2025 March of Dimes Report Card
Illinois

Scan for more data

13,042 babies were born preterm in Illinois in 2024. Illinois ranks 27th of 52 (includes all states, DC, and Puerto Rico) for preterm birth with a rate of 10.4%.

Illinois is among the top twenty states with the lowest rates of low-risk Cesarean births and maternal mortality.

Illinois is currently implementing four of six supportive maternal and infant health initiatives included in this year's Report Card.

The preterm birth rate in Illinois was 10.4% in 2024, lower than the rate in 2023

PRETERM BIRTH GRADE **D+**

US RATE	IL RATE	IL RANK
10.4	10.4	27

Percentage of live births born preterm

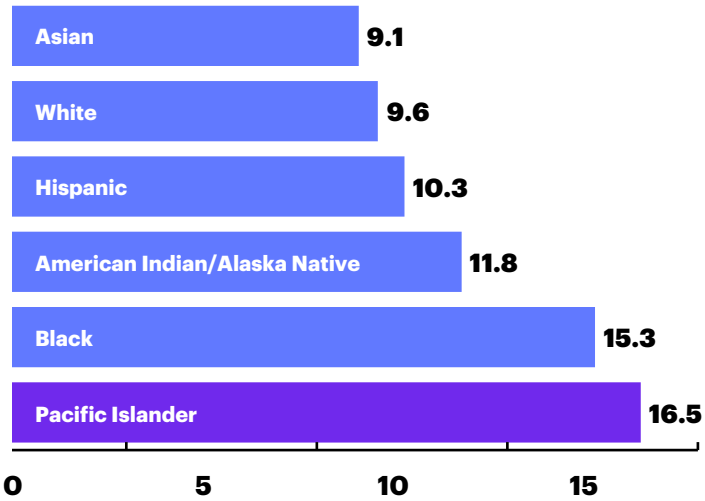
2014										2024
10.1	10.2	10.3	10.4	10.7	10.7	10.3	10.7	10.6	10.8	10.4

A solid dot indicates a statistically significant change from prior year

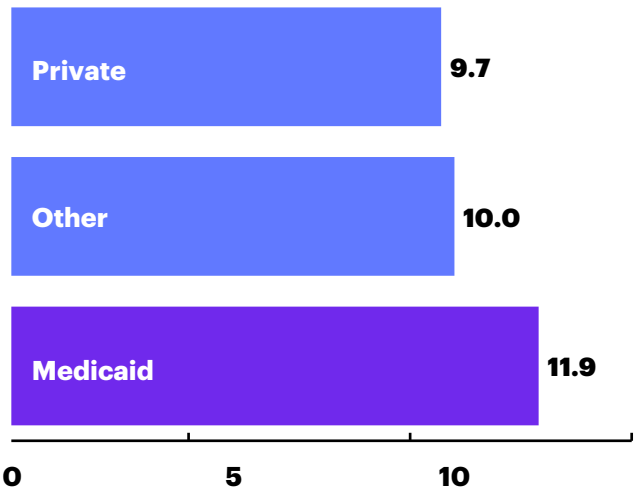
Note: The change in 2024 was a statistically significant (P<0.05) decrease compared to 2023. Statistical significance means the difference is unlikely to be due to chance and likely reflects a meaningful change, though it may not always be large.

The data below illustrates differences in preterm birth rates by race/ethnicity and insurance type, which may reflect broader social and economic factors

Preterm birth rate by maternal race/ethnicity, 2022-2024



Preterm birth rate by insurance type, 2022-2024



Note: These data can serve as a starting point for discussions about addressing disparities caused by community factors and experiences. Preterm birth rates for "other" insurance types: self pay: 8.5%; Tricare: N/A; Indian Health Service: N/A; and all other types: 13.0%.

Source: National Center for Health Statistics, Natality data, 2014-2024.

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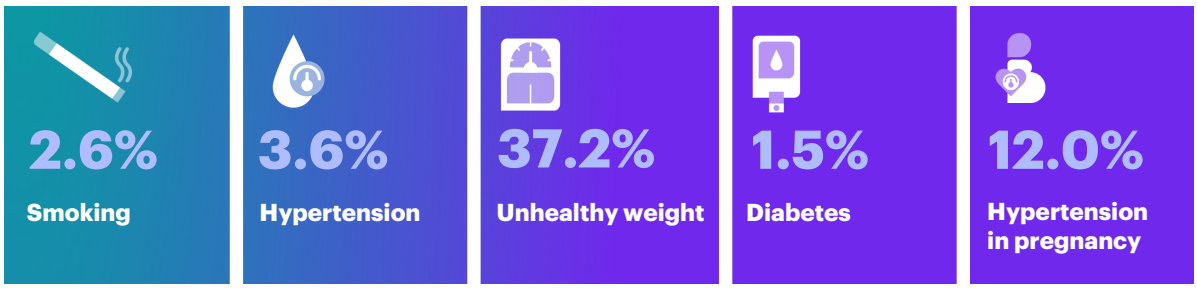
Some health conditions make people more likely to have a preterm birth or experience other poor birth outcomes

The tiles display the percentage of all live births exposed to each condition in 2024.



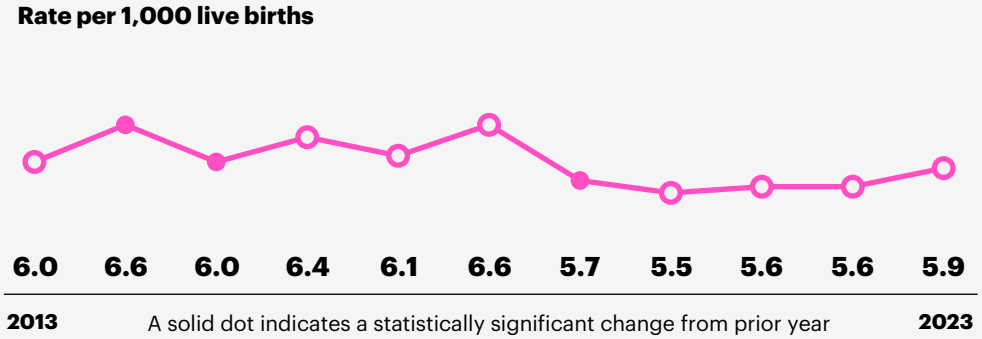
Note: More than one factor can occur at the same time. Hypertension, diabetes, smoking, and unhealthy weight occur prior to pregnancy. US percentages are as follows: smoking: 3.0%; hypertension: 3.4%; unhealthy weight: 34.8%; diabetes: 1.3% and hypertension in pregnancy: 10.4%.

The infant mortality rate decreased in the last decade; in 2023, 738 babies died before their first birthday

INFANT MORTALITY RATE **5.9**

US RATE **5.6**

IL RANK **30**

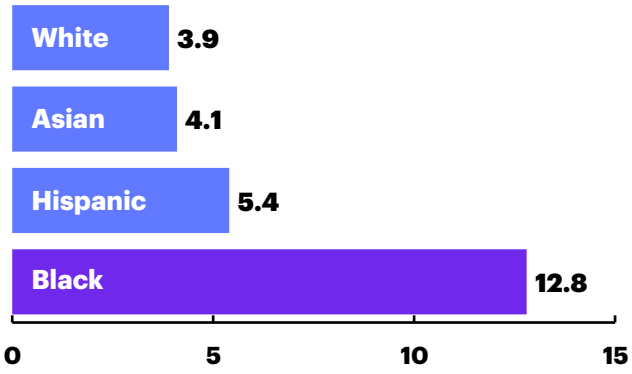


Note: The change in 2023 was not a statistically significant increase compared to 2022.

The infant mortality rate among babies born to Black moms is 2.2x the state rate

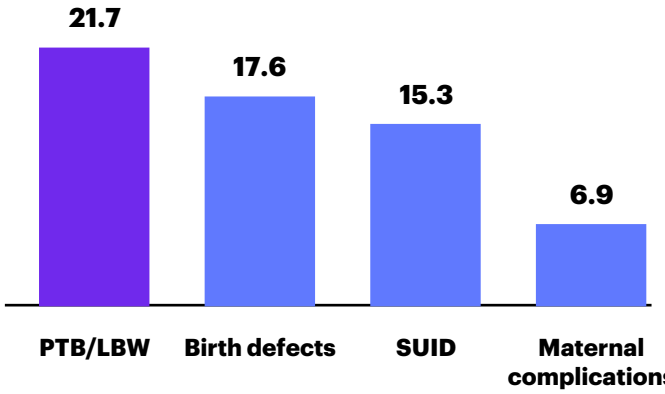
Infant mortality rate by maternal race/ethnicity

Rate per 1,000 live births, 2021-2023



Leading causes of infant death

Percent of total deaths by underlying cause, 2021-2023



Note: PI = Pacific Islander; AIAN = American Indian/Alaska Native; PTB/LBW = preterm birth and low birth weight; SUID = sudden unexpected infant death. Other causes account for 38.4% of infant deaths. Leading causes of infant death chart was updated on February 2026.

Source: National Center for Health Statistics, Period Linked Birth/Infant Death data, 2013-2023.

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The rate of inadequate prenatal care among babies born to Pacific Islander moms is 2.0x the state rate

15.4
PERCENT

16.1

INADEQUATE PRENATAL CARE

Percentage of babies whose mom received care beginning in the fifth month or later or less than 50% of the appropriate number of visits for the infant's gestational age.

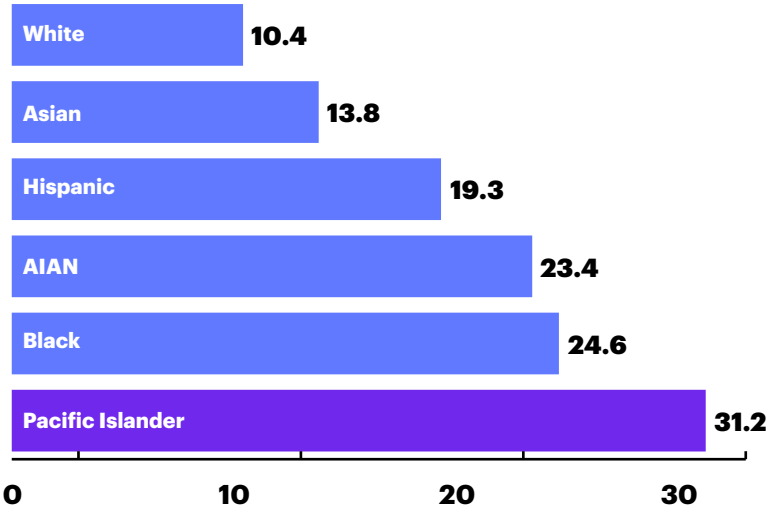
76.3
PERCENT

75.5

FIRST TRIMESTER INITIATION OF PRENATAL CARE

Percentage of babies whose mom started prenatal care in the first trimester of pregnancy.

Inadequate prenatal care by maternal race/ethnicity, 2022-2024



Note: PI = Pacific Islander; AIAN = American Indian/Alaska Native.

The measures below are important indicators for the health of pregnant and postpartum women in Illinois

24.3
PERCENT

26.6

LOW-RISK CESAREAN BIRTH

Percentage of Cesarean births for first-time moms, carrying a single baby, positioned head-first, and at least 37 weeks pregnant.

90.4
PER 10,000 HOSPITAL DELIVERIES

93.1

SEVERE MATERNAL MORBIDITY

Rate of unexpected outcomes of labor and delivery that result in significant short or long-term health consequences.

20.0
PER 100,000 BIRTHS

23.5

MATERNAL MORTALITY

Rate of death from complications of pregnancy or childbirth that occur during the pregnancy or within six weeks after the pregnancy ends.

Sources: National Center for Health Statistics, Natality data, 2024; National Center for Health Statistics, Mortality data, 2019-2023; HCUP Fast Stats. Healthcare Cost and Utilization Project (HCUP). December 2024. Agency for Healthcare Research and Quality, Rockville, MD. https://datatools.ahrq.gov/hcup-fast-stats.

	Preterm birth	Infant mortality	Low-risk Cesarean	Adequate PNC*	Severe maternal morbidity	Maternal mortality
Measure	10.4%	5.9	24.3%	77.3%	90.4	20.0
Rank	27th of 52	30th of 52	16th of 52	28th of 52	23rd of 47	17th of 48
Direction†	Improved†	Worsened	Worsened	Worsened†	Worsened	Worsened
HP2030 Target	9.4% of live births	5.0 deaths per 1k births	23.6% of low-risk births	80.5% of live births	64.4 per 10K hospital deliveries	15.7 deaths per 100K births

Note: *Measure differs from inadequate PNC. Adequate is presented to align with Healthy People 2030 target. Rank determined for all states with available data with 1 being the best. †Denotes statistically significant change from prior year (P<0.05). See Technical Notes for details.

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Adoption of the following policies and programs, along with sufficient funding, is critical to improving maternal and infant health in Illinois

All efforts were assessed on 9/26/2025.

MEDICAID EXTENSION

State has extended coverage for women to one year postpartum.

MEDICAID EXPANSION

State has adopted this policy, which allows for greater access to preventive care before, during, and after pregnancy.

DOULA REIMBURSEMENT

State Medicaid agency is actively reimbursing doula care.

PAID FAMILY LEAVE

State has required employers to provide a paid option for families out on parental leave.

MENTAL HEALTH

State requires clinicians to screen Medicaid insured women for postpartum depression during a well-child visit and reimburses for the screening.

MATERNAL MORTALITY REVIEW

State has a maternal mortality review committee to understand causes of deaths, identify preventive factors, and recommend changes to improve care and save lives.

Legend

- State has the indicated program/policy
- State reimburses up to $1,500
- State is progressing legislation but not yet active
- State does not have the indicated program/policy

Illinois' Medicaid program, HealthChoice Illinois, covered 49,730 births in 2024

39.6

PERCENT

LIVE BIRTHS PAID BY MEDICAID

March of Dimes recognizes the vital importance of Medicaid, which pays for 4 in 10 deliveries nationwide (as high as 62% in some states). Access to Medicaid coverage ensures that individuals can receive preventive services and other clinical care before, during, and after pregnancy.

Given Medicaid's critical role in supporting maternal, infant, and child health, March of Dimes urges states to:

- Maintain or expand eligibility and benefits for pregnant and postpartum individuals, caregivers, and children.
- Ensure that Medicaid enrolled moms and babies continue receiving care without disruption during the implementation of policy changes.
- Clearly communicate any policy changes, including work requirements, address verification, frequent eligibility reviews, and retroactive coverage limits, and allow ample time for contacting and completion of updates.
- Increase access to care in communities impacted by hospital closures or maternity care deserts.
- Increase access to evidence-based, quality telehealth services and technology, including remote monitoring, and support alignment of reimbursement across payers.
- Provide sufficient reimbursement to all providers to encourage participation in Medicaid programs.

Note: See Policy and Program Booklet for more details.

Source: National Center for Health Statistics, Natality data, 2024.

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