Maternal mortality rates in the United States are rising. The U.S. has the highest rate of maternal death among developed nations with significant racial disparities and large differences in rates between states. The Society for Maternal-Fetal Medicine (SMFM) has identified five important ways that states are addressing the rising rates of maternal mortality: 1) the establishment of maternal mortality review committees, 2) the establishment of perinatal quality collaboratives, 3) the expansion of Medicaid, 4) reporting of maternal death data stratified by race/ethnicity, and 5) participation in the Alliance for Innovation on Maternal Health program. This fact sheet details the progress Tennessee has made toward reducing maternal mortality. To view other state fact sheets, visit SMFM.org/scorecard.

Insurance Coverage for Reproductive-Aged Women and New Mothers in Tennessee

13% of women 15-44 years of age are without health insurance.

Tennessee’s Medicaid program covers pregnant people up to 200% of the federal poverty level.

Pregnant people and new mothers with monthly incomes of $3,620 or less are eligible for Medicaid coverage (family of 3).

Many new mothers lose Medicaid coverage 60 days after giving birth.

Black women in Tennessee are nearly 3 times more likely to die from pregnancy-related causes than white women.

Efforts by Tennessee to Prevent Maternal Deaths

<table>
<thead>
<tr>
<th>2018</th>
<th>2019</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>✗</td>
<td>✗</td>
<td>✗</td>
</tr>
<tr>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>✗</td>
<td>✗</td>
<td>✔</td>
</tr>
</tbody>
</table>

- Maternal Mortality Review Committee
- Perinatal Quality Collaborative
- Medicaid Expansion
- Reports Maternal Mortality Data by Race/Ethnicity
- Alliance for Innovation on Maternal Health

Pregnancy-Related Mortality Ratio

(number of pregnancy-related deaths per 100,000 live births)

<table>
<thead>
<tr>
<th>Race</th>
<th>Tennessee*</th>
<th>USA</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian</td>
<td>+</td>
<td>28.3*</td>
</tr>
<tr>
<td>Asian or Pacific</td>
<td>+</td>
<td>13.8*</td>
</tr>
<tr>
<td>Non-Hispanic</td>
<td>57.8</td>
<td>41.7*</td>
</tr>
<tr>
<td>Hispanic</td>
<td>+</td>
<td>11.6*</td>
</tr>
<tr>
<td>Non-Hispanic</td>
<td>20.5</td>
<td>13.4*</td>
</tr>
<tr>
<td>White</td>
<td></td>
<td>17.3**</td>
</tr>
</tbody>
</table>

*2017-2018 | **2014-2017 | +data suppressed due to low numbers

Black women in Tennessee are nearly 3 times more likely to die from pregnancy-related causes than white women.
State Actions Aimed at Reducing Maternal Deaths

Maternal Mortality Review Committees
- Gather and analyze data and
- Make recommendations

Driving Action by

Perinatal Quality Collaboratives
- Build the infrastructure for and advance system-wide quality improvement efforts

AIM
- Implement patient safety bundles

Policymakers
- Advance policy reforms, including expanding and extending Medicaid coverage

Postpartum Medicaid Extension
SMFM recommends that states provide 12 months of comprehensive postpartum Medicaid coverage to all new mothers.

No Extension  Enacted  Implementing Limited Coverage Extension  Implementing Full Coverage Extension

Website

Most Recent Report

Year Most Recent Report Released
2020

Does Most Recent Report Include Recommendations?
Yes

Local Resources
Perinatal Quality Collaborative
https://tipqc.org/

Medicaid

Questions? Contact Rebecca Abbott (rabbott@smfm.org)

Review data sources and methodology at https://www.smfm.org/scorecardmethodology.

Last updated January 18, 2021.

SMFM State Liaisons
Connie Graves, MD
Rolanda Lister, MD
Sarah Osmundson, MD, MSCR
Benjamin Vaughan
Lynlee Wolfe, MD
Lisa Zuckerwise, MD