

## SUMMARY STATEMENT

The Tennessee Department of Health (TDH) is working to improve birth outcomes for both moms and babies. Various programs and initiatives within the department aim to improve the medical, behavioral and social factors that impact birth outcomes. In Tennessee, women experience disparities in birth outcomes based on race. Black women are more likely than White women to experience preterm birth, low birth weight, and both infant and pregnancy-related mortality. Overall infant mortality rate has improved 7.4 deaths per 1,000 live births (2016) to 7.0 (2019), however racial disparities persist. The department is working to decrease adverse birth outcomes overall as well as disparities between groups through awareness, understanding, partnership, and action.

## ACTIVITIES AND OUTCOMES

The department's activities to reduce adverse birth outcomes mostly focus around five areas: decreasing unintended pregnancy, increasing early and continued prenatal care, decreasing pregnancy smoking, providing social support to reduce stress, and ensuring delivery at the appropriate level of care facility. To decrease unintended pregnancy, providers who see women of reproductive age are trained to utilize reproductive life plan assessments, visits are available via telehealth and include discussions on birth spacing, family planning clinics work to be male and teen friendly, and the Sexual Risk Avoidance Education Program is provided throughout the state. TDH works to increase early and continued prenatal care by temporarily enrolling pregnant women in Medicaid through presumptive eligibility and training the workforce, including clinical providers and home visitors, on trauma-informed care to ensure patients and participants feel comfortable receiving services. To lower smoking during pregnancy, women of reproductive age are offered nicotine replacement therapy to help them quit smoking. For women who are already pregnant, they can enroll in Baby and Me Tobacco Free (BMTF), which is a program that offers diapers as an incentive for smoking cessation. In some areas of the state this program is also offered to other members of the household to create a smoke free environment for the pregnancy woman and infant. In 2018 participants in this program had an 12.05% prematurity rate, compared to 13.42% among the reference group. Social support is provided through referrals to health insurance, employment and housing resources through the Community Health Access and Navigation in Tennessee (CHANT) program. Evidence-based home visiting programs also provide social support to families as well as health education on birth spacing, screening and referral for depression, substance abuse, and domestic violence services. To ensure babies are delivered at the appropriate level of care facility the state utilizes a regionalization system. This system provides a mechanism statewide to healthcare providers for consultation and referral of high-risk patients, which leads to diagnosis and treatment of life-threatening conditions in pregnant women and newborns. By identifying high risk cases early, patients can plan to deliver at a place with the appropriate level of care. For example, in 2019, 86% of low birth weight babies were delivered at level III and IV hospitals.

The March of Dimes recommends three key policy actions to reduce premature births. Tennessee has implemented activities around two of the recommendations. First, the state funds the March of Dimes to provide technical assistance to providers implementing group prenatal care. Second, the state established a Maternal Mortality Review Committee (MMRC) in 2017 to review all deaths occurring during or within a year of pregnancy to understand the causes and contributing factors of the death. Prevention recommendations are identified based on what is learned through the reviews. This information is shared in infographics and an annual report, as well as timelier, quarterly notifications sent to providers. Funding has been provided to the Tennessee Hospital Association and Tennessee Initiative for Perinatal Quality Care to provide training to hospitals and healthcare providers around the top causes of death identified by the MMRC. To further implement the recommendations, a maternal health task force was formed in 2019. The task force consists of approximately 75 members from a wide variety of organizations interested in improving women's health. Through the taskforce, community grants have been provided to address the recommendations, including the implementation of implicit bias training.

## COVID RELATED WORK

The department has been tracking the impact of SARS-CoV-2 (the virus that causes COVID-19 disease) among pregnant women in Tennessee. Through data analysis, stark ethnic disparities were identified among pregnant women. Typically, 11% of births in Tennessee are to Hispanic/Latina women. However, when reviewing SARS-CoV-2 confirmed cases in pregnant women, almost half were among Hispanic/Latina women. This is a difference in magnitude of 4.2, showing that these women were being infected at a much higher rate than expected.

The findings were communicated to TDH's Division of Health Disparities, as well as the emergency response leadership. Staff reached out to multiple stakeholder groups, including the Health Disparities Task Force and Statewide Regional Call for Health Officers, both of whom confirmed these findings were consistent with what was happening on the ground. Staff then worked with the Office of Communications to produce a COVID-19 and pregnancy public service announcement (PSA) specifically featuring a Hispanic/Latina pregnant woman and included messaging around the importance of receiving prenatal care. This PSA was distributed to partner organizations around the state and is featured on the Spanish website for COVID-19.