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1 SENATE RESOLUTION NO. 63

2 WHEREAS, An estimated 700 to 900 women now die as a result  
3 of pregnancy and childbirth-related causes, and over 60 percent  
4 of the pregnancy-related deaths in the United States are  
5 preventable; and

6 WHEREAS, Illinois had more than 150,000 births in 2016 with  
7 72 pregnancy-associated deaths and 985 infant deaths; and

8 WHEREAS, 72 percent of the pregnancy-related deaths and 93  
9 percent of violent-pregnancy-related deaths were deemed  
10 preventable in Illinois by review committees; and

11 WHEREAS, African American women in the United States  
12 experience maternal-related deaths at three to four times the  
13 rate of non-Hispanic white women, according to the Mothers and  
14 Offspring Mortality and Morbidity Awareness Act, introduced by  
15 U.S. Representative Robin Kelly of Illinois in May 2018; and

16 WHEREAS, Non-Hispanic black women are six times as likely  
17 to die of a pregnancy-related condition as non-Hispanic white  
18 women in Illinois, according to the Illinois Maternal Morbidity  
19 and Mortality Report; and

20 WHEREAS, The United States has not been able to submit a

1 formal maternal mortality rate to international data  
2 repositories since 2007, and, in order to be able to calculate  
3 a formal maternal mortality rate, maternal mortality-related  
4 data must be streamlined at the State level and extrapolated to  
5 the federal level; and

6 WHEREAS, Leaders in maternal wellness highly recommend  
7 that maternal deaths be investigated at the State level first;  
8 and

9 WHEREAS, Among the top common causes of pregnancy-related  
10 deaths in Illinois are hemorrhage, infection, and hypertensive  
11 disorders of pregnancy; and

12 WHEREAS, The State of California has established Maternal  
13 Mortality Review Committees to determine the most prevalent  
14 causes of maternal mortality and recorded and shared data with  
15 providers and researchers, who have developed and implemented  
16 safety bundles and care protocols related to preeclampsia,  
17 maternal hemorrhage, and other prevalent causes of maternal  
18 mortality; and

19 WHEREAS, The Illinois Department of Public Health  
20 currently works with the Maternal Mortality Review Committee  
21 and the Maternal Mortality Review Committee for Violent Deaths  
22 to review cases of maternal death and to develop statewide

1 recommendations to prevent future maternal deaths; and

2 WHEREAS, In the State of California, state-based maternal  
3 quality collaborative organizations have formed obstetrical  
4 protocols, tool kits, and other resources to improve system  
5 care and response as they relate to maternal complications and  
6 warning signs for conditions such as maternal hemorrhage,  
7 hypertension, and preeclampsia; and

8 WHEREAS, Illinois has begun developing protocols and  
9 resources to address common causes of maternal mortality in the  
10 State, such as implementing new training material regarding  
11 hemorrhages through the Obstetric Hemorrhage Education Project  
12 (OBHEP) in 2016; and

13 WHEREAS, The CDC reports that more than half of all  
14 maternal deaths occur in the immediate postpartum period, which  
15 is between 42 days to a full year after delivery; yet, for  
16 pregnant women, Medicaid coverage lapses at the end of the  
17 month on which the 60th postpartum day lands; and

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

21 WHEREAS, Research has shown that, relative to white

1 patients, black patients are less likely to be given pain  
2 medications, and, when pain medication is given, they receive  
3 lower quantities; and

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

7 WHEREAS, A study examining disparities in the triaging, or  
8 giving a degree of urgency to, pediatric emergency department  
9 patients concluded that black, Hispanic, and Native American  
10 patients received lower acuity triage scores than whites when  
11 presenting subjective complaints, such as breathing difficulty  
12 or abdominal pain; and

13 WHEREAS, Researchers have also documented an association  
14 between race and increased mortality from stroke, and others  
15 have found that minority patients are less likely to receive  
16 thrombolytics than white patients; and

17 WHEREAS, A study in the Proceedings of the National Academy  
18 of Sciences contributes bias in pain assessment and management  
19 of patients partially to the fact that about half of medical  
20 students and residents believed inaccurate biological  
21 differences between black and white people, including that  
22 black people have less sensitive nerve endings or that a black

1 person's blood coagulates more quickly, as well as other  
2 unconscious biases; and

3 WHEREAS, Biases in patient assessment and treatment affect  
4 the level of care for pregnant women, particularly women of  
5 color; and

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

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

14 WHEREAS, There have been efforts to address implicit bias  
15 and cultural competency at the federal level by awarding  
16 cooperative agreements for the establishment or support of  
17 regional centers of excellence addressing implicit bias and  
18 cultural competency in patient-provider interactions for the  
19 purpose of enhancing and improving how health care  
20 professionals are educated in implicit bias and delivering  
21 culturally competent health care; therefore, be it

1           RESOLVED BY THE SENATE OF THE ONE HUNDRED FIRST GENERAL  
2 ASSEMBLY OF THE STATE OF ILLINOIS, that the State of Illinois  
3 recognizes the importance of investigating and addressing  
4 maternal mortality issues in the State; and be it further

5           RESOLVED, That we urge the General Assembly to investigate  
6 and identify areas in which the State can improve with respect  
7 to the prevention of maternal mortality, especially among  
8 vulnerable populations.