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Practice Summary & Implementation Guidance

Illinois Perinatal Quality Collaborative Perinatal Mental Health Initiative

The Illinois Perinatal Quality Collaborative Perinatal Mental Health Initiative works to improve education on perinatal mental health conditions for clinical staff, patients and families as well as improve processes for screening, assessing, counseling on treatment options (therapy, medication or both), providing treatment, and close OB follow-up for mental health conditions during pregnancy, delivery and postpartum.

Cutting-Edge | Emerging | Promising | Best

Location	Topic Area	Setting
Illinois	Mental Health & Substance Use	Community; Clinical

Population Focus	Date Added
Women & Maternal, Medical & Public Health Professionals	May 2026

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Section 1: Practice Summary

PRACTICE DESCRIPTION

The Illinois Perinatal Quality Collaborative 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 mothers and babies across Illinois. ILPQC works with almost all birthing hospitals across Illinois to implement quality improvement initiatives to improve maternal and infant health outcomes. Since its inception in 2012, ILPQC has successfully moved 10 initiatives into sustainability and is currently implementing two initiatives in the active phase.

Perinatal mental health and substance use disorders during pregnancy and postpartum continue to be public health issues. In 2022, the leading cause of pregnancy-related death in Illinois was substance use disorder, with mental health conditions in the top 10 of causes. Across the United States, 1 in 5 mothers experience depression or anxiety during pregnancy or postpartum. Additionally, less than 20% of pregnant and postpartum women are screened for depression, and less than 15% of women with maternal depression during pregnancy or postpartum receive treatment. Perinatal mental health conditions and substance use disorders often cooccur and when untreated can cause adverse outcomes for the mother and baby. In response to this data and building upon the foundation of the previous Mothers and Newborns Affected by Opioids initiative, ILPQC launched the Perinatal Mental Health (PMH) initiative in May 2025. The PMH initiative supports birthing hospitals, OB units, Emergency Departments and outpatient OB care sites to improve care for pregnant and postpartum patients with perinatal mental health conditions and substance use disorders. ILPQC focuses on key strategies to help these care sites improve education on perinatal mental health conditions for clinical staff, patients and families, as well as improve screening, treatment and linkage to resources for mental health conditions during the perinatal period. To facilitate hospital work on these strategies, ILPQC holds monthly QI webinars and ensures hospital teams are submitting monthly QI data collection on hospital level and patient level measures. ILPQC also holds weekly QI office hours and meets one-on-one with teams to review data and provide support to improve processes. Additionally, ILPQC engages patient/community partners in QI initiatives by ensuring PMH teams have a patient partner on their QI team with personal PMH experience and including these patient partners in Obstetric Community Advisory Board meetings.

To facilitate the core SUD work of the PMH initiative, ILPQC connects hospitals with programs to link to pregnant and postpartum women with OUD, including the Medication Assisted Recovery (MAR) Now program and the Drug Overdose Prevention Program (DOPP) program. MAR Now is a 24/7 phone number for patients and providers to call to link patients to treatment and coordinated care. DOPP provides free Narcan kits to hospitals or healthcare clinics to distribute to patients with a history of OUD or patients who regularly take opioids. ILPQC works to increase its capacity to identify and link SUD resources and strategies into the ILPQC PMH initiative through resource review, identification, and dissemination of provider and patient education tools, including enhancements to the ILPQC website and social media outreach for increased accessibility of these materials to hospital teams and outpatient/community providers. We are working with external partners to create an educational campaign to promote SUD and PMH resources and will distribute these resources to hospitals at in-person events.

CORE COMPONENTS & PRACTICE ACTIVITES

The goal of this initiative is to improve linkage to treatment and behavioral health follow-up for patients that screen positive for perinatal mental conditions and substance use disorders. The initiative aims to achieve this goal by working with birthing hospitals on these core components:

1. Educating all clinical staff on PMH conditions
2. Educating patients on PMH conditions, warning signs, and resources.
3. Collaborating with patients and communities to identify community-based resources.
4. Enhance screening and assessment of PMH conditions.
5. Optimize treatment for PMH conditions.
6. Enhance linkage to mental health services for improved care coordination.
7. Optimize SUD care for pregnant and postpartum patients.

Core Components & Practice Activities		
Core Component	**Activities**	**Operational Details**
Clinician education	Educate all clinical staff who care for pregnant and postpartum patients on PMH conditions using a patient-centered, trauma-informed care approach	ILPQC provides recommended PMH education modules for OB providers, OB nurses, and ER providers and nurses at ILPQC hospitals participating in the PMH initiative. Additionally, ILPQC plans to provide educational sessions on trauma-informed care practices for hospital teams.
Patient education	Educate patients on PMH conditions, warning signs and hotline resources	ILPQC provides hospital teams examples of recommended patient education resources to be disseminated to all perinatal patients and patients who have a perinatal mental health condition.
Patient and Community Engagement	Collaborate with patients and communities for initiative work and identify community-based resources.	Every hospital team is required to include a patient partner with personal experience on their quality improvement team to provide input on hospital-level initiative work. Additionally, ILPQC has created a resource mapping tool for hospitals to identify community-based resources. ILPQC also has a community advisory board that includes patients and community members that helps

		shape the work of all ILPQC obstetric initiatives.
Screening and Assessment	Enhance screening of PMH conditions during the perinatal period.	ILPQC provides hospital teams with various validated screening tools to increase depression and anxiety screening prenatally and during delivery hospitalization.
Optimizing Treatment	Establish processes for assessing & treating PMH conditions in obstetric and other care locations.	ILPQC works with hospitals to help create processes and workflows to ensure that providers are providing treatment for patients who screen positive for perinatal mental health conditions.
Linkage to Resources	Enhance linkage to mental health services for improved care coordination and innovations to reduce barriers to access	ILPQC continuously connects with behavioral health practices around Illinois to create a comprehensive resource list for providers to provide online referrals to warm handoffs to behavioral healthcare resources. Additionally, ILPQC created a resource mapping tool so hospitals can map to local/community resources who provide follow-up behavioral healthcare.
Optimize SUD Care	Continue optimizing care of people with SUD through assessment & linkage to resources	ILPQC works with hospitals to register for the Illinois Drug Overdose Prevention Program (DOPP) to be able to provide free Narcan kits to patients. ILPQC also works with teams to ensure that all patients and providers are aware of the Medication Assisted Recovery Now (MAR Now) program that helps patients get linked to medication assisted treatment and transportation to receive it.

COMMUNITY WELLNESS

ILPQC works with 77 birthing hospitals across Illinois to implement the Perinatal Mental Health initiative. 45% of participating birthing hospitals primarily serve pregnant and postpartum women and infants at increased risk of negative outcomes as defined by any birthing hospital that serves predominantly Black, Hispanic, or other races (>50%) AND/OR predominantly patients on Medicaid (>50%). Due to the large range of demographics of patients served by Illinois birthing hospitals, the Perinatal Mental Health initiative was built on a foundation of patient-centered and respectful care. ILPQC has ensured patient voices are being heard throughout the planning and

implementation process by including patients on the planning committee and encouraging hospitals to include patient partners on their quality improvement teams.

ILPQC collects demographic data from hospital teams to stratify process and outcome measures by race/ethnicity, insurance status and primary language to reduce gaps in disparities across groups in perinatal mental health screening, treatment, and linkage to follow-up care. Hospitals can view their stratified data in REDCap, ILPQC's data system, through data visualization dashboards with the goal for hospitals to identify and address disparities. ILPQC's complementary Birth Quality Designation Program supports hospitals in these efforts. ILPQC also provides perinatal mental health resources in various languages to hospital teams to accommodate diverse populations of the communities they serve. For example, ILPQC provides hospitals with perinatal mental health screening tools in over 15 languages and continuously updates the online toolkit upon request from hospitals.

EVIDENCE OF EFFECTIVENESS

Success for this practice is measured by hospital teams achieving success on key process, structure, and outcome measures within the Perinatal Mental Health initiative. ILPQC looks at 14 structure measures that are hospital-wide systems changes to improve perinatal mental health care, 3 of which are specifically related to optimizing SUD care. 62% of teams have 6 or more of the 14 structure measures in place, and 50% of hospital teams have 2 or more of the 3 SUD structure measures in place. Depression screening during delivery hospitalization across all Illinois hospitals increased from 83.5% at baseline (October-December 2024) to 86.0% in February 2026, and anxiety screening during delivery hospitalization increased from 47.6% at baseline to 66.0% in February 2026. The percentage of patients who screened positive for a PMH condition that were scheduled for an early OB postpartum follow-up visit increased from 63.6% at baseline to 80% in February 2026. Finally, the percentage of patients who screened positive for SUD or OUD during pregnancy or postpartum who received a follow up behavioral health referral scheduled during pregnancy or by delivery discharge increased from 58.4% at baseline to 90.5% in February 2026. Success is also measured by hospital engagement in the PMH initiative. Approximately 75 hospital teams submit data monthly and 77 hospital teams have attended at least one PMH monthly webinar.

Section 2: Implementation Guidance

COLLABORATORS AND PARTNERS

ILPQC is implementing this initiative with providers, nurses and clinical teams at 77 birthing hospitals across Illinois, with many of these hospitals including a patient/family partner on their quality improvement team. To better understand and promote statewide perinatal mental health resources to all hospital teams, ILPQC collaborates with various state health agencies, professional associations, and stakeholders throughout Illinois who have a focus on perinatal mental health and substance use disorders.

Practice Collaborators and Partners			
Partner/ Collaborator	**How are they involved in decision-making throughout practice processes?**	**How are you partnering with this group?**	**Does this collaborator have lived experience/come from a community impacted by the practice?**
Practitioners at 77 birthing hospitals across Illinois	These practitioners implement the quality improvement Perinatal Mental Health (PMH) initiative in their hospitals.	24 hospital teams participated in Wave 1 of the PMH initiative in which they gave feedback on and trialed the data collection form; ILPQC meets quarterly with lead practitioners from each hospital participating in the PMH initiative; ILPQC hosts weekly office hours for practitioners from hospital teams to attend; ILPQC hosts monthly webinars for hospital teams in which each month a hospital team presents a Team Talk about their QI work.	No
Patient/family partners who delivered at participating hospitals	To learn from their experiences with perinatal mental health conditions and SUD to inform quality improvement work.	Patient partners are engaged on hospital QI teams and some participate in quarterly community advisory board meetings.	Yes, most patient partners have personal experience with perinatal mental health conditions or substance use disorders

IL DocAssist (perinatal psychiatry access line)	To promote their services to providers across Illinois hospitals.	We meet monthly with IL DocAssist to review updates to their services; we are collaborating with IL DocAssist to create materials to improve awareness and implementation of the service; IL DocAssist speaks on various panels with ILPQC hospitals to promote their services.	No
IL MOMS Line	To promote their services to providers and patients across Illinois Hospitals.	We collaborate with IL MOMS Line staff to use their expertise on resource creation; IL MOMS Line speaks on various panels with ILPQC hospitals to promote their services; we are collaborating with IL MOMS Line to create materials to improve awareness and implementation of the service.	No
IL MAR (Medication Assisted Recovery) Now	To promote their services to providers and patients across Illinois Hospitals.	IL MAR Now speaks on various panels with ILPQC hospitals to promote their services; we are collaborating with IL MAR Now to create materials to improve awareness and implementation of the service.	No
University of Illinois Maternal Health Innovation Program	ILPQC works with this group to promote Illinois state perinatal mental health and substance use disorder resources.	We meet monthly with this group to provide updates and collaboration on perinatal mental health work happening throughout the state.	No

REPLICATION

The ILPQC Perinatal Mental Health Initiative is informed by the Alliance for Innovation on Maternal Health (AIM) Perinatal Mental Health Conditions Patient Safety Bundle and work by other Perinatal Quality Collaboratives (PQCs). ILPQC's quality improvement initiatives and toolkit resources have been replicated by other states for previous initiatives. Currently, ILPQC connects regularly with other state PQCs to share our approach, key strategies, and resources. The AIM Perinatal Mental Health Conditions Patient Safety Bundle has been implemented by 17 state PQCs, with many other states in the early planning stages (a measure we are unable to provide data on at this time).

INTERNAL CAPACITY

Successful implementation of the Perinatal Mental Health initiative requires a multidisciplinary team of staff at the Illinois Perinatal Quality Collaborative. Core personnel includes:

Executive Director: This individual is a Maternal Fetal Medicine physician and provides clinical and strategic oversight of the initiative.

State Project Director: This individual directs collaborative operations, implements statewide quality improvement initiatives, and provides quality improvement support to hospitals

Nurse Quality Manager: This individual provides clinical education, QI support planning and leadership, and monitors completion of deliverables.

Project Coordinator: This individual provides overall project coordination for the Perinatal Mental Health initiative, including, weekly QI support calls with hospital teams, review of monthly hospital data submission, review and compilation of Perinatal Mental Health and Substance Use Disorder provider and patient resources, meetings with statewide community mental health and substance use practices, monthly webinar preparation, and other daily administrative tasks as needed.

PRACTICE TIMELINE

The full implementation of the Perinatal Mental Health initiative will take place over 18-24 months. The duration of the implementation phase will depend on progress made by hospital teams across structure, process, and outcome measures.

The Planning and Pre-Implementation phase comprised of meetings with stakeholders with perinatal mental health and substance use disorder expertise and hospital teams to develop initiative aims, create measures, and develop data collection forms. Additionally, ILPQC worked with these stakeholders to compile resources for clinicians and patients to include in an online and printed toolkit.

During the Implementation Phase, hospital teams attend monthly learning webinars hosted by ILPQC, receive QI support from ILPQC team members, implement small tests of change at their hospital to improve perinatal mental health workflows, submit monthly data and monitor their monthly data reports to inform their improvement efforts.

Phase: Planning/Pre-Implementation		
Activity Description	**Time Needed**	**Responsible Party**
Convene and facilitate a Perinatal Mental Health Advisory workgroup to provide input on initiative implementation,	2-3 weeks identifying and inviting members and sending invites, 1 week prep and follow up per 1 hour meeting for 6-9 months	Project Director, Executive Director, Project Coordinator

resource compilation, and toolkit creation.		
Recruit and convene hospital teams to be a part of Wave 1. Wave 1 hospital teams helped create the data collection form, test the data form, and provide feedback.	2-3 weeks identifying and inviting members and sending invites, 1 week prep and follow up per 1 hour meeting for 3 months	Project Director, Executive Director, Project Coordinator
Develop process, structure, and outcome measures.	Weekly meetings for 1-2 months with work in between meetings for review	Project Director, Executive Director, Project Coordinator
Create two data collection forms; a hospital-level one and a patient-level one.	Weekly meetings for 1-2 months with work in between meetings for review	Project Director, Executive Director, Project Coordinator
Compile resources for patients and providers of the initiative to put into an online and printed toolkit.	Weekly meeting for 3-4 months reviewing materials with work in between and 1 week of comprehensive vetting and review.	Project Director, Executive Director, Project Coordinator
Create a roster form and readiness survey for teams to complete to acknowledge their participation in the initiative.	2-3 weeks	Project Coordinator

Phase: Implementation

Activity Description	Time Needed	Responsible Party
ILPQC creates and hosts monthly webinars on different initiative implementation topics.	1 week for webinar development; webinars occur monthly.	Project Coordinator and Executive Director

Hospital teams submit data monthly using a hospital level data collection form and a patient level data collection form.	2 weeks from the end of the month to collect and submit data into REDCap	Hospital QI team
ILPQC team meets with hospitals to provide 1:1 QI support	30min-1-hour calls as needed. Weekly 1 hour office hours.	Project Coordinator

Phase: Sustainability		
Activity Description	**Time Needed**	**Responsible Party**
Draft sustainability plan and support team completion	Weekly meetings for 1-2 months with work in between meetings for review	Project Coordinator and Executive Director and Hospital QI Team
Update data form and key tools for hospital team use	Weekly meetings for 1-2 months with work in between meetings for review	Project Coordinator and Executive Director and Hospital QI Team
Monitor data and QI Excellence award achievement	Quarterly for 4-8 hours	Project Coordinator and Executive Director and Hospital QI Team
Facilitate quarterly to twice annual sustainability webinars	1 week prep and follow up per quarter	Project Coordinator and Executive Director and Hospital QI Team

PRACTICE COST

An ILPQC quality improvement initiative involves staff time, data report consultants, design of materials, printing of materials, and clinical / technical training consultants for clinical staff additional training (optional to build hospital team capacity). One of the largest costs, staff time, involves developing collaborative learning slides, developing and managing rapid response data system and report, planning and offering quality improvement support to hospital quality improvement teams, coordinating with stakeholders, developing education materials, etc.

Budget			
Activity/Item	**Brief Description**	**Quantity**	**Total**
Staff time	See above. Includes 90% coordinator, 30% manager, 20% director, 15% executive director/clinical lead, and 10% admin staff salary and fringe.	$225,000	$225,000
Materials	Design and printing	$10,000 design $10,000 printing	$20,000
Data report consultant	Coding and management of webbased reports	$40,000	$40,000
Clinical trainings (beyond initiative required modules for all clinical staff)	e.g. Postpartum Support International, trauma informed care, etc.	Varies	Varies
In person collaborative learning opportunities	Twice annual meetings with attendees from across the state	2x year at $150,000 total	$150,000
		Total Amount:	**Approximately $435,000, does not include institutional indirect rates**

LESSONS LEARNED

One important lesson we learned through the Perinatal Mental Health initiative was that many hospital teams do not have workflows in place to screen and treat patients with perinatal mental health conditions. ILQPC has been working to encourage hospital teams to create workflows and processes for perinatal mental health screening and response to positive screens. ILPQC is requiring hospitals to bring their completed workflows to our in-person conference in May. Another lesson learned is that there is a lack of collaboration between

prenatal outpatient sites and inpatient labor and delivery units. This has made it challenging for hospitals to collect data on patient care during the prenatal period and challenging for OB providers to continue optimal PMH care.

One main challenge in implementing this initiative has been changing hospital processes and workflows to engage OB and ED providers in response to positive screening for PMH conditions to optimize perinatal mental health care. We have addressed this in a few ways:

1. ILPQC is actively working with hospital team QI leads to review their process flows and build provider follow up to positive PMH screens into their clinical workflows as they work towards clinical culture change.

2. ILPQC is promoting a new Illinois law that came into effect January 1, 2026, that requires all clinicians who work with pregnant and postpartum patients to receive education on perinatal mental health conditions. This will hopefully increase the number of clinicians who are trained in PMH conditions and warning signs.

3. The ILPQC Perinatal Mental Health Initiative has been approved to meet American Board of Obstetrics and Gynecology (ABOG) Part IV Practice Improvement requirements for 2026-2027. Physicians who are ABOG Diplomates will be eligible to receive up to two years of Continuing Certifications (CCs) for their active participation and engagement in the PMH initiative starting in May 2025.

NEXT STEPS

We plan to continue implementing the Perinatal Mental Health initiative for about one more year, at which time we will move it to active sustainability. Much of the beginning work of this initiative focused on perinatal mental health conditions. In future months, we plan to shift the focus to refreshing our teams on how to optimize substance use disorder care. We will host monthly webinars on optimal SUD care during the perinatal period, disseminate materials to teams that promote various state SUD resources, and continue to provide ongoing QI support to teams to meet SUD/OUD measures. We aim to enhance our QI support with teams to ensure that they are hitting the goals that we set out as a collaborative by identifying barriers and working with them to address these barriers.

RESOURCES PROVIDED

- ILPQC Perinatal Mental Health online toolkit
- ILPQC Perinatal Mental Health Outpatient Packet
- ILPQC Perinatal Mental Health Purple Folder (quick resources for providers and patients)
- ILPQC Perinatal Mental Health hospital level data form
- ILPQC Perinatal Mental Health patient level data form