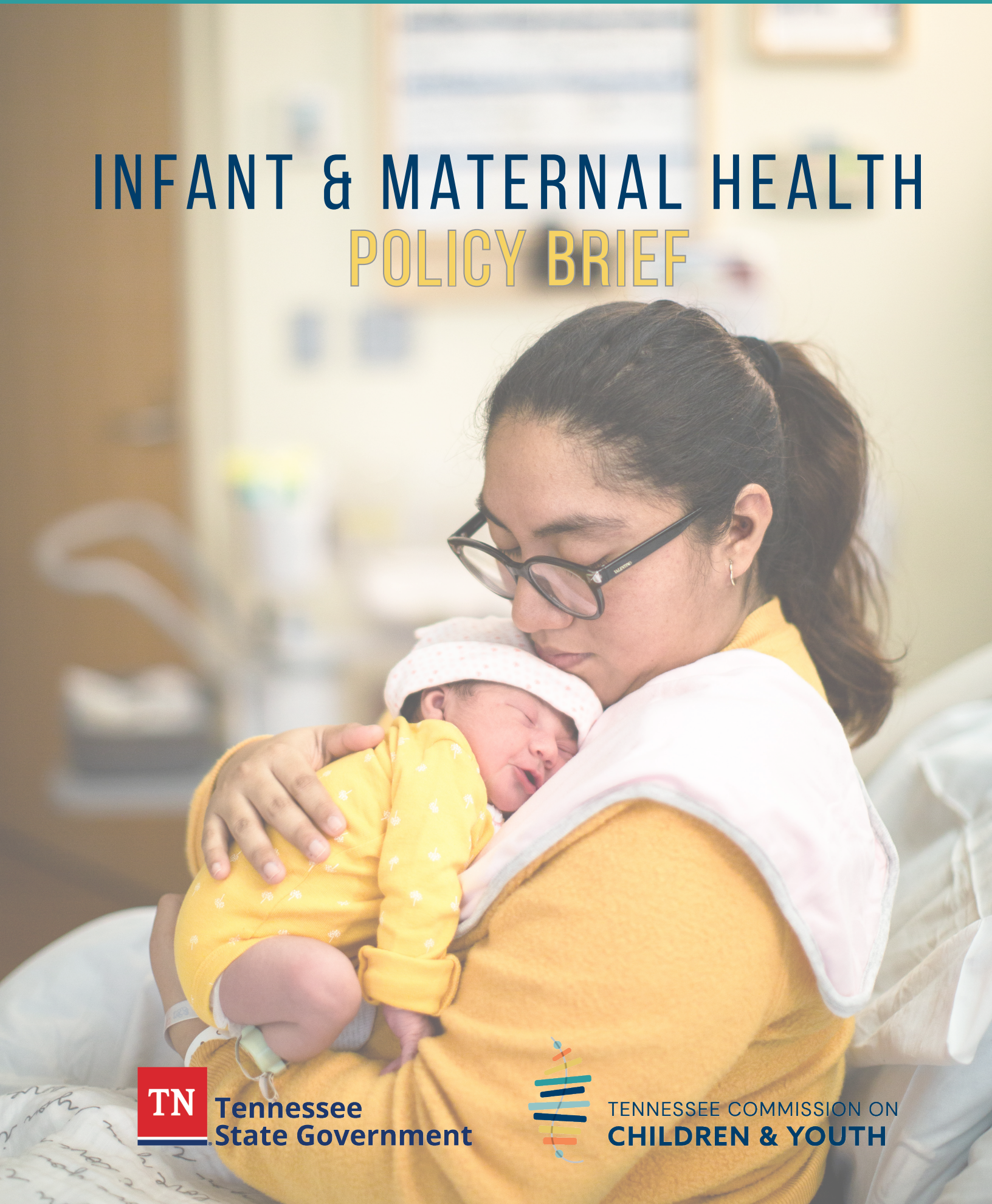
TENNESSEE COMMISSION ON CHILDREN AND YOUTH

INFANT & MATERNAL HEALTH

POLICY BRIEF



TN Tennessee State Government

TENNESSEE COMMISSION ON CHILDREN & YOUTH

EXECUTIVE SUMMARY

The earliest years of life represent a time when the foundation for all future learning, behavior and health is built. When Tennessee supports healthy pregnancies, births and infant development, this investment improves a range of outcomes across the lifespan, resulting in greater health and prosperity in our state.

Currently, Tennessee's maternal and infant health outcomes are quite poor. In 2019, Tennessee ranked 41st maternal mortality. In 2021, Tennessee ranked 38th in the nation for babies born at a low birth weight and 43rd in infant mortality. Tennessee's outcomes are considerably worse than other states. These outcomes show our state has significant opportunity to advance policies and practices that ensure all Tennessee children can build a strong foundation for health.

Policies that increase access to prenatal care, postpartum care and support for new mothers significantly improve physical health, mental health and mortality outcomes for both infant and mother.

THE EARLIEST YEARS OF LIFE REPRESENT A TIME WHEN THE FOUNDATION FOR ALL FUTURE LEARNING, BEHAVIOR AND HEALTH IS BUILT.

POLICIES THAT SUPPORT NEW MOTHERS SIGNIFICANTLY IMPROVE PHYSICAL HEALTH, MENTAL HEALTH AND MORTALITY OUTCOMES FOR BOTH INFANT AND MOTHER.

PRENATAL CARE

Prenatal care can decrease pregnancy complications for both child and mother. Often, significant health risks arise from chronic health conditions and health risk behaviors including, but not limited to, cardiac disease, obesity, hypertension, asthma, gestational diabetes, preeclampsia, substance use, exposure to violence and mental health concerns. These conditions increase the risk of maternal mortality and, without proper care and management, can impact the child in utero and after birth.[1]

When women do not receive prenatal care, they are three to four times more likely to die from pregnancy-related complications. Their infants are three times more likely to have low birth weight and five times more likely to die in infancy. Furthermore, women without prenatal care are at risk of preterm birth that, not only increases the risk of infant death but increases the likelihood of lifelong health complications for infants who survive.[2]

Access to high-quality, affordable and timely care is one of the most important factors that impact birth and health outcomes for infants and mothers.[2] Lack of insurance is one of the largest barriers to this important care[1] with "one in six women of reproductive age [being] uninsured".[2]

Tennessee experiences some of the poorest infant and maternal mortality in the United States, ranking 41st in maternal mortality and 43rd in infant mortality. While the state's infant mortality rate fell from 7.3 deaths per 1,000 to 7.1 deaths per 1,000 live births, the state's current mortality rate still surpasses the national rate of 5.7 deaths per 1,000 births, and the rate of death of Black infants is nearly twice that of white infants.[3] By increasing healthcare access, we can address factors that contribute to these poor outcomes.[4]

Mothers living in rural Tennessee face greater challenges accessing prenatal care. Several factors including "hospital and obstetric department closures, workforce shortages, and access to care challenges arising from social determinants of health" have contributed to these disparities[1]. Since 2012, Tennessee has experienced nine hospital closures.[5]

"WHEN WOMEN DO NOT RECEIVE PRENATAL CARE, THEY ARE THREE TO FOUR TIMES MORE LIKELY TO DIE FROM PREGNANCY-RELATED COMPLICATIONS."

DOULA CARE

Though maternal health care is key to preventing medical and mental health complications in both mother and child, there is a shortage of maternal health care providers. This shortage is greatest in rural areas.[1] Providing insurance reimbursement for doula care can expand the maternal health care work force.

Doulas are non-clinical individuals "trained to provide information, emotional support, and physical comfort to a birthing person before, during, and shortly after childbirth.[6] Doulas provide continuous support throughout labor and delivery. They often meet with clients at least once at the end of pregnancy and once in the immediate postpartum period where they provide coaching on newborn care and feeding, provide support for physical and emotional recovery from birth, and connect new mothers with resources when necessary.[7]

Studies show that women who receive doula care have lower rates of preterm birth and lower rates of cesarean birth, providing an average of $986 in healthcare cost savings.[8] In addition to positive birth outcomes, doulas help support the establishment and length of breast feeding, help recognize and reduce postpartum depression, and coach new mothers to engage in healthy parent-infant interactions.[7]

POSTPARTUM CARE

In the postpartum period, a mother is adapting to a series of physical, psychological and social changes. Lack of sleep, recovery from childbirth, changes in hormones, adjustment to new family dynamics and learning to care for and feed a newborn provides considerable stress.[9]

Because the first year of life represents an important time in building brain architecture, it is essential for our state to support new parents through postpartum care. Brain science shows that million new neural connections form every second in the earliest years of life. Back-and-forth "serve and return" interactions between caregivers and infants are an essential element for building the brain's foundation.[10,11]

Postpartum care ensures the continued health and care of the mother including physical health, complications following birth, promotion of family planning and birth spacing, connection to concrete resources, and attention to mental health and substance abuse treatment.[9] Provision of this care and support increases a mother's capacity to engage in "serve and return" interactions that build healthy attachment and promote healthy brain development.

OPIOID AND OTHER MATERNAL SUBSTANCE ABUSE

National data suggest that alcohol and other substance use is high among new mothers, with the presence of postpartum depression increasing risk of abuse.[12] From 2008 to 2017, the number of Neonatal Abstinence Syndrome (NAS) cases grew in Tennessee by 255 percent. In 2017, 13.5 of every 1,000 live Tennessee births involved NAS.

Of all pregnancy-associated deaths, more than two out of three were covered by TennCare after birth. In Pregnancy-associated deaths, 61 percent occurred 1.5 - 12 months after birth. Previously, TennCare coverage for pregnant women expired 60 days after birth, just two weeks into the most common time for a woman to experience a pregnancy associated death. The Pregnancy-Associated Mortality Ratio (PAMR) for a woman on Tenncare was 2.5 times higher than those on private insurance.

A new pilot program beginning March 2022 will extend Tenncare benefits to 12 months. As this program is implemented we hope to see a reduction in pregnancy-associated deaths as 79 percent of these deaths were found to be preventable.

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FROM 2008 TO 2017, THE NUMBER OF NEONATAL ABSTINENCE SYNDROME (NAS) CASES GREW IN TENNESSEE BY 255 PERCENT

SUPPORTIVE POLICIES AND PRACTICES

The following practices provide support to new parents during the pre and postnatal period. These supports help create environments where babies can build strong brain architecture, laying a lifelong foundation.

EVIDENCE BASED HOME VISITING

Evidence-Based Home Visiting (EBHV) is one of the most effective ways to support pregnant women and new parents. Home visitors connect pregnant mothers with prenatal care, coach new parents on activities that support healthy infant and child development, promote healthy infant-parent attachment, and provide regular screenings in order to identify developmental or health challenges.

Evaluation of these high-quality programs demonstrates they lead to improved birth outcomes, a reduction of child abuse and neglect and improved school readiness for children. For every dollar spent on EBHV, analysis indicates a return on investment of $1.75 - $5.70.[14]

SUPPORTING BREASTFEEDING IN THE WORKPLACE

Businesses in Tennessee can improve infant health and support new mothers in the postpartum period by enacting policies that support breastfeeding. Breastfeeding decreases infections and illness in infants, resulting in decreases in medical care and time off from work for parents.[15] In addition to improving health, family-friendly breastfeeding policies also save employers on average $3 for every $1 invested by reducing employee turnover.[16]

PAID FAMILY LEAVE

The United States along with the Marshall Islands, the Federated States of Micronesia,Nauru,Palau,Papua New Guinea and Tonga are the only countries that do not provide new mothers paid time off to spend with their newborn.[17] A lack of paid family leave disproportionately impacts lower income individuals and those without a college degree. Approximately 66 percent of mothers without a college degree did not take paid family leave and half were let go or quit their job shortly after pregnancy.[18,19] Although some workers are protected by the Family and Medical Leave Act of 1938, a study found that approximately 41 percent of United States workers were not covered under FMLA.[20]

In a study of the recent implementation of a statewide paid family found that women were more likely to take a longer leave, typically 4 additional weeks.[21,19] They also found that mothers were more likely to maintain employment both leading up to birth and in the year following.[21] In addition to supporting infants through paid maternal leave, coverage should be expanded to include paternal leave as well as adoptive parents.

FAMILY-FRIENDLY BREASTFEEDING POLICIES ALSO SAVE EMPLOYERS ON AVERAGE

$3 FOR EVERY $1

INVESTED BY REDUCING EMPLOYEE TURNOVER

FOR EVERY DOLLAR SPENT ON EVIDENCE-BASED HOME VISITING ANALYSIS INDICATES A RETURN ON INVESTMENT OF UP TO

$5.70

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