

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 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 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 2019, Tennessee's Regional Perinatal Centers provided direct care for 4,847 high-risk neonates and 15,606 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.



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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 2019, 98,906 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 2019, 7,679 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, Maternal Mortality Review Committee, and Infant Mortality Workgroup. 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 the year an expert group developed new perinatal guidelines for Emergency Medical Services (EMS) and emergency department staff.

Snapshot: Perinatal Activities FY 2019

Hospital-Based Services

- 14,175 deliveries to Tennessee residents at regional obstetrical centers.
- 4,169 NICU admissions to Tennessee infants.
 - 43.4% low birth weight.
 - 12.4% very low birth weight.

Consultation Services

- 98,906 obstetrical consultations (outpatient).

Outpatient Services

- 2,798 NICU follow-up clinic visits.
- 756 transports of TN infants to regional neonatal centers.

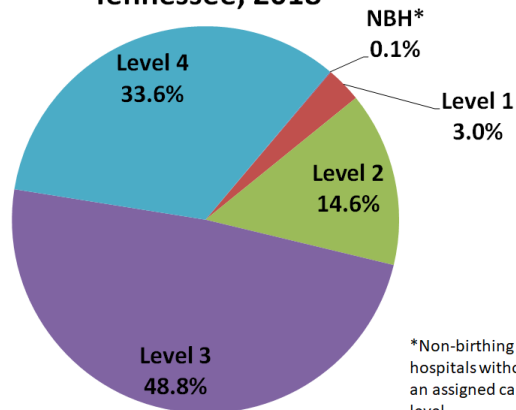
Community Services

- 7,679 educational hours taught to staff throughout the state.

In 2018 in Tennessee:

- Total resident births were 80,737.
- 559 died in the first year of life (infant mortality rate - 6.9/1,000)
- 11.1% (8,880) were born preterm
- 1.6% (1,304) were born very low birth weight

VLBW Deliveries by Neonatal Care Level Tennessee, 2018



Data source: TN Department of Health; Division of Vital Records and Statistics; Birth Statistical System Includes in-state, in-hospital births to TN residents. Care levels were determined using CDC Levels of Care Assessment Tool (CDC LOCATE).

In calendar year 2018, 82% of very low birthweight (VLBW) infants were delivered at level 3 or level 4 facilities.