



1 rate of non-Hispanic white women, according to the Mothers and  
2 Offspring Mortality and Morbidity Awareness Act, introduced by  
3 U.S. Representative Robin Kelly of Illinois in May 2018; and

4 WHEREAS, Non-Hispanic Black women are six times as likely  
5 to die of a pregnancy-related condition as non-Hispanic white  
6 women in Illinois, according to the Illinois Maternal Morbidity  
7 and Mortality Report; and

8 WHEREAS, The United States has not been able to submit a  
9 formal maternal mortality rate to international data  
10 repositories since 2007, and, in order to be able to calculate  
11 a formal maternal mortality rate, maternal mortality-related  
12 data must be streamlined at the State level and extrapolated to  
13 the federal level; and

14 WHEREAS, Leaders in maternal wellness highly recommend  
15 that maternal deaths be investigated at the State level first;  
16 and

17 WHEREAS, Among the top common causes of pregnancy-related  
18 deaths in Illinois are hemorrhage, infection, and hypertensive  
19 disorders of pregnancy; and

20 WHEREAS, The State of California has established maternal  
21 Mortality Review Committees to determine the most prevalent

1 causes of maternal mortality and recorded and shared data with  
2 providers and researchers, who have developed and implemented  
3 safety bundles and care protocols related to preeclampsia,  
4 maternal hemorrhage, and other prevalent causes of maternal  
5 mortality; and

6 WHEREAS, The Illinois Department of Public Health  
7 currently works with the Maternal Mortality Review Committee  
8 and the Maternal Mortality Review Committee for Violent Deaths  
9 to review cases of maternal death and to develop statewide  
10 recommendations to prevent future maternal deaths; and

11 WHEREAS, In the State of California, state-based maternal  
12 quality collaborative organizations have formed obstetrical  
13 protocols, tool kits, and other resources to improve system  
14 care and response as they relate to maternal complications and  
15 warning signs for conditions such as maternal hemorrhage,  
16 hypertension, and preeclampsia; and

17 WHEREAS, Illinois has begun developing protocols and  
18 resources to address common causes of maternal mortality in the  
19 State, such as implementing new training material regarding  
20 hemorrhages through the Obstetric Hemorrhage Education Project  
21 (OBHEP) in 2016; and

22 WHEREAS, The CDC reports that more than half of all

1 maternal deaths occur in the immediate postpartum period, which  
2 is between 42 days to a full year after delivery; yet, for  
3 pregnant women, Medicaid coverage lapses at the end of the  
4 month on which the 60th postpartum day lands; and

5 WHEREAS, Expanding Medicaid and CHIP coverage for pregnant  
6 and postpartum women has been a part of improving federal  
7 efforts for the prevention of maternal mortality; and

8 WHEREAS, Research has shown that, relative to white  
9 parents, black patients are less likely to be given pain  
10 medications, and, when patient medication is given, they  
11 receive lower quantities; and

12 WHEREAS, A 2015 study from JAMA Pediatrics found that black  
13 children with appendicitis were less likely to receive pain  
14 medication than their white counterparts; and

15 WHEREAS, A study examining disparities in the triaging, or  
16 giving a degree of urgency to, pediatric emergency department  
17 patients concluded that black, Hispanic, and Native American  
18 patients received lower acuity triage scores than whites when  
19 presenting subjective complaints, such as breathing difficulty  
20 or abdominal pain; and

21 WHEREAS, Researchers have also documented an association

1 between race and increased mortality from stroke, and others  
2 have found that minority patients are less likely to receive  
3 thrombolytics than white patients; and

4 WHEREAS, A study in the Proceedings of the National Academy  
5 of Sciences contributes bias in pain assessment and management  
6 of patients partially to the fact that about half of medical  
7 students and residents believed inaccurate biological  
8 differences between black and white people, including that  
9 black people have less sensitive nerve endings or that a black  
10 person's blood coagulates more quickly, as well as other  
11 unconscious biases; and

12 WHEREAS, Biases in patient assessment and treatment affect  
13 the level of care for pregnant women, particularly women of  
14 color; and

15 WHEREAS, The provider pool is not primed with many people  
16 of color, nor are providers consistently required to undergo  
17 implicit bias, cultural competency, or empathy training on a  
18 consistent, on-going basis; and

19 WHEREAS, Studies have also shown that women are generally  
20 less likely to be diagnosed with diseases, such as heart  
21 disease, and are less likely to receive aggressive treatment  
22 for pain management and certain diseases than men; and

1           WHEREAS, There have been efforts to address implicit bias  
2 and cultural competency at the federal level by awarding  
3 cooperative agreements for the establishment or support of  
4 regional centers of excellence addressing implicit bias and  
5 cultural competency in patient-provider interactions for the  
6 purpose of enhancing and improving how health care  
7 professionals are educated in implicit bias and delivering  
8 culturally competent health care; therefore, be it

9           RESOLVED BY THE SENATE OF THE ONE HUNDRED FIRST GENERAL  
10 ASSEMBLY OF THE STATE OF ILLINOIS, that the State of Illinois  
11 recognizes the importance of investigating and addressing  
12 maternal mortality issues in the State; and be it further

13           RESOLVED, That we urge the General Assembly to investigate  
14 and identify areas in which the State can improve with respect  
15 to the prevention of maternal mortality, especially among  
16 vulnerable populations."