Adverse Maternal Health Outcomes in Tennessee and Expanded Access to Doula Care

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ABSTRACT

Tennessee experiences the highest maternal mortality rate in the United States. Yet most adverse maternal health outcomes are preventable, highlighting gaps in support and healthcare access. Expanding access to doula care provides an evidence-informed strategy to address this issue, as research links doula support with lower rates of medical interventions, reduced preterm births, improved maternal health, and cost savings. This paper uses ecological systems theory and a reproductive justice framework to examine how doula care can mitigate systemic failures, enhance agency for birthing individuals, and address racial and social disparities in Tennessee. Based on these findings, the paper recommends implementing TennCare coverage for doula services, investing in workforce development, and establishing community-based programs to promote equitable and culturally responsive maternal healthcare.

The World Health Organization (WHO) defines the maternal mortality rate (MMR) as the annual number of lives lost to pregnancy or pregnancy-related complications (World Health Organization, n.d.). The MMR includes deaths that occur during pregnancy or up to 42-days postpartum and may relate to obstetric or non-obstetric causes. It is important to recognize that the MMR excludes pregnancy-related deaths that occur between 43 days and a year postpartum, which may result in an underestimation of overall maternal mortality. Most high-income nations have observed a decline in maternal mortality in recent decades, yet the United States has seen an increase in maternal deaths (Huang et al., 2024). The MMR increased by 78% in the United States from 2000 to 2020 and is considerably higher than the MMR in similarly developed nations.

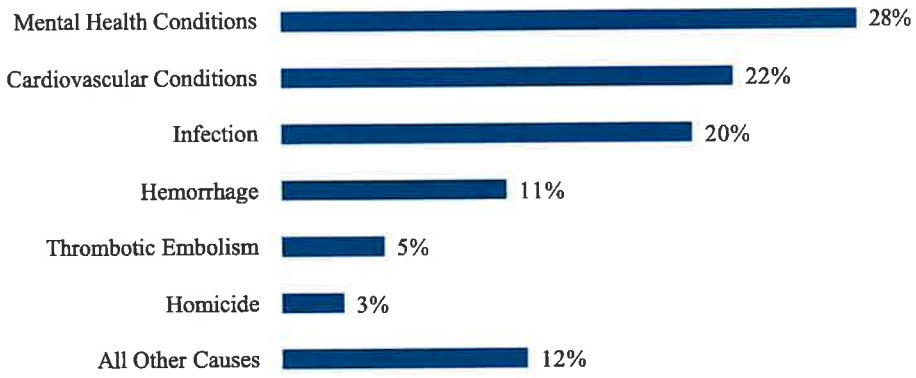
A key critical measure of maternal health related to the MMR is maternal morbidity, or nonfatal health complications that can occur during pregnancy or in the postpartum period (Declercq and Zephyrin, 2021). Morbidity-related outcomes are classified into three categories: maternal morbidity, severe maternal morbidity (SMM), and near-miss maternal morbidity. Maternal morbidity includes any unexpected complications that arise during or after pregnancy, while SMM involves health conditions that lead to life-threatening complications and potentially long-term consequences. Near-miss maternal morbidity includes instances of SMM in which death is narrowly averted.

The United States reported an MMR of 22.3 deaths per 100,000 live births in 2022 (Hoyert, 2024). However, mortality represents only the worst outcomes. Evidence suggests that for every maternal death, about 70 individuals experience severe complications (George et al., 2023). Applying this ratio to data from 2022 on maternal mortality reveals that approximately 57,190 individuals suffered from SMM that year alone (George et al., 2023; Hoyert, 2024), demonstrating clear systemic failures in American maternal healthcare. These outcomes are not distributed uniformly, as serious disparities persist related to geography and race. Tennessee, in particular, reports some of the most unfavorable maternal health outcomes in the nation. In 2022, Tennessee's MMR was 55 deaths per 100,000 live births—more than double the national average of 22.3 deaths per 100,000 live births (Hoyert, 2024; Tennessee Department of Health, 2024). Risks are disproportionately higher among Black and Native American women, groups more than twice as likely to die from pregnancy-related complications than white women in the United States (Wang et al., 2023).

Adverse maternal health outcomes indicate a critical public health crisis, and suggest broader repercussions related to family structure and societal wellbeing. Although mortality drivers vary by state and population, closer examination of available data can help identify the most appropriate interventions. The Tennessee Department of Health (2024) reported that the leading causes of maternal death were mental health conditions including accidental overdoses, cardiovascular conditions, infection, hemorrhage, thrombotic embolism, and homicide (refer to Figure 1). In Tennessee, 89% of maternal deaths occurring from 2017 to 2020 were deemed preventable (In Our Own Voice: National Black Women's Reproductive Justice Agenda, 2024). The staggering rate of preventability in Tennessee reveals a need for greater healthcare accessibility as well as support for pregnant individuals. This study analyzes adverse maternal health outcomes in Tennessee from a social work perspective and argues that expanding access to doula care stands as a feasible intervention to support birthing individuals and mitigate maternal mortality and morbidity.

Figure 1

Leading Causes of Maternal Death in Tennessee



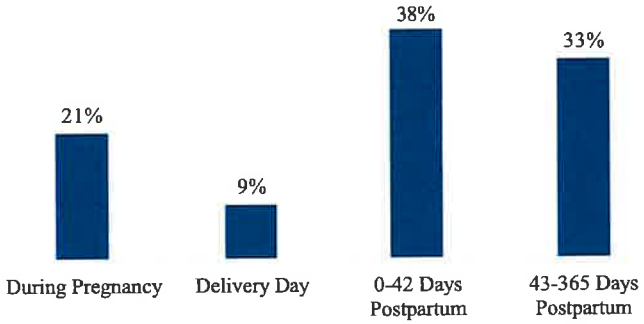
Note. This table depicts the leading causes of maternal death in Tennessee from 2020 to 2022 (Tennessee Department of Health, 2024, p.10).

Tennessee's Maternal Health Crisis

Tennessee has among the worst maternal health outcomes nationally (Joyce et al., 2025). According to the March of Dimes Report Card of 2025, Tennessee has the highest rate of maternal mortality in the nation (42.1 per 100,000 live births). Although the current MMR has declined from the 55 deaths per 100,000 live births observed during the COVID-19 pandemic (Hoyert, 2024), the persistently high rate underscores the need for urgent, evidence-informed interventions. The report also documents high rates of SMM. Maternal mortality and morbidity are marked by pronounced disparities across race, geography, and socioeconomic status (Tennessee Department of Health, 2024). From 2020 to 2022, the majority of pregnancy-related deaths occurred after pregnancy, with only 20% of deaths occurring during pregnancy. Additionally, the Tennessee Maternal Mortality Review Committee (MMRC) found that in 2022, 76% of deaths that occurred during pregnancy or up to a year postpartum were preventable. Together, these findings highlight a substantial gap in maternal health services and demonstrate the need to expand access to high-quality, timely care, especially in the postpartum period.

Figure 2

Timing of Pregnancy-Related Deaths



Note. This table depicts the timing of pregnancy-related deaths in Tennessee from 2020 to 2022 (Tennessee Department of Health, 2024).

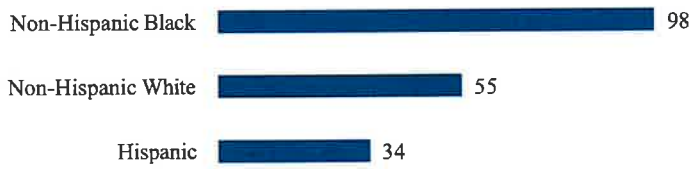
The Tennessee Department of Health (2024) found that mental health conditions represent the leading cause of maternal mortality in Tennessee. From 2020 to 2022, overdoses accounted for 34% of all pregnancy-associated deaths. The Eastern Grand Division of Tennessee experienced the greatest increase in maternal mortality in which substance use disorder (SUD) was a contributing factor; between 2017 and 2022, fatal overdoses among pregnant or postpartum individuals increased by 300%. Among maternal deaths associated with mental health conditions, 70% of deaths were attributable to SUD, while 18% were attributable to major depressive disorder.

The second leading cause of maternal death in Tennessee is cardiovascular conditions (Tennessee Department of Health, 2024). Cardiovascular conditions represented 22% of maternal deaths from 2020 to 2022. About one-third of these deaths were caused by cardiomyopathy; 29% involved preeclampsia and eclampsia. Non-Hispanic Black women were the most vulnerable group to maternal deaths caused by cardiovascular conditions. Notably, about 70% of cardiovascular related maternal deaths could have been prevented (Luther et al., 2021). Preventability is influenced by a range of factors, including preexisting chronic conditions, insufficient knowledge about symptoms, and health system shortcomings, including ineffective provision of treatment and financial barriers to care.

The Tennessee MMRC concluded that more than one-third of pregnancy related deaths from 2020 to 2022 were attributable to inequitable care from service providers (Tennessee Department of Health, 2024). Implicit bias among healthcare workers related to race, ethnicity, SUD, obesity, and other mental health conditions has been associated with reduced quality of care for pregnant individuals as well as adverse outcomes, including death. Among these forms of biases, racial discrimination represents a significantly consequential driver of maternal health inequities. Wang et al. (2023) explains that race and ethnicity are the most significant determinants of maternal health. This is reflected by the evidence that Non-Hispanic Black women are nearly twice as likely to die during pregnancy or in the postpartum period in Tennessee (Tennessee Department of Health, 2024).

Figure 3

Pregnancy-Related Deaths per 100,000 Live Births in Tennessee by Race/Ethnicity



Note. This table depicts pregnancy-associated deaths per 100,000 live births by race and ethnicity in Tennessee occurring during pregnancy and up to a year postpartum from 2020 to 2022 (Tennessee Department of Health, 2024, p. 12).

In addition to provider bias, maternal health outcomes are shaped by intersecting social and structural factors including socioeconomic status, education, poverty, maternal age, family support and structure, housing, access to transportation, and healthcare infrastructure (Wang et al., 2023). In Tennessee, those who have received less education, are unmarried, and insured through Tennessee's Medicaid program, TennCare, experience the highest rates of mortality during pregnancy and the postpartum period (Tennessee Department of Health, 2024). Pregnancy-related deaths are three times higher among those enrolled in TennCare than individuals insured

through private insurance. Although TennCare serves individuals who face disproportionate health challenges, persistent concerns exist regarding the quality of healthcare enrollees receive (Wadhwani, 2025). Barriers to provider choice and medication access remain evident, and TennCare's managed care organizations fall within the bottom quartile of national Medicaid managed care plans for prenatal and postpartum care. Additionally, the state's decision to not expand Medicaid leaves many low-income Tennesseans uninsured, exacerbating disparities in access to healthcare (Cervantes et al., 2025). Collectively, these findings indicate critical gaps in maternal healthcare, particularly among socioeconomically marginalized populations, that contribute to maternal deaths.

Without targeted intervention, gaps in maternal healthcare are likely to widen. In 2022, it was reported that 44% of Tennessee's rural hospitals are at risk of closure due to lack of funding (Tennessee Rural Health Care Task Force, 2023). Since this report, at least two maternity units have either closed or suspended services in Henry County and Giles County (Jayanth & Maynard, 2025; Kraus, 2023). Further closures may occur following the 2025 passage of the One Big Beautiful Bill Act (OBBBA), which substantially reduced funding for Medicaid (Levinson & Neuman, 2025). These funding cuts will not only impact accessibility of insurance nationally but will also take away critical funding from rural health systems that are heavily reliant on Medicaid support—particularly concerning when considering that nearly every county (97%) in Tennessee faces provider shortages (Tennessee Rural Health Care Task Force, 2023), compromising the availability of healthcare services before, during, and after pregnancy.

The March of Dimes Report Card (2025) outlines several actionable steps that the state of Tennessee can take to improve maternal health outcomes: expanding Medicaid eligibility; mandating paid family leave; increasing mental health screenings for postpartum depression; and expanding access to doula care. Expanding access to doula care has proven to be an increasingly popular strategy; as of 2024, 18 states and Washington D.C. adopted Medicaid coverage for doula care, and numerous others are in the process of enacting similar policies (Chen, 2024). In Tennessee, legislation to include doula services under TennCare (House Bill 0295/Senate Bill 044) was introduced in 2025 by State Representative Harold Love and State Senator London Lamar, but it did not pass the legislative session (Tennessee General Assembly, 2025).

Evidence shows that doula care correlates with improved infant and maternal health outcomes (Sobczak et al., 2025), highlighting the potential for such services to mitigate disparities in healthcare. The following section will explore how maternal mortality and morbidity impact individual, familial, and community outcomes.

Micro-Level Analysis

Adverse outcomes during pregnancy and in the postpartum period can have a profound impact on birthing individuals. Ayers et al. (2024) explain that one in three births are characterized as traumatic for the individual giving birth. These experiences are not evenly distributed; traumatic pregnancies and deliveries disproportionately affect racially marginalized individuals, transgender individuals, and those with disabilities. Additionally, prior miscarriages and previous adverse maternal experiences may further compound stress during subsequent pregnancies. Within medical settings, birthing individuals may experience a lack of agency and insufficient communication regarding warning signs of serious complications. They may also face challenges in advocating for themselves, which can lead to serious physical and emotional consequences.

Physical and Functional Impact

For individuals with preexisting health issues, such as cardiovascular conditions, pregnancy can exacerbate symptoms (Wang et al., 2023). This may impact a pregnant individual's ability to be self-reliant and place them in vulnerable positions, as well as increase their chances of disability and chronic pain. Pregnancy may also lead to unexpected medical interventions that can be traumatizing, such as emergency caesarean-sections (ECS) (Horsch et al., 2017). In extreme

cases, physical complications experienced during and after pregnancy may lead to the death of the birthing individual.

Psychological and Emotional Impact

Pregnancy and childbirth may also lead to negative psychological and emotional outcomes. Ayers et al. (2025) note that one in five women experience anxiety disorders during pregnancy and postpartum, and most cases go untreated. Stress and anxiety can be substantially worse for individuals who experience inequitable perinatal care. This is particularly evident among Black women who are vulnerable to racial discrimination (Sonderlund et al., 2021). There are also concerns regarding the emotional impact of unintended medical interventions; ECS may increase the pregnant individual's likelihood of developing posttraumatic stress disorder (PTSD) (Horsch et al., 2017). The postpartum period presents additional challenges. Amer et al. (2024) report that while approximately one in seven women are formally diagnosed with postpartum depression (PPD), 50% of new mothers who display symptoms remain undiagnosed. Untreated PPD can substantially impair functioning, disrupt early parent—child attachment, lead to sleep disorders, and exacerbate feelings of guilt and self-blame among new parents. There are also concerns regarding social isolation and feelings of loneliness that often demonstrably follow childbirth (Nowland et al., 2024). This is especially relevant in Tennessee, where mental health conditions contribute to 28% of pregnancy-related deaths (Tennessee Department of Health, 2024).

Mezzo-Level Analysis

At the mezzo-level, adverse maternal health outcomes disrupt family systems by altering caregiving roles, economic stability, and relational functioning within households. Families are likely to experience financial strain and increased caregiving burdens even during uncomplicated pregnancies and deliveries, and this can worsen when the pregnant individual faces health complications. Family members may navigate new roles to manage household responsibilities or provide care for children, often with limited support. Families may also face emotional difficulties witnessing loved ones suffer. These disruptions are most severe in cases of maternal death. In Tennessee, where 44% of families are asset-limited (United Ways of Tennessee, 2025), and access to healthcare remains constrained (Tennessee Rural Health Care Task Force, 2023), the impacts of adverse maternal health outcomes are particularly pronounced.

Impacts on Children

Challenges during pregnancy can have consequential effects on offspring. Physiological stress responses during pregnancy, including elevated cortisol, can contribute to premature birth and low infant birth weight, which can have negative long-term consequences for offspring (Sonderlund et al., 2021). Adverse maternal psychological experiences, such as depression, stress, and anxiety, may also impact attachment bonds with children (O'Dea et al., 2023). Infants who do not form healthy bonds with caregivers are likely to experience insecure attachment styles and have higher rates of colic. These impacts can span through adolescence and lead to cognitive and behavioral issues. For infants who lose their mothers, the effects can be even more severe; maternal mortality is associated with infant mortality and poorer health outcomes for surviving children (Declercq et al., 2025).

Macro-Level Analysis

In addition to individual and family level consequences, adverse maternal health outcomes carry serious societal implications. Maternal mortality and morbidity constitute critical public health concerns and place strains on healthcare systems. The strain is particularly evident in states like Tennessee, where shortages of healthcare providers already limit access to care for the

general population (Tennessee Rural Health Care Task Force, 2023). Experiences of pregnancy-related complications, whether by direct experience or by witnessing the suffering of a loved one, can often contribute towards mistrust of healthcare providers, resulting in subsequent avoidance of care. Collectively, these dynamics contribute to broader social and economic consequences that can further exacerbate existing public health challenges.

Social Impacts

Rates of maternal mortality and morbidity can serve as indicators of overall societal wellbeing. Poor maternal health outcomes often reflect underlying social inequities while reinforcing existing disparities. Chronic illness and pregnancy-related disability can undermine economic stability, autonomy, and broader gender equality. In cases of pregnancy-related death, the loss of life has far-reaching consequences for communities, in addition to its effect on families. Communities lose individuals whose social, economic, and caregiving contributions may have had a significant impact on collective wellbeing.

Economic Impacts on Society

Maternal mortality and morbidity carry serious economic consequences; yet there is limited research regarding the exact economic impact in Tennessee. Given that Tennessee reports some of the highest rates of maternal mortality and morbidity (Joyce et al., 2025; March of Dimes, 2025), the associated economic burden is likely considerable. Pregnancy-related illness and mortality contribute to lost workplace productivity, reduced household income, and diminished lifetime earnings, increasing financial instability for affected families. These economic disruptions may contribute to cycles of poverty and greater reliance on public assistance programs. Additionally, adverse maternal health outcomes are associated with high healthcare expenditures (Declercq & Zephyrin, 2021). Chronic conditions caused or exacerbated by pregnancy can lead to long-term medical expenses which may place burdens on programs like TennCare. Given the established preventability of many adverse maternal health experiences (Tennessee Department of Health, 2024), early intervention represents a critical opportunity to reduce avoidable healthcare costs.

Rationale for Doula Programs

Doulas are nonclinical professionals who provide critical support to birthing individuals across the maternity care continuum, including pregnancy, childbirth, and postpartum (Sobczak et al., 2025). While this form of support is sometimes undervalued, inadequate support during pregnancy is associated with elevated birth risks, including preterm births and low infant birth weight. As nonclinical providers, they complement existing clinical care by mitigating many individual and family level challenges associated with adverse maternal health outcomes including lack of agency in medical settings, insufficient communication, and limited support. Doula care is associated with lower rates of PPD and postpartum anxiety (PPA), as well as lower rates of preterm and cesarean births (Falconi et al., 2022). Evidence also shows that doula support may reduce the need for pain medications during childbirth and improve breastfeeding outcomes (Sobczak et al., 2025). The continuum of care through the postpartum period could be especially consequential considering 71% of pregnancy-related deaths in Tennessee occur during this time (Tennessee Department of Health, 2024). Doula support has been associated with improved parent—child bonding and may contribute to improved maternal health outcomes, in addition to potential economic benefits.

Although doula care requires additional upfront costs, their support is associated with improved maternal outcomes and reduced reliance for costly medical interventions. Kozhimannil et al. (2016) demonstrate an average of $986 in per-birth savings associated with doula support. This is due in large part to a reduction in preterm births, which cost ten times as much as full-term births, and a reduction in caesarean births which cost twice as much as vaginal births. Doula support

may also reduce the necessity of requiring Neonatal Intensive Care Unit (NICU) admission. In New Mexico, doula care prevented one NICU admission per every 1,000 births, which translated to a potential savings of $76,164 per 1,000 births (Tewa Women United, 2020). In Tennessee, doula care could prove to be especially consequential where healthcare provider shortages and access barriers limit continuity of care. It is also worth noting nearly half (46.7%) of live births are covered by TennCare (March of Dimes, 2025), highlighting the potential savings for expanding access to doula care in Tennessee.

In addition to potential cost savings, doula support may also reduce healthcare disparities among marginalized groups by providing culturally-responsive care and supporting health literacy (Falconi et al., 2022). In addition to physical and emotional support, doulas provide informational support for birthing individuals. By serving as intermediaries between birthing individuals and healthcare providers, doulas can improve communication efforts and help ensure that birthing individuals understand risks and symptoms to be aware of regarding complications. Such communication can certainly help mitigate issues related to inequitable care and implicit bias among healthcare providers. This is particularly beneficial for Black women and individuals who speak different languages and face elevated maternal risks. Overall, existing evidence demonstrates doula care could be an especially cost-effective way to improve maternal health outcomes in Tennessee.

Proposed Intervention: Statewide Doula Service Expansion

To ensure that those who are most vulnerable to adverse maternal health experiences receive adequate support, TennCare coverage should be expanded to include reimbursements for doula services throughout pregnancy and up to a year postpartum. Equally important is ensuring that doula services are community-based and culturally responsive. Hiring doulas from within the communities they serve, particularly those with shared language and lived experience, can foster improved engagement between doulas and birthing individuals. Community-based doula programs can collaborate with hospitals and birthing centers to enhance care coordination and continuity while maintaining a focus on culturally responsive support. While doula services are not a substitute for medical care, the nonclinical support they provide strengthens perinatal services by addressing informational, emotional, and advocacy-related needs. Additionally, pilot programs that fund doula training in high-risk areas could expand the doula workforce and increase service availability in communities with unmet needs.

Social Work Role

Social workers are well positioned to contribute to statewide doula service expansion through policy advocacy, community engagement, and program evaluation. Because Tennessee currently does not offer Medicaid coverage for doula services, social workers can advocate for policy reform by engaging state lawmakers and communicating both the urgency of Tennessee's maternal health crisis and the evidence supporting doula care. Following policy implementation, social workers can facilitate community outreach by serving as brokers, connecting pregnant individuals with doulas and other essential healthcare services. After pilot programs are established, social workers can also play a critical role in evaluating program effectiveness. Relevant evaluation metrics include maternal mortality and severe maternal morbidity rates, maternal mental health outcomes, infant mortality and preterm birth rates, and cost savings. Clinical social workers may further support the intervention through collaborating with doulas and providing mental health screenings and counseling services to pregnant individuals experiencing SUD, depression, anxiety and other mental health conditions.

Theoretical Frameworks

Adverse maternal health experiences may be influenced by multiple systems as well as

structural injustice. Ecological systems theory considers the connection between micro-, mezzo-, and macro-level systems (Reisch, 2019). The reproductive justice framework positions interactions across these systems within histories of inequality, contested bodily autonomy, and healthcare disparities (Hall et al., 2023). Doula care represents a promising approach to reduce the impact of systemic failures while aligning with reproductive justice principles.

Ecological Systems Theory

Ecological systems theory explores how micro-, mezzo-, and macro-level systems are interconnected (Reisch, 2019). From this perspective, the individual, or micro system, is influenced by familial and community contexts at the mezzo level, as well as by broader social, economic, and policy environments at the macro level. For birthing individuals, maternal health experience is not only affected by personal health status, but also by access to social support, housing, transportation, and healthcare services. When systems function in a way that promotes health and well-being, adverse maternal health experiences may be less prevalent.

Doula care may mitigate challenges caused by dysfunction across these interconnected systems (Sobczak et al., 2025). Emotional and appraisal support provided by doulas can be particularly beneficial for those with limited familial or community support or for those experiencing depression or anxiety. Additionally, informational support provided by doulas may promote maternal health and foster clearer communication between pregnant and postpartum individuals and healthcare providers. This support can enhance understanding of medical concerns and increase the capacity to respond to potential complications. It can also connect birthing individuals and their families to needed resources in their communities. Finally, the advocacy role of doulas may reduce the effects of broader systemic issues, including discrimination and the quality of healthcare.

Reproductive Justice Framework

The maternal health crisis in Tennessee raises serious social justice concerns that may be better understood through the reproductive justice framework. Reproductive justice recognizes that bodily autonomy, including the decision to have or not have children, is a human right that is fundamental to personal and societal safety (Hall et al., 2023). This framework emphasizes the importance of access to comprehensive health services, including abortion, which can be necessary to prevent maternal mortality and severe morbidity. It also underscores the importance of safe, supportive, and accessible environments for childbirth. Tennessee's high maternal mortality rate therefore raises serious questions about maternal safety and reproductive justice within the state.

The reproductive justice framework further highlights how maternal health experiences are shaped by social determinants such as race, gender identity, sexual orientation, and healthcare accessibility (Hall et al., 2023). As previously stated, the maternal mortality rate among non-Hispanic Black women in Tennessee is nearly double the rate of non-Hispanic White women (Tennessee Department of Health, 2024). Moreover, differential treatment from healthcare providers was a contributing factor in over a third (35%) of pregnancy related deaths from 2020 to 2022 in the state. According to the MMRC, differential treatment was most often linked to racial discrimination, while mental health conditions and obesity were also identified as commonly associated factors. These disparities demonstrate a need for maternal health interventions that explicitly center reproductive justice.

Birthing individuals may not always have meaningful autonomy in their reproductive healthcare, reflecting broader patterns of systemic injustice. Expanding access to doula care may mitigate some of these issues (Johnson Searcy et al., 2025). Through continuous, individualized support, doulas advance reproductive justice by centering the needs of pregnant and postpartum individuals. This is meaningful in medical environments where efficiency may be prioritized over quality of care or implicit bias is present. Such support may be critical among marginalized groups in Tennessee who are most vulnerable to adverse maternal health experiences.

Cultural and Ethical Considerations

Expanding access to doula care by investing in community-based programs, funding pilot initiatives in high-risk areas, and requiring TennCare reimbursement may improve maternal health outcomes. However successful implementation requires careful attention to cultural and ethical considerations. Prioritizing communities with the greatest need is essential, as is clearly defining the role of doulas within the broader healthcare system. Doula care should complement, not replace medical care, by enhancing decision making power and agency for birthing individuals. Policies designed to expand access to doula care must therefore be implemented in ways that do not introduce new barriers or unintended consequences.

Tennessee House Bill 0295/Senate Bill 044, proposed by State Representative Love and Senator Lamar would require TennCare to reimburse doula services and establish training and certification requirements for individuals seeking to practice as doulas (Tennessee General Assembly, 2025). While this policy represents a meaningful step toward expanding access, certification requirements may pose financial barriers that limit the availability of doulas in economically disadvantaged communities—those already facing higher maternal health risks. To mitigate this concern, pilot programs in high-risk communities should consider funding certification costs to support workforce development and equitable access to doula care.

Addressing Disparity

In Tennessee, Shelby County faces the highest rates of pregnancy-related deaths (Health Resources and Services Administration, 2025) and is home to the largest population of Black residents in the state (National Institute on Minority Health and Health Disparities, n.d.). This pattern reflects broader racial disparities in maternal health driven by systemic and structural inequalities (Sonderlund et al., 2021). Implementing a pilot program for doula care in Shelby County would direct resources to a community with demonstrated need and may lower maternal mortality and morbidity while helping to mitigate racial health disparities.

Alignment with Social Work Values

The National Association of Social Workers (NASW) Code of Ethics emphasizes the "inherent dignity and worth" of all people (NASW, 2021, p. 11) and calls on social workers to respond to social injustice, including health inequities. Efforts to expand doula care align with these ethical principles and may be further strengthened through social work advocacy and collaboration. Social workers in Tennessee can support this intervention by engaging policymakers, advocating equitable implementation, and partnering with community-based organizations addressing adverse maternal health experiences. By centering community-led solutions and existing strengths, social workers and doulas can contribute to more equitable maternal health outcomes across the state.

Limitations

This study relies on secondary data; therefore, findings are subject to limitations related to interpretation of data from these sources. Additionally, much of the evidence supporting doula programs is still developing. State-funded doula programs were first implemented in 2014 (Chen, 2024), and the limited duration of programs restricts the availability of long-term outcome data. Though existing research does suggest encouraging associations between doula care and improved maternal health outcomes, the current available research is limited highlighting the need for continued research.

Conclusion

Tennessee currently experiences the highest rates of maternal mortality in the United

States as well as high rates of severe maternal morbidity (March of Dimes, 2025). These outcomes disproportionately affect marginalized groups, including Black birthing individuals, who face the highest risks (Tennessee Department of Health, 2024). The severity of these problems underscores the need for system level change that addresses both clinical and social determinants of maternal health. Expanding access to doula care represents one strategy among many to promote maternal health and safety. Doula programs have the potential to be both lifesaving and equity-focused while remaining cost-effective, as demonstrated by initiatives in New Mexico (Tewa Women United, 2020). Research shows doula support is associated with lower rates of costly medical interventions, lower preterm births, and improved maternal mental health outcomes (Falconi et al., 2022).
By contextualizing doula care within ecological systems and reproductive justice frameworks, Tennessee can implement culturally responsive, targeted interventions that reduce disparities, enhance maternal safety, and advance social justice within the state's maternal healthcare system. Much future research is needed to assess implementation outcomes of TennCare-funded doula programs in Tennessee, particularly in relation to racial disparities and postpartum mortality.

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