



The mission of the March of Dimes is to improve the health of babies by preventing birth defects, premature birth, and infant mortality.

2009 ADVOCACY ISSUES

The March of Dimes and our advocacy partners, Tennessee Perinatal Association (TPA), Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN), and Tennessee Initiative on Perinatal Quality Care (TIPQC) advocate for healthy babies in Tennessee by promoting smoke-free initiatives, improvement of pregnancy outcomes for infants, and continuation of other initiatives benefiting the health of pregnant women and children.

Smoking Issues: *Direct and indirect exposure to smoke during pregnancy has been linked to preterm births (less than 37 weeks gestation), low birthweight infants (less than 5 1/2 lbs), and infant mortality (death within the 1st year of life). (National Vital Statistics, 2002).*

- In Tennessee in 2007, 26.6% of women ages 18-44 reported smoking, compared to 21.2% overall in the U.S.
- According to the Tennessee Department of Health (TDOH), 19.2% of women reported smoking during pregnancy in 2006. The rate of preterm birth was higher among women who smoked (14.5%) than among those who did not smoke (12.2%).
- Between 2004 and 2006, the rate of low birthweight births was higher among women who smoked cigarettes during pregnancy (13.4%) than among those who did not smoke (8.7%).
- Among infants born to women who smoked cigarettes while pregnant, the mortality rate was 13.2 deaths per 1,000 live births between 2004 and 2005.
- Secondhand Smoke has been linked to reduced fetal growth and increased risk of low birthweight in pregnant mothers. (A Report of the Surgeon General, 2005)

OUR RECOMMENDATION: *Maintain the statewide smoking ban.*



2008 Premature Birth Report Card

Tennessee
 Preterm Birth Rate: **14.7%**
 U.S. Rank: **45th**
 Grade: **F***

Tennessee's preterm birth rate is nearly twice the Healthy People 2010 objective of 7.6% and increased by 13% between 1995 and 2005. Disparities exist among population subgroups. While research continues on the causes of preterm birth, the nation can address some contributing factors and prevention opportunities. Three of these are below.

Selected Contributing Factors	Rate (%)	Comments
Uninsured Women	16.1%	About 1 in 6 women of childbearing age in Tennessee has no health insurance coverage. Health care access before and during pregnancy can help identify and manage conditions that contribute to premature birth.
Women Smoking	26.6%	About 1 in 4 women of childbearing age in Tennessee is a smoker. Smoking cessation programs can reduce the risk of premature birth.
Late Preterm Births	10.4%	About 1 in 10 live births in Tennessee is late preterm (34-36 weeks gestation). The rise in late preterm births has been linked to rising rates of early induction of labor and c-sections.