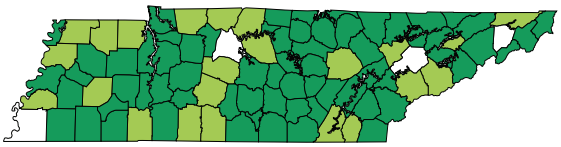
ACCESS TO MATERNAL HEALTH SERVICES IN TENNESSEE

Approximately **1.5 Million** reproductive-aged women live in Tennessee.[1]

Of Tennessee's 95 counties, **72%** are rural counties that have no access to OB Care or birthing centers; **24%** have low access.[2]



Studies show **an increase in out-of-hospital birth rates, in-hospital births without OB services, and low prenatal care utilization in rural counties corresponds with increased risk of complications and cost**.[3,4]

A 2019 study found that **rural residents have a 9% greater probability of severe maternal morbidity and mortality** when compared to their urban counterparts, when controlled for

ACCESS TO SPECIALTY SERVICES

ONLY 40% **of Tennessee has full access to Maternity Care**, with access to hospitals, birth centers offering obstetric care, and obstetric providers.[2]

TENNESSEE RANKS 42nd AMONG 50 STATES **for access to mental health professionals** (psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, substance abuse treatment counselors, and advanced practitioners specializing in mental health care).

- There are **3** certified DONA International doula trainers and **less than 50** DONA Certified Doulas in Tennessee.[6]

PREGNANCY RELATED DEATHS

90% OF PREGNANCY-RELATED DEATHS **WERE DEEMED PREVENTABLE.**[7]

Between 2017 and 2020, **113 women in Tennessee died from pregnancy related causes within one year of pregnancy.** Pregnancy-related deaths are highest among non-Hispanic Black women, women covered by TennCare, and those residing in Middle Tennessee.[7]

77% OF PREGNANCY-ASSOCIATED DEATHS **COULD HAVE BEEN PREVENTED WITH THE APPROPRIATE RESOURCES AND/OR INTERVENTIONS.**[7]

Between 2017 to 2020, **177 Tennessee women died from pregnancy-associated, but not related causes.** A higher burden of deaths occurred in those younger than 30 years, non-Hispanic White, or covered by TennCare.[7]

CONTRIBUTING FACTORS

Tennessee's Maternal Mortality Review Committee identified the following as contributing factors to early maternal deaths:[7]

43% Substance Use Disorder · **33%** Mental Health Conditions · **23%** Discrimination · **15%** Obesity

The 3 leading causes of early maternal death were:[7]

- **Cardiovascular and coronary disease**
- **Hemorrhage**
- **Mental Health conditions**

RHA is leading the way for a healthy tomorrow throughout Rural Tennessee through Partnerships, Advocacy, Education, and Resources.

www.tnruralhealth.org

RURAL HEALTH ASSOCIATION OF TENNESSEE

ACCESS TO MATERNAL HEALTH SERVICES IN TENNESSEE

POLICY RECOMMENDATIONS

- Develop certification and state regulation requirements that allow for expanded scope of practice and reimbursement for advanced practice providers (e.g., family physicians, nurse practitioners, physician assistants, nurse midwives, certified midwives) and non-traditional providers (e.g., doulas, community health workers).[4]
- Support programs that increase access to birthing centers, rural-specific obstetrics-focused residency programs, and interprofessional education for high-quality obstetric care.
- Support access to Medicaid. Medicaid plays an important role in maternal and child health for mothers and babies in rural areas.[4] In non-expansion states, rural residents are twice as likely to be uninsured[8] which can result in delayed prenatal and maternity care.
- Incentivize the integration of rural EMS programs, community health workers, other non-traditional providers specializing in maternal care (e.g. doulas), and hospitals to support maternity care in maternal health professional shortage areas.[7]
- Provide malpractice insurance supplements to rural providers, inclusive of family practice physicians.[7]
- Support programs that improve access to mental health providers for outpatient and in-patient treatment of substance use and mental health disorders, including funding for community health workers and doula services.
- Support comprehensive health education in the K-12 school setting, along with evidence based programs aimed at teenage pregnancy prevention such as service learning and Personal Responsibility Education Program (PREP).

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Note: This brief is modeled after the National Rural Health Association's Rural Obstetric Unit Closures and Maternal and Infant Health Policy Brief.[4]