



Maternal and Infant Health in TN

2026 TIPQC Conference

TDH Deputy Commissioner



★ Population Health

- Family Health and Wellness
- Population Health Assessment
- Health Disparities Elimination
- Vital Records/Statistics
- State Chief Medical Examiner
- Primary Prevention

Circa 1985



- ★ Immigrant to USA
- ★ 2nd grader in Athens, GA
- ★ Not smiling because I had no front teeth
- ★ Title I elementary school
- ★ SNAP, Medicaid, free breakfast/lunch program
- ★ Sister in Head Start
- ★ Brother in WIC program

Altamont

Grundy
County

37301

Life expectancy

69



Brentwood

Williamson
County

37027

Life expectancy

91

Your ZIP code
shouldn't
determine
how long you
live, but it
does.

Why Maternal and Infant Health Matters

★ Maternal and infant health reflect the strength of TN's healthcare system

- ✓ Access
- ✓ Quality
- ✓ Coordination
- ✓ Prevention



Objectives

- ★ Current landscape
 - ★ Persistent Disparities
 - ★ Data to Action
 - ★ Emerging Issues
 - ★ Call to Action
-
- ★ *Vision: Healthy People, Healthy Communities, Healthy Tennessee*





Fetal Health

Fetal Health: Fetal Mortality Across TN

★ Top identified causes:

- Placenta, cord, membrane complications
- Maternal complications
- Maternal conditions unrelated to pregnancy

★ Higher rates associated with:

- Pre-pregnancy diabetes or HTN
- Obesity
- Maternal infections
- Previous pregnancy loss
- Preterm birth
- Smoking during pregnancy

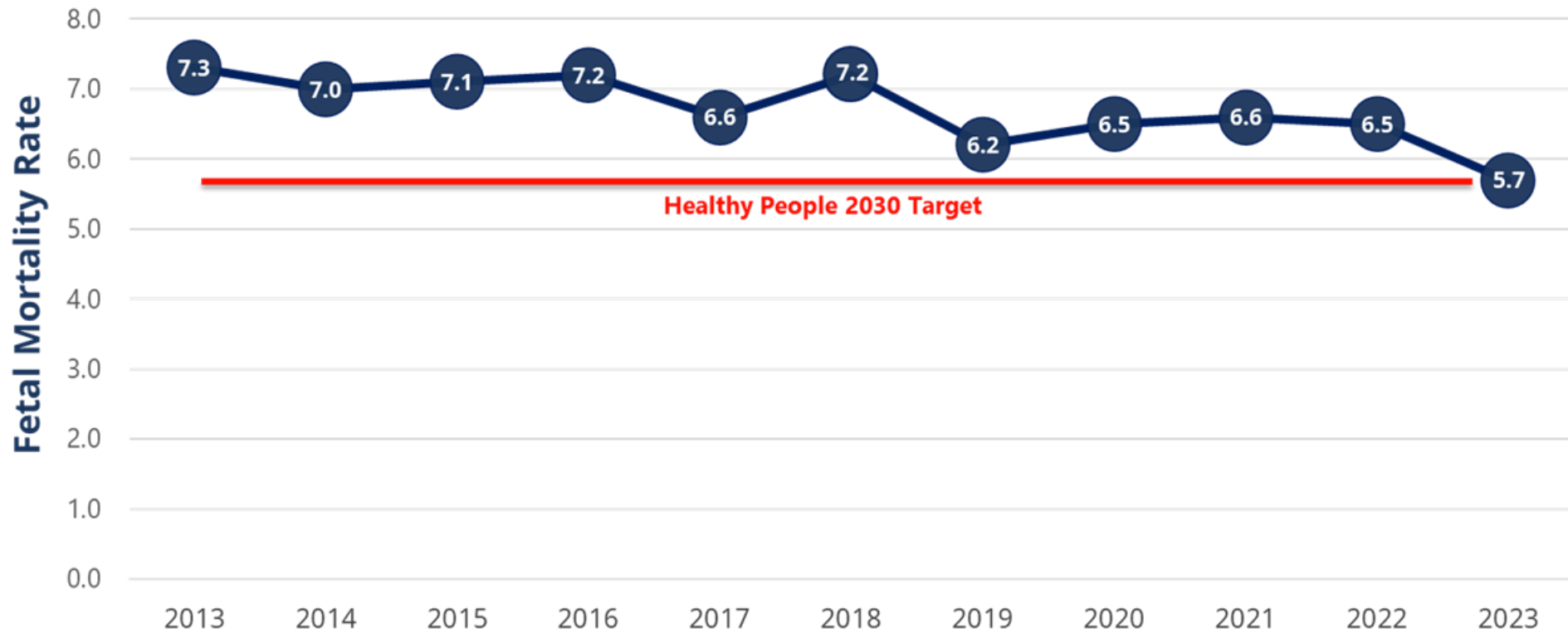
5.3x higher fetal mortality in women with **no prenatal care**.



Next Report: 2026



Fetal Health: Mortality Rates, 2013-2023



22%

Tennessee's fetal mortality rate **declined to 22%** from 2013–2023, meeting the Healthy People 2030 goal of 5.7 per 1,000 births for the **first time in 10 years.**

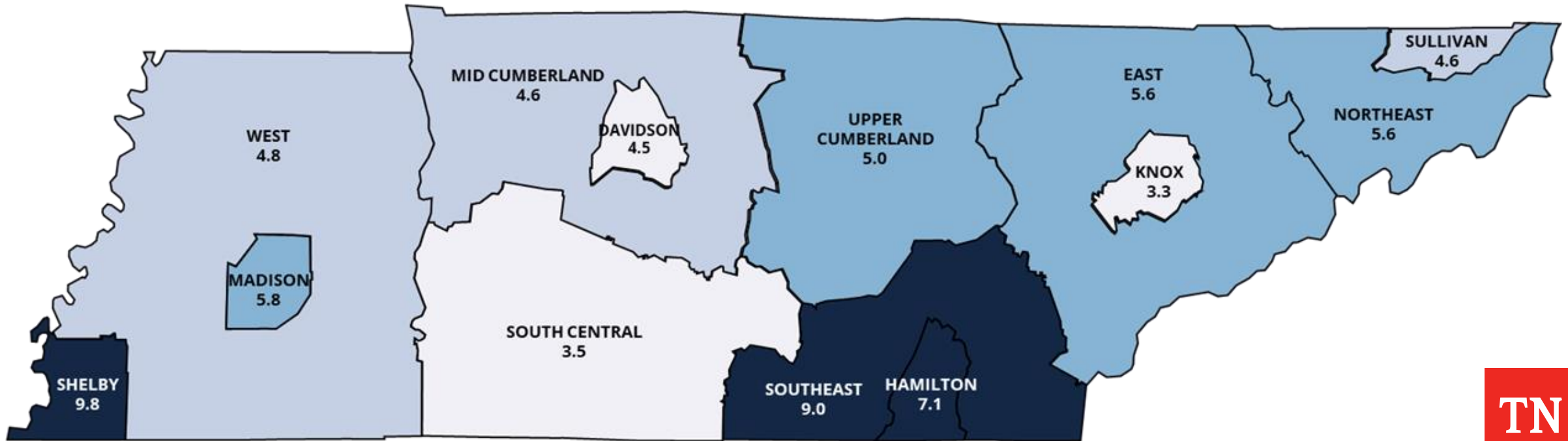
Fetal Health: Mortality, 2022-2023

19% ↓ Shelby County showed a **19% decrease** in fetal mortality rates.

53% ↑ The Southeast Region showed a **53% increase** in fetal mortality rates.

30%

Overall, nearly 1 in 3 Tennessee public health regions, **~30%, exceeded** the Healthy People 2030 target.



Fetal Health: Data to Action, Count the Kicks

47 million
Impressions Statewide



CTK Billboard Campaign Placed in
High-Risk Counties January 2026

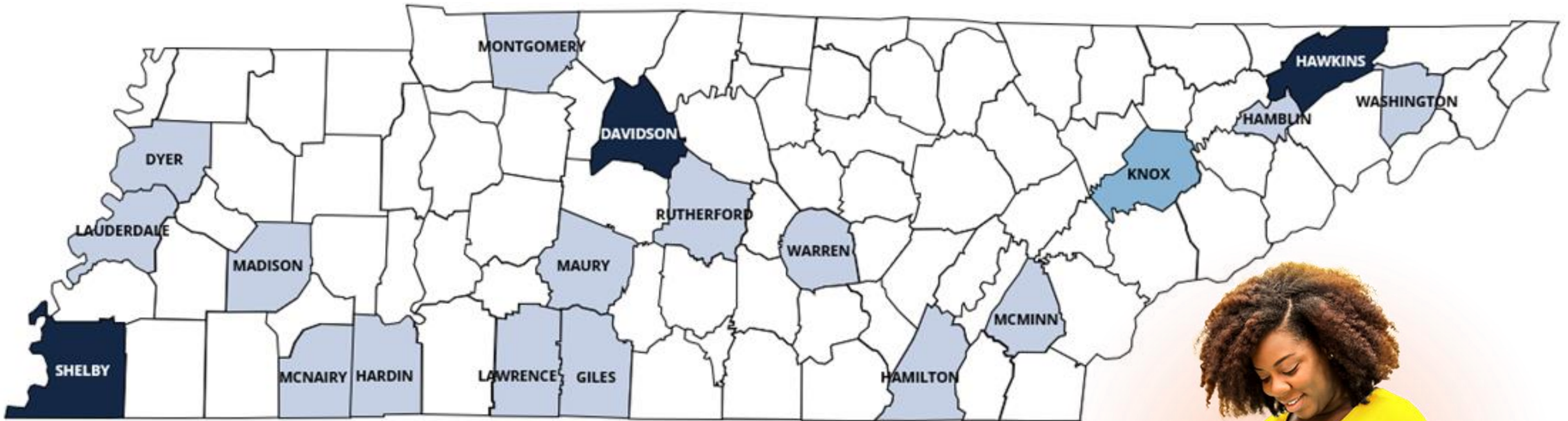
Davidson | Hamilton | Knox | Shelby

- ★ Evidence-based stillbirth prevention app
- ★ Engagement since launch:
 - **4,218** New TN users
 - **49,176** TN website visits
 - **589** orders placed by partners
 - **189,875** CTK materials distributed



TN

Fetal Health: Data to Action, CTK Distribution



Darker colors indicate a higher number of orders.

- Appointment cards
- Brochures
- Magnets
- Posters
- CTK wristbands



Scan to Order
CTK Materials

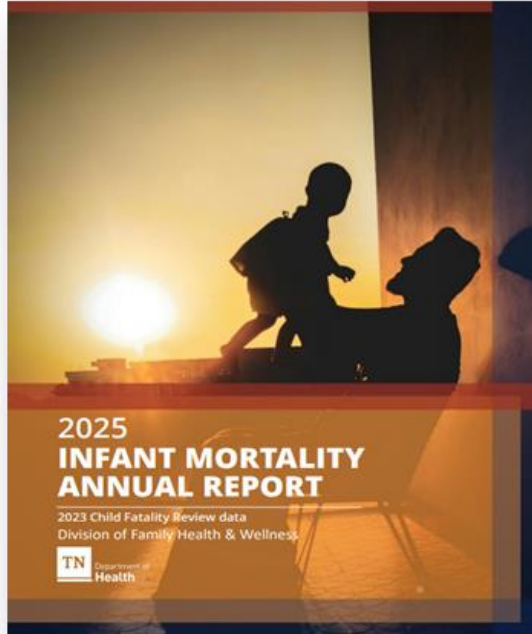




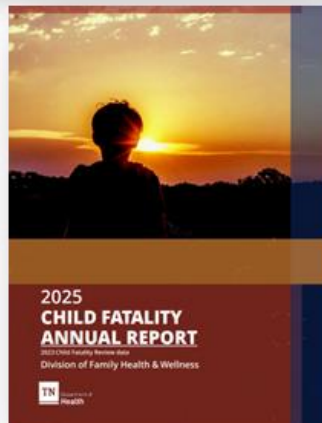
Infant Health

Infant Health: Infant Mortality Report

Infant
Mortality
Report: **aged**
< 1 year.



Child Mortality
Report: **aged**
1-17 years.



2023 Infant Mortality

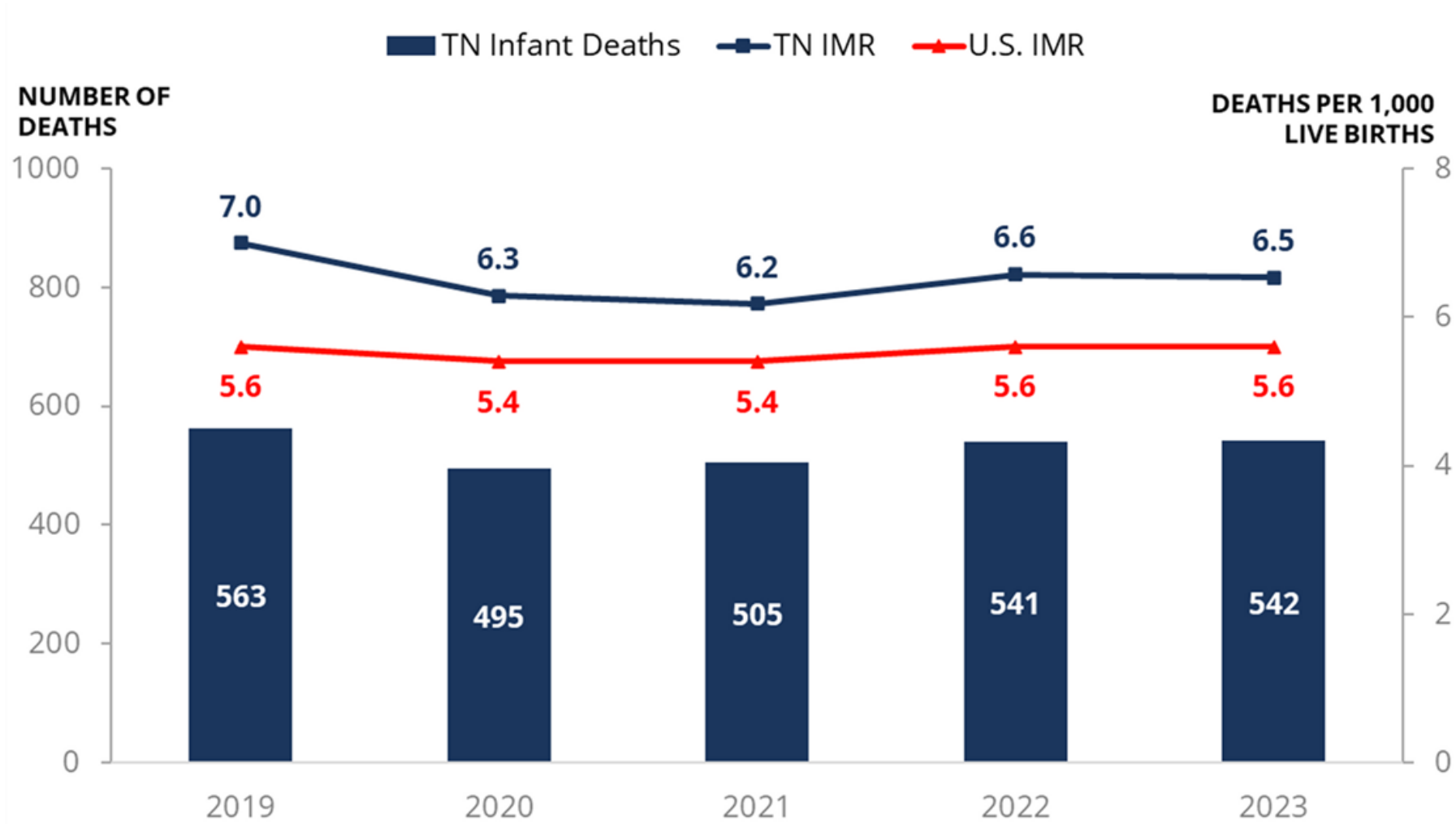


Medical conditions were the top contributor to infant deaths.



Sleep-related deaths accounted for nearly **1 in 4** infant deaths.

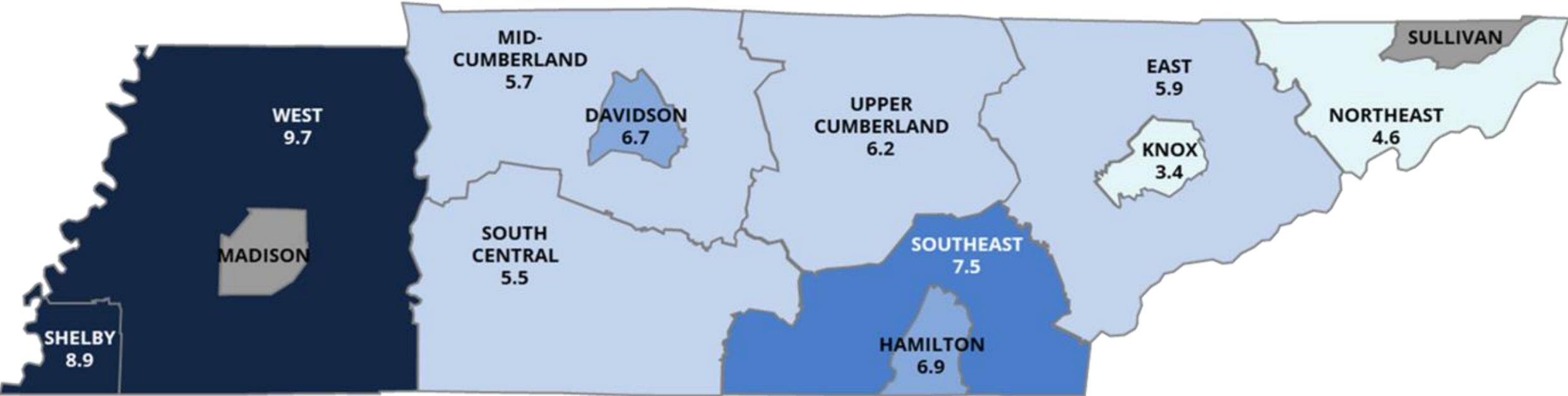
Infant Health: Infant Mortality, 2019-2023



Data Source: Tennessee Department of Health, Division of Vital Records and Statistics, Death Statistical File, 2019-2023



Infant Health: Mortality Rates by Region



2023 Infant mortality rate: **6.5 deaths per 1,000 live births**

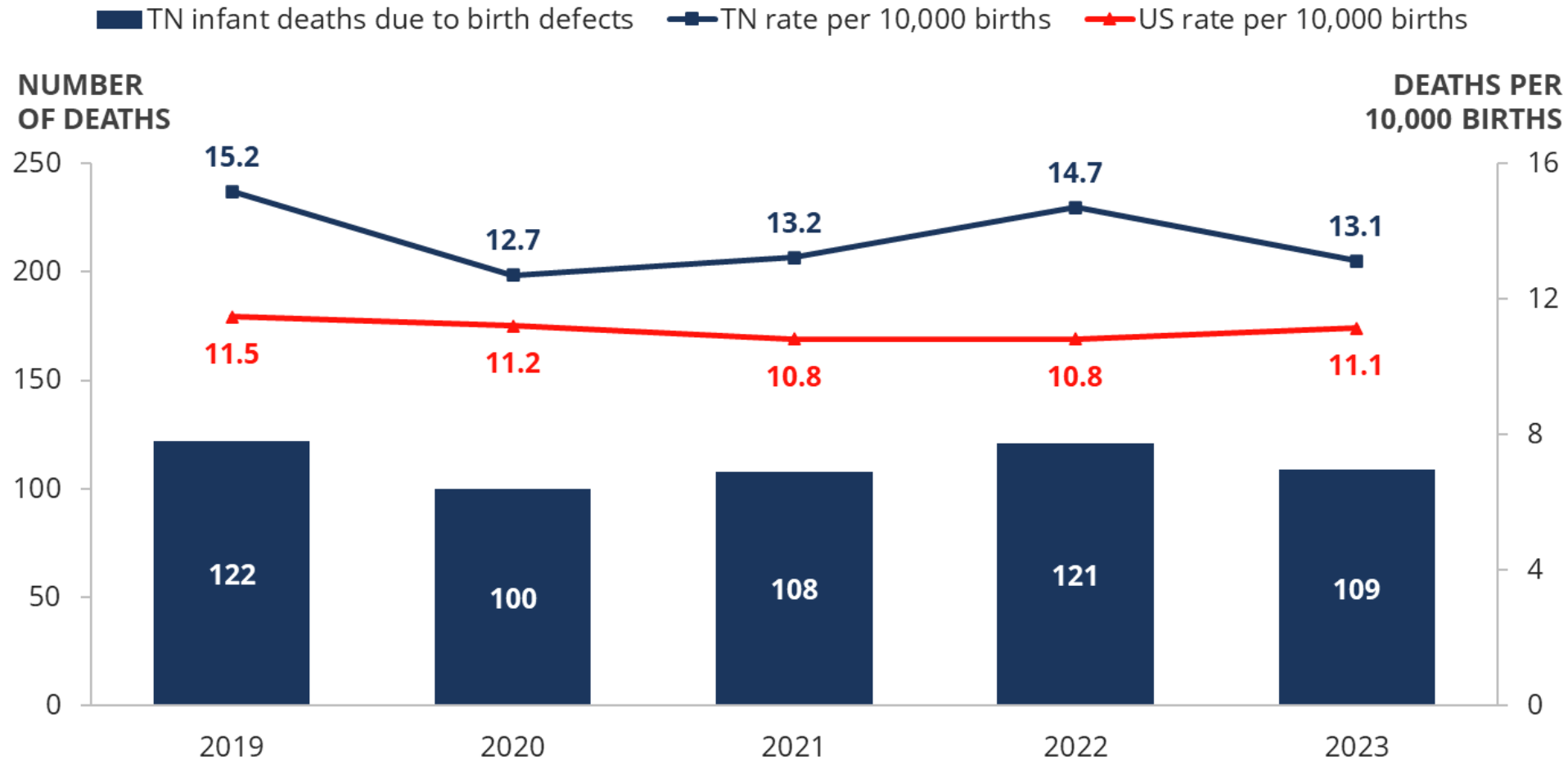
RATES PER 1,000 LIVE BIRTHS

■ SUPPRESSED



Data Source: Tennessee Department of Health, Division of Vital Records and Statistics, Death Statistical File, 2023

Infant Health: Birth Defects







Roughly
1 in 36
babies born
in TN has
a birth defect.

Data Source: Tennessee Department of Health, Division of Vital Records and Statistics, Death Statistical File, 2019-2023



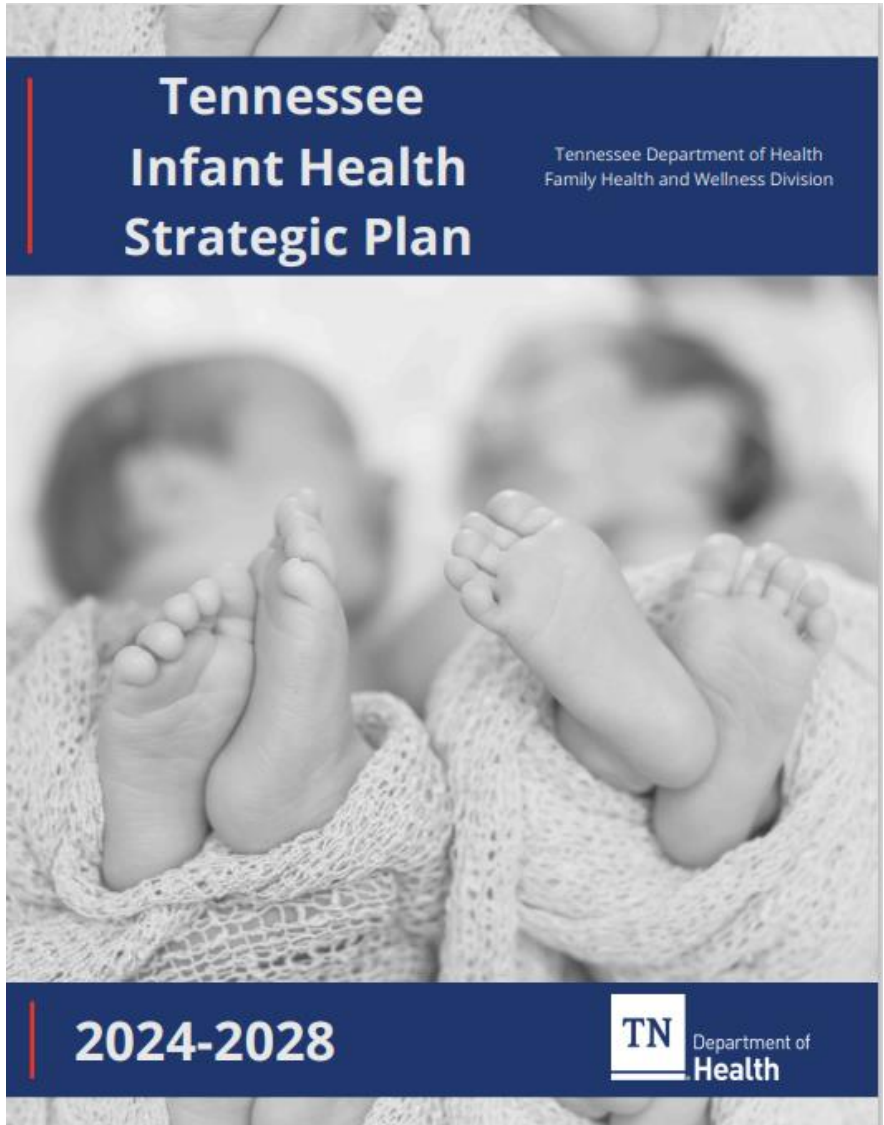
Infant Health: Birth Defects Risk Factors

		% of Live Births With Maternal Risk Factor	Birth Defect Likelihood	Birth Defects Most Likely Linked to this Condition
	Pre-Pregnancy Diabetes	2%	2.5x Higher	Rectal Atresia 6.1x Biliary Atresia 5.4x
	Pre-Pregnancy Hypertension	7%	1.5x Higher	Choanal Atresia 2.5x AVSD 2.4x
	Smoking While Pregnant	11%	1.3x Higher	Anencephaly 2.9x Gastroschisis 2.4x
	Obesity (Before Pregnancy)	31%	1.2x Higher	TV Atresia 2.1x Anotia 1.9x

Infant Health: Birth Defects

Estimated Preventable Birth Defect Cases	Full Elimination (100%) Cases that could be prevented if risk factors were <i>completely eliminated</i> .	50% Reduction Cases that could be prevented if risk factors were <i>reduced by 50 percent</i> .
Pre-Pregnancy Diabetes	325 cases	150 cases
Pre-Pregnancy Hypertension	375 cases	200 cases
Smoking During Pregnancy	350 cases	175 cases
Pre-Pregnancy Obesity	650 cases	325 cases
Total	1,700 preventable cases	850 preventable cases

Infant Health: Data to Action



7 Strategic Focus Areas

1. Family Planning
2. Safe Sleep
3. Prenatal Care
4. Preterm Birth
5. Birth Outcomes & Infant Health
6. Breastfeeding
7. Smoking



Target: Reduce infant mortality to 6.0 by 2028



Infant Health: Key Recommendations

1 Maternal Health

2 Infant Health

3 Safe Sleep

4 Programmatic

- ✓ Use data to drive Infant Health
- ✓ Expand access through local services
- ✓ Strengthen newborn screening & follow-up
- ✓ Improve care coordination
- ✓ Reduce prenatal tobacco exposure
- ✓ Promote Safe Sleep statewide

Infant Health: Data to Action, Safe Sleep



3,134

Cribs distributed



113,321

Safe Sleep materials distributed



300 +

Partners in attendance at TDH Annual Sleep Conference



Safe Sleep Images

Developing updated stock photos that reflect the diversity of Tennessee families and their needs



Needs Assessment

TDH is partnering with TSU to conduct a statewide needs assessment, gathering input from families, caregivers, community partners, health departments, and providers to inform updated safe sleep materials and to help create a strategic plan.

Infant Health: Data to Action, Safe Sleep

3,500 Safe Sleep door hangers

25,200 Safe Sleep flyers (English)

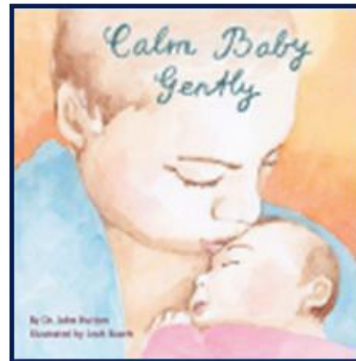
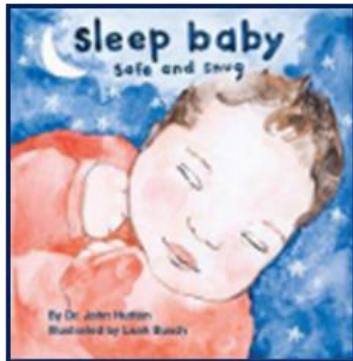
17,100 Safe Sleep flyers (Spanish)

22,500 *Sleep Baby Safe and Snug* board books (English)

8,100 *Sleep Baby Safe and Snug* board books (Spanish)

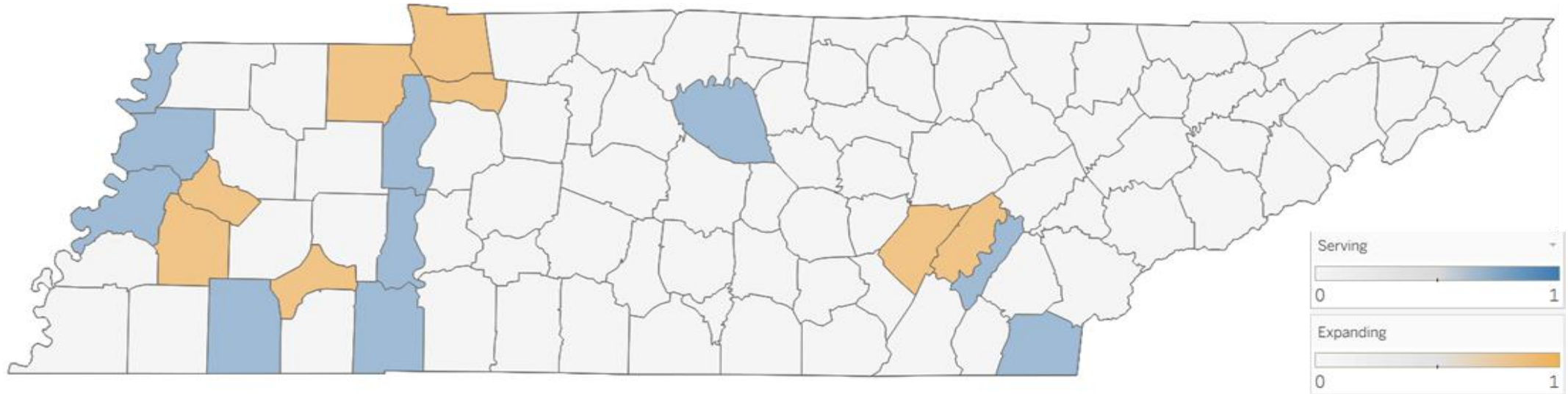
3,420 *Calm Baby Gently* books

1,600 Blue + pink crib cards



113,320
Total Safe Sleep
materials distributed

Infant Health: Data to Action, Welcome Baby



The TDH Mother-Infant Welcome Baby pilot program provides tailored information to mothers on pregnancy, birth, infant health, and child development to help reduce infant mortality.

10 Counties across Tennessee

3 Tennessee health regions

8 Expanding to eight more counties

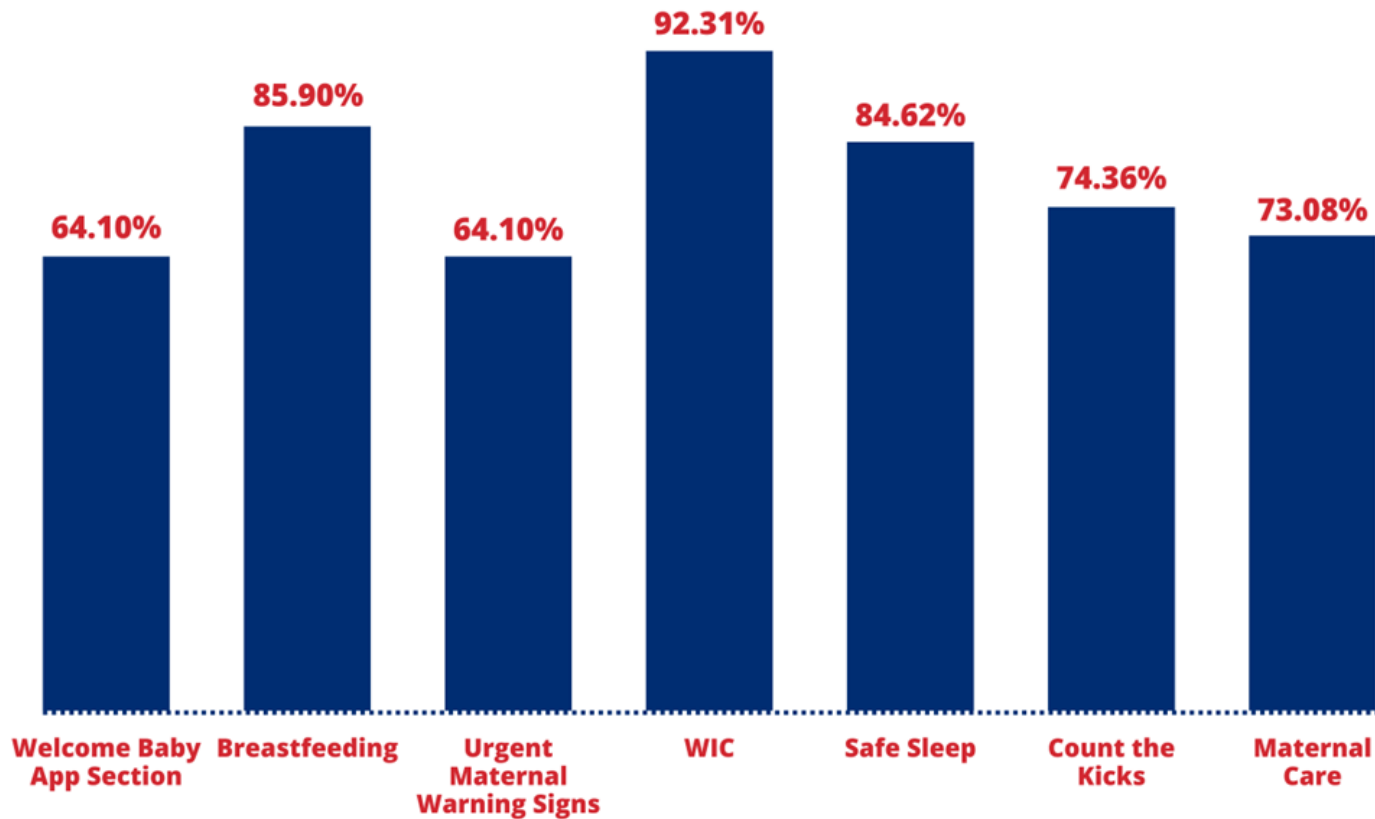
Current & Planned Pilot Counties

Mid-Cumberland Region: Wilson
(Stewart, Houston coming)

Southeast Region: Meigs, Polk
(Bledsoe, Rhea coming)

West Region: Decatur, Benton, Hardeman, Lauderdale, Dyer, Hardin, Lake
(Haywood, Chester, Crockett, Henry coming)

Infant Health: Data to Action, Welcome Baby Pilot



Preliminary data: Percentage of Women on Prenatal Pathway who received education (N=78)



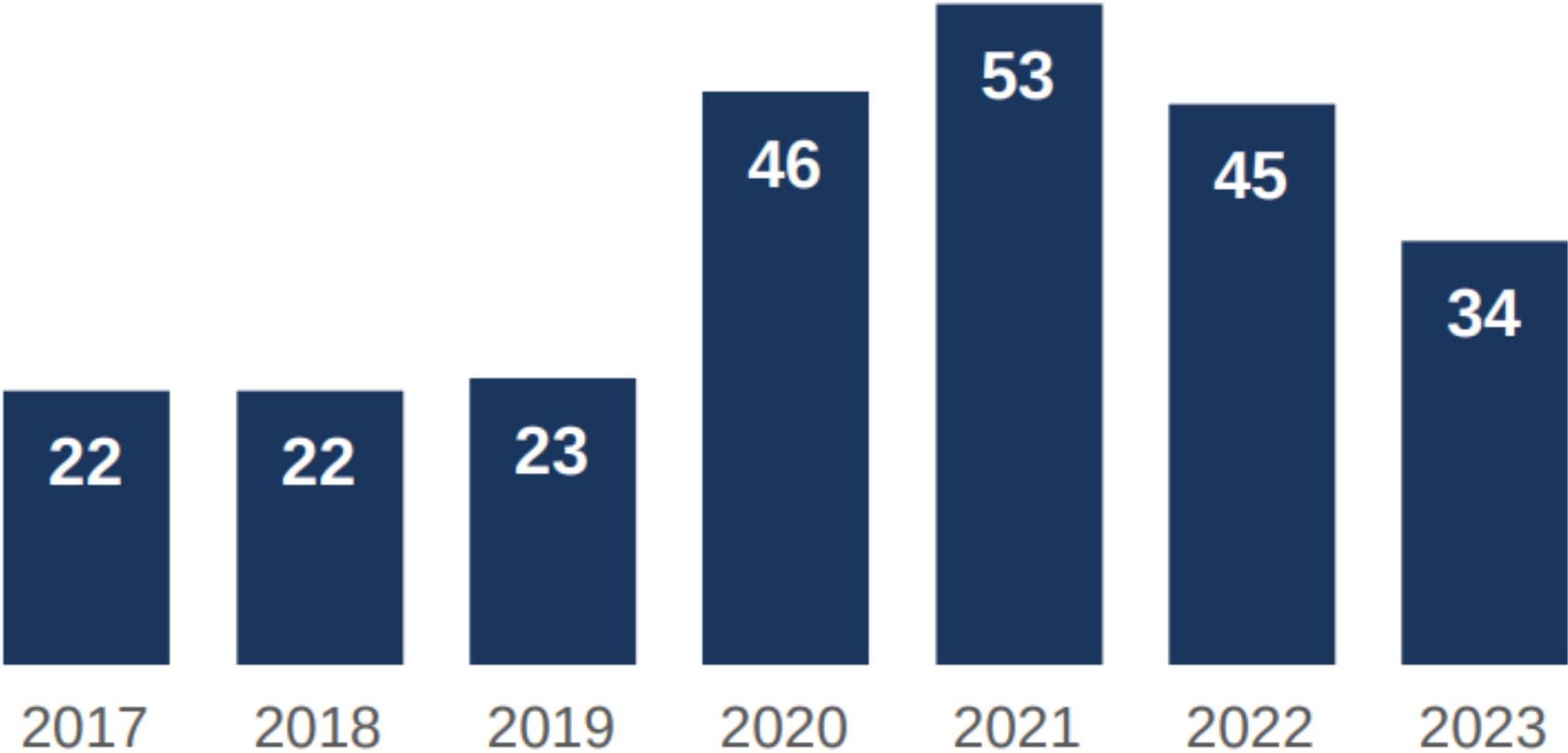
Welcome Kit Deliveries

- ✓ **78** home visits and **pre-kit** surveys completed.
- ✓ **40 follow-up** home visits, one month postpartum.
- ✓ **36 post-visit** surveys completed.
- ✓ **90%** response rate.



Maternal Health

Maternal Health: Pregnancy-Related Deaths, 2021-23



37%
Decrease in pregnancy-related deaths between 2021 to 2023

Maternal Health: Pregnancy-Related Deaths

Leading underlying causes of pregnancy-related deaths



1. Mental health*



2. Cardiovascular conditions



3. Infection



4. Hemorrhage



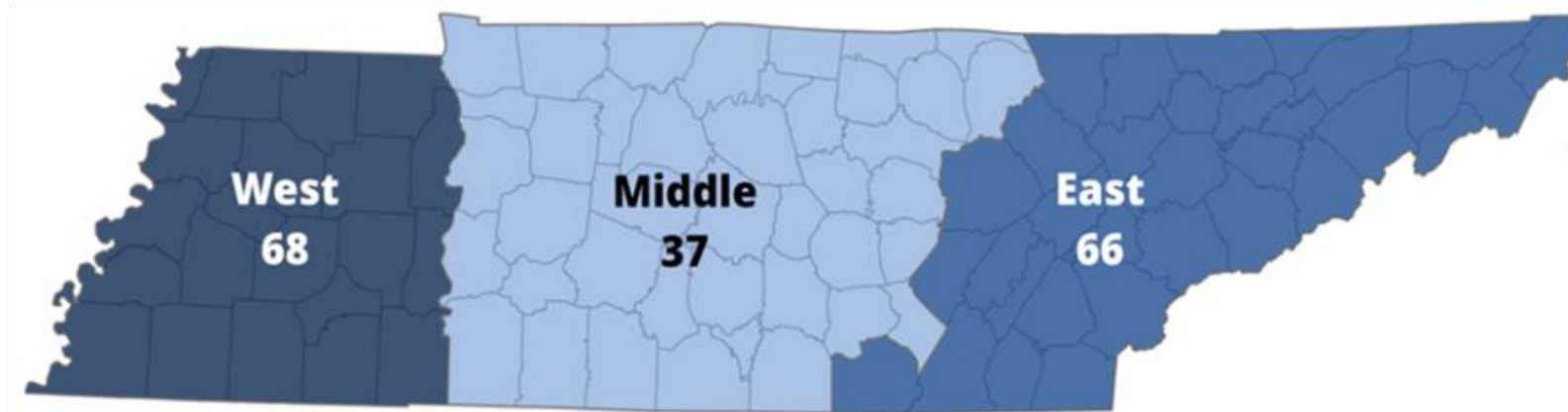
5. Embolism



6. Other

*Substance Use Disorder accounts for **81%** of mental health-related deaths and **22%** of all pregnancy-related deaths.

Maternal Health, Disparities, 2021-2023



West and East Tennessee had nearly **2x** the deaths as Middle TN

Racial & Ethnic

2.7x ↑ Non-Hispanic **Black women** experienced maternal death 2.7x the White rate and 4.6x the Hispanic rate.

4.6x ↑

Age



Women **40 and older** had a mortality rate more than **4x** as high as women aged 25 to 29.

Social



- Unmarried: **2.6x** higher mortality
- High school or less: **3.6x** higher
- TennCare: **2.6x** higher
- Urban: **1.3x** higher

Maternal Health: Task Force and Planning

The Maternal Health Task Force brings together **200+ members** across all 95 Tennessee counties through **four strategic subcommittees** aligned with the Maternal Health Strategic Plan.



Improve Access to Quality Care



Strengthen Maternal Health Infrastructure & Systems



Strengthen Maternal Health Workforce



Address Key Influences on Maternal Health



Maternal Health: Recommendations

1



Systems & Program Level

4



Mental Health, Substance Use & Harm Reduction

2



Manage Hypertension & Cardiovascular Disease in Pregnancy

5



Chronic Disease, Interconception Care & Reproductive Health

3



Optimize Obstetric Emergency Care

6



Social Drivers & Access to Care

Maternal Health: Data to Action

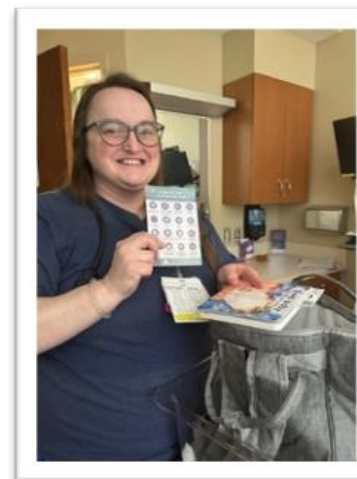
Statewide Initiatives

- **Urgent maternal warning signs**
 - Public Chapter 99
- **Expanded maternal health screenings**
 - Public Chapter 46
- **Immediate post-partum contraception**
- **Closed-loop referral system**



50,600 magnets
67,500 flyers
2,315 posters
365 TN locations
(hospitals, OBs, CHANT, EBHV, midwives)

Data *in* action in TN hospitals



At Chattanooga's East Erlanger and hospitals across Tennessee, discharge nurses are equipping moms with life-saving warning sign magnets before they go home.



Maternal Health: Data to Action, Providers

Maternal Mental Health & Substance Use

Key Activities

- Regional Mental Health Team
- FindHelpNowTN.org expansion
- Outreach & promotion
- Provider training & teleconsultation

Impact



5.7M digital reach



200+ providers trained



138 clinicians certified



Preventing Maternal Violent Deaths

Strategies

- Workforce training
- Cross-sector collaboration
- Public awareness for providers

Impact



1,344 professionals trained



PSAs reached **millions**

Maternal Health: Data to Action, Community



GIFTS Smoking Cessation

680

Pregnant participants

95%

Completion rate

182

Facilitators trained



Be SMART Firearm Storage

170

Community partners
trained in April 2025

Strengthening maternal
safety through safe storage
education



Emerging Issues

Maternal Vaccinations



Protects pregnant patients from severe illness



Passes antibodies to baby



Reduces early infant hospitalization



Maternal Vaccination Protects Two Lives

Recommended Maternal Vaccines

- ✓ **Tdap** (27–36 weeks each pregnancy)
- ✓ **Influenza** (any trimester during flu season)
- ✓ **COVID-19**
- ✓ **RSV** (32–36 weeks during RSV season)

Infant Vaccinations

Infant Immunizations (0–12 months)



- ✓ Hepatitis B
- ✓ DTaP (includes pertussis)
- ✓ Hib
- ✓ Polio (IPV)
- ✓ Pneumococcal (PCV)
- ✓ Rotavirus
- ✓ Influenza (starting at 6 months)
- ✓ COVID-19 (starting at 6 months)

Benefits to Infants

- ✓ Highest risk is in the first year of life
- ✓ Prevents serious illness and hospitalization
- ✓ New: Routine RSV protection in first season
- ✓ Timed to protect before exposure



Vaccines are available at no cost through the Tennessee Vaccines for Children Program.



TN Vaccines for Children Program

Respiratory Syncytial Virus (RSV)

RSV: Moving from Response to Prevention

- ✓ Leading cause of infant hospitalization
- ✓ Highest risk in the first **6 months** of life
- ✓ New: Routine protection with **nirsevimab**
- ✓ Up to **90%** effective in preventing RSV hospitalizations



50,000 to 80,000

RSV results in approximately 50,000 to 80,000 hospitalizations among children under five.

Birthing Facility Closures

★ Sweetwater Hospital Association

- Closed Feb 28th
- Low reimbursement, increased cost, declining volume

★ Southern TN Health System in Pulaski

- Closed December 2025
- Low birthing volumes



Additional Residency Spots

★ Regional One

- Memphis, TN
- Added 3 spots for OB/Gyn

★ Baptist Memorial Hospital,

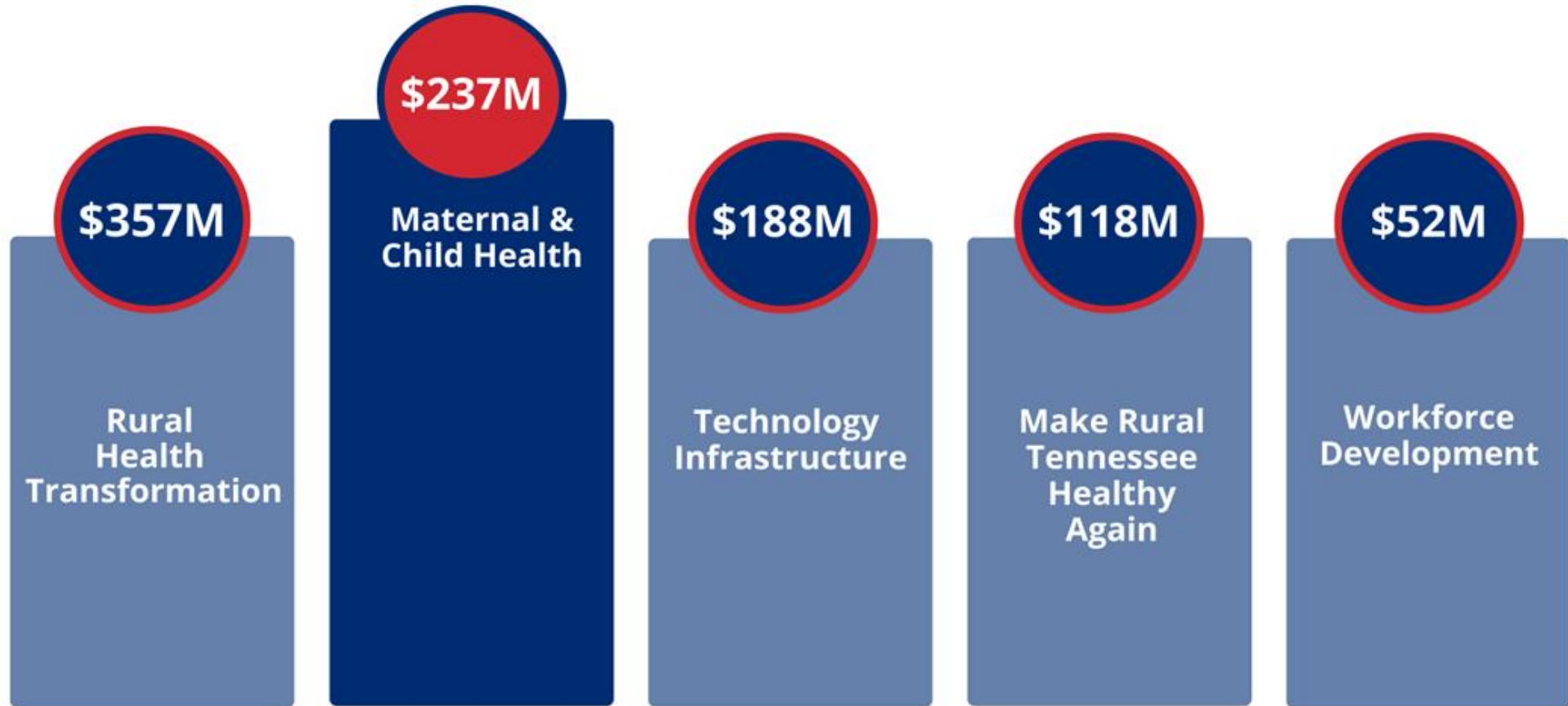
- Huntingdon, TN
- Add 2 FM residency spots



A vibrant rural landscape featuring rolling green hills in the foreground, transitioning into a field of bright yellow flowers. In the background, a range of blue mountains stretches across the horizon under a clear blue sky with scattered white clouds. The overall scene is bright and sunny, conveying a sense of natural beauty and tranquility.

Rural Health Transformation Fund

Rural Health Transformation Fund (RHTF)



\$237M directly supports maternal and infant initiatives; the remaining focus areas strengthen the systems they rely on, such as rural access, workforce capacity, technology, and prevention.

RHTF Focus Areas

Focus Area

Target (FY 2031)



Rural Healthcare Transformation

- >20 rural clinics providing co-located care
- 50% increase in organizations connected through TN Community Compass



Maternal and Child Health

- 100% of maternity-care desert counties served
- Postpartum depression screening 91%
- Postpartum visit attendance 93.8%



Make Rural Tennessee Healthy Again

- 100% of rural counties funded with Community Prevention Grants
- 73 tailored resources



Technology Infrastructure

- Structured data exchange at 85% of encounters
- 500 providers enrolled in HIE
- 200,000 annual TNCC referrals



Workforce Development

- 250 rural residencies
- 80 apprenticeships
- 1,000 student internships



Call to Action

Getting Involved: Join a Committee



- ★ Perinatal Advisory
- ★ Birth Defects
- ★ Genetics Advisory
- ★ Fetal/Infant Mortality
- ★ Child Fatality
- ★ Children's Special Services
- ★ Maternal Mortality
- ★ Traumatic Brain Injury
- ★ Food and Nutrition
- ★ Health and Housing
- ★ Many more...

Legislative and Other Reports

Data tells a story, but data is just a character in the story. Data visualization in the legislative reports translates numbers into a narrative about our fellow Tennesseans. In these, we celebrate our successes, challenges, and emerging issues. These reports are used by:

- Legislative staff
- State agencies
- Media
- Health Care systems
- Community partners
- Tennessee citizens



- Birth Defects
- Child Fatality
- Childhood BMI
- Diabetes
- Domestic/Sexual Violence
- Firearms
- Health Disparities
- Home Visiting
- Infant Mortality
- Maternal Mortality
- Neonatal Abstinence Syndrome
- Safety Net
- Suicide
- Traumatic Brain Injury
- WIC

TN State Loan Repayment Programs

Tennessee State Loan Repayment Program (TSLRP)



TN Department of Health

What is TSLRP?

TSLRP provides educational loan repayment to qualified primary care practitioners in exchange for an initial two-year service obligation to practice full-time or part-time at an ambulatory public, non-profit or private non-profit primary care site located in a federally designated Health Professional Shortage Area (HPSA).

Participant Eligibility:

- Must be a US Citizen or US National
- Must practice full-time at least forty (40) hours or part-time at least twenty (20) hours at an eligible site
- Must be willing to commit to a minimum of two (2) year service agreement
- Must have a valid license to practice in the state of Tennessee

Practice Site Eligibility:

- Must be an ambulatory (outpatient) public non-profit or nonprofit private agency with an IRS code designation of 501(c)(3)
- For-profit healthcare facilities operated by nonprofit organizations must accept Medicare, Medicaid, and Children's Health Insurance Program (Tennessee CoverKids)
- Must be in a federally designated Health Professional Shortage Area (HPSA). You may use this link to determine if your site has HPSA designation: data.hrsa.gov.
- Must see all patients regardless of their ability to pay

**For more information on the program and eligibility requirements, please visit our website at www.tn.gov*

TSLRP Technical Assistance Calls:

Dates:
December 6th, 2023, 9:00 am CST and 2:00 pm CST
December 20th, 2023, 9:00 am CST and 2:00 pm CST
January 3rd, 2024, 9:00 am CST and 2:00 pm CST
January 17th, 2024, 9:00 am CST and 2:00 pm CST

Microsoft Teams Meeting Information:
Join on your computer, mobile app or room device
[Click here to join the meeting.](#)

Meeting ID: 297 405 768 602
Passcode: NjAmPp

[Join on the web](#)
***Technical Assistance Calls will be recorded**

2023 Application Cycle Period:
November 27th, 2023 - January 31st, 2024
2023 TSLRP Application Link : Scan QR Code or [Click Here](#)



Program Staff and Contact Information:

Daneisha Maddix, TSLRP Program Director
Breyanna Johnson, Rural Health Program Specialist

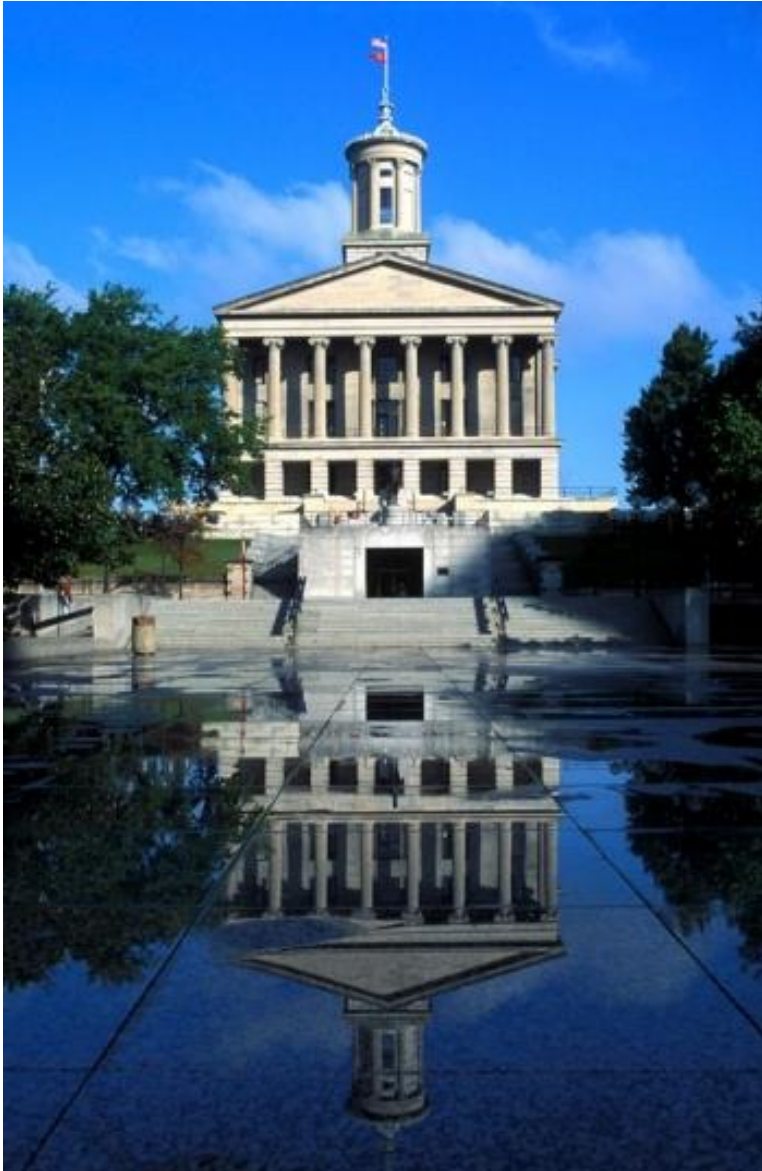
**For questions or inquiries regarding please contact us by email or phone at*
Phone Number: 615-741-5887
Email: health.tslrp@tn.gov

- Loan repayment for TN Primary care practitioners in exchange for working a 2-year obligation in an HPSA
- Also have loan repayment for:
 - Family Practice physicians
 - Dentists
 - Local health department clinicians

Getting Involved: Community Level

- ★ County Health Councils
- ★ Health Disparities Task Force
 - **Email: TDH.OFBCE@tn.gov**
- ★ Maternal Health Task Force
 - **Email: MHI.Health@tn.gov**
- ★ TN Health Alert Network
 - **Email: TNHAN.CEDEP@tn.gov**
- ★ Tracking Legislation
 - **Website: <https://www.capitol.tn.gov/legislation/>**

Getting Involved: Advocacy



- ★ Contacting legislators
- ★ Professional medical advocacy groups at the state level
- ★ Watch proposed bills
- ★ Day on the Hill



How You Advocate Matters



*Question was asked only of senior managers and mail staffers. Their responses are aggregated (n=194).



Why TIPQC?

What we do here matters.

What changes outcomes for mothers and babies
is doing the work *together*.





No matter how big a child is, they cannot deny that they were once carried on the back of a woman.

--Nigerian proverb

Thank You!



Questions?
Tobi.Amosun@tn.gov