

# TENNESSEE MATERNAL HEALTH STRATEGIC PLAN



Department of  
Health

2025-2030

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# INTRODUCTION



The Maternal Health Strategic Plan (MHSP) serves as a call to action to address Tennessee's significant disparities in maternal health outcomes. The overall aim is to reduce maternal morbidity and mortality. It was designed with input from a broad range of partners with maternal health expertise, including those with lived experiences, which are highlighted throughout this document. This plan focuses on guiding, supporting, and strengthening the efforts of organizations, groups, and individuals dedicated to improving maternal health.

The MHSP outlines a comprehensive set of goals, strategies, and objectives that seek to build on existing partnerships and strengths while addressing current challenges and gaps to improve maternal health statewide. This plan includes overarching indicators as well as goal-specific indicators.

The MHSP is not static but a living document that will evolve as strategies are implemented and evaluated.

***TDH is committed to supporting these efforts to improve maternal health for women and families across Tennessee.***

# INTRODUCTION

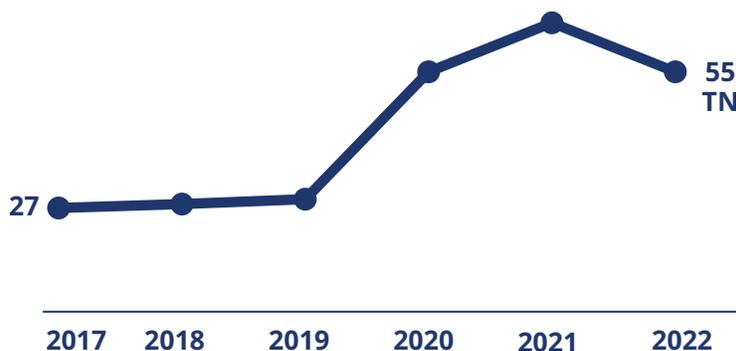


## A SOLID FOUNDATION

National efforts, such as the 2020 Surgeon General’s Call to Action to Improve Maternal Health, highlight the need for equitable access to high-quality maternal health services. State-specific initiatives, including the Tennessee Maternal Mortality Review Program and Maternal Health Strategic Plan (MHSP), play a crucial role in understanding and improving maternal health outcomes.

## TENNESSEE MATERNAL MORTALITY RATE

Addressing maternal mortality is a critical global, national, and state priority. Despite improvements globally, the United States has seen maternal deaths increase over the past decade, with a rate of 24.9 deaths per 100,000 live births in 2020.<sup>1</sup>



**Tennessee's pregnancy-related mortality rate has also increased, with 55 deaths per 100,000 live births in 2022.**

*The increase in maternal deaths starting in 2020 is due in part to implementation of new criteria for review of suicides and accidental drug-related deaths.*

# INTRODUCTION



## A SHARED MISSION FOR MATERNAL HEALTH

Before launching the MHSP, the Tennessee Department of Health (TDH) analyzed statewide data and engaged community partners to establish a solid foundation:

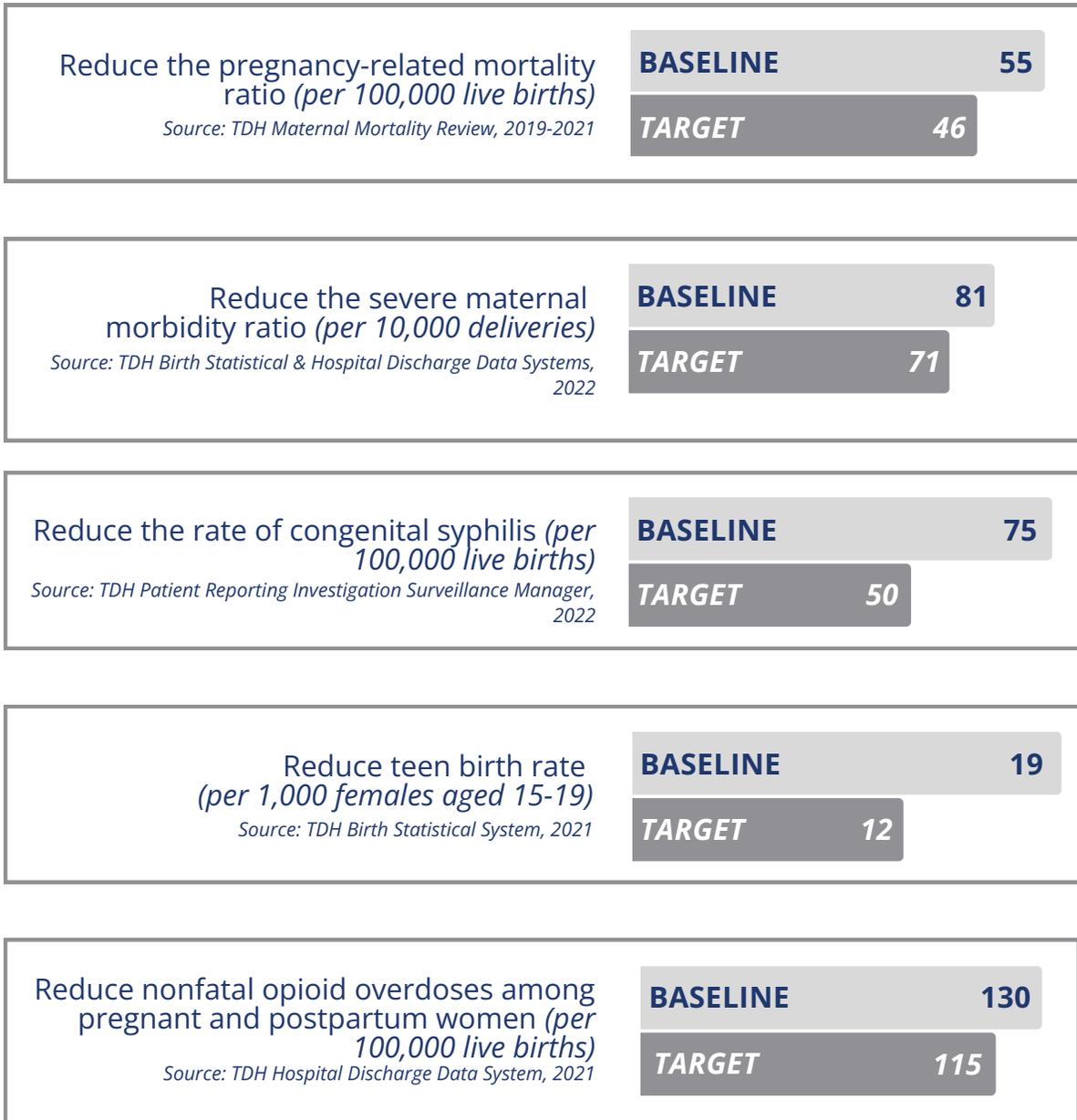
- Established a Maternal Health Task Force subcommittee to formulate the framework, priorities, and goals of the MHSP
- Conducted virtual and in-person community listening sessions and focus groups with over 200 participants from across Tennessee to provide valuable insights from individuals with lived experiences
- Conducted a comprehensive statewide maternal health needs assessment to identify and address gaps in maternal health services
- Obtained feedback from community partners during an interactive breakout session at the TIPQC annual meeting
- Incorporated qualitative and quantitative data analysis into the strategic plan



# INDICATORS

Overarching indicators are broad measures that provide a general assessment of maternal health, such as maternal mortality rates, severe complications, and the prevalence of high-risk conditions like congenital syphilis or opioid overdose.

## 2030 TARGETS



# MHSP OVERVIEW

## FOCUS AREAS, GOALS, AND STRATEGIES

**Focus areas:** Focus areas are priority topics guiding the MHSP’s resources and efforts.

**Goals:** Goals are long-term outcomes the MHSP seeks to achieve.

**Strategies:** Strategies are the specific methods used to reach MHSP goals.

There are **16 goals divided into 4 focus areas** within the MHSP. Each goal has one or more strategies.



**IMPROVE ACCESS TO QUALITY CARE**



**STRENGTHEN INFRASTRUCTURE & SYSTEMS**



**STRENGTHEN MATERNAL HEALTH WORKFORCE**



**ADDRESS KEY INFLUENCES ON MATERNAL HEALTH**



## “IN HER WORDS” & “IN FOCUS”

Quotes and examples from focus groups and listening sessions that have informed the MHSP are shared throughout the document.



## HIGHLIGHTED INDICATORS

Select goals have a highlighted baseline and target for added emphasis.



## ACTION PLAN



The action plan highlights six key partner profiles. These profiles include key activities for partners to implement the MHSP.



*This document is a simplified, visual representation developed to accompany the MHSP. If you would like a copy of the detailed plan, please see the [MHI website](#) by scanning the QR code.*



# FOCUS AREA:

## Improve Access to Quality Care



### GOAL 1

*Enhance the quality of primary care and women's health services.*

1. Improve access to integrated primary care and reproductive health services to increase the utilization of pre-pregnancy healthcare by women.
2. Enhance preconception health counseling and preventive care to optimize women's health before pregnancy and reduce birth defects and adverse outcomes.
3. Implement comprehensive interventions focusing on reducing chronic health conditions among women of reproductive age through education, screening, and coordinated care.



Increase the percentage of new moms who report that their pregnancy was intended

*Source: TDH PRAMS, 2022*



# FOCUS AREA:

## Improve Access to Quality Care



### GOAL 2

*Increase access to high-quality healthcare and support services during pregnancy and the postpartum period.*

1. Promote universal syphilis screening during pregnancy.
2. Identify and engage pregnant women eligible for WIC not yet enrolled.
3. Expand outreach efforts to connect pregnant and postpartum women to effective smoking and nicotine cessation resources.
4. Increase the proportion of pregnant women who receive adequate prenatal and postpartum care.
5. Increase access to women's health navigators and remote monitoring programs.



Increase the percentage of women who receive adequate or adequate plus prenatal care

Source: TDH Birth Statistical System, 2022



Increase the percentage of women who had a postpartum checkup

Source: TDH PRAMS, 2022



# FOCUS AREA: Improve Access to Quality Care



## in **HER** words

*"Here, the biggest problem is [some providers] literally don't look at you as a person, if you're a woman. They assume." "It's always,...You've had an addiction. You've had this. This is in your file. This and this.' They don't care about what you actually need treatment for."*

## GOAL 3

*Promote maternal mental health and substance use disorder screening and treatment.*

1. Promote widespread access to naloxone, including postpartum distribution in birthing facilities.
2. Increase and improve provider knowledge in evidence-based screenings for mental health and SUD.
3. Increase access to perinatal mental health providers for inpatient and outpatient treatment of maternal mental health and SUD.

Decrease the fatal overdose rate among women of reproductive age (15-44 years) (per 100,000 women)

Source: TDH Death Statistical File, 2022

<b>BASELINE</b>	<b>47</b>
<b>TARGET</b>	<b>42</b>

Increase the percentage of women screened for depression at a postpartum checkup

Source: TDH PRAMS, 2022

<b>BASELINE</b>	<b>88%</b>
<b>TARGET</b>	<b>91%</b>



# FOCUS AREA:

## Improve Access to Quality Care

### GOAL 4

*Strengthen awareness and education for patients and the community.*



1. Develop PSAs and media campaigns on modifiable risk factors and available resources to decrease preventable maternal mortality and morbidity.
2. Improve health literacy via translation and accessible language in all print and digital communication materials.
3. Provide comprehensive, quality, affordable women's health, prenatal, and postpartum education.



Increase the percentage of new moms who started prenatal care as early as they wanted to

*Source: TDH PRAMS, 2022*



# FOCUS AREA:

## Strengthen Maternal Health Systems



### GOAL 5

*Promote the implementation of maternal health quality improvement initiatives.*

1. Increase the utilization of evidence-based pregnancy-associated medical conditions protocols in birthing facilities.
2. Expand the number of birthing facilities that offer immediate postpartum Long-Acting Reversible Contraceptives (LARCs).
3. Implement pregnancy and postpartum status protocols in emergency departments.
4. Educate emergency and non-obstetric personnel on the rapid identification and management of maternal emergencies.

Increase the percentage of birthing hospitals actively participating in Tennessee Initiative for Perinatal Quality Care QI projects

Source: TIPQC, 2024

**BASELINE**

**61%**

**TARGET**

**66%**



# FOCUS AREA:

## Strengthen Maternal Health Systems

### GOAL 6

*Strengthen statewide perinatal regionalization system.*



1. Develop and support a statewide network of providers to enable obstetric and high-risk perinatal telehealth services.
2. Ensure EMS personnel receive emergency obstetric simulation training to improve their management of obstetric emergencies.

### *in* FOCUS

*Evidence-based national professional organizations recently reported findings from a survey that indicate many **EMS practitioners** do not feel they have adequate education or training to respond to emergencies for pregnant and postpartum patients.*

Increase the percentage of very low birth weight births that occur at hospitals with level 3 and 4 NICUs

*Source: TDH Birth Statistical System, 2022*

<b>BASELINE</b>	<b>83%</b>
<b>TARGET</b>	<b>86%</b>



# FOCUS AREA:

## Strengthen Maternal Health Systems



### GOAL 7

*Strengthen data infrastructure and analytic capabilities to support decision making.*

1. Develop a centralized referral system for families to connect to state resources (WIC, TennCare, SNAP, etc.) through one portal.
2. Modernize client-facing systems to improve outreach and engagement (texting, appointment reminders, application development, and deployment).
3. Increase public-facing data dashboards, infographics, and reports on women's/maternal health.
4. Conduct in-depth evaluations of promising innovative maternal and women's health programs and practices.
5. Modernize data infrastructure and health information exchange capacity.



# FOCUS AREA:

## Strengthen Maternal Health Systems



### *in* FOCUS

*During a breakout session with Tennessee Initiative for Perinatal Quality Care (TIPQC) conference participants, feedback was gathered to help shape the MHSP. Several participants highlighted the need for increased **collaboration between healthcare providers and community programs**, such as home visiting services, noting that these resources are available in all 95 counties and should be better utilized.*

## GOAL 8

*Build and enhance the Maternal Health Task Force and community involvement to turn recommendations into action.*

1. Actively engage community partners and organizations supporting pregnant and postpartum women in Tennessee to prioritize their input, enhance service delivery, and improve maternal health outcomes.
2. Integrate Tennessee families' perspectives in implementing maternal health services aimed at reducing to health disparities.
3. Strengthen the maternal health task force by expanding membership, enhancing collaboration among partners, and implementing focused initiatives to improve maternal health outcomes.



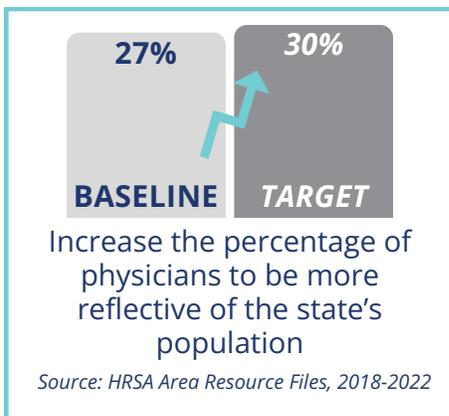
# FOCUS AREA:

## Strengthen the Maternal Health Workforce



### GOAL 9

*Increase the maternal health workforce to align with the needs of the state's population.*



1. Strengthen maternal healthcare career exposure and career training programs for residents of rural communities.
2. Raise awareness of incentive programs for working in underserved areas in Tennessee through outreach campaigns and the distribution of informational materials.
3. Invest in strategies to increase certified midwives, doulas, lactation consultants, and community health workers (CHWs).
4. Increase recruitment, training, and retention of maternal health workforce to be more representative of the state's population.



# FOCUS AREA:

## Strengthen the Maternal Health Workforce



### GOAL 10

*Enhance the knowledge and skills of maternal healthcare workers.*

1. Train maternal healthcare providers in trauma-informed care and person-centered language.
2. Train maternal healthcare providers on screening, identification, and interventions to reduce maternal deaths due to suicide and homicide.
3. Increase access to evidence-based training by leveraging the TN TRAIN platform to deliver high-quality culturally aware learning opportunities.



Decrease maternal deaths due to violence (per 100,000 live births)

Source: TDH Maternal Mortality Review, 2019-2021



# FOCUS AREA:

## Strengthen the Maternal Health Workforce



### GOAL 11

*Strengthen the maternal workforce pipeline through curriculum and practicum expansion.*

1. Train family medicine residency graduates to provide obstetric services.
2. Increase public health internship and practicum opportunities with a specific focus on maternal and child health.
3. Implement focused recruitment strategies to expand the maternal health workforce that elects to be in-network with TennCare to improve access to maternal care services.
4. Create a Council on Education for Public Health-approved maternal health equity master's program in Tennessee.
5. Apply for Federal funding to support a Tennessee Maternal Child Health Catalyst Program to train public health graduate students.



# FOCUS AREA:

## Strengthen the Maternal Health Workforce



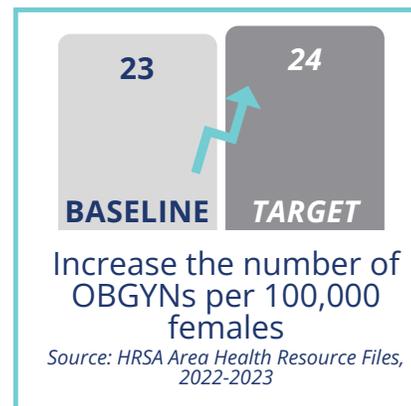
### GOAL 12

*Promote maternal workforce retention.*

1. Encourage OBGYN, family medicine, psychiatry, pediatricians, dentists, and internal medicine residents trained in Tennessee to stay and practice by expanding loan repayment programs, broadening scope-of-practice options, and offering other competitive incentives.
2. Implement evidence-based interventions to enhance resilience and mitigate burnout among maternal healthcare professionals.
3. Collaborate with key partners to develop and implement policies that support a medical liability system that fosters access to quality maternity services and does not deter clinicians from practicing obstetrics.

### *in* FOCUS

*During the TIPQC breakout session, participants emphasized the importance of conducting **staff debriefings following traumatic events**, as well as establishing regular debriefs and check-ins to **support ongoing well-being.**"*





# FOCUS AREA:

## Key Influences on Maternal Health



### GOAL 13

*Develop and implement innovative strategies to overcome barriers to accessing care.*

1. Enhance economic stability for Tennessee families by promoting awareness of the Federal Earned Income Tax Credit and improving access to education and workforce training programs in Tennessee.
2. Assess, develop, and execute strategies to enhance transportation access.
3. Establish a closed-loop referral system in Tennessee to ensure seamless communication, coordinated care, and improved outcomes by tracking referrals from initiation to completion.
4. Enhance access to affordable, reliable childcare services.

#### in **HER** words

*"Say, if I have doctor's appointments, I'm not going to go because I don't have a ride. They don't have transportation."*

Increase the percentage of reproductive-aged females who had a routine health checkup in the past year

**BASELINE** 73%

**TARGET** 76%

Source: TDH BRFSS, 2023



# FOCUS AREA:

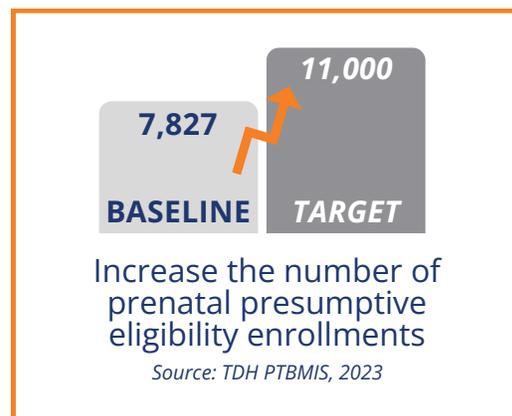
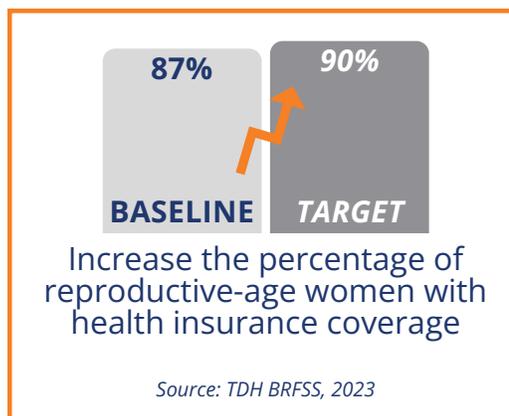
## Key Influences on Maternal Health



### GOAL 14

*Enhance and broaden access to quality healthcare coverage.*

1. Explore strategies to close insurance coverage gaps and educate Tennesseans about existing programs and enrollment options to improve access to healthcare.
2. Strengthen the perinatal regionalization system to ensure consistent access to high-quality obstetrical services and support rural healthcare facilities in maintaining essential OB care.
3. Increase enrollment of pregnant women into the Presumptive Eligibility (PE) program.





# FOCUS AREA:

## Key Influences on Maternal Health



### GOAL 15

*Create healthy environments.*

1. Strengthen TDH's Regional Healthy Development Coordinators in promoting policy, systems, and environmental projects focusing on the built environment, safe walking spaces, and community walkability initiatives.
2. Improve health outcomes by addressing food insecurity, food deserts, and food swamps.
3. Support safe communities using evidence-based interventions to prevent violence and abuse.
4. Increase access to stable and affordable housing.

#### *in* **HER** words

*"If we don't have affordable and accessible childcare, **nobody is going to be working**, absolutely nobody."*

Increase the percentage of households that are food-secure

Source: USDA, 2021-2023

**BASELINE**

**88%**

**TARGET**

**90%**



# FOCUS AREA:

## Key Influences on Maternal Health



### GOAL 16

*Educate policymakers on evidence of policies to improve maternal health.*

1. Regularly assess and report on the effectiveness of maternal health policies to inform future decisions and strategies.
2. Foster collaboration with healthcare providers and community organizations to highlight the need for supportive maternal health policies.
3. Educate state policymakers on evidence-based actionable solutions to improve maternal health outcomes.
4. Share data and research that demonstrate the positive impact of reimbursement strategies on access to quality maternal care.

Increase the percentage of new moms who take paid maternity leave

*Source: TDH PRAMS, 2022*

**BASELINE**

**53%**

**TARGET**

**58%**



# ACTION PLAN

## Introduction

These next few pages highlight **six key partner profiles**. However, they represent just a fraction of the partners involved in maternal health. These profiles include key activities, or ways for individuals or organizations from these groups to implement the MHSP.

*TDH is committed to ensuring every mother in Tennessee receives the necessary resources and care from preconception through postpartum.*



## Academic Institutions

### Key activities to support the MHSP:

- Increase research focused on women's health.
- Evaluate root causes of hospital obstetric unit closures and health-related transportation inequities.
- Apply to the Maternal Child and Health Bureau (MCHB) to become a Catalyst Center.
- Develop courses available to the community and healthcare workforce focused on maternal health emphasizing practical solutions to Tennessee's challenges.
- Partner with local health organizations to offer internships, shadowing opportunities, and hands-on training for students in rural communities.
- Evaluate effects strategies to reduce burnout and increase resilience in maternal healthcare workforce.
- Launch recruitment campaigns and develop training programs to encourage diverse individuals to pursue careers in maternal healthcare.
- Establish support initiatives such as scholarships, mentorship programs, and career development workshops for underrepresented groups.
- Develop evidence-based protocols and tool kits aimed at reducing contributing factors identified through Tennessee's MMR process.
- Increase number of professionals trained in perinatal mental health and SUD treatment.



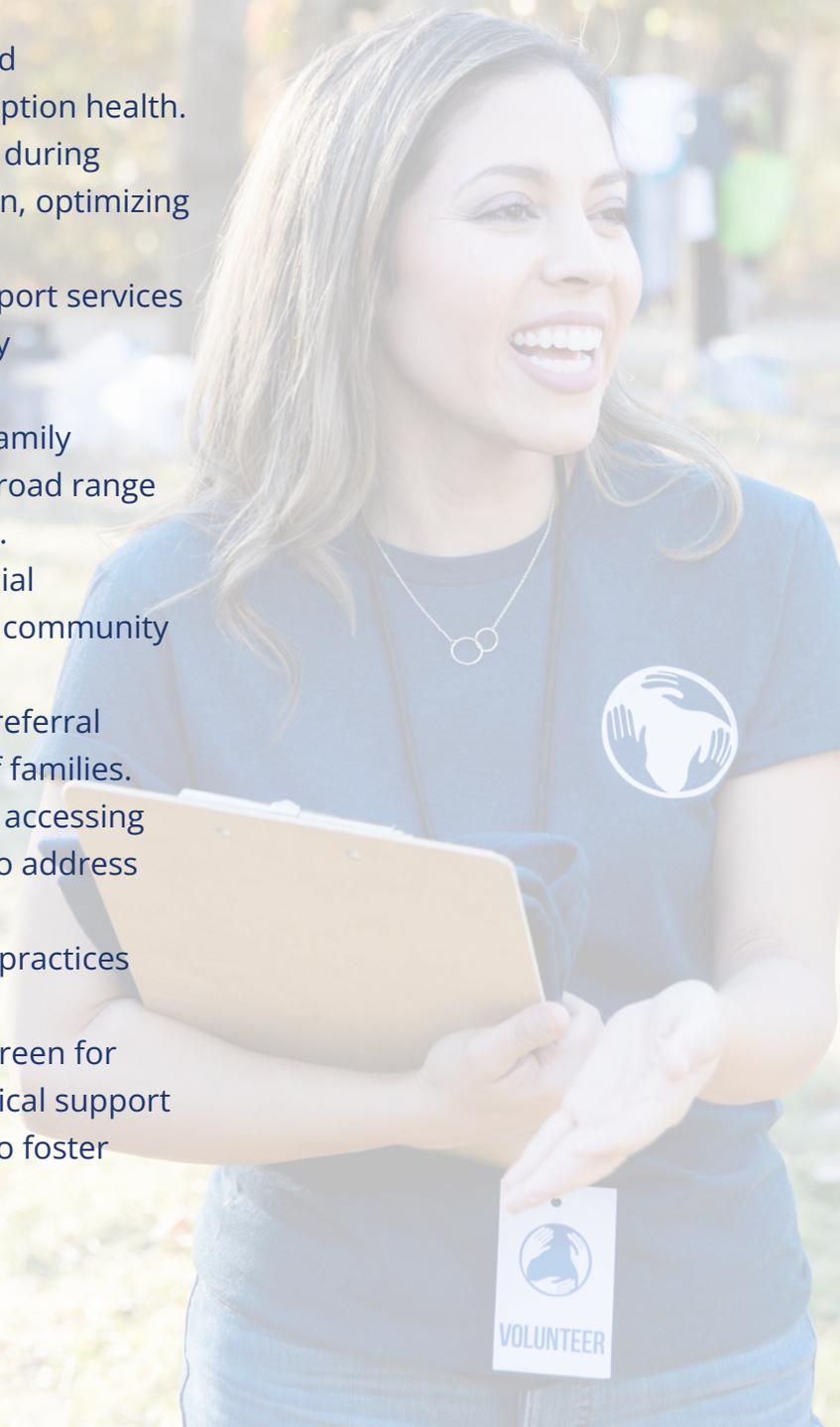
# ACTION PLAN



## Community-Based Organizations (CBOs)

### Key activities to support the MHSP:

- Develop and distribute evidence-based educational materials about preconception health.
- Promote health behaviors before and during pregnancy including smoking cessation, optimizing chronic conditions, and folic acid use.
- Increase awareness of pregnancy support services in health departments and community organizations.
- Provide high-quality, client-centered family planning education, and access to a broad range of contraceptive options as applicable.
- Develop programs that provide financial assistance, job training, and access to community resources for families.
- Become a partner with a closed-loop referral system to ensure care coordination of families.
- Evaluate social needs and barriers for accessing healthcare and implement solutions to address barriers.
- Provide trainings in trauma-informed practices and Mental Health First Aid.
- Train community health workers to screen for intimate partner violence, provide critical support resources, and offer additional tools to foster healthy relationships.





# ACTION PLAN



## Healthcare Systems & Providers

### Key activities to support the MHSP:

- Actively participate in TIPQC maternal and infant health initiatives.
- Implement evidence-based protocols and AIM bundles.
- Promote the importance of optimal health before pregnancy.
- Increase availability to access primary care and women's health services.
- Increase utilization of appropriate screenings in pregnancy to decrease factors contributing to severe maternal morbidity and mortality.
- Partner with TennCare and insurance plans to develop policies that enhance reimbursement rates for perinatal care services.
- Refer all eligible patients for care coordination and support services.
- Prioritize affordable and accessible prenatal education options to increase participation from diverse communities.
- Expand utilization of telehealth and remote patient monitoring to increase access in maternity care deserts.
- Build systems to facilitate the exchange of maternal health information across the multiple healthcare systems.
- Promote widespread access to naloxone nasal spray to reduce opioid overdose deaths.
- Expand access to long-acting reversible contraception (LARC), including immediate postpartum LARC.



# ACTION PLAN



## Individuals & Families

### Key activities to support the MHSP:

- Share your story to raise awareness. Personal testimonies around both positive and negative birthing experiences can be powerful change agents.
- Inform all healthcare providers at every healthcare visit if you are pregnant or have been in the last year.
- Leverage maternal health services from health departments, insurance providers, medical systems, and community-based organizations to ensure women feel supported throughout their pregnancy journey.
- Raise awareness of the pregnancy support services available in your community.
- Implement healthy behaviors to decrease risk of adverse pregnancy outcomes and birth defects.
- Advocate for policies that support safe and supportive pregnancy and birth experiences.





# ACTION PLAN



## Policymakers

### Key activities to support the MHSP:

- Review reports on maternal, infant, and fetal health with a focus on incorporating recommendations when considering policy.
- Incorporate the voices of Tennesseans with lived experience when developing policies.
- Implement solutions to improve access to healthcare-related transportation.
- Consider implementing evidence-based policies, that strengthen systems for affordable childcare, family healthcare, and parental support, to better support families.
- Implement policies that support a medical liability system that fosters access to quality maternity services and does not deter clinicians from the practice of obstetrics.
- Expand reimbursement for perinatal care services including strategies to increase access to healthcare in rural areas.
- Consider policies to prevent further obstetric unit closures and strengthen the perinatal regionalization system to ensure equitable access to maternal care across Tennessee.
- Support policies and projects that promote safe environment and healthy outdoor activities.
- Increase funding for statewide maternal health quality improvement initiatives.



# ACTION PLAN



## Professional Medical Organizations

### Key activities to support the MHSP:

- Expand the perinatal workforce, including OBs, nurses, midwives, doulas, community health workers, mental health and lactation professionals.
- Implement evidence-based interventions to mitigate burnout in healthcare professionals.
- Increase awareness of the role of doulas and community health workers and their contributions to improving maternal health outcomes.
- Create and promote professional development programs and training for perinatal care in maternity care deserts.
- Develop scholarship and loan repayment programs to encourage new maternal health professionals to work in underserved areas.
- Develop training programs to increase the number of providers with expertise in perinatal mental health and SUD treatment.

# APPENDIX - INDICATORS



## Improve Access to Quality Care

### GOAL 1

Increase the percentage of new moms who report that their pregnancy was intended

*Source: TDH PRAMS, 2022*

**BASELINE** 55%

**TARGET** 57%

### GOAL 2

Increase the percentage of women who receive adequate or adequate plus prenatal care

*Source: TDH Birth Statistical System, 2022*

**BASELINE** 74%

**TARGET** 77%

Increase the percentage of women who had a postpartum checkup

*Source: TDH PRAMS, 2022*

**BASELINE** 88%

**TARGET** 91%

### GOAL 3

Decrease the fatal overdose rate among women of reproductive age (15-44 years) (per 100,000 women)

*Source: TDH Death Statistical File, 2022*

**BASELINE** 47

**TARGET** 42

Increase the percentage of women screened for depression at a postpartum checkup

*Source: TDH PRAMS, 2022*

**BASELINE** 88%

**TARGET** 91%

### GOAL 4

Increase the percentage of new moms who started prenatal care as early as they wanted to

*Source: TDH PRAMS, 2022*

**BASELINE** 85%

**TARGET** 88%

# APPENDIX - INDICATORS



## Strengthen Maternal Health Systems

GOAL 5

Increase the percentage of birthing hospitals actively participating in TIPQC QI projects

Source: TIPQC, 2024

**BASELINE** 61%

**TARGET** 66%

GOAL 6

Increase the percentage of very low birth weight births that occur at hospitals with level 3 and 4 NICUs

Source: TDH Birth Statistical System, 2022

**BASELINE** 83%

**TARGET** 86%



## Strengthen the Maternal Health Workforce

GOAL 9

Increase the percentage of physicians to be more reflective of the state's population

Source: HRSA Area Resource Files, 2018-2022

**BASELINE** 27%

**TARGET** 30%

GOAL 10

Decrease the maternal deaths due to violence (per 100,000 live births)

Source: TDH Maternal Mortality Review, 2019-2021

**BASELINE** 22

**TARGET** 18

GOAL 12

Increase the number of OBGYNs per 100,000 females

Source: HRSA Area Health Resource Files, 2022-2023

**BASELINE** 23

**TARGET** 24

# APPENDIX - INDICATORS



## Key Influences on Maternal Health

GOAL 13

Increase the percentage of reproductive-aged females who had a routine health checkup in the past year

Source: TDH BRFSS, 2023

<b>BASELINE</b>	<b>73%</b>
<b>TARGET</b>	<b>76%</b>

GOAL 14

Increase the percentage of reproductive-age women with health insurance coverage

Source: TDH BRFSS, 2023

<b>BASELINE</b>	<b>87%</b>
<b>TARGET</b>	<b>90%</b>

Increase the number of prenatal presumptive eligibility enrollments

Source: TDH PTBMIS, 2023

<b>BASELINE</b>	<b>7,827</b>
<b>TARGET</b>	<b>11,000</b>

GOAL 15

Increase the percentage of households that are food-secure

Source: USDA, 2021-2023

<b>BASELINE</b>	<b>88%</b>
<b>TARGET</b>	<b>90%</b>

GOAL 16

Increase the percentage of new moms who take paid maternity leave

Source: TDH PRAMS, 2022

<b>BASELINE</b>	<b>53%</b>
<b>TARGET</b>	<b>58%</b>

## GLOSSARY

**BRFSS:** Behavioral Risk Factor Surveillance System

**HRSA:** Health Resources and Services Administration

**PTBMIS:** Patient Tracking Billing Management Information System

**PRAMS:** Pregnancy Risk Assessment Monitoring System

**TIPQC:** Tennessee Initiative for Perinatal Quality Care

**USDA:** United States Department of Agriculture

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