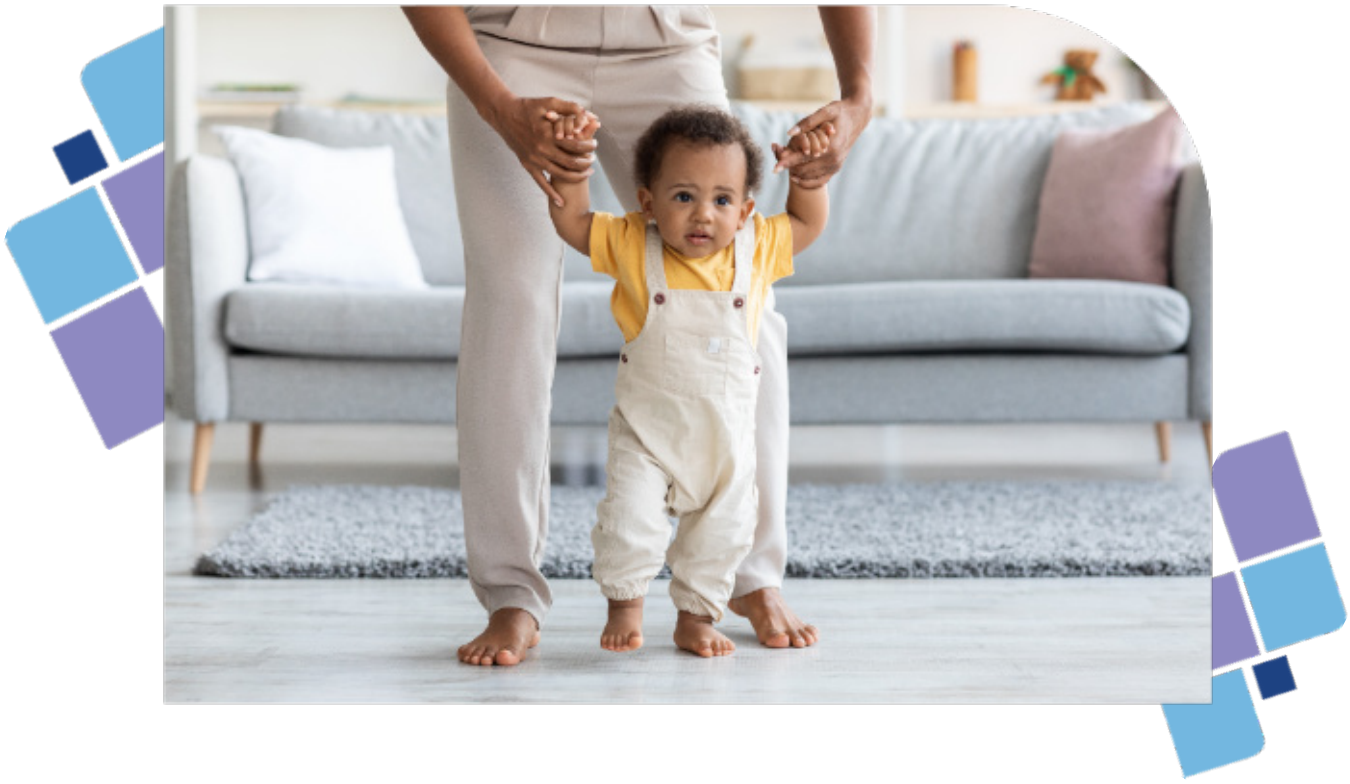
- **Frequency of Visits:** home visits as they are needed and on case-by-case basis
- **Duration of Visits:** unknown
- **Service Length:** before birth and up

## Medicaid Technical Assistance Center Training

The Medicaid Technical Assistance Center (MTAC), in partnership with HFS, has developed instructional resources and training courses to facilitate Medicaid enrollment among maternal and child health professionals. These materials include a provider-focused overview of the steps to becoming a Medicaid provider; detailed guidance on obtaining a National Provider Identifier (NPI); and formal enrollment instructions in IMPACT, the Illinois Medicaid provider enrollment system.

HFS has facilitated access to Doula services for Medicaid customers by offering a Standing Recommendation for customers who may not be engaged with a licensed medical professional when they first reach out to a Doula for support. In addition, HFS realizes that billing Medicaid may be intimidating for many doulas who are interested in Medicaid coverage for services provided. MTAC is working with subject matter experts within the Bureau of Professional and Ancillary Services, Bureau of Managed Care, and Managed Care Organization partners to develop a training program to address questions regarding the onboarding process and billing components.

Medicaid billing is now underway for both individual Doulas and Doula organizations. By offering targeted educational resources and technical assistance supports, this initiative strengthens workforce capacity, reduces administrative barriers, and provides access to essential maternal and child health services for Medicaid recipients. Providers may contact MTAC for technical assistance support at mtac.maternalhealth@uillinois.edu.



# 7 | Medicaid Focus on Quality Maternal Care

HFS recognizes the unique needs of Medicaid enrollees who are more likely to face structural barriers such as housing instability, food insecurity, and systemic racism, and has responded by prioritizing quality improvement in perinatal care. HFS has implemented several targeted initiatives aimed at reducing maternal morbidity and mortality, with a particular focus on populations at highest risk.

To build on those efforts, HFS has added reimbursement for a second preventive postpartum visit in alignment with the American College of Obstetricians and Gynecologists recommendation, which recommends one visit between 0-3 weeks and one between 4-12 weeks. HFS has increased obstetric (OB) reimbursement rates and funded Healthcare Transformation Collaboratives (HTCs) to improve maternal health.

The HTCs are designed to encourage collaborations of healthcare providers and community partners to improve healthcare outcomes, reduce healthcare disparities, and realign resources in historically marginalized communities throughout Illinois. In particular, the program seeks to increase access to community-based services, preventive care, obstetric care, chronic disease management, specialty care, and address health-related social needs in communities.

Collection of data and calculation of health plan performance against the Pay-for-Performance (P4P) measures are in accordance with national HEDIS® timelines, specifications, and benchmarks. The HFS Quality Strategy focuses on five pillars measured through an equity lens: (1) Adult Behavioral Health, (2) Child Behavioral Health, (3) Maternal and Child Health, (4) Equity, and (5) Community and Health Promotion. This report focuses primarily on Maternal and Child Health and Equity.

The overarching goal in the Maternal and Child pillar is to improve the health outcomes of birthing persons, babies, and children by:

- Reducing preterm birth rate and infant mortality
- Improving the rate and quality of postpartum visits
- Improving well-child visit rates for infants and children
- Increasing immunization rates for infants and children

To improve outcomes related to the Maternal and Child Health pillar, the Department has selected the Timeliness of Prenatal and Postpartum Care measure (a Pay-for-Performance [P4P] measure), as the Medicaid Managed Care Performance Improvement Project (PIP). Medicaid Managed Care Organizations (MCOs) are required to identify a health disparity within the prenatal and postpartum care period and outline how they plan to close the gap. The focus here is to monitor the timeliness of prenatal care to detect possible concerns, which, if detected early, can reduce maternal morbidity and mortality and improve birth outcomes. One way we can do this is by ensuring that after delivery, birthing persons have a prenatal care visit in the first trimester and that children receive two or more primary care visits between 15 and 30 months. The MCOs will be provided support and technical assistance by the Department's External Quality Review Organization (EQRO).

Part of the Equity pillar includes breaking down quality metrics by race, ethnicity, and geography. The Quality Strategy includes core measures to aid in assessing the quality of care and health outcomes for adults participating in Medicaid and children enrolled in Medicaid and CHIP. The core sets include a range of quality measures encompassing physical and mental health. HFS includes several core set measures in its quality monitoring program and requires the health plans in *HealthChoice Illinois* to report results.

HFS is required by federal law to have an External Quality Review Organization (EQRO). Since June 2002, Health Services Advisory Group, Inc. (HSAG) has served as the EQRO for the Illinois Medicaid Program. The results of HSAG analysis are published annually and are aligned with the HFS Quality Strategy; for the time period that is the subject of this Perinatal Report, the HSAG report is found here: External Quality Review Annual Report State Fiscal Years 2024-2025. The following section reviews each MCO’s performance in alignment with Quality Strategy goals.

# Managed Care Organizations

Medicaid Managed Care Organizations (MCOs) in Illinois are held accountable for maternal health outcomes through performance metrics embedded in contracts. Metrics include rates of timely prenatal care, postpartum visit attendance, and cesarean delivery rates among low-risk, first-time birthing persons. Performance-based incentives reward providers and health systems that improve care coordination and achieve equitable outcomes.

To provide family-centered care, HFS expanded its managed care program, *HealthChoice Illinois*, to cover all counties in Illinois. The rebooted program was designed to enhance care by managing costs to keep the program sustainable in the coming years. Six Medicaid managed care health plans ("health plans") serve Medicaid customers statewide, including Aetna Better Health of Illinois (Aetna), Blue Cross Blue Shield of Illinois (BCBSIL) also known as Blue Cross Community Health Plan, CountyCare Health Plan (CountyCare), Meridian Health (Meridian), Molina HealthCare of Illinois (Molina), as well as YouthCare which serves (former) youth in DCFS care. HFS continues to work with its Medicaid health plans and sister agencies to promote maternal health by implementing quality initiatives related to maternal health and perinatal care. This section describes initiatives provided by the MCOs that have been undertaken throughout the state government to achieve these goals. Several initiatives included are as follows:

## Aetna Better Health of Illinois (ABHIL)

Aetna Better Health of Illinois (ABHIL) is committed to advancing maternal and reproductive health through innovative programs that address the diverse needs of its members statewide. In alignment with state public health priorities, ABHIL has launched a series of initiatives to improve access to contraception and preconception care, enhance prenatal education and support, and reduce maternal morbidity and mortality for maternity members in Illinois.

Aetna's Top 3 Initiatives to Improve Maternal Health

**Initiative 1: Aetna More for Moms, Preconception Program:**

ABHIL launched a comprehensive initiative to expand access to contraception and preconception care. In partnership with telehealth provider Twentyeight Health, ABHIL offers a 24/7 digital platform for members assigned female at birth (ages 13+) to access virtual resources for family planning, sexual health, and maternity support. Services include contraceptive prescriptions, STI testing and treatment, preconception counseling, and prenatal and postnatal assessments, all delivered by licensed clinicians. Since its launch in October 2024, the initiative has shown early success in improving healthcare access, patient satisfaction, and reproductive outcomes.

Aetna Maternity Matters Care Managers also support postpartum birthing persons with preconception education, including guidance on pregnancy spacing and ongoing reproductive health.

ABHIL provides a $25 monthly allowance for over the counter (OTC) items, redeemable online, by phone, or at CVS stores. The OTC catalog includes prenatal vitamins, pregnancy tests, and related medications.

Additionally, ABHIL launched a targeted birthing persons health text campaign, reaching over 75,000 birthing persons aged 18–49 with educational resources and links to no-cost services. Ongoing program evaluation will inform future improvements to reduce unintended pregnancies and support informed reproductive choices.

**Initiative 2: ABHIL Enhanced Maternal Health Intelligence Model and Personalized Clinical Engagement**

The ABHIL proprietary high-risk maternity stratification model proactively identifies members at risk for adverse maternal and neonatal outcomes. Recently enhanced to predict preeclampsia and gestational diabetes, the model enables earlier identification and intervention. While outreach is conducted for all pregnant members, the algorithm allows precise risk stratification to optimize case management resources. It is regularly updated to reflect members' evolving needs.

The model identifies current high-risk members and predicts those likely to become high-risk later in pregnancy, enabling preventive care before complications arise. Risk levels are updated weekly based on individual health factors and comparisons to other pregnant members in the plan, ensuring support is timely and tailored.

This approach equips Maternity Matters care managers with actionable insights to engage high-risk members through personalized support, expert care coordination, and timely interventions. By

partnering with home visiting programs across the state—including initiatives like Lurie's Connect Home Visiting Chicago, Carle Health, and nutrition/food delivery services—ABHIL ensures members receive seamless, coordinated care. Aligning outreach efforts with clinical expertise, this model streamlines care management and enhances the member experience by delivering the right care at the right time.

The enhanced model has significantly improved the prediction of severe maternal morbidity, more than doubling the odds of identifying pregnancies requiring intensive care. As a result, preeclampsia identification rose from 12% to 54%, and gestational diabetes detection improved from 48% to 75%, with members identified during the critical window for impactful intervention.

**Initiative 3: Road to Motherhood Virtual Prenatal Education Program:**

In response to the 2023–2024 Illinois Maternal Mortality and Morbidity Task Force report, ABHIL launched the Road to Motherhood Virtual Educational Series—a comprehensive, online prenatal education program developed by a multidisciplinary team of experts. Designed to improve maternal and infant health outcomes and promote birthing equity, the series eliminates barriers related to geography, transportation, and scheduling—particularly benefiting Medicaid members with limited access to in-person care.

The curriculum features four trimester-aligned sessions, a dedicated birth and baby session, and an informal postpartum gathering. Led by a Certified Nurse Midwives and seasoned maternity case managers, this interactive program explores key topics including prenatal wellness, fetal development, nutrition, labor preparation, comfort techniques, informed decision-making, postpartum recovery, mental health, infant feeding, and newborn care. Participants also receive a suite of multimedia educational materials, including our proprietary pregnancy and newborn care guidebook.

A key feature is the group setting, which fosters peer connection, shared learning, and emotional support. Notably, 50% of recent participants expressed interest in care management and doula services, highlighting strong engagement and the program's potential to connect members with ongoing support.

## Blue Cross Blue Shield of Illinois (BCBSIL)

To expand BCBSIL existing foundational programming to address Maternal & Infant health, in 2024, BCBSIL launched a comprehensive maternal and infant health initiative to address access to quality maternal physical and behavioral healthcare services, family social needs, education, and awareness across the state of Illinois.

BCBSIL's Top 3 Initiatives to Improve Maternal Health

**Initiative 1: Expansion and Resource Support**

Supporting the expansion of the maternal health workforce, including doulas and midwives to reduce perinatal disparities. This includes enabling Doulas to be a contracted Medicaid provider type and expanding contracting efforts with Midwives and Birth Centers. In addition to workforce expansion, BCBSIL is also providing resources to multiple community-based organizations that address the social determinants of health and clinical care, including food, community education, infant needs, and no cost prenatal vitamins.

**Initiative 2: Technology Collaboration**

Technology-enabled collaboration with vendor data platforms to help providers identify early high-risk pregnancy intervention and solutions, enhancing care, addressing social determinants of health (SDOH). BCBSIL has also enabled maternal data and risk reporting capabilities to enhance timely prenatal care and identification of members: Their early identification and risk stratification data capabilities are helping identify customers in the first trimester that need maternal and infant care and allows outreach, engagement, and intervention for members at-risk to prevent adverse outcomes.

**Initiative 3: HealthMine Collaboration**

BCBSIL and HealthMine are collaborating to improve postpartum care by conducting targeted outreach to members within the 7–84-day postpartum window who have not yet received a follow-up visit.

As a result of these efforts, BCBSIL has seen improvements in maternal and child health. Prenatal Care compliance increased from 88.08% in 2023 to 91% in 2024 and Postpartum Care compliance increased from 84.18% in 2023 to 85.4% in 2024. Premature birth rates and NICU rates have also decreased by 1 percentage point over a rolling 12-month period.

Blue Cross and Blue Shield of Illinois (BCBSIL) continues to implement targeted outreach strategies to improve maternal health outcomes and increase not only the timeliness of prenatal and postpartum care but ensure our members have access to quality care and services.

## CountyCare

CountyCare's Top 3 Initiative to Improve Maternal Health are as follows:

**Initiative 1: Brighter Beginnings**

Brighter Beginnings is CountyCare's National Association of Counties (NACo) Achievement Award - winning program designed to promote the health of expectant families and babies both during pregnancy and after the baby is born.

Education: The Brighter Beginnings webpage covers information on recommended care, different provider types, how to find a provider or get connected to a care coordinator and also links to additional local services like WIC and Head Start.

Family Planning: CountyCare partnered with Illinois Contraceptive Access Now! (ICAN!) to create contraceptive guides for members. ICAN! provided training on these guides and reproductive justice topics to care coordinators and management. The health plan offers free pregnancy tests to any requesting members each month as an extra benefit.

Extra Rewards and Benefits: Under Brighter Beginnings, expectant members can receive a car seat and Sleep Safe kit, which includes a Graco portable crib with fitted sheet, Halo SleepSack, Baby Sleep board book, and pacifier. Members earn reward dollars on their Visa rewards card for important health behaviors like attending annual checkups, prenatal care, and postpartum visits. Children earn dollars for attending well child visits and receiving recommended immunizations.

**Initiative 2: Member Outreach and Engagement:**

Member outreach is done via mailers, phone calls, text messaging, and in-person engagement via tabling at the Maternal & Child Health (MCH) events of community-based organization (CBO) partners.

Telephonic and Text Outreach: Pregnant members are contacted to complete health risk screenings to determine the need for additional supports. Postpartum members are called to ensure they are connected back to care following delivery. All members of reproductive age receive text messages about Brighter Beginnings regardless of pregnancy status.

MCH Event Tabling: CountyCare attends MCH-focused events and provides information on Brighter Beginnings for members as well as general resources on topics like the importance of Medicaid redetermination and vaccination schedules for all community members. Some examples of events attended include the South Side Latch and Stroll, the March of Dimes Healthy Pregnancy and Community Wellness Event, and numerous Back to School fairs.

Community Baby Shower: Since 2024, CountyCare has held an annual baby shower in target zip codes to engage pregnant and postpartum members and provide direct education and assistance. Members learn about important topics like postpartum mental health and safe sleep practices and engage with key community partners. Members receive car seats, Sleep Safe Kits, a diaper bag with postpartum essentials, produce, and assorted baby shower gifts. CountyCare offers members and their families free transportation to reduce barriers to attending the event.

**Initiative 3: Evidence-Based Collaboration:** CountyCare works closely with provider groups and CBOs to help improve the health outcomes of members and the community at large.

Training on Brighter Beginnings: CountyCare presents on Brighter Beginnings to provider groups and CBOs to ensure they are aware of rewards, benefits, and available programming. The MCH team also presents on the FoodCare program, through which members can meet with a registered dietician, and Modivcare for reserving transportation to medical appointments and WIC. This supports member engagement with MCH programming and boosts the utilization of necessities like free cribs from the health plan.

MCH training for Care Coordinators: CountyCare invites CBOs to train care coordinators on MCH topics. For example, SIDs of Illinois trained CountyCare staff on safe sleep practices.

New Provider Types: CountyCare is working closely with lactation consultants and doulas to develop the network of available new MCH provider types and ensure these providers have a smooth welcome to Medicaid. CountyCare hosts numerous provider office hours to support the Medicaid enrollment process. CountyCare is also closely collaborating with doula and lactation consultant partners to host staff Lunch and Learns and develop member educational materials.

Sharing Data Findings: CountyCare's MCH Program is data-driven and is heavily involved in collaborative MCH efforts in Cook County. Through participation in task forces and workgroups, the MCH team learns key concerns and trends that could affect CountyCare membership. CountyCare also convenes key CBOs and provider groups to disseminate key information. CountyCare recently developed a maternal health deserts map and hosted a collaborative discussion with CBOs on the factors that may be contributing to members traveling further for postpartum care than for prenatal care or delivery. This discussion supported ongoing work within the health plan to improve access to postpartum care. CountyCare is committed to being a strong partner in the efforts to improve maternal and child health outcomes in Cook County.

## Meridian Health

Meridian Health's Top 3 Initiatives

**Initiative 1: Remote Patient Monitoring (Vheda Health)**

Vheda Health for Maternity is a provider partnership for high-risk pregnant members with chronic conditions and members living in OB deserts and Disproportionately Impacted Area (DIA) zip codes. The program promotes healthy moms and babies through remote patient monitoring, including blood pressure. Enrolled members receive a personalized program kit which includes an iPhone with the Vheda Health app. Members can receive real-time feedback and message directly with their care manager or provider. Vheda conducts live outreach to members who experience any concerning monitoring results. This program enables close monitoring of maternal and fetal health indicators, allowing for early intervention and proactive management of high-risk pregnancies.

**Initiative 2: Link & Options (Twin Green) Doula Partnership**

The Link & Option Center's (LOC) Doulas are intensively trained and certified to help birthing persons and families during pregnancy, birth, and the postpartum period. The Meridian and LOC Doula partnership is aimed at reducing racial disparities in maternal health outcomes by improving birthing experiences and enhancing continuity of care for pregnant members. Primary goals are increasing doula utilization among pregnant members, improve maternal and infant health outcomes by reducing non-emergency C-sections, NICU admissions, and birth-related complications. The program benefits include doula in-home visits, birthing advocacy, prenatal birth

preparation, case management support, breastfeeding support and postpartum care. Partnership began in October 2024.

**Initiative 3: OSF Mobile Van**

The OSF OnCall Connect pregnancy and postpartum support program, in partnership with Meridian Health Plan of Illinois and the Centene Foundation, is introducing a mobile clinic to bring care directly to patients who are struggling to connect to in-person care. The mobile clinic will offer scheduled prenatal and postpartum care tailored to patients' needs and locations. The service will operate within the following Illinois counties: Bureau, Henry, Knox, LaSalle, Marshall, Peoria, Putnam and Woodford.

Services provided onboard include sonograms, lab draws, vaccinations, blood pressure monitoring and reporting, and other recommended care.

## Molina Healthcare of Illinois

Molina's inclusive approach to maternal health is one that advocates for a positive pregnancy outcome by providing Members of all backgrounds timely, individualized, whole-person care. In alignment with the Healthy Illinois '28 Health Improvement Plan and the Transforming Maternal Health Model (TMaH), this approach prioritizes equity and accessibility from the moment a member is identified, and it continues to advocate for the wellbeing of the birthing person and child throughout the post-partum experience. Three of the most effective interventions within our Maternal Health Program are outlined below, the first two taking a population health approach and the latter an intensive member specific approach.

Molina's Top 3 Initiatives

**Initiative 1: Ouma-Molina Maternity Program in Illinois**
Molina Healthcare of Illinois has partnered with Ouma Health to deliver a comprehensive, virtual maternity care model aimed at improving health outcomes for Medicaid-eligible pregnant and postpartum customers. This initiative targets access disparities by providing timely prenatal and postpartum services, behavioral health support, and interventions for social determinants of health (SDoH).

The program connects Molina members with dedicated clinical teams that provide virtual OB/GYN care, lactation consulting, mental health support, and resource coordination. Emphasizing early engagement and continuity of care, the model aims to reduce barriers that commonly affect underserved populations in Illinois.

**Outcomes**

Launching in 2024, the Ouma partnership has had significant impact on our member's ability to access prenatal care filling necessary gaps with non-white expectant birthing persons and those residing in DIA and rural areas. Our partnership has remained strong into 2025 with new inclusions of postpartum outreach and both short and long term behavioral and substance use support and treatment for impacted new and expectant moms.

- 60% of the completed visits resided in DIA zips.
- 47.51% of compliant members are non-white.
- 15% of participants were diagnosed with previously unrecognized depression and referred for appropriate behavioral health services.
- 28% had at least one SDoH need addressed with support from Molina's care management teams.
    - Top concerns included baby supplies (18%), healthcare access (12%), food insecurity (11%), and housing insecurity (10%).

**Initiative 2: Molina Healthcare of Illinois and Foodsmart Partnership**

Molina Healthcare of Illinois has partnered with Foodsmart to address nutrition insecurity and improve maternal and family health outcomes for Medicaid members. This collaboration provides personalized, virtual nutrition coaching and access to healthy food options, including home-delivered food boxes, at no cost to eligible members.

The initiative connects Molina members, particularly new and expecting birthing persons —with registered dietitians who offer one-on-one coaching via phone or video. These sessions focus on postpartum recovery, chronic condition management, and building sustainable, budget-friendly eating habits. Members also receive support in navigating food access challenges.

**Outcomes**

In the first two months of the program, the partnership has initiated service to more than 140 pregnant members through nutritional support, counseling and assessment, precursors to medically tailored meal provision. Goals of the program include:

- Increased engagement among postpartum members seeking nutrition support.
- Positive member feedback citing improved energy, weight management, and reduced food-related stress.
- Enhanced access to nutritious food through coordinated delivery services and grocery subsidies.
- Integration with Molina's broader care management teams to address overlapping social needs.

**Initiative 3: Molina's High-Risk OB Support through the Well Mom Program**
The Well Mom Program identifies and assesses pregnancy risk upon notification. Using standardized assessments and evidence-based interventions, a case manager develops an individualized care plan for each mom on average, over 6000 expecting birthing persons are outreached per year to provide maternity education, support and assessments by the Well Mom screening team. High and moderate-risk members receive ongoing support through the High-Risk Obstetrics Well Mom Care Management Program (HROB CM) to reduce barriers during pregnancy and delivery. The program supports members through pregnancy and three months postpartum.

During the first trimester, the interventions focus on establishing prenatal and dental care, pregnancy health education (e.g., smoking cessation, flu vaccinations, nutrition), and connecting members with resources and incentives. In the second trimester, case managers collaborate with providers to address risks and ensure medication and treatment adherence. Members in their final trimester receive education and resources for post-delivery.

After delivery, members are encouraged to attend wellness visits for both birthing person and infant. Assessments include the Edinburgh postpartum assessment, and case managers discuss vaccinations, new parent support, family planning, and available resources. Members needing ongoing support are transitioned to regional care management teams. Molina also uses Lucina, a predictive analytics software, to identify high-risk pregnancies based on clinical conditions, SDoH, prescription adherence, and demographic factors.

**Support for Gestational Diabetes**

Molina connects appropriate members with the Livongo Diabetes Program, providing education and resources to manage diabetes and reduce pregnancy and birth defect risks. Livongo offers expert coaching, supplies, and a member portal for monitoring and sharing data with providers.

**Outcomes**:

Amongst several outcomes affected by our condition specific HROB CM Program, the following are some of the most impactful. When comparing 2022 to 2024:

- Members in our HROB Care Manager (HROB CM) Well Mom Program had significantly higher PPC1 and PPC2 rates in all three measurement calendar years.
- HROB Well Mom case managed members' PPC1 and PPC2 rates exceeded the national 50$^{th}$ percentile rankings in all three calendar years.
- Still birth for those members in HROB CM saw a 40% decrease in still birth rate.
- a 13.5% decrease in c-section rate amongst those in HROB CM
- a 0.49-point reduction in HbA1c through collaboration between HROB and Livongo interventions

# 8 | Progress Through Partnerships: Maternal Health Programs in Partnership with Sister Agencies, Public Health Departments and Community Providers

HFS aims to improve outcomes for birthing persons and infants through its partnerships with sister agencies and other affiliates to include:

## The Illinois Department of Human Services (IDHS): Bureau of Maternal Child Health

The primary focus of the Illinois Department of Human Services, Bureau of Maternal and Child Health (BMCH) is to reduce maternal and infant morbidity and mortality rates by administering programs through community-based grantee organizations such as local health departments, Federally Qualified Health Centers, hospitals, and community-based organizations.

BMCH implemented three major changes in FY2026, including:

**1)** A new statewide Better Birth Outcomes (BBO) program which merged Family Case Management & High-Risk Infant Follow-up programs into a strengths-based, equity centered, individualized approach to support BBO Navigation Chicago (BBO-N) focuses on care coordination/navigation of the dyad (pregnant/birthing person and infant) prenatally and up to 6 months after birth. The program intends to help pregnant and parenting clients understand the importance of a medical home and connect them to a myriad of medical, social, and other benefits and supports available in their community. Visit frequency and location are tailored to the needs of the family. Nurses are not required to provide these services; it complements the Family Connects Chicago universal nurse home visiting program (see below).

   BBO Comprehensive (BBO-C) focuses on assessment and care coordination of the dyad (pregnant/birthing person and infant) prenatally and up to 6 months after birth, with these differences: nurse assessments are required for the initial prenatal and postpartum visit; multi-

disciplinary staff are encouraged for non-assessment work; visit frequency and location are tailored to the needs of the family.

**2)** An expanded High-Risk Family Case Management Pilot Program including both Cohort #1 and a new Cohort #2. Through monthly home visits by a Registered Nurse, the High-Risk Family Case Management Pilot Program provides nursing assessment and interventions, screenings and referrals, diagnoses-specific education, and service coordination to high-risk pregnant & postpartum customers and/or their high-risk infants throughout pregnancy and the first one year after birth. The Cohort #1 pilot will continue in Peoria County, Madison County and Chicago's west side. The pilot in Cohort #2 will expand services to Sangamon County, St. Clair County and Winnebago County.

**3)** An expanded Family Connects Chicago (FCC) program with additional funding for the Chicago Department of Public Health Family Connects is a national evidence-based universal approach for supporting newborns and their families by providing 1-3 nurse home visits to every family with a newborn beginning at about three weeks of age, regardless of income or demographic risk. Using a tested screening tool, the nurse measures newborn and maternal health and assesses strengths, interests and needs to effectively link the family to community resources.

By the end of 2025, Family Connects Chicago (FCC) will serve Chicago families at 11 birthing hospitals. Beyond their home nurse visits, FCC created six Community Alignment Boards (CABs), representing six regions of the city. The purpose of these CABs is to help connect families with FCC services, learn about families' needs, and identify policy changes that could help better serve families. For more information, see the Family Connects Chicago 2024 Report.

*NOTE: Family Connects Illinois uses the evidence-based model to support newborns and their families through various other funding sources in a few areas outside of Chicago. For more information, see the Family Connects Illinois website.*

## University of Illinois Chicago (UIC) State Maternal Health Innovation Program

The State Maternal Health Innovation Program is funded at the University of Illinois Chicago by the federal Health Resources and Services Administration (HRSA). This statewide project focuses on improving maternal health outcomes in Illinois, with the goal to reduce severe maternal morbidity and maternal mortality through strategic planning, improvements in data collection and analysis, and implementing innovations in service delivery. The program was first funded from 2019-2024 (referred to as I PROMOTE-IL or Innovations to ImPROve Maternal OuTcomEs in Illinois); the original Illinois project established the Illinois Maternal Health Task Force in 2020 whose charge was to develop the Illinois Maternal Health Strategic Plan. Between 2021 and 2025, over 100 Task Force members worked collaboratively to produce over 35 products aimed at sharing research and policy findings, improving public awareness of maternal health topics, supporting partners to

understand data and addressing social determinants of health. The final Version 5 of the Strategic Plan, released in June 2024, represents the culmination of multiple partnerships and collaborations; for more information, see the Illinois Maternal Health Strategic Plan: Summary and Accomplishments, 2021-2024, Version 5 - June 2024 Strategic Plan.

The University of Illinois Chicago was re-funded by the State Maternal Health Innovation Program for 2024-2029. The refunded project established a new Task Force charged with conducting a landscape evaluation to inform a Maternal Health Strategic Plan in Illinois. In July 2025, using existing statewide needs assessments and reports, a landscape evaluation was completed and identifies state-specific efforts and opportunities to improve maternal health outcomes. The evaluation found over 300 maternal health strategies and efforts across the state (many overlapping), a variety of actors operating in this space, lack of a common language to describe these efforts and varying levels of coordination across efforts. Informed by this evaluation, the Task Force will implement a strategic “plan of plans” focused on describing and communicating existing efforts to improve maternal health coordination and collaboration across Illinois.

## Illinois Department of Public Health (IDPH): Maternal Morbidity and Mortality Report

The Illinois Department of Public Health (IDPH) released its third Maternal Morbidity and Mortality Report in October 2024, covering maternal deaths occurring for Illinois residents during 2018-2020. The report identified statewide trends in maternal deaths and provided recommendations to help prevent maternal mortality. The report was the culmination of work done by two IDPH committees,

the Maternal Mortality Review Committee (MMRC), established in 2000, and the Maternal Mortality Review Committee for Violent Deaths (MMRC-V), established in 2015.

Among the key findings are that Black birthing persons continue to die at disparately higher rates, specifically due to medical causes including cardiovascular disease and pre-existing chronic medical conditions. It also found that 91% of pregnancy-related deaths were potentially preventable due to clinical, system, social, community, or patient factors. Discrimination was present in 2 of 5 deaths and more likely to be a contributing factor to deaths among Black birthing persons.

The recommendations in the report focus on the preventable pregnancy-related deaths. The report recommends that:

- Health care providers should know and follow best practices for high-quality maternal health care in cardiovascular disease, obesity, mental health conditions, substance use disorder, trauma-informed care, and contraceptive services.
- Hospitals and health systems should create protocols and practices to identify and address social determinants of health.
- Hospitals and health systems should develop standardized protocols and policies for delivery of high-quality maternal mental health and substance use care.
- Community-based organizations should partner with clinical systems to ensure health care providers know about available local social services and case management programs for pregnant and postpartum birthing persons.
- State agencies should implement plans of safe care for infants exposed to substances during pregnancy, including implementation of a notification and tracking system that is separate from child abuse/neglect reporting systems.

For more information, see the Illinois Maternal Morbidity and Mortality Report.

## Task Force on Infant and Maternal Mortality Among African Americans

The Task Force on Infant and Maternal Mortality Among African Americans (Task Force) was created by the state legislature in 2019 under Public Act 101-0038. The task force has been charged with working to identify and to present key strategies to decrease infant and maternal mortality among African Americans in Illinois.

The task force has three subcommittees: Community Engagement, Programs and Best Practices, and Systems. The task force plans to develop its strategic direction to serve as a guide towards its goals. While the focus has primarily been on maternal health, future initiatives will address both maternal and infant health for Black/African American communities.

For more information, see the Report to the General Assembly on Infant and Maternal Mortality Among African Americans

## Illinois Perinatal Quality Collaborative (ILPQC):

**Quality Improvements in Birthing Hospitals**

The Illinois Perinatal Quality Collaborative (ILPQC) is a nationally recognized statewide network of hospital teams, perinatal clinicians, patients, public health leaders, and policymakers committed to improving health care and outcomes for birthing persons and babies across Illinois. Since its inception in 2012, ILPQC has built partnerships and engaged stakeholders working with the IDPH Regionalized Perinatal System, state health agencies, associations, and advocacy groups to improve obstetric and neonatal care to end maternal and infant mortality.

Its quality improvement initiatives currently include:

- In 2021, ILPQC launched the Promoting Vaginal Birth (PVB) Initiative to implement the Healthy People 2030 goal, which aims to reduce the C-section rate for low-risk birthing persons with no prior births (Nulliparous, Term, Singleton, Vertex - or NTSV) to be at or below 23.6%. By December 2023 the overall NTSV C-section rate in Illinois had reduced from 24.9% in 2019 to 23.4%, and 57% of hospitals had achieved the Health People 2030 goal. Racial disparities in NTSV C-section rates had reduced for Black patients from 31% to 24%.

- In November 2023, ILPQC launched the Equity and Safe Sleep for Infants (ESSI) Initiative to address the concern that Black infants are 6 times more likely to die than white infants from Sudden Unexpected Infant Death (SUID). 86 ILPQC Hospitals are participating in the ESSI initiative and working to implement the ESSI Initiative.

- Ariadne Labs and ILPQC are rolling out the TeamBirth program across 22 hospitals in Illinois, continuing through October 2027, the process that aims to enhance communication and teamwork among health care providers during labor and delivery.

- The Perinatal Mental Health (PMH) Initiative is working to improve education on perinatal mental health conditions for clinical staff, patients and families during pregnancy, delivery and postpartum.

- In 2021, ILPQC launched the Birth Equity (BE) initiative with 86 Illinois birthing hospitals participating. Birth equity is defined as the assurance of the conditions for optimal birth outcomes for all people, grounded in a sustained commitment to confronting racial and social inequities.

For more information, see the ILPQC website.

# 9 | Transforming Maternal Health (TMaH) Model

In early January 2025, the Illinois Department of Healthcare and Family Services announced a $17 million award from the Centers for Medicare and Medicaid Services to participate in the new Transforming Maternal Health (TMaH) Model.

This Model seeks to improve maternal health outcomes by both developing and piloting an integrated approach to addressing physical health, mental health and social needs throughout pregnancy, childbirth and the postpartum care continuum. Specifically, this model will test whether targeted technical assistance from the Centers for Medicare and Medicaid Services, coupled with payment and delivery systems reforms, can improve whole-person care-delivery for pregnancy, childbirth, and postpartum care while reducing Medicaid and CHIP expenditures. The TMaH model will be piloted in the Elgin/North Kane County/Lake County and Rockford communities, two underserved areas of the state that include a mix of rural, suburban and urban populations with persistent disparities in maternal health and birth outcomes.

Through the TMaH Model, Illinois Medicaid will gain valuable technical assistance and additional resources to address existing gaps in maternal health care by:

- Increasing access to midwives, doulas, lactation consultants, Home Visitors, and perinatal Community Health Workers
- Improving prenatal care for chronic conditions like diabetes and hypertension
- Increasing resources to reduce complicated procedures like C-sections for low-risk birthing persons
- Increasing resources to reduce rates of postpartum depression and anxiety

Most of the resources awarded to Illinois will be invested in provider infrastructure. Resources will also be allocated towards Illinois Medicaid developing a value-based alternative payment model for maternity care services, which will improve quality and health outcomes and promote the long-term sustainability of services.

The Model has a three-year pre-implementation period, followed by a seven-year implementation period. HFS will partner with providers and community-based organizations to implement this initiative.

# 10 | Expanding Coverage for Reproductive Healthcare:

Illinois continues to lead nationally by protecting and expanding access to reproductive healthcare. A number of laws recently were passed by the legislature and signed into law by the Governor.

Public Act 103-785 amends the Illinois Human Rights Act to prohibit discrimination based on reproductive health decisions. Reproductive health decisions include a broad continuum of personal decisions regarding assisted reproductive technologies, such as in-vitro fertilization, prenatal, intra-natal, and postnatal care as well as abortion and birth control, fertility or sterilization care, and miscarriage management care.

Public Act 102-1117 requires state-regulated private insurance plans to provide coverage not only for medication abortion ("abortion pills") but also for follow-up services related to their coverage, such as management of side effects, medication self-management or adherence counseling, risk reduction strategies, and mental health strategies.

Public Act 103-270 prevents "limited services pregnancy centers" (also called crisis pregnancy centers) from giving false or misleading information that would interfere with or prevent an individual from seeking access to abortion or emergency contraception, or to induce an individual to access the limited services pregnancy center.

Public Act 104-432 expands upon the state's existing shield law and safeguards for reproductive healthcare in two areas. First, this law extends shield law protection to all health care providers, including Licensed Certified Professional Midwives and wholesale drug distributors. Second, in response to federal issues, the law will shield healthcare providers from being punished for prescribing medication abortion if the federal Food and Drugs Administration revokes approval, as long as the medication is approved for use by the World Health Organization.

Public Act 104-433 is Governor Pritzker's initiative for reproductive health care on college campuses. This law requires public universities in Illinois to offer students access to contraception and medication abortion on campus, if they have an on-campus pharmacy or student health center.

In response to issues arising in other states, Public Act 103-784 clarifies that Illinois hospitals are required to provide emergency services to any person who presents at the hospital with an injury or acute medical condition, including but not limited to, when a pregnant patient is experiencing ectopic pregnancy, complications of pregnancy loss, risks to future fertility, previable preterm premature rupture of membranes (PPROM), or emergent hypertensive disorders, such as preeclampsia. The hospital must furnish stabilizing treatment that includes abortion when necessary.

HFS offers family planning services to include Family Planning Presumptive Eligibility (FPPE) which provides immediate, temporary, medical coverage for reproductive health and family planning related services to all eligible Illinois residents. In addition, HFS also offers the HFS Family Planning Program provides ongoing medical coverage for reproductive health and family planning related services to all eligible Illinois residents.

# 11 | Healthcare Transformation Collaboratives: Focus On Maternal Health

HFS launched the Healthcare Transformation Collaboratives (HTC) program in 2021. With this innovative approach, Illinois healthcare providers partner to form HTCs that aim to close gaps in healthcare services in their communities. The Collaboratives then leverage their shared resources and create stronger strategies for improving access, quality and equity in the healthcare landscape than they could individually.

The Department has overseen the creation of 15 HTCs throughout Illinois, announced during two rounds in 2021 and 2022. HFS is authorized to spend up to $150 million annually on HTCs, with support from federal matching funds.

The following are current and planned maternal health initiatives in various HTCs for pregnant persons enrolled in the Medicaid Program:

**Medicaid Innovation Collaborative (MIC), led by OSF HealthCare**

Services for pregnant persons in western, central and eastern Illinois: digital health workers, who link birthing persons (including in homeless shelters) to supports for breastfeeding, post-partum depression, primary care, transportation, food, other needs; 24/7/365 access to the digital health worker; remote monitoring devices to track blood pressure, weight, and fetal health in case intervention is needed; video meetings with APNs; and support from 1st trimester to 1-month post-partum.

**South Side Healthy Community Organization (SSHCO), initiative led by University of Chicago Health System (with key roles for Sinai Chicago, Advocate Aurora Healthcare)**

Services for pregnant persons on the south side of Chicago: increased access to care through care coordination linking clients to primary care, mental healthcare, specialty care, and addressing social needs like housing, food, employment, and emergency money; and new specialty services at FQHCs through ultrasound and maternal and fetal medicine for high-risk pregnancies.

**Vermilion County Community Health Collaborative, led by Carle Health**

Services for pregnant persons and their families in Vermilion County (Danville area, central IL, near Indiana border): home visiting in the Healthy Beginning program; support from pregnancy until child turns 2 (or 5 if child born with opioids in system); weekly visits to address pregnancy and post-partum needs, early childhood development, family dynamics, violence reduction, chronic conditions, and social needs such as employment, food, adult education; and service teams made up of RNs, social workers/counselors, early childhood educators, and community health workers.

**Roseland Equity and Community-Driven Health (REACH), led by Roseland Community Hospital**

Services for pregnant persons on the far south side of Chicago: revamped labor and delivery facilities; a new residential building for pre- and post-partum birthing persons who are homeless, at risk of it, or in unstable home environment; case management and enhanced care with mental health counseling, addiction treatment, life skills training, and support for social needs such as food and housing.

**South Side Health Equity Collaborative (SSHEC), led by Insight Hospital & Medical Center**

Services being planned for pregnant persons on the south side of Chicago: the Centering Pregnancy initiative providing holistic prenatal care; a new labor & delivery wing of the hospital; new services through doulas, lactation consultants, and parenting sessions for customers and groups; remote monitoring of blood pressure and glucose; a feasibility study of a possible midwife program; care coordination linking clients to housing, food, behavioral health, and other health-related social needs.

# Technical Notes

**Results** – As general changes in the healthcare environment (Healthcare Effectiveness Data and Information Set [HEDIS®], conversion to ICD-10, etc.) and updates to the methodologies used to prepare the analyses in each report cycle, the data presented herein is not always comparable to previous perinatal reports. End users of this data seeking to compare it to prior year reports should do so with caution, as the data presented reflects a moment in time and not a longitudinal study.

**Data Charts** - Unless otherwise noted, the data charts are based on data from the Illinois Department of Healthcare and Family Services' (HFS) Enterprise Data Warehouse (EDW) derived from HFS' paid claims and HFS-contracted Managed Care Organization (MCO) encounter data. Please keep the following in mind:

- This data is matched with shared data from Illinois Department of Human Services' (DHS) Cornerstone System and Illinois Department of Public Health's (DPH) Vital Records for CY2018 through CY2019 (see below summary for Vital Records).
- The reporting period for each measure varies per analysis and typically covers a two-year trend period.
- Unless otherwise noted, covered deliveries are those where the recipient had full benefits on the date of delivery.
- The charts and graphs show what is currently known about HFS births, including demographics, health care utilization, and outcomes.

**Births / Babies** – Data using the terms "births," "baby," or "babies" selects infants with full eligibility with a birth date in the specified calendar year. Additionally, births are identified using selected diagnosis related group (DRG) codes and diagnosis codes occurring within the specified calendar year.

**Birth Outcome** – Data using the term "Birth Outcome" selects birth weight and death year date fields from Vital Records. The classification hierarchy describes how attributes are analyzed, regardless of whether those attributes are populated with data. Using the available information Low Birth Weight (LBW), Very Low Birth Weight (VLBW), Infant Mortality (IM), Other Non-Normal DRG, and Normal DRG are categorized into mutually exclusive groups using the following hierarchy:

- If there is a death date, the Birth Outcome is set to: IM. and no further analysis is conducted (e.g. checking birth weight).
- If birth weight is between 0 – 1,500 grams, then Birth Outcome is set to: VLBW.
- If birth weight is between 1,501 – 2,500 grams, then Birth Outcome is set to: LBW.

- If none of the above conditions are true and if there is a claim with a non-normal DRG[1] within first year of life, then Birth Outcome is set to: Other Non-normal DRG.
- If none of the above conditions are true and there is a claim with a normal DRG, then Birth Outcome is set to: Normal.
- If none of the above conditions are true, then the Birth Outcome is set to: Unknown.

Using the above Birth Outcome hierarchy, LBW and VLBW rates are not comparable to LBW and VLBW rates reported as independent data points since the latter uses only known birth weights to define the numerator and denominator.

**Costs** – HFS has transformed its delivery system so that approximately 80% of the Medicaid population are enrolled in an MCO. In the MCO model, the capitation payment made to the MCO represents HFS' monthly payment for the Medicaid client. HFS retains a withhold percentage of total capitation rates (Withhold) each month to ensure effective healthcare delivery. MCOs may earn a percentage of the Withhold based on performance and reporting as measured by both HFS and HEDIS® quality metrics. HFS' managed care contract is available on its website.

**Deliveries** – Identified using All Patients Refined Diagnosis Related Groups (APR-DRG) diagnosis and procedures codes associated with the mother[2].

- Diagnosis codes are from HEDIS® specifications defining deliveries.
- Beginning July 2014, consistent with HFS hospital rate reform, deliveries are identified using APR-DRG codes: 540-542 and 560.
- Multiple-day deliveries: In claims data, deliveries can span multiple days. Therefore, "Event Begin" and "Event End" dates are identified for each delivery corresponding to the first admission date and last discharge date, respectively.
- Deliveries include only those customers with full benefits on date of delivery.

**Family Planning** – This report includes contraception measures based on U.S. Centers for Disease Control and Prevention specifications included in the Maternal and Infant Health (MIH) Initiative Contraceptive Care Measures.

**Level III Deliveries** – Deliveries occurring at a hospital identified with Provider Specialty Code 015.

**Level III Prenatal Services** – Identified when "Prenatal Services" occur at a Level III facility.

**Low Birth Weight (LBW)** – Identified when birth weight is between one and 2,500 grams.

---

[1] Non-normal DRGs include: 985, 385, 986, 386, 987, 387, 388, 989, 389, or 390

[2] DRG Codes: 540-542, 560

- The exception is that LBW is between 1,501 and 2,500 grams when included in charts focused on birth outcomes that include the group, “Very Low Birth Weight” to ensure that each birth outcome group is mutually exclusive. See also the “Birth Outcome” note.

**Medicaid (or Medicaid-enrolled birthing persons)** – As used in this report including the data chart titles, this term is broadly inclusive of all those receiving medical services and reimbursed by HFS and is not indicative of a specific coverage category (e.g., Title XIX).

**Mom / Baby Match** – Matching of moms and babies was done via a set of iterations. The majority matched in the first iteration that links those with the same Medicaid case ID, whose birth (baby) and delivery (birthing person) were at the same hospital and within 15 days of each other. The match is a hierarchy of iterations that become less strict with each pass through the data. DPH’s Vital Records data also were used to link moms and babies via birth certificate identifiers using an HFS matching algorithm based on various fields such as first name, last name, date of birth, and social security number.

**Postpartum Services** – Identified using diagnosis, procedure, and revenue codes defined in HEDIS® specifications of postpartum care and that occur between 21 and 56 days after the delivery date, per HEDIS® specifications.

**Prenatal Services** – Identified using diagnosis, procedure and revenue codes defined in HEDIS® specifications of prenatal care and that occur between the identified delivery date and 280 days prior to the delivery date.

**Unknown** – A grouping variable of instances that cannot be included in any other identified category of interest. For this report, “Unknown” often is removed from denominator counts and not depicted in the charts. This assures that rates for known categories are not reduced by including “Unknown” in the denominator.

**Very Low Birth Weight (VLBW)** – Identified when birth weight is between one and 1,500 grams. See also the “Birth Outcome” note.

**Vital Records** – Birth and Death File data collected by DPH. The data is matched to HFS claims data using a deterministic and probabilistic matching algorithm based on various fields such as first name, last name, date of birth and social security number.

# References


About home visiting. (n.d.). *Idaho Department of Health and Welfare*. https://healthandwelfare.idaho.gov/services-programs/children-families-older-adults/about-home-visiting

American College of Obstetricians and Gynecologists. (2016). *Immediate postpartum long-acting reversible contraception* (Committee Opinion No. 670). https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2016/08/contraceptive-implants-and-intrauterine-devices

Applying early warning score (EWS) in hospitals for adult mortality risk factors. (n.d.). *Journal of Health Studies (JHeS)*. https://ejournal.unisayogya.ac.id/index.php/JHeS/article/view/3294

Attanasio, L., Gjerdingen, D., Joarnt, L., Johnson, P., Jou, J., & Kozhimannil, K. (2014). Potential benefits of increased access to doula support during childbirth. *Women's Health Issues, 24*(4), e340–e352. https://doi.org/10.1016/j.whi.2014.04.003

Baby TALK: A community builds a trustworthy system to support parents of young children. (2010). *The Delta Kappa Gamma Bulletin*. https://www.questia.com/library/journal/1P3-2071788461/baby-talk-a-community-builds-a-trustworthy-system

Centers for Disease Control and Prevention. (2022). *Short interpregnancy interval*. U.S. Department of Health & Human Services. https://www.cdc.gov/preconception/interpregnancy/interval.html

Centers for Disease Control and Prevention. (2023). *Family planning and reproductive health*. U.S. Department of Health & Human Services. https://www.cdc.gov/reproductivehealth/familyplanning/index.htm

Collins, J. W., Rankin, K. M., & David, R. J. (2021). African American women, low birth weight, and health disparities: The social context of persistent reproductive disadvantage. *Maternal and Child Health Journal, 25*(6), 873–880. https://doi.org/10.1007/s10995-020-03048-x

Conde-Agudelo, A., Rosas-Bermúdez, A., & Kafury-Goeta, A. C. (2006). Birth spacing and risk of adverse perinatal outcomes: A meta-analysis. *Journal of the American Medical Association, 295*(15), 1809–1823. https://doi.org/10.1001/jama.295.15.1809

COVID-19 pandemic leads to drop of maternal health care in Africa. (n.d.). *NextBillion*. https://nextbillion.net/news/covid-19-pandemic-leads-to-drop-of-maternal-health-care-in-africa/

Daw, J. R., & Sommers, B. D. (2019). Association of Medicaid expansion with maternal mortality. *JAMA, 321*(22), 2232–2234. https://doi.org/10.1001/jama.2019.4782

Dehlendorf, C., Rodriguez, M. I., Levy, K., Borrero, S., & Steinauer, J. (2010). Disparities in family planning. *American Journal of Obstetrics and Gynecology, 202*(3), 214–220. https://doi.org/10.1016/j.ajog.2009.08.022

Disrupting the pathways of social determinants of health: Doula support during pregnancy and childbirth. (n.d.). *American Board of Family Medicine*. https://www.jabfm.org/content/29/3/308

Doula Anda. (n.d.). https://www.doulaanda.com

Doulas can improve maternal health yet are out of reach for most. (n.d.). *HealthConnect One*. https://healthconnectone.org/doulas-can-improve-maternal-health-yet-are-out-of-reach-f/

Ely, D. M., & Driscoll, A. K. (2022). *Infant mortality in the United States, 2020* (NCHS Data Brief No. 456). National Center for Health Statistics. https://doi.org/10.15620/cdc:114629

Garbers, S., & Chiasson, M. A. (2020). Inadequate postpartum contraception: Implications for women's health. *Obstetrics & Gynecology, 135*(3), 624–632. https://doi.org/10.1097/AOG.0000000000003697

Guttmacher Institute. (2023). *Medicaid family planning eligibility expansions*. https://www.guttmacher.org/state-policy/explore/medicaid-family-planning-eligibility-expansions

Hardeman, R. R., & Kozhimannil, K. B. (2016). Disparities in postpartum contraceptive use among women with recent preterm birth: The role of maternal race/ethnicity and nativity. *Maternal and Child Health Journal, 20*(Suppl. 1), 90–100. https://doi.org/10.1007/s10995-016-2021-7

Hodnett, E. D., Gates, S., Hofmeyr, G. J., & Sakala, C. (2003). Continuous support for women during childbirth. *Cochrane Database of Systematic Reviews*, CD003766. https://doi.org/10.1002/14651858.CD003766

Howell, E. A., Zeitlin, J., Hebert, P. L., Balbierz, A., & Egorova, N. (2020). Association between hospital-level perinatal care quality and neonatal outcomes. *JAMA Pediatrics, 174*(6), 575–582. https://doi.org/10.1001/jamapediatrics.2020.0258

IDPH awards $4.5 million in grants to support Governor Pritzker's birth equity efforts across Illinois. (2025). *Illinois Department of Public Health*. https://dph.illinois.gov/resource-center/news/2025/january/release-20250129.html

Illinois Department of Healthcare and Family Services. (n.d.). *Maternal and child health reports & data*. https://www.hfs.illinois.gov/

Illinois Department of Healthcare and Family Services. (2021). *Illinois Medicaid postpartum coverage extension*. https://www.hfs.illinois.gov/medical/medicaidpostpartum.html

Illinois Perinatal Quality Collaborative. (n.d.). *Immediate postpartum long-acting reversible contraception (IPLARC) initiative*. https://ilpqc.org

Illinois Perinatal Quality Collaborative. (2022). Improving birth outcomes in Illinois through perinatal quality initiatives. *Maternal and Child Health Journal, 26*(7), 1443–1454. https://doi.org/10.1007/s10995-022-03460-9

Initiative awards nine autumn quarter 2022 Tier 1 pilot research grants to UW teams. (2022). *Population Health*. https://www.washington.edu/populationhealth/2022/11/01/initiative-awards-nine-autumn-quarter-2022-tier-1-pilot-research-grants-to-uw-teams/

Kaiser Family Foundation. (2023). *Medicaid postpartum coverage extension tracker*. https://www.kff.org/medicaid/issue-brief/medicaid-postpartum-coverage-extension-tracker/

Lake, P., & Bingham, D. (2022). Perinatal regionalization and outcomes for mothers and infants: A review. *Journal of Perinatal & Neonatal Nursing, 36*(2), 107–116. https://doi.org/10.1097/JPN.0000000000000660

MacDorman, M. F., Thoma, M. E., Declercq, E., & Mathews, T. J. (2021). Trends in maternal mortality by race and ethnicity in the United States. *Obstetrics & Gynecology, 137*(6), 1101–1109. https://doi.org/10.1097/AOG.0000000000004405

Mallick, L., Thoma, M. E., & Shenassa, E. (2022). The role of doulas in respectful care for communities of color and Medicaid recipients. *Birth, 49*(4), 748–757. https://doi.org/10.1111/birt.12655

Markus, A. R., Andres, E., West, K. D., Garro, N., & Pellegrini, C. (2013). Medicaid covered births, 2008 through 2010, in the context of the implementation of health reform. *Women's Health Issues, 23*(5), e273–e280. https://doi.org/10.1016/j.whi.2013.06.006

Martin, J. A., Hamilton, B. E., Osterman, M. J. K., & Driscoll, A. K. (2023). *Births: Final data for 2021* (National Vital Statistics Reports, 72(1)). National Center for Health Statistics.

Maternal & infant health care quality Medicaid. (n.d.). https://www.medicaid.gov/medicaid/quality-of-care/quality-improvement-initiatives/maternal-infant-health-care-quality/index.html

Matoba, N., & Collins, J. W. (2017). Racial disparity in infant mortality. *Seminars in Perinatology, 41*(6), 354–359. https://doi.org/10.1053/j.semperi.2017.07.003

Pritzker signs birth equity initiative into law, celebrates Medicaid expansion. (n.d.). *IPM Newsroom*. https://ipmnewsroom.org/pritzker-signs-birth-equity-initiative-into-law-celebrates-medicaid-expansion/

Professional Dimensions – PD April dinner meeting: A woman's healthcare journey. (n.d.). https://professionaldimensions.org/event-5881992

Séguin, L., Potvin, L., St-Denis, M., & Loiselle, J. (1999). Depressive symptoms in the late postpartum among low socioeconomic status women. *Birth, 26*(3), 157–163. https://doi.org/10.1046/j.1523-536x.1999.00157.x

Secura, G. M., Madden, T., McNicholas, C., Mullersman, J., Buckel, C. M., Zhao, Q., & Peipert, J. F. (2014). Provision of no-cost, long-acting contraception and teenage pregnancy. *New England Journal of Medicine, 371*(14), 1316–1323. https://doi.org/10.1056/NEJMoa1400506

Winner, B., Peipert, J. F., Zhao, Q., Buckel, C., Madden, T., Allsworth, J. E., & Secura, G. M. (2012). Effectiveness of long-acting reversible contraception. *New England Journal of Medicine, 366*(21), 1998–2007. https://doi.org/10.1056/NEJMoa1110855

World Health Organization. (2020). *Family planning/contraception*. https://www.who.int/news-room/fact-sheets/detail/family-planning-contraception

# A Special Thank You

Lisa Mani, HFS

Sharon Pittman, HFS

Susan DeBoer, HFS

Amy Winningham, HFS

Timika Anderson Reeves, HFS

Brielle Osting, HFS

Carrington Davis, HFS

Tara Dunham

Lisa Masinter

Sai Maddi

Gopi Katakam

John Hoffman

Aetna Better Health of Illinois

Blue Cross Blue Shield of Illinois

CountyCare

Meridian Health

Molina Healthcare of Illinois

Medicaid Technical Assistance Center

Office of Medicaid Innovation