

Tennessee Regional Perinatal Centers

FY 2022 Fact Sheet

- Together, prematurity and low birthweight are the second leading cause of infant death in Tennessee.
- Tennessee's smallest and most fragile babies have a better chance of survival if they are born at an appropriate facility.
- Perinatal regionalization is a key national strategy to reduce infant mortality.

What is the purpose of the regional perinatal system?

To provide and support an appropriate, accessible high-risk perinatal and neonatal health care system that meets the needs of high-risk infants and child-bearing aged women in Tennessee.

How does the system work?

Funding is provided by the State to five designated regional tertiary centers to assure that the infrastructure for high-risk perinatal services is in place statewide. This system includes 24-hour telephone consultation with physicians and nurses, professional education within the region, transportation of high-risk pregnant women and infants, and post-neonatal follow-up.

Why is the system important?

The Regional Perinatal Centers provide a statewide system of high-risk obstetric and infant care. Research indicates that ensuring high-risk pregnant women and newborns receive risk-appropriate care can reduce maternal and infant morbidity and mortality.

Who is eligible?

All pregnant women and infants who are high risk are accepted for services at the five regional tertiary hospitals without regard to income.



January 2022

Regional Perinatal Centers

West Tennessee – Memphis

- Regional Medical Center at Regional One Health

Middle Tennessee – Nashville

- Vanderbilt University Medical Center
Monroe Carell, Jr. Children's Hospital

Southeast Tennessee – Chattanooga

- Erlanger Health System
Children's Hospital at Erlanger

East Tennessee – Knoxville

- The University of Tennessee
Medical Center at Knoxville

Northeast Tennessee – Johnson City

- Johnson City Medical Center

Perinatal Center Activities

Direct Clinical Care and Consultation

Care is provided to high-risk pregnant women and Tennessee's most fragile and sick infants at five centers throughout the state. Specialized care is available for individuals with complex medical conditions or with high-risk pregnancies. Services also support critically ill infants, including those born extremely premature or with serious conditions requiring medical or surgical care. Highly trained staff are available for consultation with Tennessee providers 24 hours a day, 7 days a week. Outpatient consultation services are also available. In FY 2022, 106,931 consultations were performed by perinatal center staff.



Education for Community Hospitals and Providers

Expert staff from the perinatal centers travel throughout the state to provide training to staff at community hospitals. The training helps prepare staff in community hospitals and provider offices for recognizing and treating complex medical conditions. Additional training equips local staff with the knowledge and skills to stabilize critically ill infants until they can be transported to a specialized center. In FY 2022, 8,535.3 hours of educational training were provided throughout the state.

Snapshot: Perinatal Activities FY 2022

Hospital-based Services

- 17,247 deliveries to Tennessee residents at regional obstetrical centers
- 3,855 NICU admissions to Tennessee infants
 - ◆ 46.3% low birth weight
 - ◆ 12.7% very low birth weight
 - ◆ 6.4% extremely low birth weight

Consultation Services

- 106,931 obstetrical consultations (outpatient)

Outpatient Services

- 3,750 NICU follow-up clinic visits
- 842 transports of Tennessee infants to regional neonatal centers

Community Services

- 8,535.3 educational hours taught to staff throughout the state

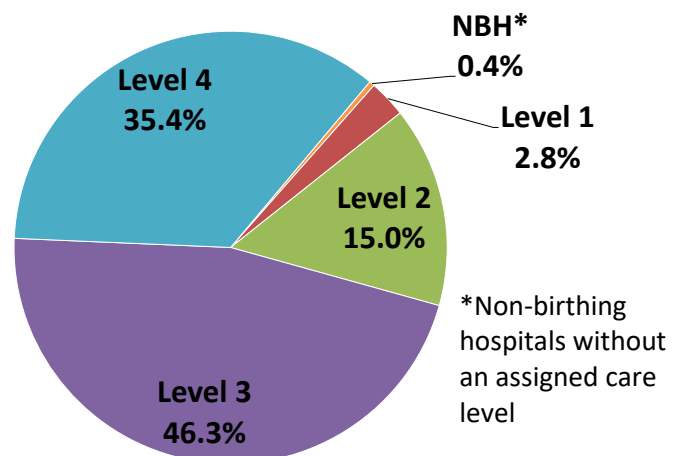
In Calendar Year 2021 in Tennessee:

- Total resident births were 81,709
- 505 infants died in the first year of life (infant mortality rate - 6.2/1,000)
- 11.3% (9,190) were born preterm
- 1.5% (1,227) were born very low birth weight

Technical Assistance to State Agencies

Staff from the regional perinatal centers are active and regular participants in a number of initiatives aimed at improving birth outcomes in Tennessee, including the Tennessee Initiative for Perinatal Quality Care (TIPQC) and the Department of Health's Perinatal and Genetics Advisory Committees, Maternal Mortality Review Committee, and the Maternal Health Task Force. Experts from the regional perinatal centers and local hospitals provide guidance throughout the year as needed. Members also participate in ad hoc work groups convened by the Department of Health and other agencies. During calendar year 2022, an expert work group updated the Educational Objectives for Nurses.

VLBW Deliveries by Neonatal Care Level



In 2021, 82% of very low birth weight (VLBW) infants were delivered at level 3 or level 4 facilities.