Metro Public Health Dept
Nashville/Davidson County
Protecting, Improving, and Sustaining Health

2025

FROM STORIES TO ACTION

Maternal Interviews Shaping Improvements to Pregnancy Care

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Vision And Mission

Vision

A community where every mother experiences a healthy pregnancy and every baby celebrates their first birthday.

Mission

The Fetal and Infant Mortality Review (FIMR) program examines systems of care and maternal experiences to identify opportunities for improvement. Through active community partnerships, we drive meaningful changes that reduce disparities, improve pregnancy outcomes, and support families in raising healthy babies.

Every Voice Matters, Every Baby Counts

Note on Confidentiality

To protect the confidentiality of the mothers who generously shared their experiences and to maintain the integrity of the Fetal and Infant Mortality Review (FIMR) process, the specific stories and quotes presented in this report have been carefully generated based on the experiences of our interviewers and using artificial intelligence. Stories and quotes reflect the lived experiences documented in our analysis but have been deliberately reconstructed to prevent any potential identification of specific individuals. This approach allows us to honor the mothers' experiences while maintaining the highest standards of evaluation ethics and participant confidentiality.

Madison's Story

Note: Madison's Story is fictional, based on actual experiences shared with our interviewers. We mask the identities of these women in order to honor their stories and preserve confidentiality. This narrative was carefully edited to illustrate the breadth of experiences shared with our team.

Madison wasn't sure what to do when she found out she was pregnant. She was 21 years old and living with her parents while she worked to save money. She and her boyfriend, Jeff, were in a committed relationship and planned to marry sometime next year. She had been on birth control but wasn't always consistent with taking the pills and occasionally missed a day. When she started feeling sick in the mornings and missed her period, she took a home pregnancy test and found out she was pregnant.

Jeff was supportive, but he was struggling to find a full-time job and living with 3 roommates in a 2-bedroom apartment. Madison's relationship with her family was strained. She felt she couldn't tell them about the pregnancy and hid it for the first 4 months.

She did not seek prenatal care and the stress of hiding the pregnancy made it hard on her. One day she was at work at the restaurant where she waits tables and got very dizzy. The owner called an ambulance because she fainted and was very pale. At the ER she complained of a severe headache and dizziness and her blood pressure was extremely high. They ran lab work, and she admitted to being pregnant. She got her first ultrasound in the ER and they determined she was 25 weeks pregnant. She was having a baby girl. Jeff came to the ER and they told him she needed to be admitted because of her blood pressure and Madison made the dreaded call to her parents. Her parents came to the hospital and the staff noted there was obvious tension between them and Madison.

Madison was admitted overnight and started on medication for her blood pressure and given education on her diagnosis: preeclampsia. She was stable after 24 hours and sent home with instructions to follow up with her Obstetrician (OB). Madison's parents were uninsured, so she applied for TennCare. The hospital helped her sign up but she missed a deadline for turning in some paperwork. As a result, her coverage was delayed. She took the prescribed blood pressure medication until it ran out. Six weeks after her ER visit, she was finally able to find an OB who accepted her insurance.

Madison's Story

At her first visit with the new OB, they were unable to find fetal heart tones. An ultrasound showed there was no heartbeat, and they told her the baby had died.

She felt immediate guilt and shame. She was confused when the doctors told her she would have to be induced and deliver her stillborn baby. She was sent to the closest delivering hospital that was 40 minutes away from her doctor's office. Jeff arrived at the hospital, but her parents refused to come.

At the time of her induction, her blood pressure was still too high, and they had to give her medications to bring it down. Madison labored for 21 hours and pushed for 30 minutes to deliver her baby girl born at 31 weeks and 2 days. She named her Angel, and the hospital chaplain helped her and Jeff make arrangements for her cremation. Madison did not want to stay at the hospital and was sent home after 1 day. Her blood pressure normalized after delivery, and she agreed to see her doctor within the week.

She returned to her local ER 5 days later complaining of shortness of breath and chest pain. It was determined she was experiencing anxiety related to the loss of her baby and they gave her resources for grief services. She admitted that her mother and father would not speak of the baby and she felt alone. She attended her 6-week postpartum checkup and, physically, she was doing well. She had made contact with a therapist working with moms who have suffered a loss, and she thought it was helping. She was taking Zoloft for depression and returned to work.

She and Jeff are no longer seeing each other. She said he couldn't seem to cope with the grief and their relationship couldn't withstand it. She received the urn with Angel's remains and keeps it in her room. She is working to move out on her own and hopes to go to nursing school in the fall.

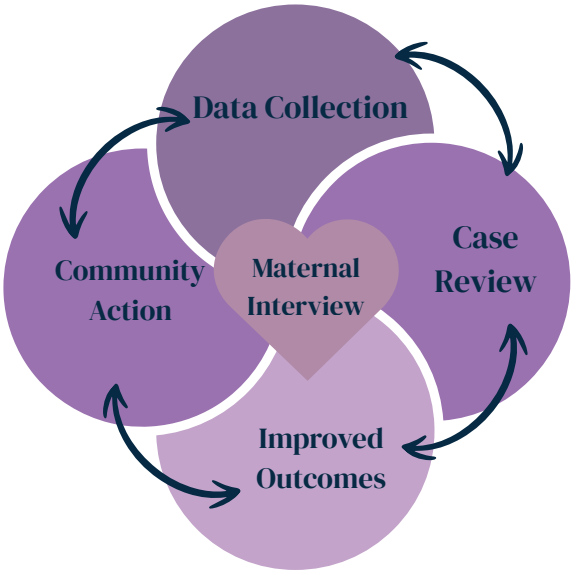
Madison said Angel "looks over me and I feel her with me."

Introduction

The Davidson County Fetal and Infant Mortality Review (FIMR) was established in 2009 to investigate the root causes of fetal and infant deaths in the community. FIMR is a community-driven initiative aimed at improving health outcomes for women, infants, and families by analyzing these deaths to uncover systemic and resource-related issues. FIMR conducts multidisciplinary reviews to identify social, economic, public health, educational, environmental, and safety–factors contributing to mortality.

All Babies Deserve a Chance to Soar
Fetal Infant Mortality Review

FIMR Process



Data Collection: Medical records, prenatal care records, WIC, home visiting, and other social services utilized.

Maternal Interview: Mothers are offered an opportunity to share their story with a FIMR interviewer. Parental interviews are the heart of the FIMR process.

Case Review: A multidisciplinary team analyzes de-identified cases, identifies contributing factors, and makes recommendations to enhance care systems.

Community Action: A multidisciplinary team develops and implements local strategies to address prioritized recommendations.

Improved Outcomes: The goal is improved systems and resources for families in Nashville.

Maternal Interviews

Maternal Interviews: The Heart of FIMR

Maternal interviews provide crucial insights into how families interact with both medical systems and community resources, directly informing our recommendations for improvement. These confidential conversations create a sacred space where mothers share their experiences of loss, grief, and resilience.

Our Process:

- FIMR staff reach out to mothers with condolences and grief resources
- Mothers choose whether and how to participate (in-person, virtually, or by phone)
- Family members may join at the mother's discretion
- Formal consent is obtained before and reconfirmed during the interview
- Mothers can end the interview at any time

Following the interview, mothers receive:

- Self-care and remembrance items
- Grief resources and affirmation cards
- Support materials for siblings
- Referrals to essential services (WIC, SNAP, CHANT)

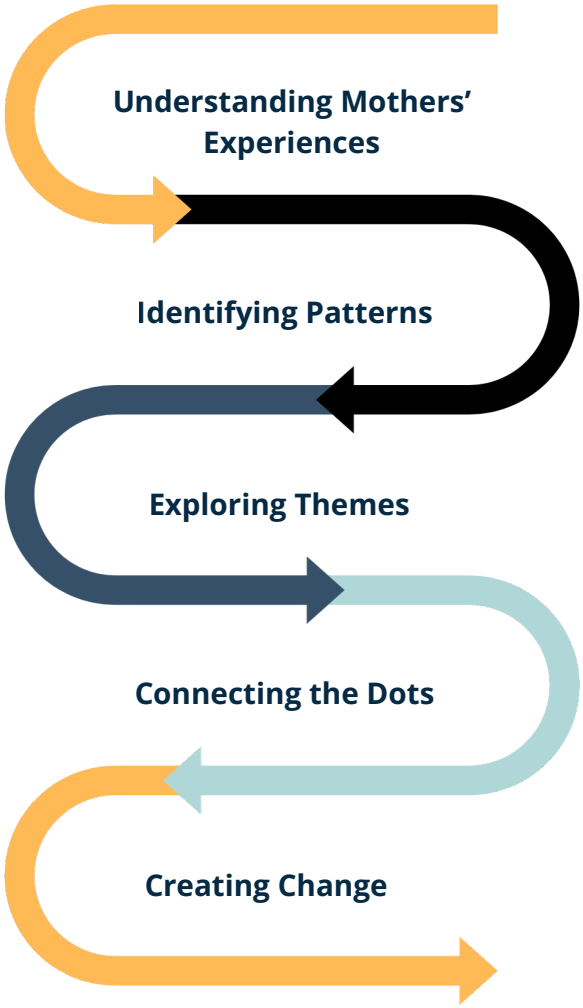
Many mothers describe the interview process as healing, appreciating the opportunity to share their story and honor their baby's memory. Thanks to our skilled and compassionate FIMR interviewers, we maintain a strong 30% interview completion rate - exceptional for this sensitive outreach. Each of these conversations guides improvements to medical care and community support so more babies reach their first birthday.

Qualitative Analysis

This analysis honors the experiences of 37 Davidson County mothers who endured the profound loss of their babies between 2019 and 2021. Through careful collaborative review, multiple analysts worked together to identify common themes in these stories, ensuring a balanced understanding of shared experiences.

While these interviews cannot represent every family's journey, they provide crucial insights that shape our recommendations for improving medical and support systems caring for mothers and babies.

FIMR Interview Analysis Process



Carefully reviewed stories of mothers who experienced fetal or infant loss

Systematically analyzed interviews to uncover shared experiences and insights

Developed a deep understanding of the complex factors surrounding experiences of loss

Revealed broader challenges in maternal and infant health

Transformed personal narratives into actionable recommendations to support families and improve healthcare

Overall Themes

PERVASIVE LIFE STRESSORS

Women are dealing with multiple life stressors, including medical, financial, relationship, housing, and mental health issues. Pregnancy and loss compounds those stressors.

BARRIERS TO COMPASSIONATE CARE

Women experienced systemic barriers to accessing quality, compassionate care including bureaucracy-centered policies and protocols, gaps in referrals for social services, mental health, and postpartum support, and lack of clear, compassionate communication from providers.

IMPACT OF COVID-19 PANDEMIC

Women found it harder to access care during the pandemic. When care was available and accessible, they noted increased difficulties in navigating care and support systems.

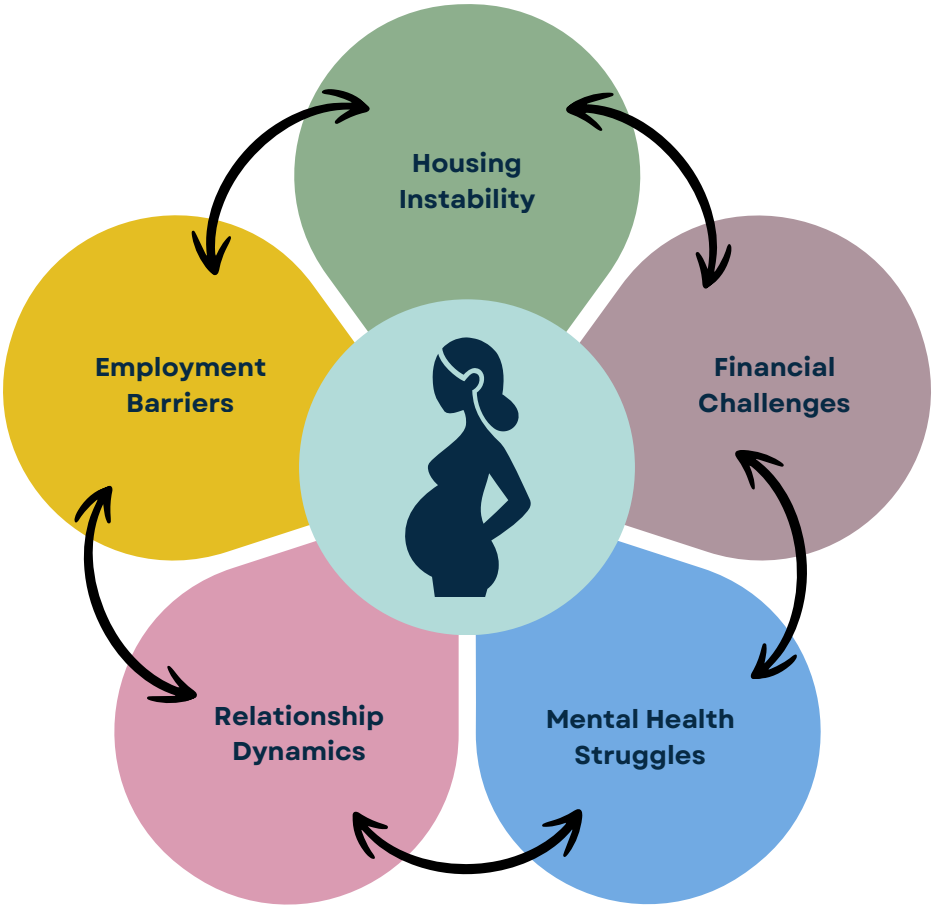
IMPACT OF PREGNANCY OR INFANT LOSS

Women expressed that loss is a profound, life-changing experience that can cause trauma, but can also fuel a desire for change and self-improvement.

Pervasive Life Stressors

Pregnancy occurs within the multifaceted context of a woman's entire life experience. For the mothers in our study, pregnancy and infant loss were not isolated medical events, but deeply personal journeys interwoven with pre-existing life challenges. These women were simultaneously navigating financial struggles, relationship dynamics, workplace barriers, and mental health complexities - each of these stressors both intensifying and being intensified by the pregnancy experience.

Life stressors were not linear, but cyclical: existing vulnerabilities made pregnancy more challenging, while the emotional and physical demands of pregnancy, in turn, amplified these underlying stressors. This mutual, dynamic interaction created an experience where medical events and personal challenges were not separate, but connected and continuously responsive to one another.



Pervasive Life Stressors

Some mothers faced **unstable living conditions** - including frequent moves, unsafe housing, or temporary living arrangements - which increased living expenses, depleted savings, and added additional layers of stress, making pregnancy and recovery more challenging.

Many mothers mentioned **economic pressures** and financial challenges that were exacerbated by pregnancy and potential job loss. Reduced job opportunities during the pandemic created additional economic strain and created barriers to accessing necessary healthcare and support.

Stress was noted to be multifactorial and complex with mothers reporting isolation, fear of stigma, and trauma. Mental health challenges also strained relationships, reduced communication and support networks, and required compassionate, holistic care approaches.

Unstable family and partner relationships were noted to increase stress and isolation, particularly when experiencing pregnancy or infant loss. These relationship dynamics created additional emotional vulnerability and reduced support networks.

Some mothers reported **workplace discrimination and lack of supportive policies** related to pregnancy, breastfeeding, or bereavement. Employment concerns created financial strains, increasing stress and impacting financial stability and healthcare access.

In Their Words...

"Changing apartments, staying with family, trying to find affordable housing - it felt like I was constantly fighting just to have a safe space to exist."

"I was working at a call center, trying to keep my job while pregnant, but every doctor's appointment felt like another risk of losing my income. How do you choose between your health and your paycheck?"

"After losing my baby, it felt like the world went silent. No one knew how to talk to me, so they just... didn't. I felt alone."

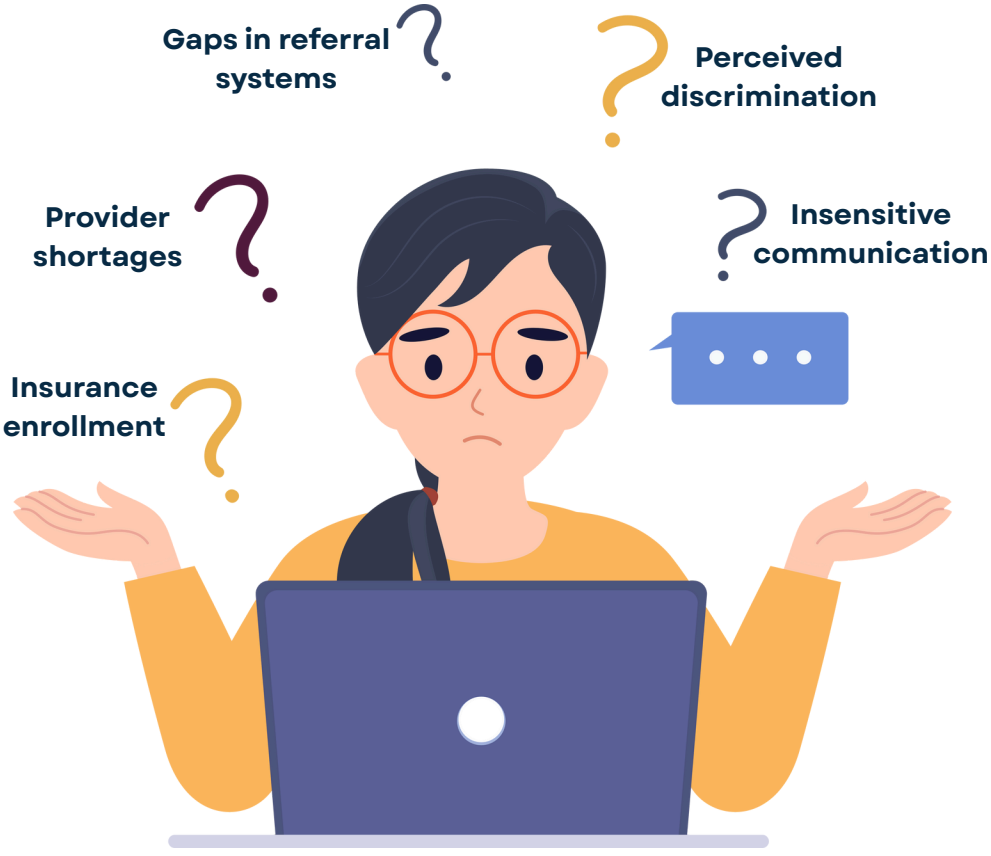
"The loss broke something in our relationship. My partner and I started blaming each other, looking for someone to hold responsible for our pain."

"After losing my baby, I asked for bereavement time. My manager looked at me like I was asking for something unreasonable. Two days. That's all they offered for the worst loss of my life."

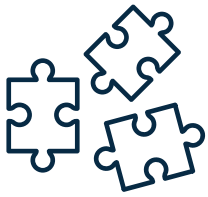
Barriers to Care

Healthcare systems are complex environments where policies, protocols, and individual interactions shape patient experiences. For the women who shared their story, accessing healthcare–particularly during pregnancy and after loss–revealed a series of practical and emotional challenges that extended beyond medical treatment. Women described navigating clinic schedules that conflicted with work hours, struggling to find transportation to appointments, and managing the strain of coordinating care across multiple providers. Insurance complexities meant women often delayed seeking care or avoided necessary follow-ups due to anticipated costs.

Provider shortages translated into practical difficulties: limited appointment availability, inconsistent care teams, and minimal time for meaningful patient-provider communication. Multiple interviews revealed instances where healthcare providers communicated with patients in ways that were dismissive, emotionally harmful, or demonstrably lacking in empathy. These women's stories consistently highlighted a healthcare system structured around administrative processes rather than individual patient needs, revealing critical gaps in compassionate, patient-centered maternal care.

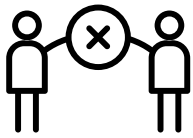


Barriers to Compassionate Care

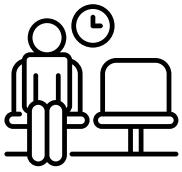


Persistent shortages in available programs addressing maternal subsistence, along with emotional, safety, and financial needs are exacerbated by fragmented care systems and lack of coordinated communication between providers and social service systems. This prevents holistic, patient-centered care and the timely sharing of crucial medical and loss-related information.

Medical and social service policies and protocols lend themselves to **bureaucracy-centered care instead of patient-centered care** which reduces patient satisfaction and creates mistrust.



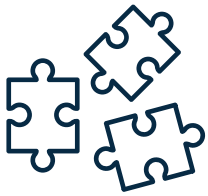
Clear, compassionate, bi-directional communication is a cornerstone of respectful, patient-centered care. Without it, mothers felt unseen, unheard, and disrespected, leading to distrust in the medical system.



Growing **shortages of obstetric providers** in the community, coupled with **public insurance barriers** delay access to early prenatal care and disrupt care continuity. Mothers experienced this as limited access, rotating providers, cost-prohibitive charges for missed appointments, inflexible clinic hours, and scattered locations for care.

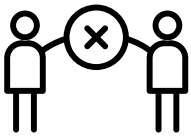
Insurance barriers and limitations created challenges in establishing timely care with a consistent provider. Some providers' refusal to accept presumptive eligibility further delayed access to care. These systemic issues encouraged a focus on tertiary care instead of prevention, and increased patient navigation complexity.

In Their Words...

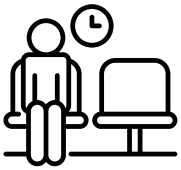


"When I asked for help, I got a list of phone numbers. But no one explained how these services actually worked together, or what they provided."

"The paperwork and bureaucratic hurdles made me feel like I was being punished for something, instead of being supported during the worst moment of my life."



"True healing began when a healthcare provider stopped talking at me and started talking with me. It made all the difference in how I processed my loss."



"I saw a different doctor almost every visit. By the time they understood my history, my pregnancy was nearly over. It felt like starting from scratch each time."

“They told me with my Medicaid presumptive elegibility I could start care immediately, however when I called to make an appointment they said they wouldn’t see me until I had my card. It was a confusing process and the doctor’s office didn’t seem to understand.”

Impact of COVID-19 Pandemic

The COVID-19 pandemic exposed the vulnerabilities of our healthcare system and reshaped women's pregnancy and postpartum experiences. Pregnant women suddenly confronted unprecedented barriers: partners and family excluded from prenatal appointments and delivery rooms, telehealth interactions replacing in-person care, and anxiety about potential virus transmission. Traditional safety nets designed to support mothers, such as workplace accommodations and community resources, were suddenly more difficult to access, introducing new barriers to an already complex system.

Simultaneously, cherished social rituals of pregnancy and early motherhood - baby showers, family gatherings, and community support networks - were abruptly ceased, transforming what should have been celebratory, communal experiences into isolating, solitary journeys. For mothers experiencing pregnancy or infant loss, the imposed isolation stripped away crucial emotional support systems at the most vulnerable moments of grief.

Impact of COVID-19 Pandemic

The pandemic significantly **reduced availability of healthcare services** and **increased difficulties in navigating care and support systems**. Providers' accessibility and patient interactions were fundamentally altered.

COVID-19 increased social isolation for pregnant women, limiting social support networks and creating emotional disconnection during a time of heightened need.

The **pandemic impacted financial stability** by reducing employment opportunities, increasing job insecurity, and creating economic challenges for pregnant women and their families.

Pandemic protocols restricted medical interactions, transformed clinical encounters, and created barriers to consistent prenatal and postpartum care through reduced in-person services and increased administrative complexities.

Protocols designed to mitigate the spread of COVID-19 exacerbated existing mental health challenges, increasing stress, anxiety, and psychological pressure during pregnancy, with reduced access to traditional support mechanisms and increased uncertainty.

In Their Words...

"They told me my husband couldn't enter the hospital. Can you imagine finding out your baby has no heartbeat, and you're completely alone?"

"Pregnancy is supposed to be this beautiful, shared experience. COVID robbed me of that. No baby showers, no family visits, no excitement - just me, alone in my apartment, feeling like the world had completely shut down around me."

"COVID hit right when I was pregnant, and suddenly my entire career just... disappeared. The restaurant closed, no one was hiring, and I was left wondering how I was going to support this baby with zero income and mounting medical bills."

"The administrative hurdles during COVID were insane. Changing appointment times, constant rescheduling, different providers each visit - it felt like my medical care was being held together with duct tape and good intentions."

"My anxiety went through the roof during COVID. It wasn't just worry anymore - it was constant, thinking about worst-case scenarios during every moment of my pregnancy."

Impact of Pregnancy or Infant Loss

Pregnancy and infant loss are complex experiences that impact a woman's emotional and psychological well-being. These losses extend far beyond a medical event, fundamentally challenging a woman's sense of self, reproductive identity, and future expectations.

The experience of loss was characterized by a complex range of emotions, including grief, anger, guilt, and longing. Women describe an ongoing process of emotional negotiation, simultaneously experiencing intense sadness and a desire to move forward.

Women employed diverse coping mechanisms to deal with their loss, ranging from counseling and community support to developing personal resilience strategies. While many experienced psychological challenges such as depression, anxiety, and post-traumatic stress, they simultaneously displayed remarkable emotional strength, finding meaning through advocacy, shared storytelling, and remembering their baby. Some women transformed their grief into positive action, becoming vocal supporters for improved maternal healthcare, loss support services, and destigmatization of pregnancy and infant loss.

Impact of Pregnancy or Infant Loss

Pregnancy or infant loss creates deep psychological wounds, manifesting as anxiety, trauma, and fear about future pregnancies. Mothers reported underestimating the profound mental health impact of the loss and experiencing persistent emotional disruption.

Pregnancy or infant loss can strain family and partner relationships, leading to social withdrawal. Mothers reported feeling disconnected and stigmatized, intensifying their sense of emotional vulnerability.

Systemic communication failures and perceived discrimination create mistrust that actively prevents women from seeking essential medical and mental health services. This mistrust led to women isolating themselves, underutilizing healthcare resources, and leaving physical and emotional needs unaddressed.

Healthcare systems struggle to provide comprehensive, compassionate bereavement support for mothers experiencing pregnancy or infant loss. Challenges include insensitive hospital policies, unclear and inefficient autopsy protocols, and cost barriers. While specialized grief support exists, systems lack effective pathways to connect bereaved families with these services when they are ready to engage.

Despite experiencing profound loss, **some mothers reported experiencing a transformative journey of personal growth and empowerment**. They emerged with a desire to support others, turning their individual experience into a source of healing and strength.

Impact of Pregnancy or Infant Loss

"I didn't realize how deeply the loss would change me. I'm always waiting for the worst, never fully believing I can actually have a healthy baby."

"Our marriage became this silent battlefield of grief. We were both hurting, but neither of us knew how to reach the other. The loss created this invisible wall between us."

"I knew I needed mental health support, but after how I was treated in the hospital, the thought of being vulnerable with another healthcare provider was terrifying. It felt safer to just handle everything alone."

"Every time I asked about the autopsy, I got different answers. I just want to know what happened to my baby. The hospital staff didn't seem to know who will cover the costs or when to expect answers. It's all so overwhelming."

"I realized that my experience, as devastating as it was, could be a lifeline for other women. Sharing my story became a way of healing - not just for myself, but for everyone who feels alone in their loss."

Healing Voices: Messages of Hope

The mothers who shared their stories of loss offered these messages of solidarity, hope, and resilience. These quotes are dedicated to others who may be navigating similar experiences. They offer compassion, understanding, and encouragement from those who understand.

“Your body is not a failure. Your heart is not broken beyond repair. You are stronger than the most difficult moment of your life.”

“You don’t have to be brave all the time. Some days, just breathing is an act of courage.”

“To the mother reading this: You are seen. You are held. You are loved - exactly as you are, in this moment.”

“Your baby was here. Your love was real. No matter how brief their time, they mattered. And so do you.”

“Grief and hope can coexist. Some days, hope will be a tiny spark. Other days, it will be a roaring flame.”

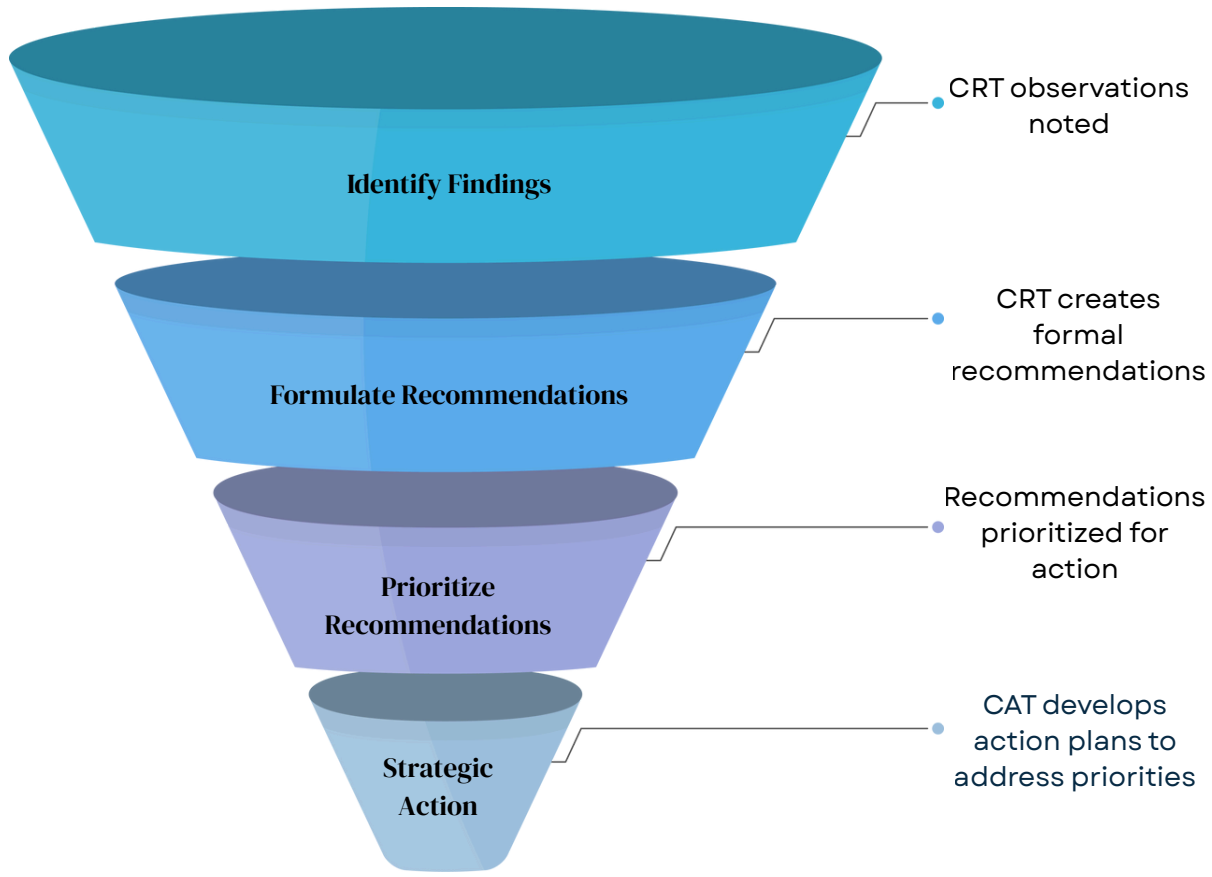
“There is no timeline for healing. Your journey is uniquely yours, and every step forward is worthy of celebration.”

Recommendations Process

The Fetal and Infant Mortality Review (FIMR) program convenes a multidisciplinary Case Review Team (CRT) to confidentially examine cases of stillbirths and infant deaths. The committee meets monthly with the goal of understanding the factors that contribute to mortality, identifying gaps or strengths in care systems, and finding opportunities for prevention. Observations, called findings, are noted and, when appropriate, turned into formal recommendations.

Findings are reviewed annually, followed by recommendation development and prioritization. Approved recommendations are shared with the Community Action Team (CAT), which forms subcommittees to develop action plans based on available capacity. A continuous feedback loop exists between the CAT and CRT to ensure ongoing improvement.

FIMR Recommendations Process



Recommendations

These are some of the Case Review Team recommendations grouped by focus area. Green indicates those that have been prioritized and currently have a subcommittee in our Community Action Team.

Access to Prenatal and Postpartum Care
Utilize multilingual navigators to assist with Medicaid insurance enrollment to include initial enrollment and subsequent documentation requirements.
Improve provider education and compliance of Medicaid presumptive eligibility protocols.
Utilize telehealth options for co-management between OB/GYN and MFM providers.

Social and Structural Determinants
Integrate a social determinants screening into prenatal intake, with automatic referral to services.
Expand transportation vouchers/ride-sharing contracts for prenatal and postpartum visits.
Advocate for policies that improve access to affordable housing and transportation for women during pregnancy and postpartum.

Coordination of Services and Quality of Care
Develop centralized referral systems to connect perinatal patients with support services (e.g., WIC or home visiting).
Simplify stillbirth applications and autopsy processes with simplified language, clear guidance and online options.
Improve communication and data-sharing between healthcare providers, social services, and community organizations.
Provide trauma-informed training for healthcare and social service providers.
Establish universal fetal kick-count education protocols for all pregnancies, at multiple care points.
Expand contraception and reproductive life planning education, ensuring literacy-level and culturally tailored formats.

Recommendations

Strengthen Mental Health and Grief Support
Integrate universal depression/anxiety screening at multiple times during and after pregnancy with direct referral loops (as recommended by ACOG).
Expand peer support networks (loss families, social media forums) and formalize grief referral pathways.
Create a post-loss follow-up protocol where providers revisit bereavement and mental health resources at 2–3 weeks, not just at discharge.
Ensure mental health resources are shared for the whole family when there is a loss.

Healing Voices: Recommendations

The mothers we interviewed offered suggestions for what they would like to have experienced differently. Purple indicates those that tie back to our CRT recommendations. Green indicates those that have been prioritized and are “in process” in our Community Action Team (CAT). The CAT is currently addressing all recommendations suggested by our interviewed mothers, except for one, for which we are collaborating with existing community partners.

Maternal Interview Recommendations
Support: Never go to the hospital alone. Take an advocate (partner, family, doula, etc.).
Quality Care: Providers should treat patients like family and go the extra mile.
Quality Care: Make sure parents get an explanation of the autopsy.
Social economic: Improve access to affordable and accessible childcare, including those working night shifts.
Bereavement: Provide grief support services for fathers.

FIMR Community Action Team

The Community Action Team (CAT) is a multidisciplinary team of medical, social work, public health professionals, nonprofit, home visiting, and community members, who develop and implement innovative local initiatives that address the CRT recommendations. The Nashville CAT has combined with the MPHD Nashville Strong Babies Healthy Start Community Consortium to form the Nashville Maternal Child Health Collective. Workgroups are created to address prioritized recommendations by developing action plans to implement prevention-based strategies.

Housing
The Housing Workgroup aims to expand access to safe, stable, and affordable housing for families by advocating for targeted rental assistance, prioritizing housing for pregnant women earlier in pregnancy, and seeking diverse funding sources beyond Metro Council.

Perinatal Support
The Perinatal Support Workgroup seeks to strengthen support for perinatal healthcare workers–especially doulas and community health workers–through training, partnerships, and advocacy, including efforts to secure Medicaid reimbursement. Their activities focus on education, collaboration, and raising awareness to improve maternal health outcomes.

Preconception Health
The Preconception Health Workgroup aims to raise community awareness about preconception health, focusing on life course education and contraception. Their efforts include developing and sharing educational messaging, hosting community events, and promoting access to contraception information and planning.

Count the Kicks Awareness
The Count the Kicks Awareness Workgroup aims to promote the use of the Count the Kicks app to help track fetal movements and improve birth outcomes. They focus on sharing educational resources with healthcare teams and home visiting programs in Davidson County.

Call to Action

Our Babies Can't Wait: A Call for Urgent Community Action

Every baby lost in our community represents not just a family's heartbreak, but a shared opportunity to do more to create the conditions where all families can thrive. The solutions exist within our community – in our shared wisdom, resources, and resolve. **We need your help to see more babies reach their first birthday in Davidson County.**

Here are some ways you can help:

1. **Lend Your Voice and Expertise**: Join our Case Review Team or Community Action Team, where your perspectives and experiences will directly shape solutions. Whether you're a healthcare provider, community leader, or family member, your insights are essential to understanding and addressing the complex factors affecting infant mortality.
2. **Champion Change Through Policy**: Put these recommendations into action within your sphere of influence. Whether you lead a healthcare system, community organization, or government agency, implementing these policy changes can create immediate positive impact for families in our community. Every policy change, no matter how small, moves us closer to saving babies' lives.
3. **Spread the Word**: Share this report with decision-makers in your network. Forward it to your leadership team, present it at your next board meeting, or discuss it with your colleagues. Each person who reads this report becomes another potential champion for change.

The time for action is now. Join us in building a community where every baby has the opportunity to celebrate their first birthday. Together, we can do better.

Every Voice Matters, Every Baby Counts

Want to Help?
Click Here or Scan

Acknowledgements

To the families who shared their stories:
We extend our deepest condolences and gratitude for your invaluable contribution to improving maternal and infant health outcomes in Davidson County. This work is dedicated to you and to the memory of your children. Your experiences inform our efforts to prevent future losses and support families in our community.

We are deeply grateful to:

Our FIMR Interviewers for their dedication to supporting bereaved families and their commitment to this vital work.

- Alison Butler, RN
- Gloria Morrison, RN

The FIMR Case Review Team
For their careful consideration of each case and development of actionable recommendations to prevent future losses.

The FIMR Community Action Team (MCH Collective)
For their ongoing work to implement changes and improve conditions for families to thrive in our community.

Special thanks to **Sarah Suiter, PhD**, for her expert guidance on qualitative analysis throughout this project.

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Protecting, Improving, and Sustaining Health