



New Maternal Health Legislation 2025

Overview

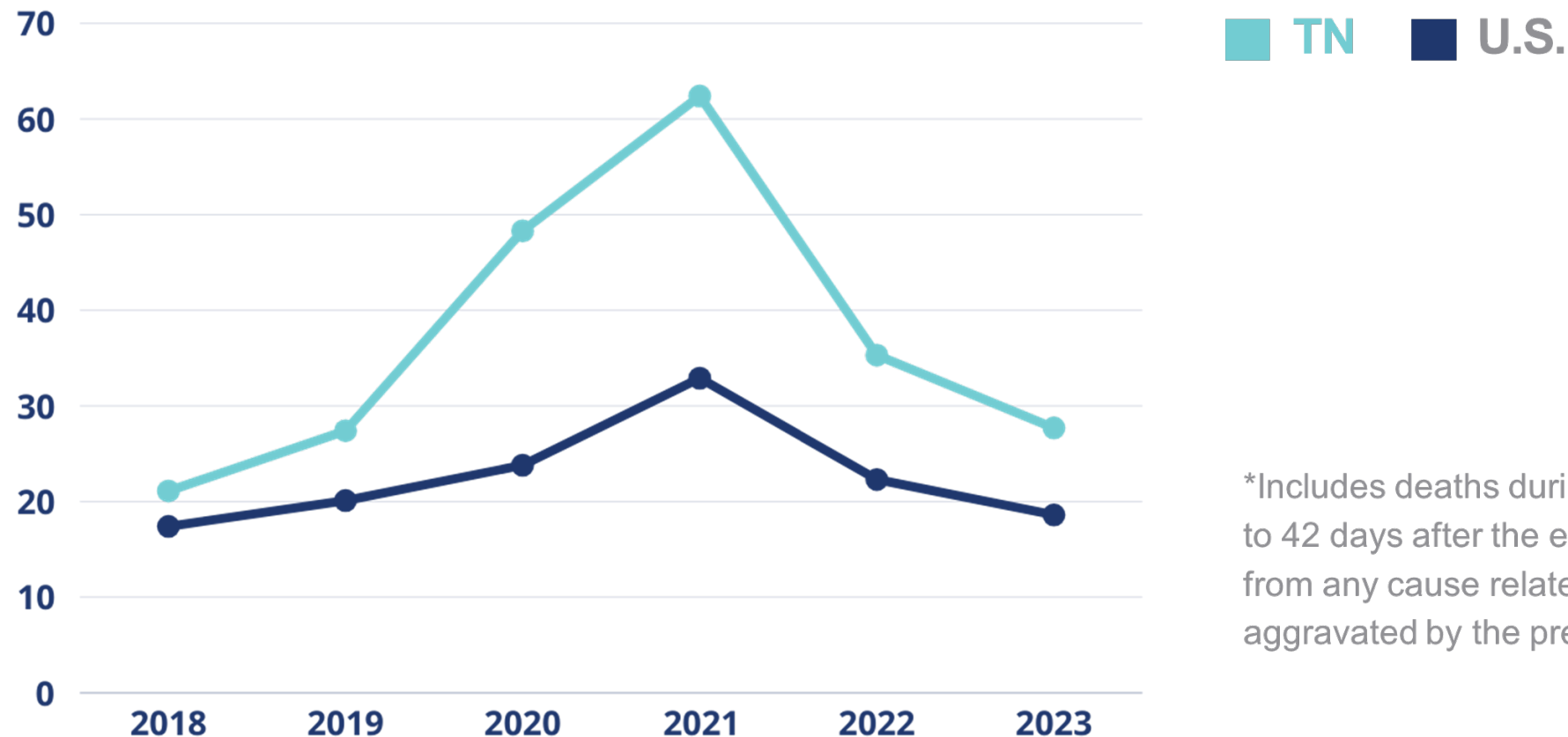
- Maternal Mortality Overview
- 2025 Public Chapter 0099: Urgent Maternal Warning Signs
 - Requirements
 - Resources to support implementation
- 2025 Public Chapter 0046 Maternal Health Screening
 - TennCare Coverage
 - Resources to support implementation
- Q&A



Maternal Mortality Data – US vs. TN

Maternal Mortality Rate: United States and Tennessee, 2018-2023*

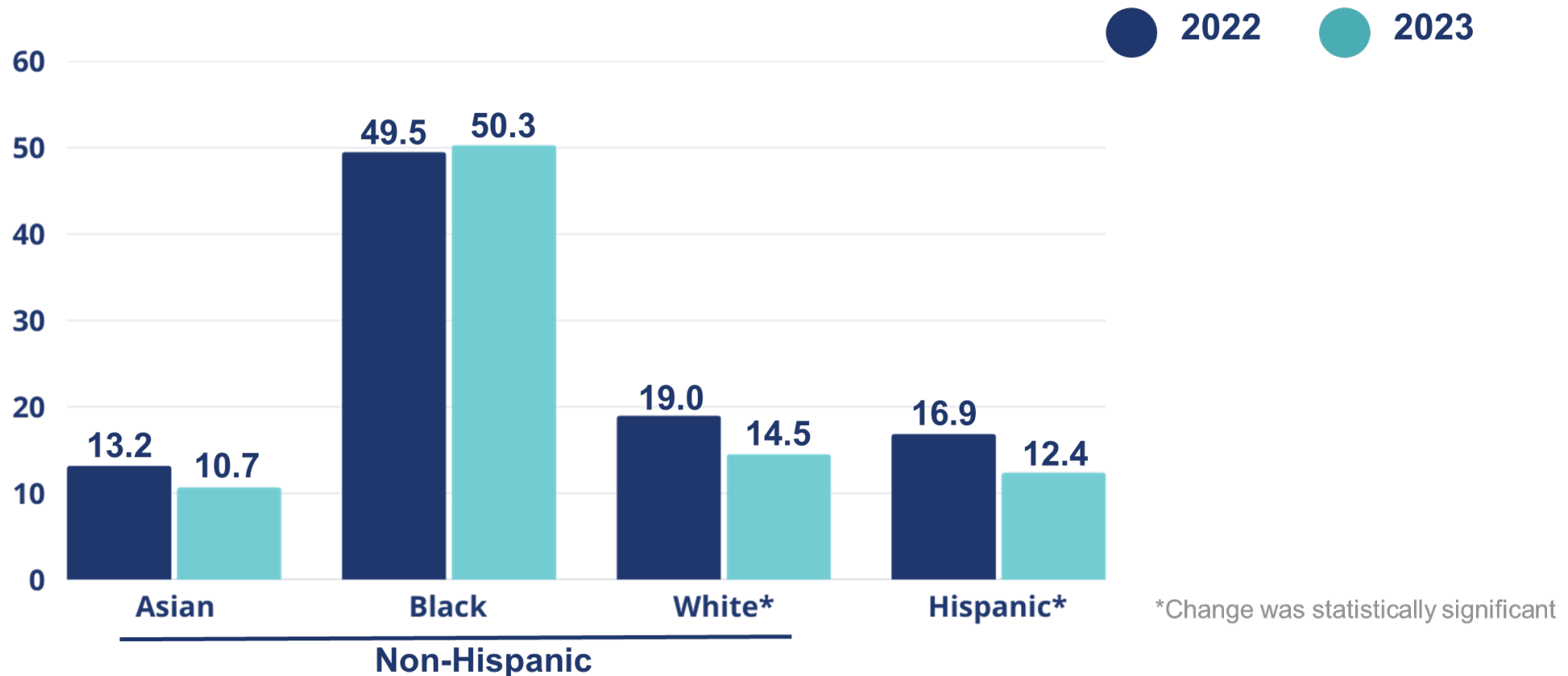
Number of deaths per 100,000 live births



*Includes deaths during pregnancy up to 42 days after the end of pregnancy from any cause related to or aggravated by the pregnancy;

Maternal Mortality Data, United States, cont.

Maternal Mortality Rate: United States, 2022 and 2023
Number of deaths per 100,000 live births



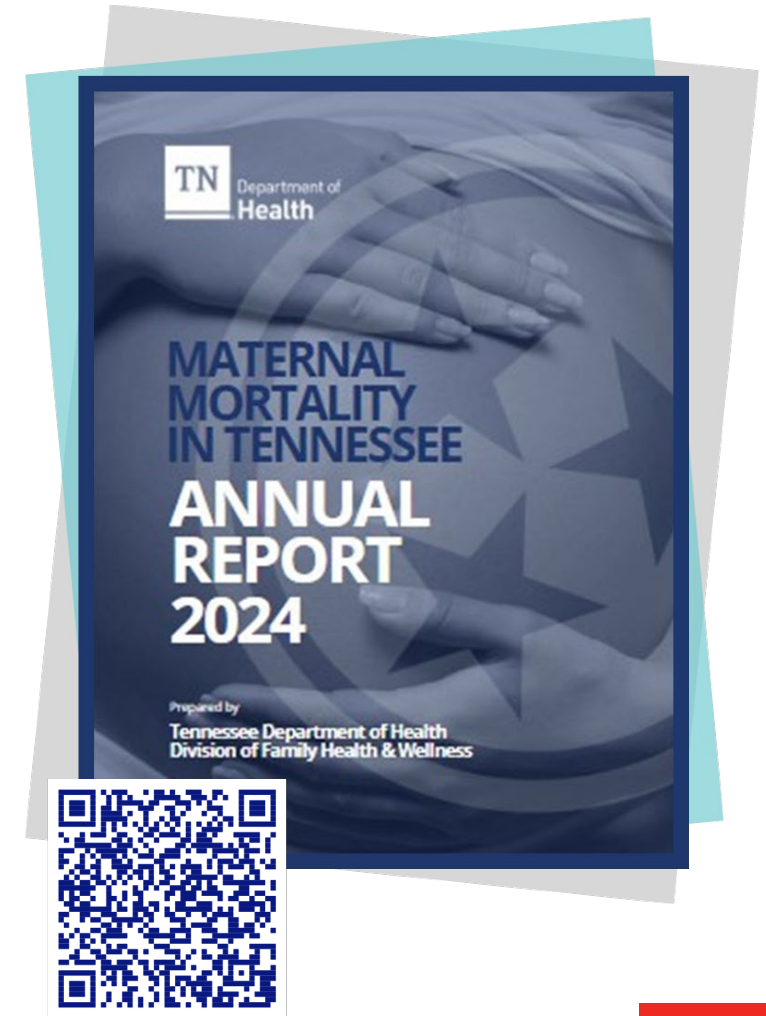
Data sources: National Center for Health Statistics, National Vital Statistics System mortality data file

Maternal Mortality Data - Tennessee

Pregnancy-related mortality rate decrease: Rates fell 15% from 65 to 55 per 100,000 live births between 2021 and 2022.

Leading causes (2020–2022): The top contributors were:

- **Mental health conditions (28%)**
- **Cardiovascular conditions (22%)**
- **Infections (20%)**



SCAN TO DOWNLOAD
TN MATERNAL MORTALITY REPORT



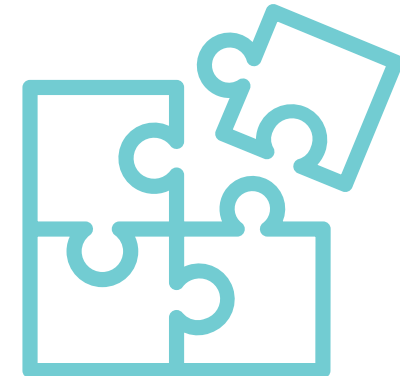
Maternal Mortality Data – Tennessee, cont.

Regional trends: The East Grand Division saw a rise in pregnancy-related deaths, largely due to **substance use**, emphasizing the need for targeted regional interventions.

Preventable deaths: In 2022, 76% of pregnancy-related deaths were preventable, highlighting the critical need for prevention strategies to improve outcomes.

Key Strategies For Prevention:

- 1 Ongoing Education and Quality Improvement
- 2 Screening and Management of Maternal Cardiac Disease
- 3 Multidisciplinary Care Coordination
- 4 Community Awareness and Education
- 5 Management of Maternal Mental and Behavioral Health




MMRC Recommendations

strategy

4

Community Awareness and Education

To enhance awareness of maternal health issues through annual educational campaigns highlighting early warning signs, timely medical care, and family planning options.

- 
- » **State Agencies and Community Organizations** are encouraged to conduct annual educational campaigns providing women of childbearing age, their families, and communities with information on maternal health, early warning signs, and guidance on when to seek immediate care, including raising awareness about the most common contributing factors to maternal mortality.

New Legislation: Urgent Maternal Warning Signs

- Urgent Maternal Warning Signs: Public Chapter 99
- Requires all hospitals and birthing centers that provide labor and delivery services to provide information about post-birth warning signs prior to discharge following a birth.
- Requires the Department of Health to provide information about post-birth warning signs, including symptoms and available resources, to all hospitals and birthing centers, and have the information available on the department's website.
- Goes into effect July 1, 2025.
- [pc0099.pdf](#)



State of Tennessee

PUBLIC CHAPTER NO. 99

HOUSE BILL NO. 572

By Representatives Hemmer, Helton-Haynes

Substituted for: Senate Bill No. 575

By Senator Lamar

AN ACT to amend Tennessee Code Annotated, Title 68, relative to maternal health.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF TENNESSEE:

SECTION 1. Tennessee Code Annotated, Title 68, Chapter 5, Part 1, is amended by adding the following as a new section:

(a) As used in this section:

(1) "Department" means the department of health;

(2) "Hospitals" has the same meaning as defined in § 68-11-201(31)(A) and (B); and

(3) "Birthing centers" has the same meaning as defined in § 68-11-201.

(b) All hospitals and birthing centers that provide labor and delivery services shall provide a mother and, if possible, the mother's caregiver or at least one (1) of the mother's family members information about post-birth warning signs, including symptoms and available resources, prior to discharge following a birth.

(c) The department shall provide the information about post-birth warning signs, including symptoms and available resources, to all hospitals and birthing centers and have the information available on the department's website.

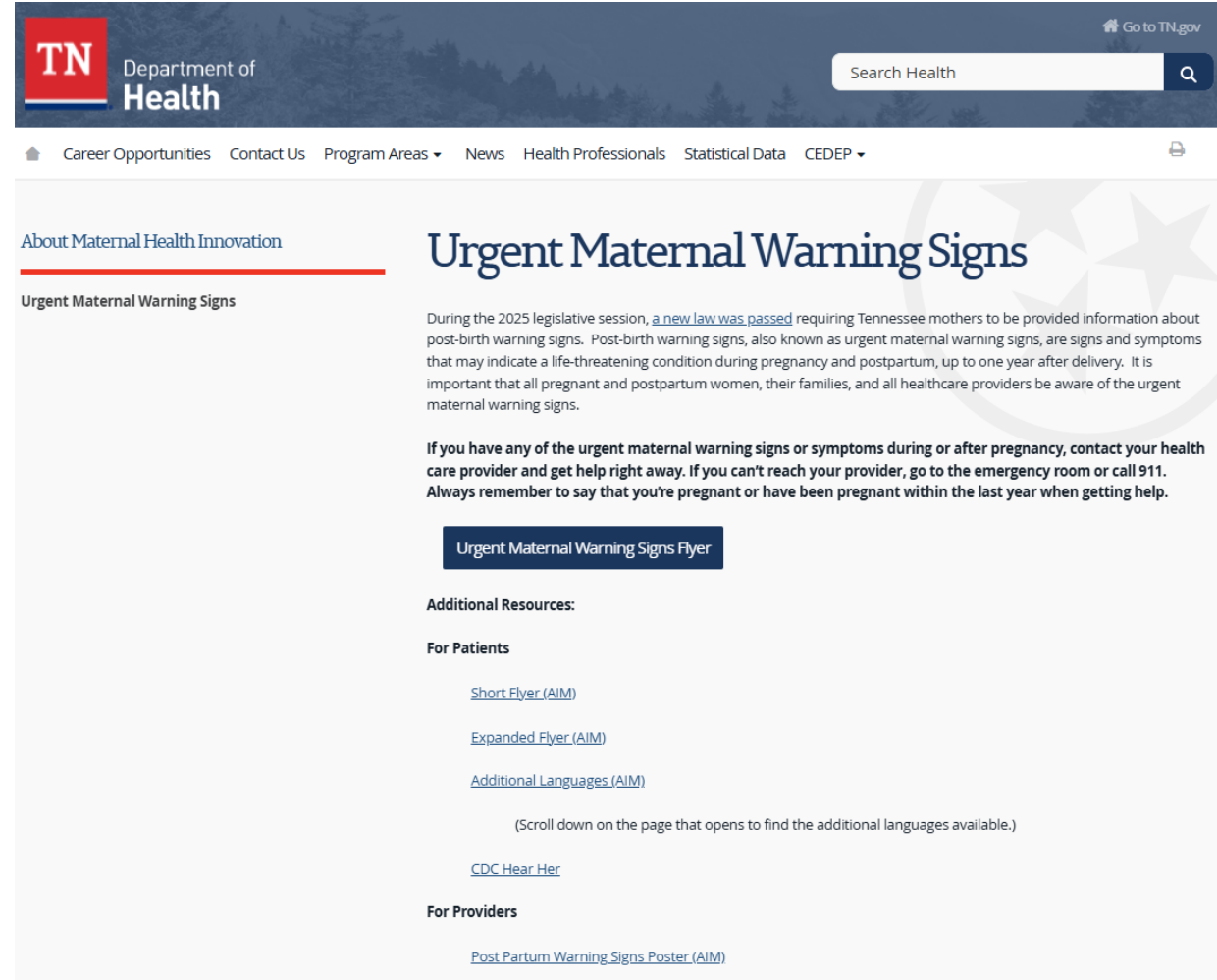
SECTION 2. This act takes effect July 1, 2025, the public welfare requiring it.

New Legislation: Urgent Maternal Warning Signs

- Post-birth warning signs, also known as urgent maternal warning signs, are signs and symptoms that may indicate a life-threatening condition during pregnancy and postpartum, up to one year after delivery.
- It is important that all pregnant and postpartum women, their families, and all healthcare providers be aware of the urgent maternal warning signs.
- Headache
- Dizziness or fainting
- Changes in your vision
- Fever of 100.4°F or higher (38°C)
- Extreme swelling of your hands or face
- Thoughts about harming yourself or your baby
- Trouble breathing
- Chest pain or fast-beating heart
- Severe swelling, redness, or pain of your leg or arm
- Overwhelming tiredness
- Severe nausea and vomiting
- Severe belly pain
- Baby's movement stopping or slowing during pregnancy
- Vaginal bleeding or fluid leaking during pregnancy
- Vaginal bleeding or discharge after pregnancy

New Legislation: Urgent Maternal Warning Signs

- TDH website: [Urgent Maternal Warning Signs](#)
- Facilities can choose which warning signs materials that they would like to distribute at their facility
- Examples of materials are provided on the website
- Facilities are not restricted to using materials on our website.



The screenshot shows the Tennessee Department of Health website. The header includes the TN logo, 'Department of Health', a search bar, and navigation links like 'Career Opportunities', 'Contact Us', 'Program Areas', 'News', 'Health Professionals', 'Statistical Data', and 'CEDEP'. The main content area is titled 'Urgent Maternal Warning Signs' and includes a sub-header 'About Maternal Health Innovation'. The text explains that during the 2025 legislative session, a new law was passed requiring Tennessee mothers to be provided information about post-birth warning signs. It also includes a call to action: 'If you have any of the urgent maternal warning signs or symptoms during or after pregnancy, contact your health care provider and get help right away. If you can't reach your provider, go to the emergency room or call 911. Always remember to say that you're pregnant or have been pregnant within the last year when getting help.' Below this is a button labeled 'Urgent Maternal Warning Signs Flyer'. Under 'Additional Resources', there are links for 'For Patients' (Short Flyer (AIM), Expanded Flyer (AIM), Additional Languages (AIM)) and 'For Providers' (Post Partum Warning Signs Poster (AIM)).

Examples: AIM Urgent Maternal Warning Signs



If you have any of these symptoms during or after pregnancy, contact your health care provider and get help right away.

If you can't reach your provider, go to the emergency room. Remember to say that you're pregnant or have been pregnant within the last year.

Learn more: <https://saferbirth.org/aim-resources/aim-cornerstones/urgent-maternal-warning-signs/>



Take a photo to learn more

Urgent Maternal Warning Signs

https://saferbirth.org/wp-content/uploads/urgent-maternal-signs_shortV_English.pdf

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Examples: AIM Urgent Maternal Warning Signs

[UrgentMaternalWarningSigns_expanded.pdf](#)

https://saferbirth.org/wp-content/uploads/UrgentMaternalWarningSigns_expanded.pdf

URGENT MATERNAL WARNING SIGNS

If you have any of these symptoms during or after pregnancy, contact your health care provider and get help right away. If you can't reach your provider, go to the emergency room.

Always remember to say that you're pregnant or have been pregnant within the last year when getting help.

SEVERE BELLY PAIN THAT DOESN'T GO AWAY

- You have a sharp, stabbing, or cramp-like belly pain that doesn't go away
- Your belly pain starts suddenly and is severe, or gets worse over time
- You have severe chest, shoulder, or back pain

DIZZINESS OR FAINTING

- You faint or pass out
- You have dizziness and lightheadedness that's ongoing, or comes and goes over many days
- You experience a gap in time of which you have no memory

FEVER

- You have a temperature of 100.4°F (38°C) or higher

CHANGES IN YOUR VISION

- You see flashes of light or bright spots
- You have blind spots or you can't see at all for a short time
- Your vision is blurry, you can't focus, or you're seeing double

HEADACHE THAT WON'T GO AWAY OR GETS WORSE OVER TIME

- Feels like the worst headache of your life
- Lasts even after treatment with medication and fluid intake
- Starts suddenly with severe pain – like a clap of thunder
- Throbs and is on one side of your head above your ear
- Comes with blurred vision or dizziness

TROUBLE BREATHING

- You feel short of breath suddenly or over time, as if you can't breathe deeply enough to get enough air in your lungs
- Your throat and/or chest feel tight
- You have trouble breathing when you're laying down flat, such as needing to prop your head up with pillows to sleep

EXTREME SWELLING OF YOUR HANDS OR FACE

- Swelling in your hands makes it hard to bend your fingers or wear rings
- Swelling in your face makes it hard to open your eyes all the way—they feel and look puffy
- Your lips and mouth feel swollen or you have a loss of feeling

This swelling is not like the usual slight swelling that most moms have during pregnancy, especially during the last few months of pregnancy.

CHEST PAIN OR FAST-BEATING HEART

- You have chest pain, such as:
 - A feeling of tightness or pressure in the center of your chest
 - Pain that travels to your back, neck, or arm
- You have a change in your heartbeat, such as:
 - A fast heartbeat or a pounding in your chest
 - An irregular heart rate or skipped heartbeats

You feel dizzy, faint, or disoriented

You have trouble catching your breath (talking and breathing are difficult)

These symptoms can happen at any time and anywhere or may be triggered by a specific event.

THOUGHTS ABOUT YOURSELF OR YOUR BABY

You may think about hurting yourself because you:

- Feel very sad, hopeless, or not good enough
- Don't feel that you have control over your life
- Feel extremely worried all the time

You may think about hurting your baby and/or you may have scary thoughts that come when you don't want or that are hard to get rid of.

If you feel out of touch with reality (you see or hear things that other people don't), or if family/friends are worried about your safety or that you might hurt others, get help now.

Options for getting help now include:

- Go to the local emergency room
- Call 9-1-1
- Call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255) for free and confidential emotional support

SEVERE NAUSEA AND THROWING UP (NOT LIKE MORNING SICKNESS)

- You feel severely sick to your stomach (nauseous) beyond the normal queasy feeling and throwing up that many moms have in early pregnancy
- You are unable to drink for more than 8 hours or eat for more than 24 hours
- You throw up and can't keep water or other fluids in your stomach

You have:

- A dry mouth
- Headaches
- Confusion
- Fever
- Dizziness or lightheadedness

SWELLING, REDNESS, OR PAIN OF YOUR LEG

Anytime during pregnancy or up to 6 weeks after birth

You have swelling, pain, or tenderness in your leg – usually your calf or in one leg:

- It may or may not hurt when you touch it
- It may hurt when you flex your foot to stand or walk

The painful area can also be red, swollen, and warm to the touch

You have pain, tenderness or swelling in your arm, usually on just one side of your body

OVERWHELMING TIREDNESS

- You are suddenly very tired and weak, not like chronic fatigue
- You don't have enough energy to go about your day
- No matter how much you sleep, you don't feel refreshed
- You feel so tired that you don't get up to take care of your baby
- You feel sad after having your baby

BABY'S MOVEMENTS STOPPING OR SLOWING

- You feel that your baby has stopped moving or your baby is moving less than before.

There is no specific number of movements that is considered normal, a change in your baby's movement is what is important.

VAGINAL BLEEDING OR FLUID LEAKING AFTER PREGNANCY

- You have heavy bleeding – soaking through one or more pads in an hour
- You pass clots bigger than an egg or you pass tissue
- You have vaginal discharge that smells bad

VAGINAL BLEEDING OR FLUID LEAKING DURING PREGNANCY

- You have any bleeding from your vagina that is more than spotting – like a period
- You have fluid leaking out of your vagina
- You have vaginal discharge that smells bad

TO LEARN MORE PLEASE VISIT:

<https://saferbirth.org/aim-resources/aim-cornerstones/urgent-maternal-warning-signs-2>

or scan the QR code below

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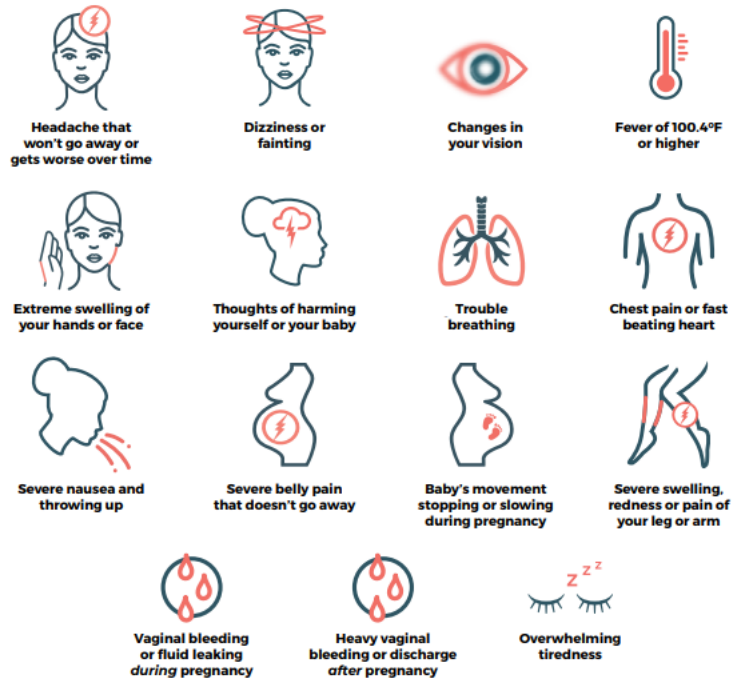
Scan the QR Code to learn more.

TN

Examples: CDC Hear Her

Pregnant now or within the last year?

Get medical care right away if you experience any of the following symptoms:



These could be signs of very serious complications. If you can't reach a healthcare provider, go to the emergency room. Be sure to tell them you are pregnant or were pregnant within the last year.



Learn more at
cdc.gov/HearHer



HEAR
HEAR HER CONCERNS

This list of urgent maternal warning signs was developed by the Council on Patient Safety in Women's Health Care.

[Warning-Signs-Poster-LTR-English.pdf](#)

<https://www.cdc.gov/hearher/resources/download-share/docs/pdf/Warning-Signs-Poster-LTR-English.pdf>

Examples: AWHONN POST-BIRTH Warning Signs

SAVE
YOUR
LIFE:

Get Care for These
POST-BIRTH Warning Signs

Most women and postpartum people who give birth recover without problems. But anyone can have a complication for up to one year after birth. Learning to recognize these POST-BIRTH warning signs and knowing what to do can save your life.

Trust your instincts.
Always get medical care if you are not feeling well or have questions or concerns.

Call 911
if you have:

☐ Pain in chest

☐ Obstructed breathing or shortness of breath

☐ Seizures

☐ Thoughts of hurting yourself or someone else

Call your
healthcare
provider
if you have:
(you only need one sign)
(If you can't reach your
healthcare provider, call 911
or go to an emergency room)

☐ Bleeding, soaking through one pad/hour, or blood clots, the size of an egg or bigger

☐ Incision that is not healing


☐ Red or swollen leg, that is painful or warm to touch

☐ Temperature of 100.4°F or higher or 96.8°F or lower

☐ Headache that does not get better, even after taking medicine, or bad headache with vision changes

Tell 911
or your
healthcare
provider:

"I gave birth on _____ and
I am having _____"
(Date) (Specific warning sign)

 Scan here to download
this handout in
multiple languages.

These post-birth warning signs can become life-threatening if you don't receive medical care right away because:

- Pain in chest, obstructed breathing or shortness of breath (trouble catching your breath) may mean you have a blood clot in your lung or a heart problem
- Seizures may mean you have a condition called eclampsia
- Thoughts or feelings of wanting to hurt yourself or someone else may mean you have postpartum depression
- Bleeding (heavy), soaking more than one pad in an hour or passing an egg-sized clot or bigger may mean you have an obstetric hemorrhage

- Incision that is not healing, increased redness or any pus from episiotomy, vaginal tear, or C-section site may mean an infection
- Redness, swelling, warmth, or pain in the calf area of your leg may mean you have a blood clot
- Temperature of 100.4°F or higher or 96.8°F or lower, bad smelling vaginal blood or discharge may mean you have an infection.
- Headache (very painful), vision changes, or pain in the upper right area of your belly may mean you have high blood pressure or post birth preeclampsia

This program is supported by funding from Merck through Merck for Mothers. Merck for Mothers is known as MSD for Mothers outside the United States and Canada.

AWHONN thanks Kenova for commercial support of the translations of this handout.

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<https://saveyourlife.awhonn.org/>

[AWHONN – Download](#)

https://saveyourlife.awhonn.org/Download.aspx?lang=PBWSSaveYourLifeHandout_English

Partner Spotlight



TIPQC has distributed 277,980 POST BIRTH Warning Signs patient education magnets & flyers to 37 hospitals and 50 doulas since 2020

TIPQC has conducted ongoing training from 2020-2023, with 46 hospitals using a toolkit, online training, and statewide webinars.

If delivery hospitals would like to get their logo added to the AWHONN flyer and magnet for distribution, contact Steve Compton at Steven.C.Compton@vumc.org

**SAVE
YOUR
LIFE:**

**Get Care for These
POST-BIRTH Warning Signs**

Most postpartum patients who give birth recover without problems. But anyone can have complications for up to one year after birth.

Trust your instincts.
ALWAYS get medical care if you are not feeling well or have questions or concerns.

Call 911 if you have:	<input type="checkbox"/> Pain in chest <input type="checkbox"/> Obstructed breathing or shortness of breath <input type="checkbox"/> Seizures <input type="checkbox"/> Thoughts of hurting yourself or someone else
Call your healthcare provider if you have: (you only need one sign) (If you can't reach your healthcare provider, call 911 or go to an emergency room)	<input type="checkbox"/> Bleeding, soaking through one pad/hour, or blood clots, the size of an egg or bigger <input type="checkbox"/> Incision that is not healing <input type="checkbox"/> Red or swollen leg, that is painful or warm to touch <input type="checkbox"/> Temperature of 100.4°F or higher or 96.8°F or lower <input type="checkbox"/> Headache that does not get better, even after taking medicine, or bad headache with vision changes

Tell 911 or your healthcare provider:

"I gave birth on _____ and
(Date)
I am having _____."
(Specific warning signs)



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Your Logo Here



Additional Languages

TDH requested information from all Regional Perinatal Centers regarding languages needing translation services

Northeast: English, Spanish, K'iche (Guatemalan), Vietnamese, Thai, Mandarin, Hindi

East: Spanish, Swahili, Arabic, Russian, Vietnamese, Akateca

Southeast: English, Gujarati, Spanish, Vietnamese, Hindi

Middle TN: English, Spanish, Arabic, Burmese, Haitian Creole, Swahili, Somali, Nepali, Dari, Zo (Zomi), Uzbek, Karen

West: English, Spanish, Arabic, Yemeni, Mam, Swahili, French

Additional Languages – AIM Urgent Maternal Warning Signs

Afrikaans	Dzonghka	Kashmiri	Pidgin	Telugu
Albanian	English	K'iche'	Portuguese	Tigrinya
Amharic	Faroese	Kinyarwanda	Punjabi	Tongan
Arabic	Farsi	Konkani	Rohingya	Tsonga
Armenian	French	Korean	Romanian	Tswana
Assamese	Fijian	Kurdish	Rundi	Ukrainian
Bahasa	Fulani	Lingala	Russian	Urdu
Bengali	German	Mam	Samoan	Uzbek
Bodo	Greek	Maithili	Sanskrit	Venda
Burmese	Gujarati	Malayalam	Santhali	Vietnamese
Chamorro	Haitian	Marathi	Somali	Wolof
Chinese (Hong Kong)	Hebrew	Marshallese	Sotho	Xhosa
Chinese (Traditional)	Hindi	Nepali	Southern Ndebele	Zulu
Chinese (Simplified)	Hmong	Northern Sotho	Spanish	Zapote
Chuukese	Icelandic	Norwegian	Swahili	
Danish	Ilocano	Oriya	Swati	
Dari	Italian	Oromo	Tagalog	
Dogri	Japanese	Pashto	Tajik	
	Kannada	Pennsylvanian Dutch	Tamil	
	Karen			

Additional Languages – AIM Urgent Maternal Warning Signs

To access the language translations, go to [AIM Resources](https://saferbirth.org/aim-resources/aim-cornerstones/urgent-maternal-warning-signs-2/)

<https://saferbirth.org/aim-resources/aim-cornerstones/urgent-maternal-warning-signs-2/>

Download short
version - *English*



Download expanded
version - *English*



Download
Additional Languages



Request *Additional
Languages*



Additional Languages – AWHONN Post-Birth Warning Signs

Amharic	Hakka	Lingala	Spanish
Arabic	Hmong	Mandarin Chinese	Swahili
Bengali	Ilocano	Marshallese	Tagalo
Burmese	Indonesian	Mindat	Tamil
Chuukese	Italian	Navajo	Tigrinya
Dari	Japanese	Nepali	Tongan
Dzonghka	Karen	Oromo	Ukrainian
English	Karenni	Pashto	Urdu
Ewe	Kibembe	Portuguese	Uzbek
Farsi	Kinyarwanda	Russian	Vietnamese
French	Kirundi	Samoan	Zomi
German	Korean	Sangho	
Haitian Creole	Kunama	Somali	

Additional Language Requests

Of the identified language needs from the TN regions, the following additional translations have been requested:

Thai
Akateca

If you have other language needs for your patients, requests can be made through AIM for additional translations. [AIM Resources](#)



New Legislation: Maternal Health Screening

Tennessee Requirements for Standard Serologic Tests During Pregnancy	
Initial Prenatal Visit ¹	Hepatitis C antibody (anti-HCV) with reflex to HCV RNA if reactive (new!) Hepatitis B surface antigen (HBsAg) Syphilis antibody test ² Rubella immunity ³
Third Trimester (28–32 weeks)	Repeat syphilis testing (new!)
Delivery	Repeat syphilis testing (new!)

¹ Or at delivery if no prenatal care is received. All positive results for syphilis, hepatitis B, and hepatitis C must be [reported](#).

² Either a nontreponemal (e.g., RPR) or treponemal (e.g., TP-PA) test reflexed to the other if positive.

³ Not required if previously documented.

- On July 1, 2025, mandatory prenatal testing for syphilis and hepatitis will expand as directed by an amendment to Tennessee Code Annotated § 68-5-602

Perinatal Hepatitis C

- In Tennessee, nearly 1,000 infants are perinatally exposed to hepatitis C each year.
- Hepatitis C transmission to the infant occurs in about 6% of pregnancies with hepatitis C and 11% of pregnancies with both hepatitis C and HIV.
- Detecting hepatitis C during pregnancy enables proper testing and treatment for mothers and their infants.
- Screening for hepatitis C in all pregnant women in each pregnancy is recommended by the CDC, along with AAFP, ACNM, ACOG, AWHONN, NPWH, and SMFM (Call to Action Statement)
- Now required by new Tennessee legislation.

Call to Action: Routine Hepatitis C Screening in Pregnancy

From the American Academy of Family Physicians; American College of Nurse-Midwives; American College of Obstetricians and Gynecologists; Association of Women's Health, Obstetric and Neonatal Nurses; National Association of Nurse Practitioners in Women's Health; and Society for Maternal-Fetal Medicine.

INTRODUCTION

Routine screening for various infectious agents is an essential part of prenatal care, offering critical protection to pregnant patients and their infants against potentially deadly pathogens. The Centers for Disease Control and Prevention (CDC) recommends hepatitis C screening for all pregnant women during each pregnancy (1). The American Academy of Family Physicians; American College of Nurse-Midwives; American College of Obstetricians and Gynecologists; Association of Women's Health, Obstetric and Neonatal Nurses; National Association of Nurse Practitioners in Women's Health; and Society for Maternal-Fetal Medicine strongly support this recommendation. As professional organizations whose members care for pregnant individuals, we affirm the importance of including hepatitis C screening as an integral part of routine prenatal care and recommend hepatitis C screening during each pregnancy.

HEPATITIS C VIRUS

Hepatitis C is the most reported bloodborne infection in the United States, with an estimated 66,700 new acute infections and 107,300 newly identified chronic cases of hepatitis C virus infections in the United States in 2020. From 2019 to 2020, the incidence rate of acute hepatitis C increased by 15%. Individuals aged 20–39 years have the highest incidence of acute hepatitis C infection (2).

Because of the increasing number of hepatitis C infections among women of childbearing age, perinatal transmission (intrauterine and intrapartum) is increasing. Between 1998 and 2018, the prevalence of hepatitis C virus-positive pregnancies in the United States increased 16-fold. Maternal hepatitis C infection is associated with an increased odds of preterm labor, fetal distress, and poor fetal growth (3). Approximately 0.4% of live births are delivered by pregnant individuals with hepatitis C infection (4, 5), and 6% of infants born to women with hepatitis C will become infected (6).

ROUTINE HEPATITIS C SCREENING IN PREGNANCY

Hepatitis C screening in every pregnancy is recommended at the same time as other first trimester routine antenatal testing is performed to identify pregnant individuals with hepatitis C infection and infants who should receive testing at a pediatric visit. Hepatitis C screening during pregnancy should be an opportunity to promote a dialogue between pregnant individuals and their clinicians about hepatitis C transmission and risk factors (7).

Ideally, hepatitis C infection would be diagnosed before pregnancy, and when possible, pre-pregnancy screening for hepatitis C infection is recommended in individuals who have not yet been screened, in accordance with the recommendation for screening at least once in all adults (1, 8). When possible, eligible patients with hepatitis C virus infection should complete therapy before pregnancy (9).

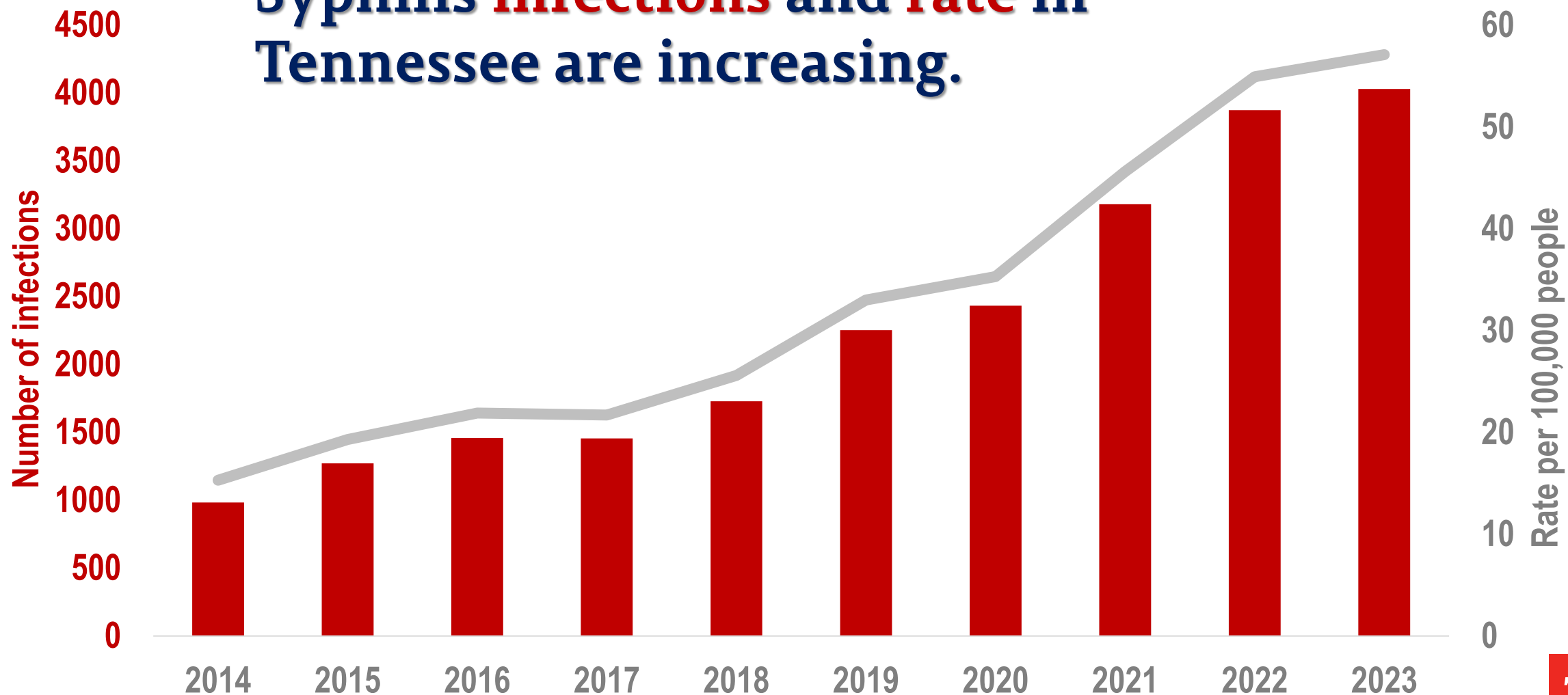
YOUR ROLE AND RESPONSIBILITIES

Collectively, the American Academy of Family Physicians; American College of Nurse-Midwives; American College of Obstetricians and Gynecologists; Association of Women's Health, Obstetric and Neonatal Nurses; National Association of Nurse Practitioners in Women's Health; and Society for Maternal-Fetal Medicine are deeply committed to improving hepatitis C screening rates in pregnancy and ask that our members commit to the following:

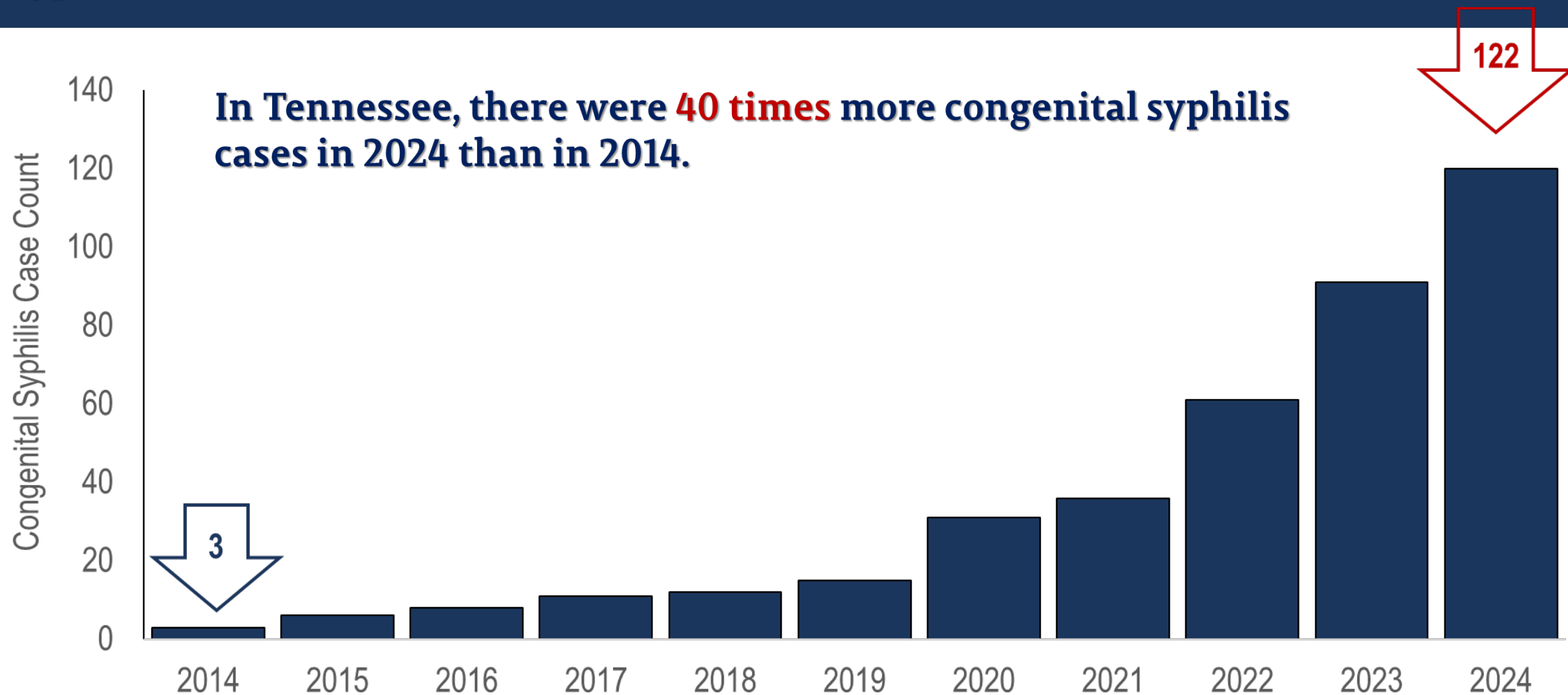


Syphilis

Syphilis infections and rate in Tennessee are increasing.

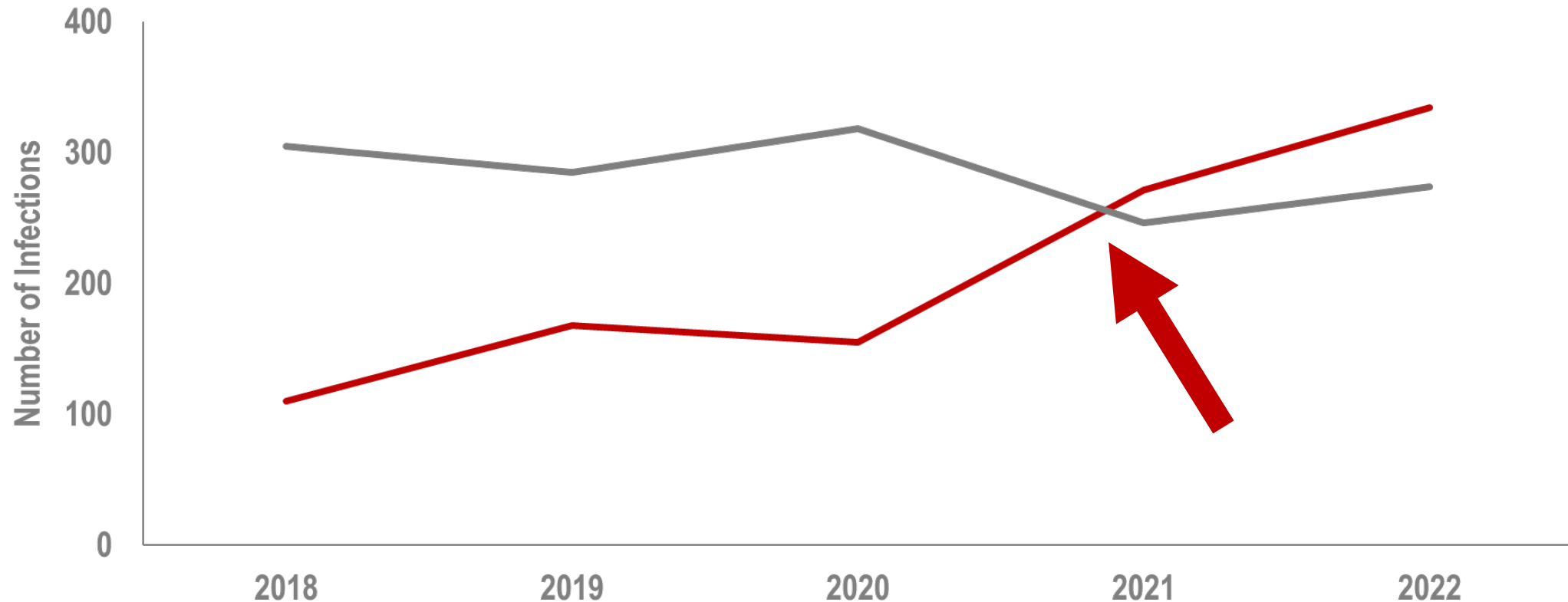


Syphilis



Syphilis

Among Tennessee men, more infections now happen among those who have **sex with women** than have sex with men.

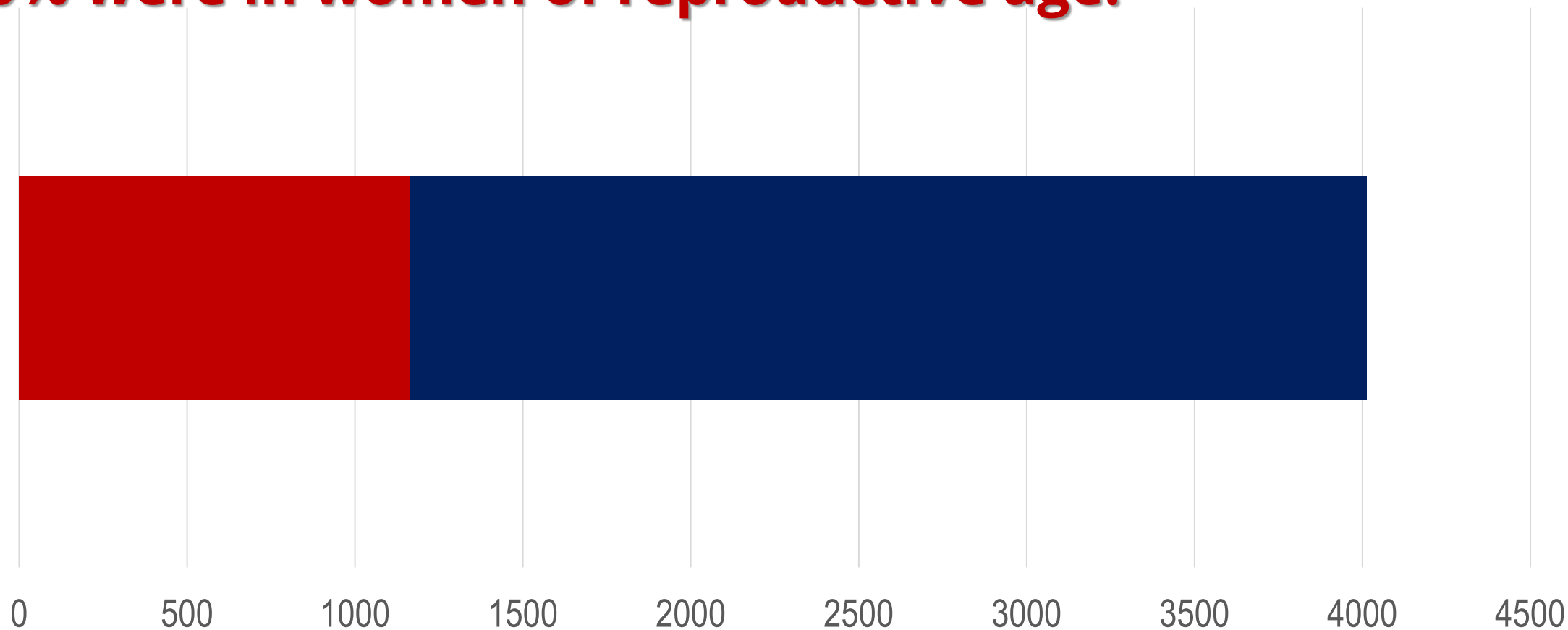


*Excludes Men who have sex with Men and Women from analysis

Source: Patient Reporting Investigation Surveillance Manager (PRISM), 2019-September 2022.

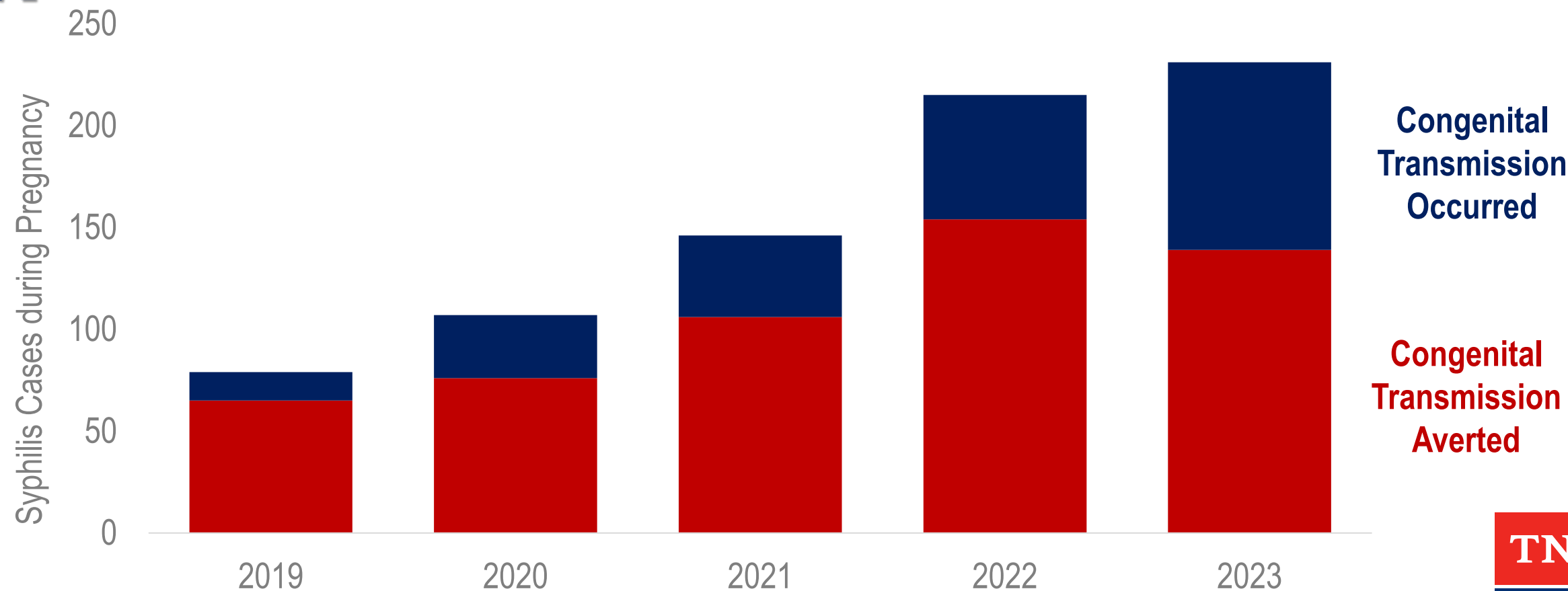
Syphilis

**Among 2023 syphilis cases in Tennessee,
30% were in women of reproductive age.**



Congenital Syphilis

Prevention of congenital transmission is not keeping pace with increase in pregnant Tennesseans with syphilis.



New Legislation: Maternal Health Screening

- Maternal Health Screening: Public Chapter 46
- Amends the current law about blood testing during pregnancy
- New law adds hepatitis C testing at first prenatal visit or within 10 days after
- Requires syphilis testing at three time points in pregnancy:
 - At the first examination and visit or within 10 days after
 - 28 to 32 weeks gestation
 - At the time of delivery
- Goes into effect on July 1, 2025.
- [pc0046.pdf](#)



Tennessee Senate

PUBLIC CHAPTER NO. 46

SENATE BILL NO. 1283

By Johnson, Massey, Jackson, Reeves, Rose

Substituted for: House Bill No. 111

By Lamberth, Cochran, Greg Martin, White, Hemmer, Sherrell, Helton-Haynes, Cepicky, Hawk

AN ACT to amend Tennessee Code Annotated, Section 68-5-602, relative to maternal health screening.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF TENNESSEE:

SECTION 1. Tennessee Code Annotated, Section 68-5-602(a), is amended by deleting the subsection and substituting:

(a) Every physician, surgeon, or other person permitted by law to attend a pregnant woman during gestation shall, in the case of each woman so attended, take or cause to be taken a sample of the blood of the woman at the time of first examination and visit or within ten (10) days after the first examination. If the first visit is at the time of delivery, or after delivery, then the standard serological test required by this subsection (a) must be performed at that time. The blood sample must be sent to a laboratory approved by the department for testing for syphilis infection, rubella immunity, hepatitis B surface antigen (HBsAg), and hepatitis C antibody (anti-HCV) with automatic reflex to HCV RNA if anti-HCV is reactive. In the same manner, a sample of blood must be taken and tested between the twenty-eighth and thirty-second week of gestation for syphilis for all pregnant women. In the same manner, a sample of blood must be taken and tested for syphilis for all pregnant women at the time of delivery. Additional testing for rubella immunity is not required in subsequent pregnancies once a positive result is verified or a documented history of vaccination against rubella is available. All positive tests for syphilis, hepatitis B, and hepatitis C must be reported to the local health department in accordance with this chapter, and regulations governing the control of communicable diseases in this state.

SECTION 2. Tennessee Code Annotated, Section 68-5-602(b), is amended by deleting the subsection and substituting:

(b) Every person attending a pregnant woman who is not permitted by law to take blood samples shall cause a sample of blood to be taken and tested by a health provider permitted by law to take the samples as required in subsection (a).

SECTION 3. This act takes effect on July 1, 2025, the public welfare requiring it.

Public Health Recommendations and Action Steps

- Update protocols and standing orders to meet new requirements.
- Immediately treat syphilis in pregnancy with penicillin G benzathine.
- Refer women for hepatitis C treatment postpartum and notify pediatricians of perinatal exposure.
- Implement maternal warning signs education prior to discharge at delivery hospitalization as required; consider providing with all discharges from *any* hospitalization or ED visit during pregnancy.

TN OBGYN Network

Join the TDH OBGYN Network for timely communication between the TDH and Tennessee clinicians practicing obstetrics and gynecology.

[Click to join the TDH OBGYN Network](#)



OBGYN Network Survey

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Thank you for completing the survey below to join the TDH OBGYN Network, which facilitates communication between the Tennessee Department of Health and Tennessee clinicians practicing obstetrics and gynecology. The TDH OBGYN Network will send timely clinical updates via email.

Would you like to join the Tennessee Department of Health (TDH) Obstetrics and Gynecology (OBGYN) Network listserv? It is available to any clinical provider that cares for patients within the field of obstetrics and gynecology (including physician, midwife, advance practice provider, etc.)

- ☐ Yes
- ☐ No

reset

* must provide value

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