

# Regional Perinatal Centers

## Tennessee Fact Sheet

- *Prematurity and low birth weight are leading causes of infant mortality 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 one of five key national strategies to reduce infant mortality.*

### **What is the purpose of the regional perinatal system?**

To provide and ensure an appropriate, accessible high-risk perinatal and neonatal health care system that meets the needs of high risk infants and 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.

### **How many people are helped by the program?**

Indirectly, the system impacts all mothers and babies in Tennessee by assuring that health care providers are educated on high risk perinatal care and have a system of consultation available to them. In FY 2017, Tennessee's Regional Perinatal Centers provided direct care for 5,306 high-risk neonates and 15,765 high-risk maternal patients.

### **Why is the system important?**

The Regional Perinatal Centers provide a statewide system of high-risk maternal 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 women and infants who are high risk are accepted for services at the five regional tertiary hospitals without regard to income if no other appropriate facility is available to manage their care.



### **Tennessee's Perinatal Centers**

#### **Chattanooga**

- Erlanger Health System
- T.C. Thompson Children's Hospital

#### **Johnson City**

- Johnson City Medical Center Hospital

#### **Knoxville**

- The University of Tennessee Medical Center at Knoxville

#### **Nashville**

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

#### **Memphis**

- Regional Medical Center at Regional One Health

# 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 women 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 2017, over 63,200 consultations were performed by perinatal center staff.



## **Snapshot: Perinatal Activities FY 2017**

### Hospital-Based Services

- 14,123 deliveries to Tennessee residents at regional obstetrical centers
- 4,459 NICU admissions to Tennessee infants
  - 43.5% low birth weight
  - 13.0% very low birth weight

### Consultation Services

- 63,228 obstetrical consultations (outpatient)

### Outpatient Services

- 2,699 NICU follow-up clinic visits
- 852 transports of TN infants to regional neonatal centers

### Community Services

- 8,952 educational hours taught to staff throughout the state

**In calendar year 2016, 84% of very low birthweight (VLBW) infants were delivered at level 3 or level 4 facilities.**

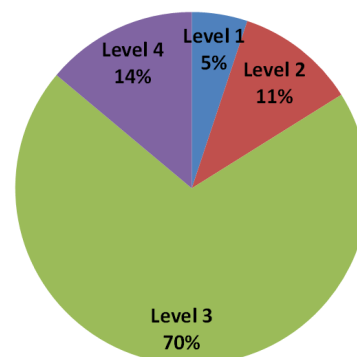
## Education for Community Hospitals and Providers

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 2017, over 8,900 hours of educational training were provided throughout the state.

## 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, and Infant Mortality Workgroup. Experts from the regional perinatal centers and local hospitals provide guidance throughout the year as needed, including during the revision of the regionalization guidelines and the educational objectives for nurses. Members also participated in ad hoc workgroups convened by the Department of Health and other agencies. During FY 2017, representatives from across the state were named to the new Maternal Mortality Review Committee. This Committee is tasked with making recommendations to the state for prevention of maternal morbidity and mortality.

**VLBW Deliveries by Neonatal Care Level  
Tennessee, 2016**



Data source: TN Department of Health; Division of Policy, Planning and Assessment; Birth Statistical System. Includes in-state births to both TN residents and non-residents at hospitals and freestanding birthing centers. Births at facilities without designated care levels were excluded from the analysis. Care levels were designated by regional perinatal coordinators.