



EVERY
MOTHER
COUNTS

Giving Birth in America: Arkansas Screening and Advocacy Guide



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About Every Mother Counts

About Every Mother Counts

Every Mother Counts is a non-profit organization dedicated to making pregnancy and childbirth safe for every mother, everywhere.

We work to achieve quality, respectful, and equitable maternity care for all by investing in community-driven programs in the United States and globally, working with partners and thought leaders to increase awareness, and mobilizing communities to take action.

In 2010, when Every Mother Counts was founded, approximately 300,000 women died every year from complications related to pregnancy and childbirth. Today, the number remains nearly unchanged. There are more than 800 maternal deaths every day around the world, most of which are preventable. For each death, 20-30 women experience a life-threatening complication or life-long disability.

Every Mother Counts takes a multidimensional approach towards transforming maternity care experiences for all mothers and birthing people through four interconnected pillars of work: we **raise awareness** to build a community of informed, passionate allies; we engage communities to take action through **policy and advocacy**; we invest in community-led solutions that deliver high-impact, cost-effective, and person-centered initiatives through **grantmaking**; and we foster durable, long-term impact through **transformative initiatives**.

Each pillar of EMC's work is aligned with our five core principles:

1.

Placing mothers at the center



2.

Advancing proven, evidence-based models of care



3.

Facilitating access to resources and care in underserved communities



4.

Growing, strengthening, and diversifying the health care workforce



5.

Promoting human rights, equity, and birth justice



About Giving Birth in America

About Giving Birth in America

The United States is one of just two countries where maternal mortality is on the rise, and the only high-resource country where the rate is worsening.

The current system of maternity care in the country is failing many mothers, birthing people, and their families; for the first time, a woman giving birth in the United States is twice as likely to die from complications of pregnancy and childbirth than her mother was a generation ago.

In 2015, Every Mother Counts created a documentary film series, *Giving Birth in America*, to educate the public and raise awareness of the need to improve maternity care and the solutions that already exist. Each film focuses on mothers, birthing people, their families, and their health care providers leading up to and following childbirth. Together, the series navigates challenges that people and families face as a result of discrimination, poverty, chronic illness, overuse of medical interventions, and other issues that affect maternal health outcomes in the United States.

Every Mother Counts has created the following toolkit to delve into this complex discussion and inspire audiences to take action on the stories, issues, and solutions highlighted in the films. Storytelling, filmmaking, and research are key to how we communicate challenges, opportunities, and advocacy goals to the public and our communities. We hope that you consider continuing the conversation around the growing maternal health crisis by sharing these films.



[Learn more on our website.](#)



[View the films on Vimeo.](#)



The Films

- Giving Birth in America: Arkansas (2022)
- Giving Birth in America: New Mexico (2019)
- Giving Birth in America: California (2018)
- Giving Birth in America: Louisiana (2017)
- Giving Birth in America: New York (2015)
- Giving Birth in America: Montana (2015)
- Giving Birth in America: Florida (2015)

About Giving Birth in America

Giving Birth in America Series

Giving Birth in America: New Mexico

Released in 2019



Giving Birth in America: New Mexico highlights the importance of culturally appropriate, equitable, and respectful maternity care in Native American communities. The film follows two midwives, Nandi, a Certified Professional Midwife (CPM), and Nicolle, a Native American Certified Nurse-Midwife (CNM), working to provide compassionate, high quality maternity care in New Mexico. Nandi and Nicolle strive to expand the maternity care options available to the women and birthing people they serve by offering home birth services and integrating traditional birthing practices into their care, respectively. Through Nandi and Nicolle, we learn about factors that are disproportionately impacting the health of Native American women and how midwifery care can improve childbirth experiences and outcomes.

Watch [here](#).



Giving Birth in America: California

Released in 2018



Giving Birth in America: California shines a spotlight on one migrant farmworker from Mexico's experience at a community health center in Watsonville, CA, the "Strawberry Capital" of the US. The health center, Salud Para La Gente, provides high-quality care from an integrative team of obstetricians, midwives, and others. Her care team is led by Dr. Cristina Gamboa, who understands the social, economic, and legal barriers immigrant farmworker populations face and how those barriers affect health outcomes. The Salud Para La Gente team strives to provide quality care in spite of these challenges, but as this film shows, the health issues immigrant mothers and birthing people experience often extend beyond the brief window of time around pregnancy when they have reliable access to health care and can shape women's experiences of pregnancy and childbirth.

Watch [here](#).



Giving Birth in America: Louisiana

Released in 2017



Giving Birth in America: Louisiana follows two pregnant women in the aftermath of the 2016 Baton Rouge floods. Brianna and Teneshia share their experiences with pregnancy and birth following the floods and subsequent displacement from their homes. Dr. Marshall St. Amant, a local Maternal and Fetal Medicine Specialist, and Dr. Rebekah Gee, Secretary of the Louisiana Dept. of Health, offer additional insight into the many barriers women in the United States can face when it comes to receiving adequate health care, as well as highlight the importance of compassionate maternity care in reducing racial disparities.

Watch [here](#).



About Giving Birth in America

Giving Birth in America Series

Giving Birth in America: New York

Released in 2015



Giving Birth in America: New York follows Rochelle, a community-based doula, as she provides support to Lisette, a woman giving birth while living in a shelter for survivors of domestic violence in New York City. We follow Rochelle as she balances college classes and her work providing physical and emotional support as a doula to women in need, and Lisette as she turns to community-based doula support while navigating through her second pregnancy and birth experience.

Watch [here](#).



Giving Birth in America: Montana

Released in 2015



Giving Birth in America: Montana follows Emerald as she travels long distances from her home in rural Montana to access maternity care. After Emerald successfully follows her birth plan and avoids repeat cesarean surgery, she develops serious postpartum complications that require her to make the two-hour drive back to the hospital and away from her family. Dr. Genevieve Reid discusses the barriers many women face attempting to access maternity care in provider shortage areas, and the role of malpractice insurance in the over-medicalization of birth in the United States.

Watch [here](#).



Giving Birth in America: Florida

Released in 2015



Giving Birth in America: Florida tells the story of Certified Professional Midwife Jennie Joseph as she provides high-quality, personalized prenatal care to pregnant women regardless of their insurance status or birth plan. Naomi is six and a half months pregnant and struggling to find health insurance and compassionate prenatal care. Rachel is hoping for a VBAC for her third delivery, but experiences complications after a missed diagnosis.

Watch [here](#).



Giving Birth in America: Arkansas

Giving Birth in America: Arkansas

About the Film

The newest chapter of Every Mother Counts' *Giving Birth in America* film series shines a spotlight on Arkansas, the state with the highest maternal mortality rate in the United States according to the CDC.

Giving Birth in America: Arkansas highlights progress in the state, while calling attention to areas where communities and individuals need better options and support throughout pregnancy, childbirth, and especially during the critical postpartum period when more than half of all maternal deaths occur.

The film humanizes the reality of the postpartum experience and vividly paints a picture of the gaps in postpartum care, a universally overlooked and critical phase of reproductive healthcare. It highlights the need for coverage, resources, and support for mothers and birthing people beyond delivery and the immediate postpartum period. Additionally, the film eloquently demonstrates why access to quality information and services is so vital for mothers and families throughout the continuum of maternity care—from pre-conception to pregnancy, delivery, and postpartum—and how that access can impact long-term health and wellness for all.



Putting Mothers and Birthing People at the Center

Giving Birth in America: Arkansas follows three women from diverse backgrounds who recently gave birth in Arkansas, each with unique needs for postpartum support.

In addition to the stories of these three mothers, *GBA: Arkansas* also spotlights advocates and care providers who are bridging critical maternity care gaps in the state. The film follows community-based doulas who provide support before, during, and after childbirth in Central Arkansas and who demonstrate the critical role of community-based care, especially within historically marginalized communities.

Giving Birth in America: Arkansas

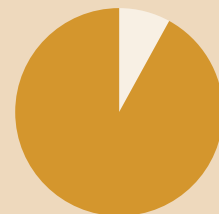
The Maternal Health Landscape in Arkansas

By some measures, Arkansas is the most dangerous state in which to give birth. Arkansas' maternal deaths are nearly double the national rate.

At 40.4 maternal deaths for every 100,000 live births, the maternal mortality rate in Arkansas is the highest of any state in the country. This is particularly worrisome given that the United States overall has the highest maternal mortality rate of any high-resource country. Even more troubling, 92 percent of maternal deaths in Arkansas in 2018 were found to be preventable. Additionally, despite maternal mental health conditions being the most common complication of pregnancy and childbirth in the U.S., Arkansas faces a critical shortage of mental health care providers. Just 34% of the state's need for mental health care is being met by its current workforce.

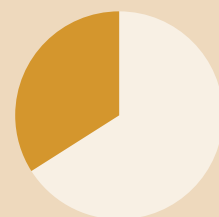
Poor maternal health outcomes, lack of access to adequate care and support during the perinatal period, and maternal deaths disproportionately affect communities of color in Arkansas. The state's maternal health landscape is marked by significant disparities by race and ethnicity, insurance type, and rural versus urban locality. In Arkansas, Black women are more than twice as likely to die from pregnancy-related causes as white women.

The maternal health landscape in Arkansas reflects the urgent need for better care and support for mothers, birthing people and families, particularly among communities of color and other underserved communities. The stories of the mothers and advocates featured in *Giving Birth in America: Arkansas* bring to light some of the gaps in the maternity care and support system, while highlighting positive solutions and opportunities for change that would better support Arkansas' mothers and families.



92%

**of maternal deaths
in Arkansas in 2018
were found to be
preventable**



34%

**of the state's need
for mental health care
is being met by its
current workforce**

Giving Birth in America: Arkansas

Meet the Moms



Ashleigh

Ashleigh is a first-time mom living in rural Arkansas and working as a seasonal employee at Daisy State Park. Throughout her pregnancy, she travels an hour and a half to and from her maternity care provider. Ashleigh shares her mental health struggles before and after her son is born, including the reality that with limited insurance coverage and income, she may not be able to continue the medication she needs after she stops breastfeeding.

Wensie

Wensie, who was traumatized by the disrespectful maternity care she received during her first pregnancy, learns to advocate for herself during her second pregnancy. With the support of a doula, she is able to have a healthy vaginal birth and welcome her newborn daughter to her family. Now a mother of two, mourning the loss of her own mother, and without access to paid maternity leave, Wensie turns to her doula Alexis and her family for support during the postpartum period.



Tynesha

Tynesha, a mother of two whose “biggest joy is being a mom”, anxiously observes her newborn daughter Mila in the neonatal intensive care unit (NICU) via her hospital’s telehealth program. After her baby safely comes home, Tynesha relies on her support system, including her doula Sarita, and her self-care routine as she manages cycles of grief due to postpartum complications.

Giving Birth in America: Arkansas

Meet the Advocates



Nirvana Manning, MD, FACOG

Dr. Nirvana Manning is Chair and Associate Professor Obstetrics and Gynecology at the University of Arkansas School for Medical Sciences (UAMS), where she has been providing clinical OBGYN care and advocating for the health and wellbeing of women and families in Arkansas for over fifteen years. Dr. Manning also serves as the Director of the Women and Infants Health Service Line at UAMS.

Zenobia Harris, DNP, MPH

Dr. Zenobia Harris is a retired public health nurse with decades of experience advocating for maternal and child health. Dr. Harris is currently the Executive Director of the Arkansas Birthing Project, the state-chapter of a global network of Black-led organizations connecting Black birthing families with practical support during pregnancy and for the first year postpartum. Prior to this role, Dr. Harris spent 30 years working within the Arkansas Department of Health in various roles, including as Regional Director for Central Arkansas.



Alexis Jackson, CD-L, CD-PIC

Alexis Jackson, a certified birth, postpartum, and infant care doula and the founder of Your Family Tree Doula Services, LLC, has been providing support to pregnant people in Arkansas since 2017. Alexis also serves as a consumer representative on the Arkansas Board of Health's Midwife Advisory Board, where she advocates for midwifery policies and procedures to support pregnant people and families across the state. Prior to becoming a doula, Alexis worked for over a decade in human resources in the local health care system. Alexis was Wensie's birth and postpartum doula.

Sarita Hendrix, CD, CLC

Sarita Hendrix is a certified birth doula, Certified Lactation Counselor, and Community Lactation Educator who has been working with families in Central Arkansas since 2012. She is co-founder of the Ujima Maternity Network, a non-profit organization dedicated to supporting Black birthing people and diversifying the maternity care workforce in Arkansas, and founder of Unity Birth and Lactation Services. Sarita, alongside Nicolle Fletcher, is currently working towards becoming one of the first Black midwives in the state of Arkansas. Sarita was Tynesha's birth and postpartum doula.



Giving Birth in America: Arkansas

Discussion Questions

Deepen your understanding of the film and how the experiences of the mothers featured connect to maternal health and birth equity with these discussion questions.

1.

How do you think having access to a doula during the postpartum period affected Wensie and Tynesha's experiences? What kinds of support did their doulas provide? What other types of support might these moms and other new parents need after their baby is born? How might their experiences have been different without access to postpartum doula care?

2.

How might Wensie and Ashleigh's lack of access to paid maternity leave have affected their postpartum experiences? Why is paid leave important for new parents?

3.

How might extending postpartum Medicaid coverage to 12 months after birth affect new parents and their families? What could the consequences be of losing Medicaid just 2 months following birth?

4.

In the United States, we often think of mental and physical health as separate issues—in terms of the care we seek, the providers we consult, or how we manage them in our own lives. How do we see this play out in maternity care? What impact might this have on pregnant people and new parents?

5.

Over half of maternal deaths take place during the postpartum period, when new complications to physical or mental health may develop, or existing ones may become more severe, yet this stage of pregnancy is often neglected in conversations around maternal health. Why do you think this is? What can be done to increase awareness about the importance of the postpartum period? What supports and resources are needed for mothers, birthing people, and families during this period?

Advocacy Guide

Advocacy Guide

Overview of the EMC Advocacy Toolkit



Maternal health advocacy can take many forms: contacting your elected officials, educating your community, hosting a town hall, and even sharing your story. With so many ways to make an impact, it can be overwhelming to know where to start or how to fit your advocacy to your skills and motivation.

Every Mother Counts' Advocacy Toolkit is an introduction to advocacy and shares tools and strategies that can help create change in your communities to advance maternal health and birth equity. This guide provides community members with background information on the state of maternal health in the United States, effective solutions that already exist to improve outcomes and experiences of care, and tools to help make change and reach local decisionmakers.

You can use the guidance and information from the EMC Advocacy Toolkit as you begin to map out your advocacy plan to advance the policy solutions outlined in *Giving Birth in America: Arkansas*, either in Arkansas or your own state!



Advocacy 101

The Advocacy Toolkit goes through the Who-What-Where-When-Why-How of advocacy.

The EMC Toolkit also includes four advocacy worksheets to help you turn your passion into action! Use these worksheets to start taking steps towards understanding your community's maternal health landscape, your own motivation, and how you want to share your story and elevator pitch.

These are critical steps towards making change for mothers, birthing people, and families in your own community.

Find out how to take action
on our website.



Advocacy Guide



Who: The Players

- Who are you? What are your strengths? Why are you well-positioned to make change?
- Who else needs to be at the table to work effectively and equitably?
- Who else is doing this work that you can collaborate with?
- Who are the internal champions who you could work with?
- Who has the power to make the change you want to see?



What: The Change

- What change are you working towards?
- What are your specific goals?
- In what area do you add most value?
- What is already going on in your community?



Where: The Target

- Where are you working for change (ex. national, state, local)?
- Where will you need to direct your efforts (ex. government, community members, hospital)?
- Where are relevant decisions made (ex. Department of Health, state legislature)?
- Where are you most likely to be successful at making change?



When: The Opportunity

- When are there opportunities that will facilitate progress?
- When can your action have the biggest impact?
- When are relevant decisions made?



Why: The Motivation

- Why is change needed?
- Why is this issue important?
- Why might your target audience be motivated to make the change you're advocating for?
- Why will your proposed solution succeed?



How: The Plan

- How are you going to achieve your goals?
- How will you share responsibilities?
- How will you carry out your action plan?
- How will you maintain momentum?

Advocacy Guide

Advocacy Worksheet

Building Your Advocacy Plan

Develop your advocacy plan by thinking through your resources and strengths, the change you want to make, how you can make that change, and your next steps for moving forward

[View worksheet.](#)



Advocacy Worksheet

Writing Your Elevator Pitch

Prepare a clear and brief outline of your talking points to guide your conversations with decisionmakers

[View worksheet.](#)



Advocacy Worksheet

Sharing Your Story

Start reflecting on your own personal maternal health story, how you want to talk about your experience, and how it connects to broader issues in maternal health

[View worksheet.](#)



Advocacy Worksheet

Maternal Health in Your Community

Research and gather statistics and facts to uncover the maternal health landscape where you live so that you can identify the change that needs to happen, what's already working, and what's missing

[View worksheet.](#)



Key Facts About Maternal Health in Arkansas

Key Facts About Maternal Health in Arkansas

Arkansas is the most dangerous state in the country in which to give birth.

- Between 2018 and 2020, Arkansas had the highest maternal mortality rate of any state, nearly twice the national rate.
- 92 percent of maternal deaths in Arkansas were found to be preventable.
- Black women in Arkansas are more than twice as likely to die from pregnancy-related causes than white women.

Mothers, birthing people, and families in Arkansas deserve better.

- 60% of counties in Arkansas have very limited or no access to maternity care services at all, and nearly 125,000 women between the ages of 15 and 44 years old in the state live in maternity care deserts.
- 68% of births in Arkansas are covered by Medicaid.
- Almost 20% of mothers in Arkansas report experiencing frequent postpartum depression symptoms.
- In Arkansas, only 34% of the need for mental health care providers is met by the current workforce.

To improve the state of maternal health in Arkansas, we need collaboration, system-wide change, and better care and support for mothers, birthing people, and families, particularly among communities of color and other underserved communities.

How Arkansas Ranks

50th
in maternal mortality

44th
in preterm birth

42nd
in low weight births

49th
in teen births

50th
in percentage of births attended by Certified Nurse-Midwives



Important resources to learn more:

Arkansas Maternal Mortality Review Committee

This interdisciplinary committee reviews every maternal death in Arkansas and provides recommendations on policy changes to the state legislature. The AMMRC collects reports, resources, and evidence on their website.

Arkansas Advocates for Children and Families

AACF is a nonprofit advocacy organization that advances policy change for the well-being of Arkansas' children and families. Improving maternal health is a key policy priority of AACF, and they've released key reports on the topic.

View report:
[The Critical State of Black Women's Health](#)

View report:
[Postpartum Care in Arkansas: A Crisis of Coverage](#)

Visit the
[AMMRC website.](#)

Advancing Policy Solutions Highlighted by Giving Birth in America: Arkansas

Advancing Policy Solutions Highlighted by Giving Birth in America: Arkansas

While the state of maternal health in Arkansas may seem dire, there are many changes that can be made to better support the state's mothers, birthing people, and families.

Giving Birth in America: Arkansas not only tells the stories of mothers and advocates in the state, but also highlights several critical policy solutions to improve maternal health and birth equity, particularly during the postpartum period.

The following four policy priorities could make a significant difference for mothers, birthing people, and families in the state; however, these barriers and opportunities are not unique to Arkansas. Below are the policy changes, why they can make significant change, and sample legislative and policy solutions.



Policy Solution

Extending Postpartum Medicaid Coverage



Policy Solution

Supporting and Encouraging Respectful Maternity Care



Policy Solution

Strengthening the Maternity Care Workforce



Policy Solution

Increasing Access to Mental Health Support



Policy Solution: Extending Postpartum Medicaid Coverage



Pregnancy-related Medicaid coverage in Arkansas ends 60 days after giving birth, leaving many newly postpartum parents uninsured or needing to switch insurance soon after birth. After 60 days of postpartum Medicaid coverage, individuals may be able to switch their coverage through Arkansas Works or to plans on the Health Insurance Marketplace. However, the need to change insurance can lead to disruptions in care, financial barriers, confusion about eligibility, and the added stress of enrolling in a new plan during the already overwhelming postpartum period.

The health of new mothers and postpartum people can be put at risk if their health care coverage is interrupted during the postpartum period. With over half of maternal deaths occurring during the postpartum period and countless other complications that arise, continuous health care access throughout the full postpartum period is needed for people to be able to heal after giving birth, receive lifesaving care in the case of postpartum complications, and access adequate physical and mental health care for themselves while they adapt to caring for their baby. With Medicaid covering nearly half of all births across the United States, and two-thirds of births in Arkansas, extending Medicaid coverage throughout the full postpartum year is critical.

The American Rescue Plan Act of 2021 created an option for states to extend pregnancy-related Medicaid coverage through the full postpartum year. Under this option, 26 states have already adopted this change, but as of November 2022, Arkansas has not yet done so. Legislation was proposed in the 2021 Arkansas state legislative session to implement the American Rescue Plan Act option for a full year of postpartum Medicaid coverage, but ultimately it did not pass.

With care and coverage needed throughout the postpartum period, Arkansas' mothers and new parents need access to Medicaid through at least the full year following childbirth. This policy change could make a significant impact on maternal health and postpartum well-being in this state and beyond.

Example Policies and Bills

Arkansas HB 1759 (Arkansas State Legislature, 93rd General Assembly)

This state bill was proposed in the 2021 state legislative session to extend postpartum Medicaid coverage to 12 months, as well as enact presumptive eligibility for pregnant women. However, the bill died in committee, and did not advance in that legislative session. *Bill Status: Not yet passed.*

State Plan Amendment: To adopt the extended postpartum coverage option from the American Rescue Plan, states can submit a State Plan Amendment for Medicaid and CHIP. This state option is currently limited to a five-year period that ends in March 2027.

[View the bill.](#)



MOMMIES Act (United States 117th Congress, S.1542/ H.R.3063)

This federal bill will extend eligibility for pregnancy-related coverage under Medicaid and CHIP from 60 days to one year after childbirth, permanently and for all states with 100% of matching federal funds for states to implement this policy change. *Bill Status: Not yet passed.*

[View the bill.](#)



Policy Solution: Supporting and Encouraging Respectful Maternity Care



Women and birthing people have identified respectful, person-centered, and equitable maternity care as a top priority. Everyone deserves to know their rights, feel heard, and have a way to seek accountability if their rights are not respected. Unfortunately, this is too often not the case.

Everyday incidents of coercion, disrespect, and belittling occur with unacceptable frequency. The nationwide “Giving Voice to Mothers” study found that one in four people giving birth in a hospital in the United States experienced mistreatment or disrespectful care while giving birth, and women and birthing people of color were twice as likely to experience mistreatment as their white counterparts. The most common forms of mistreatment included being shouted at or scolded by a care provider, being ignored or refused a request for help, violations of physical privacy, and providers withholding treatment or forcing unwanted treatment.

Disrespectful care and mistreatment tangibly affect health outcomes, including whether the person survives. A 2018 report from the California Pregnancy-Associated Mortality Review found health care provider factors to be the greatest contributor to maternal deaths, including delayed response to clinical warning signs and disregarding or minimizing reports of pain. Listening to mothers and providing responsive, patient-centered care are critical components of both positive experiences of care and maternal health and well-being.

Hospitals and health systems must ensure they are accountable for providing care that is non-discriminatory, protects patients’ rights to informed consent and bodily autonomy, and where all patients are treated with dignity and respect. Hospitals and health systems need to dedicate funds and other resources to implement policies, programs, and standardized practices that effectively address racism, bias, and mistreatment.

Additionally, all pregnant and postpartum people in Arkansas deserve to have access to data from hospitals and health systems to make informed decisions. Requiring all healthcare facilities to publicly report standardized data on rates of complications and medical procedures performed as well as patient experience of care—online, in a centralized system, and disaggregated by race and ethnicity—will be a critical step towards supporting an empowered and patient-centered maternity care experience.

Example Policies and Bills

Arkansas HB 1580 (Arkansas State Legislature, 93rd General Assembly)

This state bill was proposed in the 2021 state legislature to create a commission to study and report on racial disparities and birth inequities in maternal health outcomes and experiences in Arkansas. The bill did not advance in that legislative session. *Bill Status: Not yet passed.*

[View the bill.](#)



Colorado SB 193 (Colorado General Assembly, 2021 Regular Session)

This state bill establishes basic human rights standards for care related to pregnancy, labor and delivery, and postpartum care, as well as a civil rights reporting process for mistreatment during birth. *Bill Status: Passed in 2021*

[View the bill.](#)



New York Maternity Information Act (New York State Legislature, 1989)

This state bill requires that all hospitals and birth centers in the state publicly report data on maternity care procedures and the rates of these procedures within their facilities, as well as distribute this information to all prospective maternity care patients. *Bill Status: Passed in 1989.*

[View the bill.](#)



Kira Johnson Act (United States 117th Congress, S.1042/ H.R.1212)

This federal bill will create respectful maternity care trainings for all providers and employees in maternity care settings, as well as respectful maternity care compliance offices within accredited hospitals and health systems. *Bill Status: Not yet passed.*

[View the bill.](#)



Policy Solution: Strengthening the Maternity Care Workforce



Growing, strengthening, and diversifying the maternity care workforce in Arkansas is critical to ensuring that all Arkansans are able to access quality, respectful, and equitable support and care options when giving birth. The maternity care workforce, including physicians, midwives, nurses, doulas, and other health professionals must be trained and supported in providing compassionate, person-centered, anti-racist, and linguistically and culturally concordant care.

A strong, representative maternity care workforce will help ensure that every Arkansan can receive care from providers who represent their identities, communities, and backgrounds, which can support the comfort, outcomes, and satisfaction of women and birthing people. Having a provider who looks like you and who shares your values, language, or culture can support a sense of safety in receiving care and trust-building in the patient-provider relationship. This can also help reduce implicit bias among providers and enhance communication and trust between providers and people giving birth.

In addition to diversifying the maternity care workforce, it is imperative to increase access to high-value, evidence-based models of care that are currently underutilized. Strategies with proven track records include midwife-led clinical care, perinatal support provided by doulas, and access to community birth in freestanding birth centers, all of which have been shown to improve health equity and outcomes but are often unavailable—in Arkansas and across the country.

Midwife-led care is associated with fewer unnecessary interventions, increased positive experience of care and patient satisfaction, and lower health care costs. Community-based doulas provide non-clinical emotional, physical, and informational support before, during, and after labor and birth, and their support has been found to not only improve the experience of care for mothers and birthing people, but also associated with lower rates of preterm and low birthweight births and postpartum depression and higher rates of breastfeeding initiation and duration. Care in community settings, like in birth centers and at home, can lead to excellent health outcomes for people with healthy, low-risk pregnancies and keep hospitals and specialist care available for those who need higher levels of care, while also resulting in health care cost savings.

Policies that increase support and options for maternity care, while also ensuring that the maternity care workforce is able to provide person-centered and respectful care, will be critical to improve the outcomes and experiences of Arkansans of all identities. All maternity care providers must also be trained in anti-racism, cultural humility, and respectful care to continue to provide the highest standard of care to everyone giving birth in Arkansas. All Arkansans deserve equitable access to the person-centered and respectful care and support they need to survive and thrive.

Example Policies and Bills

Perinatal Workforce Act (United States 117th Congress, S.287/H.R.945)

This federal bill, part of the Black Maternal Health Momnibus, will establish grant programs to diversify the perinatal workforce and create research on respectful maternity care delivery models. *Bill Status: Not yet passed.*

[View the bill.](#)



Oregon HB2949 (Oregon State Legislature, 2021 Regular Session)

This state bill provides funding, financial incentives, and other types of assistance to increase the number of behavioral health providers representing Black, Indigenous, People of Color (BIPOC), tribal, and rural communities. *Bill Status: Passed in 2021.*

[View the bill.](#)



Rhode Island S.484/H.5929 (Rhode Island General Assembly, 2021 Session)

This state bill ensures that doula care is covered by insurance, including Medicaid, for all people giving birth in Rhode Island, and ensures a livable wage for doulas. *Bill Status: Passed in 2021.*

[View the bill.](#)



Massachusetts H.4640 (Massachusetts State Legislature, 192nd General Court)

This state bill will integrate midwifery into the state's maternity care system through licensure, Medicaid access, and insurance coverage, increasing provider options for the state's mothers and birthing people. *Bill Status: Not yet passed.*

[View the bill.](#)



Policy Solution: Increasing Access to Mental Health Support



Mental health conditions are the most common complication of pregnancy in the United States and affect 1 in 5 pregnant and postpartum people in the country, yet access to quality care is often limited. Arkansas has the highest reported rate of postpartum depressive symptoms in the country—nearly twice the national average—with just this one type of maternal mental health condition affecting 23.2% of people who recently gave birth. In Arkansas, many pregnant people and new parents do not have access to the care and support they need for their perinatal and maternal mental health.

While many clinical providers conduct mental health screenings during prenatal and postpartum visits and some mothers and birthing people may have access to support from licensed professionals, higher levels of care and treatment are only available at hospitals and health systems in bigger cities, leaving behind many families living in rural parts of the state. Insurance coverage, including Medicaid, may also limit the types of mental health care people are able to access.

Social barriers like stigma and a lack of awareness about perinatal mental health may also keep people from seeking needed care during pregnancy and the postpartum period. Without information about or access to professional perinatal mental health support, people may seek support from friends, family members, and religious leaders when trained and licensed professionals are needed. People with limited social or family support are particularly vulnerable.

To advance maternal health and birth equity, action at the state level is needed to better integrate mental and behavioral health care. The recent report by the Arkansas Department of Public Health's Maternal Mortality Review Committee included a key recommendation to expand access to perinatal mental health screening and treatment. Policies like funding the training of a diverse and representative behavioral health workforce, expanding telehealth access, strengthening postpartum care, and integrating mental health disorder screenings into routine visits will help to ensure that every pregnant and postpartum Arkansan has the support they need.

Example Policies and Bills

Arizona SB 1011 (Arizona State Senate, 55th Legislature)

This state bill creates a maternal mental health advisory committee to recommend improvements for screening and treatment of maternal mental health disorders with representatives from key stakeholders and communities. *Bill Status: Passed in 2021.*

[View the bill.](#)



Delaware SB 197 (Delaware State Senate, 148th General Assembly)

This state bill requires the State Department of Health to share information on signs and symptoms of maternal mental health disorders, screening tools, and community resources available to providers, who are then required to provide this information to mothers, parents, and families. *Bill Status: Passed in 2016.*

[View the bill.](#)



Oklahoma SB 419 (Oklahoma State Senate, 2019 Regular Session)

This state bill requires health care providers to screen for perinatal mental health disorders at all prenatal, postpartum, and pediatric care visits using validated assessment tools. *Bill Status: Passed in 2019.*

[View the bill.](#)



Moms Matter Act (United States 117th Congress, S.2484/ H.R.909)

This federal bill is a part of the Black Maternal Health Omnibus that will establish two national grant programs for maternal mental health services and to train a diverse behavioral health workforce. *Bill Status: Not yet passed.*

[View the bill.](#)



How to Advocate —

How to Advocate

Advocacy means taking action to advance causes, experiences, recommendations, or policies that you believe in and working to influence decision making.

This can take many different forms depending on your strengths, passions, and lived experience, such as facilitating connections with leaders and decision makers, conducting behind-the-scenes research or writing, sharing your personal story, and so much more. Try to identify a pathway to advocating for maternal health that aligns with your values and expertise—our collective voice is strongest when a variety of skillsets & backgrounds are at the table!



Before You Start

It's important to figure out who you need to talk to and who might already be doing this work in your community so that you can build power through collective efforts and avoid duplicating or re-inventing the wheel.

To ensure your advocacy is equitable and inclusive, be sure to center community members, especially those who have lived experience, historically been marginalized, or left out of decision making. See EMC's Advocacy Toolkit for more on ensuring your advocacy is rooted in principles of equity and justice.

[View EMC's Advocacy Toolkit.](#)



How to Advocate

Ways to Take Action

Here we'll highlight a few examples of different actions you can take to advocate for maternal health and birth equity in Arkansas. Be sure to check out the Advocacy Toolkit from Every Mother Counts for guides to making an advocacy plan and more actionable tips.



How the Legislature Works in Arkansas and Who to Contact

The Arkansas State Legislature consists of the state [Senate](#) and the state [House of Representatives](#). Members of the Senate and House represent different districts throughout the state of Arkansas—you can find your representatives in the House [here](#) and in the Senate [here](#). The state House of Representatives has 100 elected officials, and the state Senate has 35, totaling 135 members. To become law, a bill must pass through both chambers of the legislature, be signed by the Governor, or if the Governor vetoes the bill, receive a majority vote to override the veto from members of the state House and state Senate.



Screen *Giving Birth in America: Arkansas* in your community.

Research local film festivals or community events that could incorporate a screening of *Giving Birth in America: Arkansas* and reach out to the organizers or plan your own screening event in your home or community! A film screening is a great opportunity to raise awareness on the state of maternal health in Arkansas, while also starting important conversations to identify what is needed in your community and strategize about how to move forward collectively. You could also coordinate a panel conversation to follow the screening featuring local advocates, including maternity care providers, legislators, and people with lived experience, or facilitate a post-screening discussion with attendees using the discussion questions provided in this toolkit or create your own.

How to Advocate



Contact your state legislators to write or advance maternal health legislation in Arkansas.

A meaningful way to enact change for maternal health is through passing laws and policies that support quality, respectful, and equitable maternity care for all. Elected officials and other policymakers have influence over legislation that may affect and inform the change you are trying to make. As a constituent and community member, you can contact your representatives to express your opinion, share information, and ask for policy change.

One-on-one meetings (in-person or virtual) are one of the most effective ways to communicate and build relationships with decision makers. You can use [this link](#) to find contact information for your state legislators, and reach out to their office to share more about the issues you're passionate about and the changes that your state legislators can make for mothers, birthing people, and families. EMC's Arkansas Policy Brief goes into more detail about top policy priorities—identified in close partnership with advocates on the ground—for advancing maternal health across the state. Feel free to reference or provide policymakers with this resource. Additionally, EMC's Advocacy Toolkit provides some tips for preparing for and following up on your meetings with legislators, and the "Toolbox" section of this resource offers sample phone scripts and email language for reaching out to elected officials.



Raise awareness via op-eds, letters to the editor, and/or social media.

Writing can be a powerful tool for raising awareness about maternal health, connecting your personal story to needed solutions, and advocating for change. You can submit a letter to the editor or an op-ed to your local newsletter, publish a blog, or share your story on social media. These platforms will help you educate your community about barriers to quality, respectful, and equitable maternity care where you live, while also inspiring people to advocate alongside you. Check out the sample social media posts and op-ed later in this toolkit for ideas to get you started.

Plan a local town hall or listening session to share childbirth experiences and strategize on local issues.



Advocacy for maternal health is most powerful when it centers the voices of mothers and birthing people. Sharing personal stories can help bring policy impact to life, as well as generate awareness and momentum around the issues facing mothers and families in your community. Hosting an event where peers and community members can share their maternity care experiences and connect with support can be a powerful way to inspire change in the local maternal health landscape. Building these spaces with others with lived experience can also help to foster an important network of people who can advocate alongside you.

How to Advocate



Work to integrate community members' lived experience into health care provider education.



Current and future maternity care providers must stay aware of and connected to the experiences of mothers and birthing people in the communities they serve. One way to facilitate this is by partnering with local organizations that host continuing education events for medical providers in your community and ensuring the stories of mothers and families and current issues in the maternity care landscape in your community are included in the program. Additionally, you could research student groups or curriculum-development committees at provider educational institutions in your area—such as medical and nursing schools—and encourage them to highlight and center community members' experiences.

Maternal Health Advocacy in Action: Transforming Medical School Training through Storytelling

In 2021, EMC partnered with University of Miami's Miller School of Medicine to co-design and pilot a curriculum on addressing racial disparities in maternal health. Using the *Giving Birth in America* film series—along with research on the maternal health landscape, drivers of disparities, and solutions for addressing them—the curriculum was designed to educate future doctors about the impact of institutional racism on maternal health outcomes and center the experiences of mothers and birthing people. The pilot program was a success: today, the Miller School of Medicine has formally integrated the curriculum with the intention of reaching all medical students.

Key Maternal Health Players in Arkansas

Key Maternal Health Players in Arkansas

Interested in supporting, connecting with, and learning from groups and organizations already doing amazing work to support Arkansas' mothers, birthing people, and families? The groups below are a great place to start.

Arkansas Advocates for Children and Families

AACF is a nonprofit advocacy organization that advances policy change for the well-being of Arkansas' children and families.

[Website](#) • [Social Media](#)

Arkansas Birthing Project

The Arkansas Birthing Project is a state-chapter of a global network of Black-led organizations connecting Black birthing families with practical support during pregnancy and one year postpartum.

[Website](#) • [Social Media](#)

Arkansas Coalition of the Marshallese

ACoM is a community-based organization, working to support Arkansas' Marshallese community through education, leadership, policy and advocacy, and direct support.

[Website](#) • [Social Media](#)

Arkansas Maternal Mortality Review Committee

The AMMRC is a statewide committee that reviews every maternal death in Arkansas and provides recommendations on policy changes to the state legislature.

[Website](#)

Community Clinic of Northwest Arkansas

The Community Clinic is a federally qualified health center providing accessible and comprehensive care for individuals and families in Northwest Arkansas.

[Website](#) • [Social Media](#)

The Family Network

The Family Network provides culturally congruent prenatal and parenting home visiting support to families in Northwest Arkansas. They also run a diaper bank for partner agencies in the area.

[Website](#) • [Social Media](#)

Hispanic Women's Organization of Arkansas

The HWOA is a non-profit organization aimed at supporting the Latinx community in Northwest Arkansas through education, support, and civic and citizenship assistance.

[Website](#) • [Social Media](#)

Immerse Arkansas

Immerse Arkansas equips youth in Arkansas with a circle of support, coaching, life skills training, and other resources, including supporting transitions into adulthood for pregnant and parenting youth.

[Website](#) • [Social Media](#)

Marshallese Educational Initiative

MEI is a nonprofit organization that supports Arkansas' Marshallese community through cultural and educational programs, translation and interpretation, and other social services.

[Website](#) • [Social Media](#)

UAMS Healthy Start

UAMS Healthy Start supports individuals and families before, during, and after pregnancy through education, resources, and support services. On the Northwest Regional Campus, doula support may also be available for eligible individuals through this program.

[Website](#)

UAMS High Risk Pregnancy Program

The UAMS Institute for Digital Health & Innovation High-Risk Pregnancy Program is a support network of programs aimed at supporting high-risk obstetric patients and providers in Arkansas.

[Website](#)

Ujima Maternity Network

The Ujima Maternity Network is a non-profit organization dedicated to supporting Black birthing people and diversifying the maternity care workforce in Arkansas via advocacy, community-building, and direct support.

[Website](#) • [Social Media](#)

Maternal Health Advocacy Toolbox

Maternal Health Advocacy Toolbox

In this section of our toolkit, we provide a few concrete examples of meaningful ways to advocate for maternal health. Feel free to use these as templates and adapt them to reflect your personal experience and commitment to maternal health in Arkansas.

Reach out to your local decision makers via letter or email

Sample email/letter structure:

1. Start by clearly introducing the policy change you are advocating for (ie: postpartum Medicaid extension to 12 months; anti-racism training for maternity care professionals).
2. Provide some background on the maternal health landscape in Arkansas, information on what needs to change, and how the policy you are advocating for would address some of the challenges you outlined.
3. Expand upon the policy change you're advocating for—restate why it's needed, how it would help Arkansas' mothers and families, and outline the steps you're asking the legislator to take to make it happen.
4. Consider personalizing the email by sharing your personal story/connection to the issue, and how the policy you're advocating for relates to your own experience.
5. State the call-to-action once more to end the message, and thank the legislator for their consideration.

Email/letter example:

Dear State/Local Representative,

I am writing to urge you to pass postpartum Medicaid extension for the full year after childbirth as a much-needed next step towards ending our state's maternal health crisis. Over half of maternal deaths in the U.S. occur in the postpartum period. Arkansas' mothers and families urgently need access to quality, respectful, and equitable maternity care from pregnancy through the postpartum period. Ensuring families have coverage for at least 12 months postpartum is a necessary step forward.

Arkansas has the highest maternal mortality rate of any state in the country, and 92 percent of these deaths are preventable. Women are already more likely to die from complications of pregnancy and birth in the U.S. than in any other high-resource country, and Arkansas' maternal mortality rate is nearly twice the national rate. Arkansas also experiences stark racial and socioeconomic disparities in maternal deaths: two-thirds of maternal deaths occur among Medicaid enrollees, and Black women are two times more likely than white women in the state to die of a pregnancy-associated cause.

In Arkansas, parents enrolled in Medicaid lose their pregnancy-related coverage just 60 days after birth, leaving many new mothers and families without access to needed care. As of November 2022, more than half of the country (26 states) have extended pregnancy-related Medicaid coverage for the 12 months after birth under the American Rescue Plan Act. Arkansas has yet to take up this option. Arkansas' mothers and families deserve better.

[Option to share a personal connection to the issue].

I urge you to show your commitment to protecting the health and well-being of our state's families and ending our maternal health crisis by immediately taking action to pass postpartum Medicaid extension in Arkansas to a full year after birth.

Thank you for your consideration and action.

Your constituent,

Name

Maternal Health Advocacy Toolbox

Reach out to your local decision makers via phone

Sample phone script structure:

1. Start by introducing yourself as a constituent and directly addressing the legislator you're reaching out to. You will likely be speaking to a staffer in their office. If you're comfortable, you can also start the call by sharing any information about yourself that connects you to the issue (ie: "I am a maternal health advocate"; "I am an OB/GYN"; "I am a new parent"). It can be helpful to also share where in Arkansas you are located (ie: "I am a constituent from Fayetteville").
2. Introduce the problem: provide some information on the maternal health landscape in Arkansas and what needs to change.
3. Introduce the solution/the "ask": Share information about the policy you're asking the legislator to propose or endorse, and outline the steps they need to take.
4. Reiterate why this policy change is necessary for maternal health in Arkansas, and how it would help Arkansas' mothers and families.
5. End the call by thanking the legislator for their consideration. If you would like to, you can also leave your contact information for follow-up or future communication.

Phone script example:

Hello, my name is [your name] and I am a constituent [can share more about yourself/your background here] from [location in AR]. I am calling to urge [Senator ____ or Representative ____] to take immediate action to pass postpartum Medicaid extension in Arkansas to a full year after birth.

Arkansas has the highest maternal mortality rate of any state in the country, and more than half of all maternal deaths in the U.S. occur in the postpartum period. In Arkansas, parents enrolled in Medicaid lose their pregnancy-related coverage just 60 days after giving birth, leaving many mothers and families without access to needed and potentially life-saving care during this critical period.

Under the 2021 American Rescue Plan Act, states have had the option to take up pregnancy-related Medicaid extension through a full year after childbirth. As of November 2022, more than half of the country has followed through and taken this historic step to support mothers and new parents in their states, but Arkansas has not. Arkansas' mothers and families deserve better.

I urge you to show your commitment to protecting the health and well-being of our state's families and ending our maternal health crisis by immediately taking action to pass postpartum Medicaid extension in Arkansas to a full 12 months after birth.

Thank you for your time and consideration. You can reach me at [phone number or email address].

Maternal Health Advocacy Toolbox

Write a Letter to the Editor

Op-Ed tips and tricks:

For your op-ed or letter to the editor, try to tie the issue and the statistics to your call-to-action to engage and inspire your audience. Your most successful piece will be clear, concise, and make a personal connection between the maternal health issue you're highlighting and you and your community.

Op-eds and letters to the editor are often made stronger when we center the voices and personal stories of those affected. Your voice and lived experience can shed light on what mothers, birthing people, and families face in your community and the impact of policy change more than statistics alone. If you feel able and interested, consider sharing your personal connection to the issue in your piece. For prompts and additional tips, check out the "Sharing Your Story" template in Every Mother Counts' Advocacy Toolkit.

Sample op-ed text to adapt:

Maternal health is a human right, yet Arkansas is facing a maternal mortality crisis. Despite spending more on health care than anywhere else in the world, the U.S. remains the only high-resource country where maternal deaths are on the rise. In this already dire landscape, Arkansas ranks 50th—the worst of any state—on maternal mortality and has a maternal death rate nearly twice the national average. Our state's mothers and birthing people deserve better.

While access to quality care during pregnancy and childbirth is critical, more than half of maternal deaths actually occur in the first 12 months after birth, when new complications to physical or mental health can develop or existing ones may become exacerbated. Despite this fact, Arkansans enrolled in Medicaid currently lose their pregnancy-related health coverage just 60 days after giving birth, leaving thousands of new parents without access to needed care.

Recent data tells us that more than 90% of pregnancy-associated deaths in Arkansas are preventable. Solutions exist. An immediate step that our state can and must take to support the health and well-being of Arkansas' mothers and families is to extend postpartum Medicaid coverage through the full year after birth.

Under the 2021 American Rescue Plan Act, states have had the option to extend their pregnancy-related Medicaid coverage to a full year after birth. So far, more than half the country—26 states and Washington D.C.—have adopted this policy in support of equitable, quality care for all new parents. Arkansas is not yet one of them.

Arkansas must take proactive measures to support equitable, quality care for mothers and birthing people in our state. Extending postpartum Medicaid coverage to 12 months after birth is an immediate, actionable step our legislature can take to combat this crisis. It is unconscionable for Arkansas' mothers to continue dying when we have tools to prevent it.

Maternal Health Advocacy Toolbox

Post on Social Media

Social media tips and tricks:

Consider sharing your personal story or connection to the issue in your social media post, in addition to your facts and call to action, to engage your community and draw people in. For example, "I am passionate about this issue because of my own experience losing my health insurance shortly after giving birth. During a period when I wanted to focus on my own health and bonding with my newborn, I had to navigate the confusing and stressful process of switching insurances and finding care I could afford."

Add in photos to your post to increase engagement and reach more people. An authentic, relevant, and personal image or video will draw in your audience even before they read your words.

Be sure to also tag your decision-makers and use hashtags to tap into larger conversations and networks to spread your message!

Sample Twitter post:

[@Elected], we must improve care for mothers & birthing ppl. AR ranks worst in U.S. for #maternalmortality and over 50% of deaths happen after birth, yet state #Medicaid only covers first 60 days postpartum. I urge you to extend #Medicaid coverage to a full year after birth.

Sample Twitter post:

Did you know over 1/2 of maternal deaths in the U.S. happen after birth, yet #Medicaid in Arkansas only covers up to 60 days postpartum? For the health of mothers & families, AR must join the 26 other states that have extended #Medicaid coverage to a full year after birth.

Sample Facebook post:

Arkansas has the highest maternal mortality rate of any state in the U.S., and we know that up to 92 percent of these deaths are preventable. We also know that more than half of maternal deaths in the U.S. happen in the postpartum period, yet Medicaid recipients in Arkansas only receive coverage for the first 60 days after birth.

Under the 2021 American Rescue Plan Act, states have the option to extend pregnancy-related Medicaid coverage to a full year after birth. So far, 26 states and Washington D.C. have fully implemented this extension, and an additional 7 states have plans to. Arkansas is not one of them.

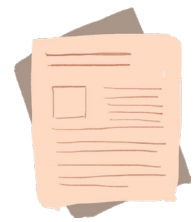
[Consider sharing personal connection to the issue].

For the health and well-being of Arkansas' mothers and families, state officials must take action to extend Medicaid coverage through the full year postpartum. Join me in urging Arkansas' government to take this step in support of equitable, quality care for all new parents.

Sources



Sources



Page 04

World Health Organization. "Maternal mortality and well-being." Maternal Health Unit. 2022. Available at: <https://www.who.int/teams/maternal-newborn-child-adolescent-health-and-ageing/maternal-health/maternal-morbidity-and-well-being>.

Page 06

World Health Organization. Trends in Maternal Mortality: 2000 to 2017. 2019. Available at: https://www.unfpa.org/sites/default/files/pub-pdf/Maternal_mortality_report.pdf.

Page 10

Arkansas Department of Health. "Arkansas 2018 Maternal Mortality Fact Sheet." Arkansas Maternal Mortality Review Committee, 2021. Available at: https://www.healthy.arkansas.gov/images/uploads/pdf/Final_AMMRC_2018_Fact_Sheet.pdf.

Kaiser Family Foundation. Mental Health Care Health Professional Shortage Areas (HPSAs). 2022. Available at: kff.org/other/state-indicator/mental-health-care-health-professional-shortage-areas-hpsas/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D.

National Vital Statistics System. "Maternal deaths and mortality rates: Each state, the District of Columbia, United States, 2018-2020." Centers for Disease Control and Prevention, 2022. Available at: <https://www.cdc.gov/nchs/maternal-mortality/MMR-2018-2020-State-Data.pdf>.

Trost, S. et al. "Pregnancy-Related Deaths: Data from Maternal Mortality Review Committees in 36 US States, 2017-2019. Centers for Disease Control and Prevention. 2022. Available at: <https://www.cdc.gov/reproductivehealth/maternal-mortality/erase-mm/data-mmrc.html>.

Page 18

Arkansas Department of Health. "Arkansas 2018 Maternal Mortality Fact Sheet." Arkansas Maternal Mortality Review Committee, 2021. Available at: https://www.healthy.arkansas.gov/images/uploads/pdf/Final_AMMRC_2018_Fact_Sheet.pdf.

Arkansas Maternal Mortality Review Committee. "2018 Arkansas Maternal Mortality Case Summary and Committee Recommendations." Arkansas Department of Health, 2021. Available at: [https://www.healthy.arkansas.gov/images/uploads/pdf/FINAL_MMRC_Legislative_Report_2021_\(10-29-2021\)LR_transparent_logo_11-10-21_\(2\).pdf](https://www.healthy.arkansas.gov/images/uploads/pdf/FINAL_MMRC_Legislative_Report_2021_(10-29-2021)LR_transparent_logo_11-10-21_(2).pdf).

Centers for Disease Control and Prevention. "Teen Birth Rate by State." National Center for Health Statistics, 2022. Available at: <https://www.cdc.gov/nchs/pressroom/sosmap/teen-births/teenbirths.htm>.

Deloitte. "March of Dimes Maternity Care Deserts Dashboard." 2022. Available at: <https://www2.deloitte.com/us/en/pages/life-sciences-and-health-care/articles/march-of-dimes-maternity-care-deserts-dashboard.html>.

HRSA Maternal and Child Health. "Perinatal/Infant Health - Annual Report - Arkansas." U.S. Department of Health and Human Services, 2021. Available at: <https://mchb.tvisdata.hrsa.gov/Narratives/AnnualReport2/5e05dd65-f2d2-4bd5-b963-8bd49becf0fe#:~:>

Kaiser Family Foundation. "Births Financed By Medicaid." State Health Facts, 2020. Available at: <https://www.kff.org/medicaid/state-indicator/births-financed-by-medicaid/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>.

Kaiser Family Foundation. "Mental Health Care Health Professional Shortage Areas (HPSAs)." State Health Facts, 2022. Available at: kff.org/other/state-indicator/mental-health-care-health-professional-shortage-areas-hpsas/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D.

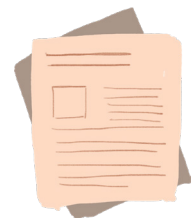
March of Dimes. "Frequent postpartum depressive symptoms by race/ethnicity: Arkansas." Perinatal Data Center, 2022. Available at: <https://www.marchofdimes.org/peristats/data?reg=99&top=21&stop=632&lev=1&slev=4&obj=35&sreg=05>.

March of Dimes. Nowhere to Go: Maternity Care Deserts Across the U.S. 2020. Available at: <https://www.marchofdimes.org/sites/default/files/2022-10/2020-Maternity-Care-Report.pdf>.

March of Dimes. "Report Card for Arkansas." Peristats, 2022. Available at: <https://www.marchofdimes.org/peristats/tools/reportcard.aspx?rmodrc=1®=05>

National Vital Statistics System. "Maternal deaths and mortality rates: Each state, the District of Columbia, United States, 2018-2020." Centers for Disease Control and Prevention, 2022. Available at: <https://www.cdc.gov/nchs/maternal-mortality/MMR-2018-2020-State-Data.pdf>.

Sources



Page 20

Kaiser Family Foundation. "Births Financed By Medicaid." State Health Facts, 2020. Available at: <https://www.kff.org/medicaid/state-indicator/births-financed-by-medicaid/?currentTimeframe=0&sortModel=%7B%22collId%22:%22Location%22,%22sort%22:%22asc%22%7D>.

Kaiser Family Foundation. "Medicaid Postpartum Coverage Extension Tracker." September 2022. Available at: <https://www.kff.org/medicaid/issue-brief/medicaid-postpartum-coverage-extension-tracker/>.

Trost, S. et al. "Pregnancy-Related Deaths: Data from Maternal Mortality Review Committees in 36 US States, 2017–2019. Centers for Disease Control and Prevention. 2022. Available at: <https://www.cdc.gov/reproductivehealth/maternal-mortality/erase-mm/data-mmrc.html>.

Page 21

California Pregnancy-Associated Mortality Review Committee. "The California Pregnancy-Associated Mortality Review: Report from 2002 to 2007 Maternal Death Reviews." California Department of Public Health, 2018. Available at: <https://www.cdph.ca.gov/Programs/CFH/DMCAH/CDPH%20Document%20Library/PAMR/CA-PAMR-Report-1.pdf>.

Declercq, E.R. et al. *Listening to Mothers III: Pregnancy and Birth*. New York: Childbirth Connection, 2013.

Vedam, S. et al. *The Giving Voice to Mothers Study: Inequity and Mistreatment during Pregnancy and Childbirth in the United States*. *Reproductive Health*, 2019. 16(1): 77. Available at: <https://doi.org/10.1186/s12978-019-0729-2>.

Page 22

Center for Medicare and Medicaid Innovation. *Strong Start for Mothers and Newborns: Evaluation of Full Performance Period*. 2018. Available at: <https://innovation.cms.gov/Files/reports/strongstart-prenatal-fg-finalevalrpt.pdf>.

Guglielminotti, J. et al. "Nurse workforce diversity and reduced risk of severe adverse maternal outcomes." *American Journal of Obstetrics and Gynecology MFM*, 2022. 4(5): p. 100689. Available at: [https://www.ajogmfm.org/article/S2589-9333\(22\)00121-5/fulltext](https://www.ajogmfm.org/article/S2589-9333(22)00121-5/fulltext).

Health Connect One. *The Perinatal Revolution*. Chicago, IL: 2014.

Kozhimannil, K.B., et al. "Modeling the Cost-Effectiveness of Doula Care Associated with Reductions in Preterm Birth and Cesarean Delivery." *Birth*, 2016. 43(1): p. 20-27.

Newhouse, R.P. et al. "Advanced practice nurse outcomes 1990–2008: a systematic review." *Nursing Economics*, 2011. 29(5): p. 230.

Sandall, J. et al. "Midwife-led continuity models versus other models of care for childbearing women." *The Cochrane Library*, 2016.

Sutcliffe, K. et al. "Comparing midwife-led and doctor-led maternity care: a systematic review of reviews." *Journal of advanced nursing*, 2012. 68(11): p. 2376-86.

Thomas, M.P., et al. "Doula Services Within a Healthy Start Program: Increasing Access for an Underserved Population." *Maternal Child Health Journal*, 2017. 21(1): p. 59-64.

Trotter, C., et al. "The Effect of Social Support during Labour on Postpartum Depression." *BMC Pregnancy and Childbirth*, 1992. 22(3): p. 134-139.

Page 23

Arkansas Maternal Mortality Review Committee. "2018 Arkansas Maternal Mortality Case Summary and Committee Recommendations." Arkansas Department of Health, 2021. Available at: [https://www.healthy.arkansas.gov/images/uploads/pdf/FINAL_MMRC_Legislative_Report_2021_\(10-29-2021\)LR_transparent_logo_11-10-21_\(2\).pdf](https://www.healthy.arkansas.gov/images/uploads/pdf/FINAL_MMRC_Legislative_Report_2021_(10-29-2021)LR_transparent_logo_11-10-21_(2).pdf).

Kirby, J. And Alone, S. "Maternal Mental Health: Strategies to Address Societal and Structural Challenges." Council of State Governments, 2021. Available at: csg.org/wp-content/uploads/sites/7/2021/09/MaternalMentalHealth_Brief_v4.pdf.

Maternal Mental Health Leadership Alliance. "Fact Sheet: Maternal Mental Health." 2020. Available at: <https://www.mmhla.org/wp-content/uploads/2020/07/MMHLA-Main-Fact-Sheet.pdf>.

United Health Foundation. "Postpartum Depression in Arkansas." *America's Health Rankings*, 2022. Available at: https://www.americashealthrankings.org/explore/health-of-women-and-children/measure/postpartum_depression/state/AR.

We hope this toolkit provides you with the resources and strategies to strengthen your advocacy for maternal health.

Together, we can turn our voices and passion into action, and make pregnancy and childbirth safe, respectful, and equitable for every mother, everywhere.

Here's how:

Keep up-to-date with Every Mother Counts' policy and advocacy efforts to advance high quality, respectful, and equitable maternity care.



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