2/25/20

State Updates in Maternal and Infant Health Initiatives
March 3, 2020

Maternal Update

Data: 2nd Annual Report Released

Key Findings
- 82 deaths occurred in 2018.
- Non-Hispanic Black women were 3 times as likely to die from pregnancy-related causes.
- 76% of all deaths were determined to be preventable, with 33% having a ‘good chance’ of being prevented.
- 1 in 3 deaths had substance use disorder as a contributing factor.
- The leading cause of death in 2017-2018 in pregnancy related deaths was Cardiovascular and Coronary Conditions.
Number of false positive cases by identification source, Tennessee, 2018

Maternal Mortality

Pregnancy-Associated Mortality, Tennessee

Timing of All Pregnancy-Associated Deaths in Relation to Pregnancy, Tennessee, 2017-2018

Data Source: Tennessee Department of Health, Division of Family Health and Wellness, Maternal Mortality Review Program.

Preventability, 2018

Leading Underlying Causes of Pregnancy-Related Deaths: Tennessee, 2017-2018
Leading Underlying Causes of Pregnancy-Associated, but Not Related Deaths: Tennessee, 2017-2018

Timing of Death: SUD in Pregnancy-Associated, Not Related Deaths, 2017-2018

2020 Recommendations – Community and Statewide Agencies

- Extend insurance coverage for pregnant women to one year postpartum to address mental health and medical needs of mother
- Increase number of facilities treating substance use disorder during pregnancy
- Increase availability of autopsies statewide to inform data
- Increase statewide access, education, and affordability of intranasal naloxone
- Increase identification and support for those affected by interpersonal violence (IPV)
### 2020 Recommendations
#### Clinics and Hospital Systems
- Implement education for all providers on signs and symptoms of preeclampsia
- Implement Alliance for Innovation on Maternal Health (AIM) Bundles on postpartum hemorrhage
- Develop protocols for treatment and education of cardiac conditions, substance use disorder, and mental health disorders throughout pregnancy and the postpartum period
- Develop multirad strategies for addressing interpersonal violence (IPV)
- Implement implicit bias training for all staff

#### Healthcare Providers
- Provide education to women on signs and symptoms of preeclampsia
- Increase awareness on when to seek consultation and transfer of high risk obstetric patients
- Consistently screen all high risk pregnant women for preeclampsia, cardiac disease and substance use disorder
- Provide preconception counseling and family planning choices for women
- Implement interpersonal violence screening and support for women
- Counsel gun owners on safe firearm practices and storage

#### Women and their Friends and Families
- Seek care, support and resources for signs and symptoms of depression
- Establish pregnancy diagnosis as soon as possible and seek care
- When applicable, engage in routine gun safety courses
- Seek treatment for substance abuse and mental health conditions
- Seek support for interpersonal violence (IPV)
Maternal Mortality: Data to Action

- Statewide data to action committee meeting regularly
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- Implementation of Rapid Assessment of Maternal Overdose Review
- Implementation of Enhancing Reviews and Surveillance to Eliminate Maternal Mortality (ERASE MM) CDC Grant
  - Community based funding to be announced in March
  - Trainings facilitated by THA and TIPQC, speakers bureau
- Numerous independent trainings based on recommendations
- Vital records data improvement

Success Story: Postpartum Expansion Proposal

- TennCare 3 year pilot proposal
- Extends postpartum coverage for women not meeting other eligibility categories to 12 months postpartum
- Needs approval from state legislature and CMS

Infant update
2018 Infant Mortality Key Points

The infant mortality rate fell from 7.4 deaths per 1,000 live births to 6.9 deaths per 1,000 live births.

In 2018, Black children experienced a mortality rate twice that of White children.

Leading causes:
- Prematurity (29%),
- Congenital anomaly (18%)
- Sleep-related (23%)

Sleep related deaths fell from 144 in 2017 to 128 in 2018.

Number and Rate of Infant Deaths
Tennessee, 2014-2018

Infant Mortality Rate by Race
Tennessee, 2014-2018
Number of Sleep-Related Infant Deaths
Tennessee, 2014-2018

Sleep-Related Death Rates by Race
Tennessee, 2014-2018

Number of Sleep-Related Infant Deaths in Tennessee by Region, 2017 vs 2018
Contributing Factors in Sleep-Related Infant Deaths
Tennessee, 2014-2018

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<tr>
<th>Contributing Factors*</th>
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<td>Unsafe bedding or toys in sleeping area**</td>
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<td>123</td>
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<td>Infant not sleeping in crib or bassinet</td>
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<td>Infant sleeping with other people</td>
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<td>Infant not sleeping on back</td>
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<td>Infant sleeping with obese adult</td>
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<td>Drug-impaired adult sleeping with infant</td>
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<td>Alcohol-impaired adult sleeping with infant</td>
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<td>Adult fell asleep while breastfeeding infant</td>
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<td>Adult fell asleep while bottle feeding infant</td>
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2020 Child Fatality Review Recommendations

- **Safe Sleep:** Partner with state and community agencies to promote safe sleep, with a particular focus on intergenerational caregivers, to provide consistent, culturally appropriate messaging to address disparities.

- **Birth Defects:** Increase prevention of the leading drivers of birth defects, including diabetes, substance use, high blood pressure, and high body mass index (BMI).

- **Prematurity:** Prioritize funding to reduce unintended pregnancies, reduce smoking during pregnancy, and increase enrollment in group prenatal care, evidence-based home visiting (EBHV) and care coordination (Community Health Access and Navigation in Tennessee - CHANT).

NAS Rates by County, 2015-2018

NAS Surveillance Summary

- In 2018, the state saw the first decline in NAS rates since surveillance began in 2013. Tennessee is the first state to report a decline.

- Geographic variation persists in location of cases, increasing west to east

- Sustained shift away from diverted prescription exposure to MAT and prescribed medications.
  - 70% of infants diagnosed with NAS in 2018 were exposed to Medication Assisted Treatment (MAT) for treatment of substance use disorder
  - Women with substance use disorder are seeking treatment during pregnancy
What has changed?

• Decrease in opioid prescribing
• How we treat substance exposure and NAS in pregnancy and in the post-natal period
• Substance use treatment availability
• More comprehensive models
• Availability of family planning resources
  • Peri-partum/post-partum care
  – Breastfeeding, rooming-in, community wrap around services
  – Tennessee Initiative for Perinatal Quality Care project focus

TDH NAS Strategy

• Prevent Addiction
  – Decrease Opiate Supply
  – Regulation/Oversight of Pain Clinics and Prescribers
  – Count It! Look It! Drop It!
  – Shape public discourse (addiction, pain, solutions)
  – Education of the public
  – ACEs mitigation (EBHV, CHANT)
• Prevent Unintended Pregnancy
  – Access to Family Planning Services
• Coordinated Response
  – Surveillance
  – NAS subcabinet -> OMNI multi-agency, multi-state collaborative
  – Support clinical providers

Current Needs

• Prevention resources
• Supportive structures for families
– Expanded home visiting, safe baby courts
• Substance abuse and mental health treatment availability
• Postpartum insurance coverage for mothers (TennCare proposal)
  – 33% of deaths during and within a year of pregnancy (maternal mortality) related to substance use
  – More than 80% of maternal deaths related to SUD occur after 42 days of birth when mothers are at risk of losing insurance and treatment
We need your input

- 2020 MCH Needs Assessment being finalized to determine priorities for the next 5 years
- Qualitative and Quantitative Data available here
  https://www.tn.gov/health/health-program-areas/mch/
- May 1 Stakeholder meeting to finalize at Williamson Emergency Response Center

THANK YOU

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