

MATERNAL HEALTH STORIES PROJECT

Thank you for your interest in participating in the Maternal Health Stories Project. The Maternal Health Stories project is an initiative by the Maternal Health Innovation (MHI) Program to raise awareness of critical early warning signs and preventable conditions that affect maternal health. MHI is collecting personal stories from Tennesseans to highlight pregnancy and birth experiences, challenges during pregnancy and the postpartum period, support and caregiver experiences, and to promote advocacy and empowerment.

Why are we asking for your story?

We want to hear from individuals with first-hand experience before, during, and after their pregnancy in Tennessee. Lived experience storytelling is a powerful tool in raising awareness about pregnancy-associated warning signs that should not be ignored. Knowledge sharing through personal stories can empower others to advocate for themselves and in turn, improve maternal health outcomes. Share your story and help others to identify signs and symptoms of pregnancy-related complications and express their concerns.

How will your story be collected?

If you are interested in sharing your story with us and are at least 18 years old, please complete the form on the [Maternal Health Stories website](#). We will contact you within 3-5 business days to schedule an interview with you. Interviews will be scheduled at your convenience. Unless you request otherwise, the interviewer will record (audio and/or video) the interview and take a photo of you.

How will we use your story?

TDH may or may not tell your full story or share every detail you provide. Additional context around your story may be added to enhance understanding. Your story, parts of your story, quotes, and/or your image may be shared in multiple formats, including the TDH website and social media platforms, and Department videos and email. We will strive to represent your story and likeness authentically.

*To showcase stories from differing experiences, not all stories may be selected for publication. Participants will be notified prior to publication if selected.



Who will see your story?

Your story will be shared with the public on the [Maternal Health Stories website](#). It may be viewed by maternal health providers, advocacy groups, state and government officials, politicians, and the general public.

Privacy

With your permission, as indicated on the “*Maternal Health Story Release*,” the Maternal Health Innovation Program will use your first name, or pseudonym if requested, image, and personal maternal health story for TDH, communication, marketing, media, and promotional purposes. No other identifying information (last name, contact information, region of the state, delivery hospital, healthcare provider name, etc.) will be shared. TDH will not disclose any additional identifying information without your express written consent.

The finished products of video, audio, print, and digital images captured will be maintained with the Tennessee Department of Health for five (5) years and then transferred to the Tennessee State Library and Archives for permanent retention in accordance with the State’s records disposition policy. ([RDA SW36](#))

Any sensitive or confidential information obtained by the Tennessee Department of Health related to this project will be destroyed according to the standards for destruction of confidential information after five (5) years in accordance with the State’s records disposition policies. ([RDA SW21](#) and [SW25](#))

You may change your mind at any time and choose to no longer share your story. After you inform the MHI program, your story will be taken down from our website and not be used in any future communications. Please understand that we may not be able to fully withdraw images and stories already published. If you wish for your story to stop being used, or if you have any questions or comments about how your story is being used, please contact us at MHI.Health@tn.gov.



Maternal Health Story Release

- I hereby give the Tennessee Department of Health (TDH) permission to use my story, which includes quotes and potentially identifying details, and any photos/videos/audio recordings of me for the Maternal Health Stories project unless specifically excluded below. I further agree to TDH using my story and likeness in TDH communication, marketing, and promotional materials, including, but not limited to, newsletters, print publications, online and social media platforms, and the TDH website for the Maternal Health Stories project. I grant TDH permission to share this information with media sources such as print or online publications. I waive any right to compensation for the use of my story or my likeness or for damages that arise regarding the use of my story, including any claims of defamation, invasion of privacy, or rights of publicity or copyright. I waive any right to inspect or approve the finished product, and TDH reserves the right to edit my story before publication. I acknowledge that I have no ownership rights to the story that is published.
- I do not give TDH permission to use my photograph.
- I do not give TDH permission to use my audio recording.
- I do not give TDH permission to use my video recording.
- I do not give TDH permission to use my name and request that a pseudonym is used to identify me rather than my name for the Maternal Health Stories Project.

Signature

Date

Print Name

Phone

Address

City State Zip