# Maternal Health in Arkansas

**Exploring issues from the Community Foundation's *Aspire Arkansas* report.**

ARKANSAS community foundation

May 2024

# ENGAGE

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## IN THIS ISSUE




**ENGAGE** Magazine

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*On the cover: Members and friends of the Ujima Maternity Network are committed to making doula care accessible regardless of socioeconomic status.*

# Giving Birth in Arkansas – Building a State Where Infants and Mothers Thrive

I read once that babies "are like little bundles of hope. Like the future in a basket." How true! Everyone who wants a baby should be able to experience the joy of holding a bundle of hope in her arms.

Unfortunately, Arkansas holds the distinction of being the riskiest state in the nation to have a baby. A recent report from the Kaiser Family Foundation shows that Arkansas has the highest maternal mortality rate in the nation and the third highest infant mortality rate. A 2018 report by the University of Arkansas Division of Agriculture concluded that if Arkansas were a country, its infant mortality rate would rank worse than the 74 countries including Cuba, Serbia and Ukraine.

In this edition of *Engage*, we highlight nonprofits and health agencies that are working hard to make improvements, but more work is needed. Too many mothers continue to face barriers in accessing quality healthcare services, resulting in preventable complications and tragedies. In the map below, you can see there are only 35 birthing hospitals in the state.

Caring for babies and their mothers is an easy cause to get behind. However, creating the systems and infrastructure statewide to accomplish this is complicated. We need people, businesses, the public and private sector, along with community leaders to understand the issue, its challenges, and the opportunities to make a difference. Together, in partnership and continued learning, we can break down the barriers that stand in the way of maternal and infant health and create a future where every new mother and baby thrives.

You and your continued generosity is vital in sustaining and expanding our efforts to make a lasting difference. Thank you for taking the time to dive into this issue with us to make this state a better, healthier place for all.

In gratitude,

Heather Larkin
President and CEO

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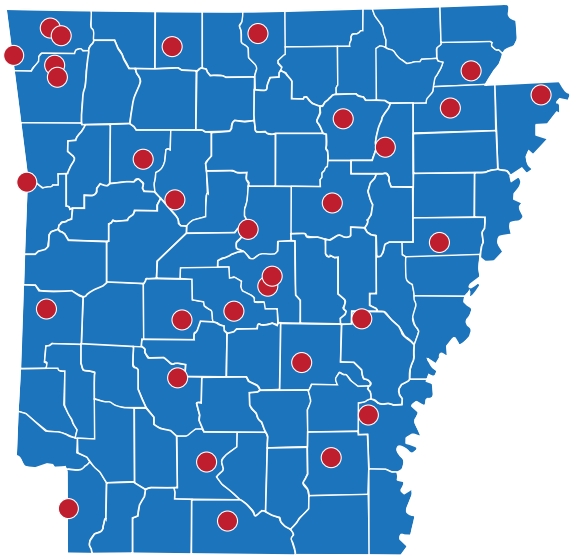
ARKANSAS HOSPITALS WITH BIRTHING UNITS



*Sources: Arkansas Department of Health, University of Arkansas for Medical Sciences Northwest Regional Campus, Arkansas Rural Health Partnership and the Arkansas Hospital Association. As of February 2024.*

# Mothers Paving the Way and Supporting Each Other – the Faces of Maternal Health in Arkansas

By Kim Dishongh

*Allyson Cheatham lost her daughter, Amani, because of inadequate prenatal care. She turned her experience into a personal mission to help other women avoid the heartbreak she experienced. She and her husband, Antonio, now have a 3-year-old son, Maverick.*

Allyson Cheatham was anxious when she went for prenatal care during her first pregnancy.

"I felt very judged," said Cheatham, recently discharged from the U.S. Army in 2011. Young and newly pregnant, she returned home to Arkansas to be near family. "I felt rushed. I felt not heard. As a result, I lost my daughter."

Cheatham's experience is not uncommon in Arkansas. Aware that prenatal care in the first trimester is linked to healthier babies, Cheatham made an appointment immediately.

"They said, 'So it's just going to be you and this baby. That means you're going to be on Medicaid, right?' This is what the provider said to me. I said, 'Actually, no ma'am, I'm a veteran so I have TRICARE insurance," Cheatham said.

"They were very cold."

No one explained to her why, five months into her pregnancy, she was given a vaginal exam.

"I now know that there was no reason for a vaginal exam to be done at that time, but at the time I didn't know that," she said. "I felt a pop and felt a little bit of pain, and I kind of jumped a little."

Shortly after that, she was back in the doctor's office. "I was leaking amniotic fluid," she said. "I continued going to my doctor's appointments, and they were just awful because they were doing ultrasounds to check my levels, and with every appointment the amniotic fluid was just getting lower and lower."

She remembers the last ultrasound.

"It was just very quiet. The ultrasound tech said, 'See her fluid level?' It was literally sitting on top of her head," said Cheatham.

*continued on page 3*

*Cheatham has chosen to support women through her career. "That was my driving force to become an RN," said Cheatham. "My daughter was my motivation for helping other women not go through what I went through."*

Her questions about the possibility of an amniotic fluid transfusion were dismissed.

"I saw a nurse practitioner that day. She came in and sat down beside me, put her hand on my knee, looked at me and said, 'I'm sorry. You are probably going to lose your baby over the weekend.' Then she got up and walked out of the room and left me there by myself," she said.

Cheatham named the daughter she was carrying Amani. "It means 'faith,' in Swahili, because I was standing on faith when they told me she wasn't going to make it," Cheatham said.

A few weeks later, around Christmas, Cheatham went into labor while visiting her grandmother in southwest Arkansas. Her family took her to the nearest rural hospital, which was ill-equipped to care for her when she began hemorrhaging. She was rushed by ambulance to a larger hospital an hour away. Data from the Center for Healthcare Quality and Payment Reform shows that 60 percent of Arkansas' rural hospitals lack labor and delivery services.

Cheatham mourned her daughter and vowed to help other women avoid the heartbreak she experienced.

Kirsten Jones, too, made it her mission to support pregnant women. Jones' son, Omari, was born in November. She is an outreach specialist with the Arkansas Birthing Project, and she serves as a "sister-friend" to other pregnant women in central Arkansas.

"They listen to me," she said. "We share back and forth, and they will ask me how my baby's doing and give me tips on breastfeeding and just encouraging words."

Jones said there were parts of her well-researched birth plan the hospital where she delivered would not honor, and she was unprepared to contest those decisions while in labor. She advocates for other women in labor, hoping to instill in them confidence to speak up when needed.

"Doctors tell them they need a c-section, or they need to schedule one, and they don't know why. A lot of people don't challenge the medical system just because we may feel inadequate," Jones said. "We think the doctors know better. We were raised to believe they're here to help and heal us, save us, but everyone is different. We need to ask the right questions."

Jones also talks with other new moms about balancing rest with never-ending childcare chores and about the importance of mental health.

Mental health needs are deeply important to Ashli Humphries-Headley.

Humphries-Headley's husband, a major in the Army Reserves, was deployed to the Middle East shortly after the birth of their son, Beck, in August 2020.

She had a good family support system, and she had good insurance, as well. But her newborn son wanted to be held constantly and would only breastfeed.

"I would get maybe three hours of sleep, consecutively. I was by myself, and I had a 2-year-old," she said. "I wasn't eating enough, and I felt depleted all the time."

When Beck was 4 months old, she dreamed she had to choose which of her children to save when a bridge collapsed, plunging their car into the water.

"I remember one night I had a dream that my son was suffocating. He was turning purple and blue, and I couldn't save him," she said. "I couldn't wake up from it, and I was like, 'That was weird.' Those continued for about two weeks straight, dreams like that."

Intrusive thoughts continued; she was exhausted and still her son cried and cried. She remembers putting him in his crib and closing herself in a closet to scream out her frustration. Humphries-Headley, a former pediatric therapist, saw a therapist once a week.

"I was not going to throw my son across the room, but I recognized that I was not OK," she said. "I told myself, 'You're OK. It's just a bad day, not a bad life.' But it wasn't getting better."

Her therapist declared she had postpartum depression.

"I said, 'But I'm not sad,'" she said. "I'm not unwell to the point of not being able to get out of bed; I'm not losing interest in things I like to do. I didn't have the basic signs of depression."

She sought help from other experts, one of whom diagnosed her with postpartum rage — but knew of no medication or therapy to tackle her problem.

"I needed to get better; I needed to raise my kids," said Humphries-Headley. "I ended up doing a clinical trial in another state."

She got better, but the ordeal stole precious time.

"I don't remember my son crawling for the first time. I don't


remember him starting solid food. I don’t remember him rolling over or his first Easter,” she said. “My earliest memory is of him walking. It makes me feel guilty and sometimes I cry. I was in such a psychosis, but I was high functioning, and I had no clue.”

She knows other women are going through similar situations. “Most therapists don’t take insurance. What if I hadn’t had a therapist to guide me? Imagine the moms who are going through this, who are dying inside, because maybe they’re on Medicaid and their health care cuts off 60 days after they have their babies. I didn’t even know something was wrong for about four months.”

The Arkansas Maternal Mortality Review Committee recommends extending Arkansas Medicaid maternal coverage from 60 days to one year postpartum, “to monitor the mother’s physical and mental health, provide support during the transition, and ensure access to treatment.”

Cheatham has chosen to support women through her career. “That was my driving force to become an RN,” said Cheatham. “My daughter was my motivation for helping other women not go through what I went through.”

Through her work as a mother-baby nurse, she spoke up for one new mom who had had preeclampsia.

“Her blood pressure was through the roof — I’m talking stroke range — and it had been like that for three days,” said Cheatham. “She was going to be discharged the next day and go home.” Cheatham called the woman’s doctor.

“He kind of brushed me off, and I just kept calling him back,” she said. “I finally was like, ‘Listen, I’m scared she’s going to have a stroke and die if she goes home. We cannot send her home like this.’”

The doctor came in to see the woman, who remained hospitalized for four more days while her blood pressure issues resolved.

A 2023 legislative report by the Arkansas Maternal Mortality Review Committee found that hypertensive disorders of pregnancy are among the top underlying causes of pregnancy-related deaths in our state.

Also according to that report, “Ninety-two percent of pregnancy-related deaths were considered potentially preventable.”

Cheatham married her husband, Antonio, in 2018. They have a son, Maverick, 3.

“He’s my miracle baby,” said Cheatham, diagnosed with an incompetent cervix during her second pregnancy.

She wonders if this complication was the result of injury caused during the vaginal exam she had in 2011.

“So, yes, I’m advocating for moms, for babies,” she said. “I didn’t have a voice, but there were lots of things that I saw, that I fought for with my patients.”

# Arkansas Birthing Project

By Kim Dishongh

When a woman is pregnant, there is often no information she values more than the kind that comes from her mother, grandmother, sister and aunts. Those female mentors are not always readily available, however, so the Arkansas Birthing Project works to fill in the gaps.

*Zenobia Harris, Executive Director of Arkansas Birthing Project*

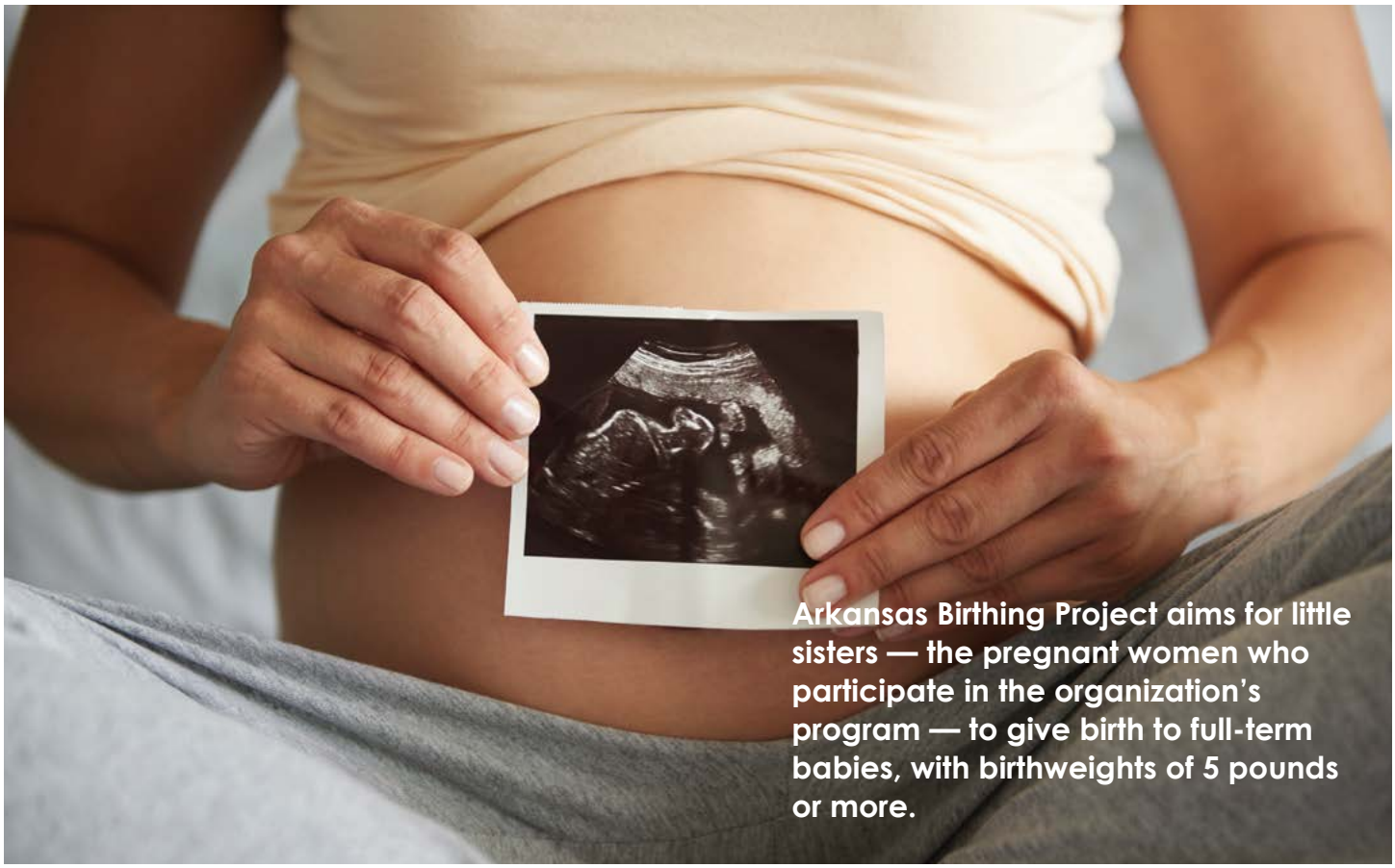
"We work to establish fictive kinship relationships," said Zenobia Harris, executive director of the Arkansas Birthing Project. "Our founder calls it 'sister-friending.' Some people already have good family support, and they just want extra support, and some people don't have much support at all." Sister-friends, women who volunteer to serve as mentors to pregnant women, step in and serve as social support to help improve the chances that moms and their babies will be healthy.

"By being a part of this 'family,' you have a lot of people who are looking out for you and who are willing to make sure that you're going to be okay during this process and afterwards," Harris said.

Arkansas Birthing Project was founded in 1988 by Katherine Hall-Trujillo. Trujillo, born in Moscow, near Pine Bluff, was a public health administrator for the state of California at the time, and she had ample experience working with women who lacked access to good healthcare during their pregnancies. The group made themselves available for informal conversations about pregnancy and motherhood, and they offered support, too, like rides to prenatal visits.

"She and nine of her friends bound together in what we call a 'bunch,' and they agreed to provide social support to a group of young women who were considered to be high risk," Harris said of Trujillo. "What they found astounded

*The Birthing Project has been replicated in more than 70 communities across the United States and in seven foreign countries. In 1999, the Birthing Project came to Arkansas.*



**Arkansas Birthing Project aims for little sisters — the pregnant women who participate in the organization's program — to give birth to full-term babies, with birthweights of 5 pounds or more.**

them. The women gave birth to babies that were at term; they were at good birth weights, there were no ICU stays required of the babies when they were born; moms did better after birth with this extra support…"

The program was recreated within that California community and, eventually, beyond.

"The Birthing Project has been replicated in more than 70 communities across the United States and also in seven foreign countries, including Cuba," said Harris. "In 1999, the Birthing Project came to Arkansas."

Arkansas Birthing Project aims for little sisters — the pregnant women who participate in the organization's program — to give birth to full-term babies, with birthweights of 5 pounds or more.

Sister-friends are volunteers from all walks of life, Harris said.

"We work with sororities, women's church groups, community clubs — anywhere women gather and work in fellowship — to recruit our sister-friends," Harris said. "They commit to one year. We make sure that our little sisters have a prenatal care provider, that they attend their appointments, and that they make provisions for themselves and their babies during this time to make sure they have a healthy outcome."

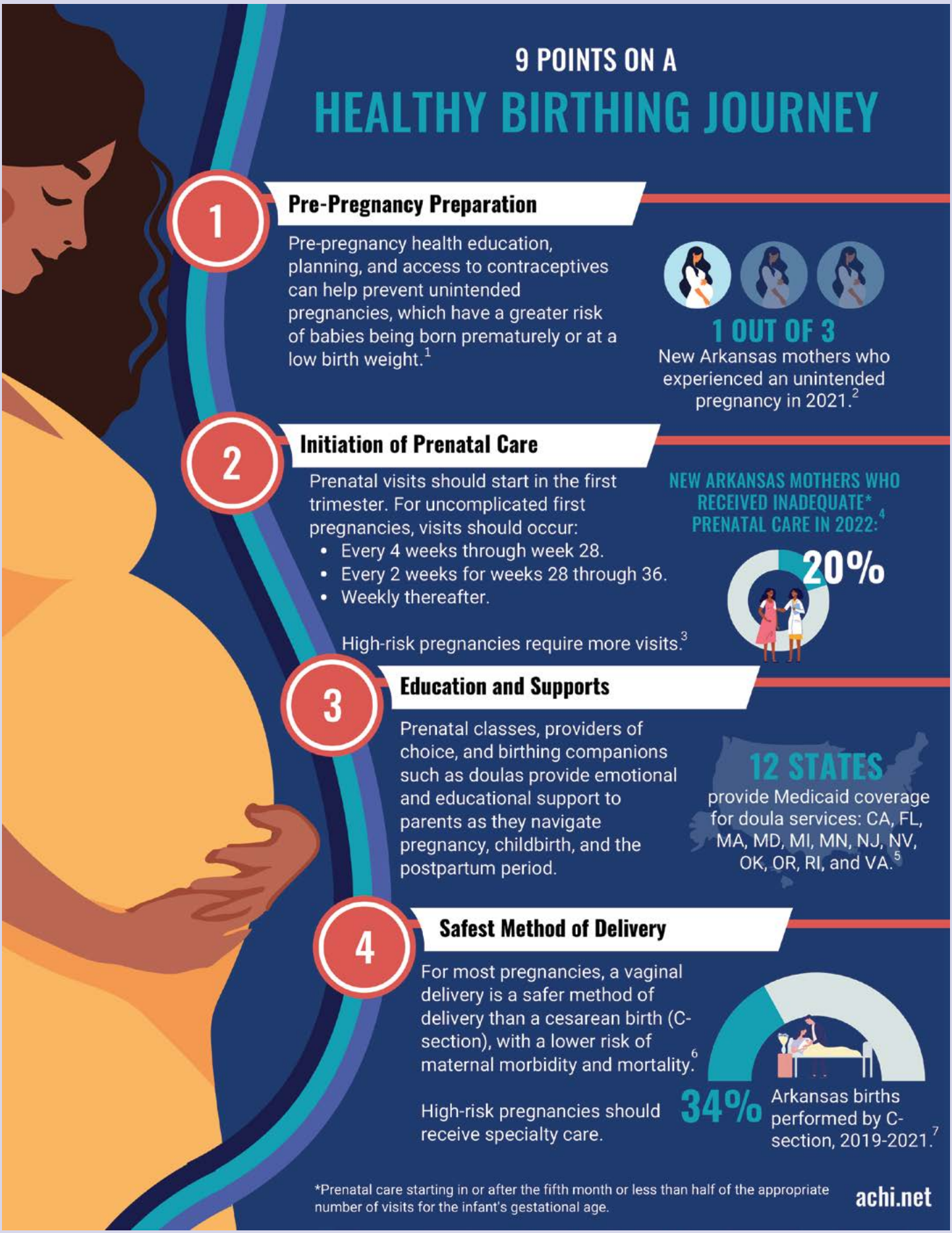
Arkansas Birthing Project also provides assistance, on occasion, with car seats and cribs and other equipment necessary for the first year of a baby's life. The organization can pass on donated baby clothing and can provide diapers and sometimes baby formula or breast pumps, as well.

"We certainly work on social supports, things that people need to have a healthy situation, like a place to live, food to eat, a safe sleep environment," Harris said. "We also include encouraging young women to do some planning for their future. We call it dreaming, and many of the young women we work with don't have dreams for their futures. Many of our young women are focused on subsistence living — surviving."

The little sisters are asked to consider where they see themselves and their babies in a year — or in five years — and then encouraged to work on planning how to reach those goals.

Arkansas Birthing Project is funded through grants from organizations like Arkansas Community Foundation and from private donations.

"We have had some pretty lean years, and I've often done things out of my pocket because I believe in this," said Harris. "I think it's another important component, of all the things that are out there to help women. I think there are different things for different people, and the people that we tend to interact with and attract are people that I call 'off the grid' people- people that other people perhaps don't value as much or feel like they can be as successful. We believe they can."



# 9 POINTS ON A HEALTHY BIRTHING JOURNEY

## 1 Pre-Pregnancy Preparation

Pre-pregnancy health education, planning, and access to contraceptives can help prevent unintended pregnancies, which have a greater risk of babies being born prematurely or at a low birth weight.[1]

**1 OUT OF 3**
New Arkansas mothers who experienced an unintended pregnancy in 2021.[2]

## 2 Initiation of Prenatal Care

Prenatal visits should start in the first trimester. For uncomplicated first pregnancies, visits should occur:

- Every 4 weeks through week 28.
- Every 2 weeks for weeks 28 through 36.
- Weekly thereafter.

High-risk pregnancies require more visits.[3]

NEW ARKANSAS MOTHERS WHO RECEIVED INADEQUATE* PRENATAL CARE IN 2022:[4]

**20%**

## 3 Education and Supports

Prenatal classes, providers of choice, and birthing companions such as doulas provide emotional and educational support to parents as they navigate pregnancy, childbirth, and the postpartum period.

**12 STATES**
provide Medicaid coverage for doula services: CA, FL, MA, MD, MI, MN, NJ, NV, OK, OR, RI, and VA.[5]

## 4 Safest Method of Delivery

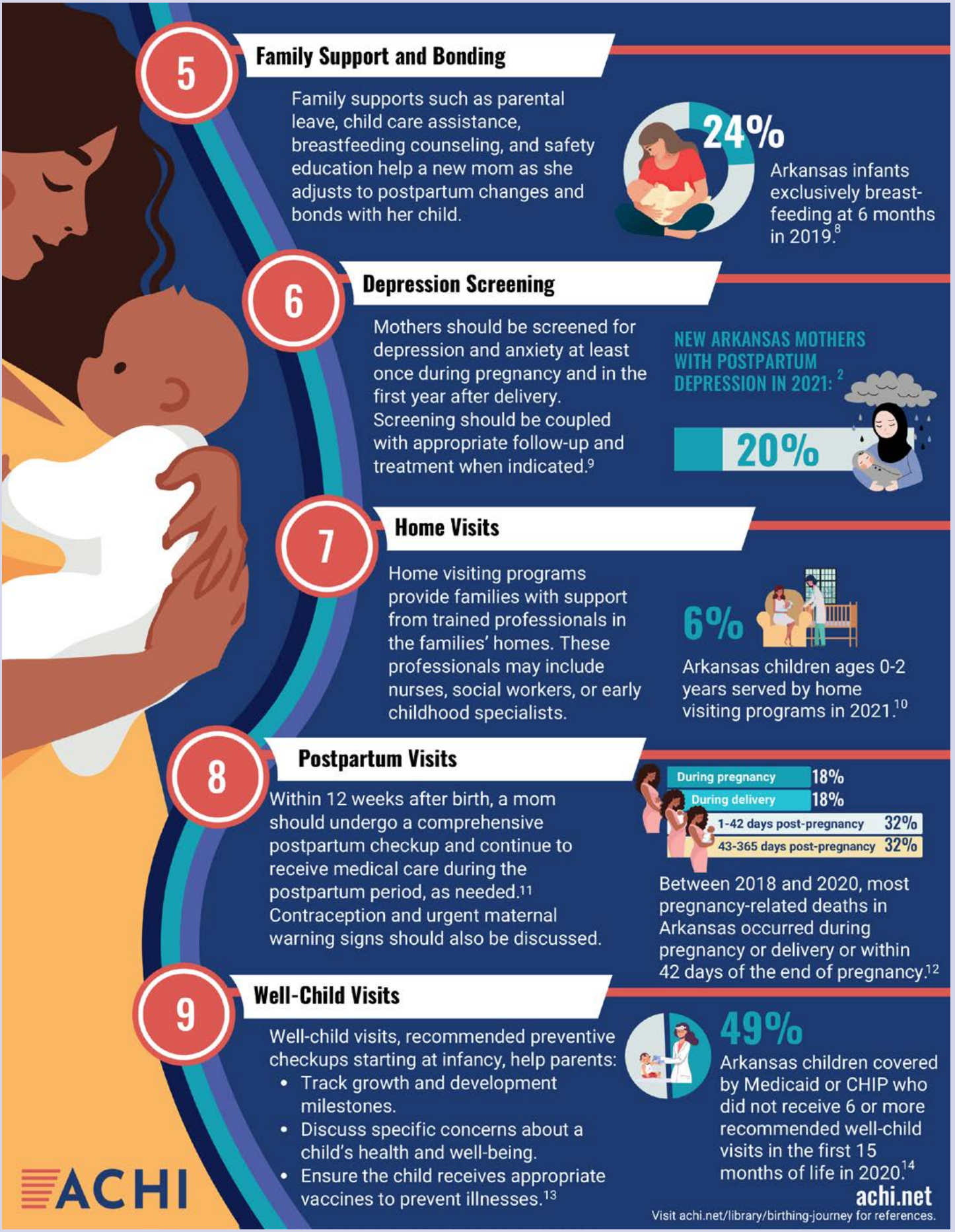
For most pregnancies, a vaginal delivery is a safer method of delivery than a cesarean birth (C-section), with a lower risk of maternal morbidity and mortality.[6]

High-risk pregnancies should receive specialty care.

**34%** Arkansas births performed by C-section, 2019-2021.[7]

*Prenatal care starting in or after the fifth month or less than half of the appropriate number of visits for the infant's gestational age.

achi.net


5
Family Support and Bonding
Family supports such as parental leave, child care assistance, breastfeeding counseling, and safety education help a new mom as she adjusts to postpartum changes and bonds with her child.
24%
Arkansas infants exclusively breast-feeding at 6 months in 2019.[8]
6
Depression Screening
Mothers should be screened for depression and anxiety at least once during pregnancy and in the first year after delivery. Screening should be coupled with appropriate follow-up and treatment when indicated.[9]
NEW ARKANSAS MOTHERS WITH POSTPARTUM DEPRESSION IN 2021: [2]
20%
7
Home Visits
Home visiting programs provide families with support from trained professionals in the families' homes. These professionals may include nurses, social workers, or early childhood specialists.
6%
Arkansas children ages 0-2 years served by home visiting programs in 2021.[10]
8
Postpartum Visits
Within 12 weeks after birth, a mom should undergo a comprehensive postpartum checkup and continue to receive medical care during the postpartum period, as needed.[11] Contraception and urgent maternal warning signs should also be discussed.
During pregnancy 18%
During delivery 18%
1-42 days post-pregnancy 32%
43-365 days post-pregnancy 32%
Between 2018 and 2020, most pregnancy-related deaths in Arkansas occurred during pregnancy or delivery or within 42 days of the end of pregnancy.[12]
9
Well-Child Visits
Well-child visits, recommended preventive checkups starting at infancy, help parents:
• Track growth and development milestones.
• Discuss specific concerns about a child's health and well-being.
• Ensure the child receives appropriate vaccines to prevent illnesses.[13]
49%
Arkansas children covered by Medicaid or CHIP who did not receive 6 or more recommended well-child visits in the first 15 months of life in 2020.[14]
ACHI
achi.net
Visit achi.net/library/birthing-journey for references.

# Arkansans for Improved Maternal Health

New nonprofit seeks to amplify the voices of families across Arkansas

By Adena White


In early May of 2022, Ashley Bearden Campbell's pregnancy took a sharp turn. She was admitted to the hospital in anticipation that she would remain on bed rest until her baby's July 1 due date. Health complications necessitated an emergency cesarean section, and her daughter, Aubrey, entered the world at 28 weeks and five days, weighing a mere 2 pounds, 4 ounces.

"I had a wonderful pregnancy up until I didn't," Bearden Campbell said.

During Aubrey's 70-day stay in the neonatal intensive care unit, Bearden Campbell remained by her daughter's side as much as possible. Her concern for the baby was all-consuming, causing the new mom to unconsciously neglect her own mental health. An attentive neonatal intensive care unit nurse recognized the signs of postpartum depression and anxiety in the new mom and urged her to seek help. That pivotal conversation led her to therapy, medication, and a newfound determination to ensure other mothers wouldn't endure similar struggles alone.

"Had the nurse not pulled me aside, I don't know where I would be today," she said.

From that moment, the seeds of Arkansans for Improving Maternal Health (AIM) were sown. Founded in January 2024 and led by Bearden Campbell, AIM is a nonprofit organization with a mission to "raise public awareness, cultivate champions for change, and spur action around the issue of maternal health in Arkansas." In 2018, 92% of maternal deaths were found to be preventable. Additionally, 48% of Arkansas counties are without an obstetric provider, and nearly half of the 75 counties do not have a birthing facility.

"Through AIM, we created a platform to raise awareness around maternal health and create a space for families who have been impacted by challenges in maternal health,"

Bearden Campbell said. "We want to address gaps in the access, affordability, and quality of care for women and infants before, during, and after pregnancy."

AIM's immediate priority has been to create a safe space for moms and families to share their stories. Bearden Campbell said these stories — whether shared publicly through AIM's website or in conversations among family and friends — are necessary to catalyze change. The most effective advocates for improving maternal health are Arkansans who have experienced challenges as a result of poor maternal health care.

"I've always believed that stories are powerful, and I've seen for myself that sharing my own experience has led to a domino effect of others sharing their experiences," she said. "Together, our voices will serve as a call to action for policymakers to make maternal and infant health a priority."

In March, Governor Sarah Huckabee Sanders signed an executive order to create the Arkansas Strategic Committee for Maternal Health. AIM for Arkansas will work alongside other members of this steering committee to improve health outcomes for mothers and babies across the state.

"We're excited to be included in this mix of organizations that are helping raise awareness about this public health crisis," Bearden Campbell said. "The governor's executive order was a huge win for our state, and the positive response we've seen from families and other stakeholders shows us how critical this mission is to the future of Arkansas."

Families who desire to share a video recording or written testimonial about their experiences with the maternal health crisis are invited to upload a story at ***aimforarkansas.org***.

*Ashley Bearden Campbell, Executive Director of AIM for Arkansas*

"We're excited to be included in this mix of organizations that are helping raise awareness about this public health crisis."

— Ashley Bearden Campbell

AIM for Arkansas

# On Maternal Care, Momentum is Building for Real Change

By Olivia Walton

*Olivia Walton, Founder of Ingeborg Investments*

What a difference a year can make.

Last spring, Arkansas reached an inflection point. We decided that our last-place finish in maternal outcomes was no longer acceptable. We decided that our mothers, our children and our families deserve more.

Through education and advocacy, there is now a swell of support for improving maternal healthcare, and universal agreement that taking care of moms matters.

A year ago, our sights were set on a 12-month Medicaid expansion for moms. Now in 2024,we have a signed executive order from Governor Sarah Huckabee Sanders that works smarter, not harder, to get women the care they need before, during and after birth.

I'm optimistic that the governor has lent her support to this critical issue, and I look forward to seeing this order in action — it's pro-family. It helps ensure our kids can thrive in school, and it's fiscally responsible.

Rather than creating redundancies in coverage, the plan will automatically enroll more eligible women in Medicaid, eliminate gaps and streamline access statewide.
A groundbreaking pilot program will also target the five most at-risk counties to increase prenatal care.

Most importantly, the governor has requested that private stakeholders work alongside the state's Department of Health, Department of Human Services, and surgeon general to develop a strategic plan for maternal health moving forward.

Over the coming months, this is where I see my organization, Ingeborg Initiatives, being most helpful.

At Ingeborg, we are on a mission to empower Arkansas moms by improving maternal health, advancing women's economic opportunity and expanding access to quality care and early learning opportunities for children.

Our team, led by Harvard-trained perinatal epidemiologist and University of Arkansas professor Dr. Cara Osborne, will work with the recently established Arkansas Strategic Committee for Maternal Health on solutions.

Among our top priorities are those laid out in a new report by Heartland Forward. They include: advocating for more community health workers; expanding access to telehealth; addressing healthcare workforce shortages, including midwives; and increasing reimbursement rates and transparency on costs and data.

In other rural states across the country, these tried-and-true solutions are already in place and working.

In Arkansas, preventing just half of maternal deaths would save the state $872 million a year. This savings could underwrite 11,000 nursing scholarships or fund two new 500-bed hospitals.

As an adopted Arkansan, I'm proud to lend my voice and leadership to Crystal Bridges Museum of American Art, the Momentary and Heartland Summit.

But as a mom of three children, I became invested in the state when I founded Ingeborg Initiatives because it was personal for me. Even in the best of circumstances, motherhood is hard. For those without access to care and resources, it can feel impossible.

A year ago, most people either believed that maternal care in the state was adequate, or they didn't think much about it at all.

Today, they understand that empowering mothers isn't just a women's issue. Ensuring that mom is healthy and economically secure is the most efficient, impactful intervention we can make for the strength of our families — and communities — as a whole.

INGEBORG

# Infant Mortality – A Bleak Outlook for Arkansas Babies

By Jessica Ford

Arkansas continues to face troubling challenges as it battles a persistently high infant mortality rate, with recent data painting a grim picture of the state's struggle to safeguard its babies.

The Arkansas Department of Health defines infant mortality as a statistic that looks at the number of babies who die each year before they reach their first birthday. According to the Centers for Disease Control and Prevention (CDC) based on data from 2022, for every 1000 live births in Arkansas, there were 7.67 infant deaths — above the national average of 5.7 deaths per 1,000. This places Arkansas with the third-highest infant mortality rate in the nation.

Similar reports reveal a disproportionate burden of infant mortality among Black communities. According to the Arkansas Center for Health Improvement (ACHI,) deaths among Black infants remain the highest of all racial and ethnic groups, with 10.86 deaths per 1,000 births in 2022, compared to 4.52 deaths per 1,000 births among white infants.

Some efforts to combat infant mortality are underway. The University of Arkansas for Medical Sciences (UAMS) created the Following Baby Back Home program for families of infants after their discharge from a Neonatal Intensive Care Unit (NICU). The program sends healthcare providers to homes, especially in rural areas, to help provide support for new moms.

Newborns in the program often have specific needs at home to thrive, like preemie-sized equipment or other essentials. Some mothers have confided to the program's nurses that they borrowed car seats, or they have to co-sleep because they don't have a bassinet.

"Many women are reluctant to have home visits because they worry that the nurses will critique their parenting," said Heidi Klappenbach, a visiting nurse in Union County. "But I love telling them that they're doing a good job."

Klappenbach brings a portable scale to check baby's weight and talks with moms about signs of postpartum depression, growth and development, immunizations and even checking for smoke and carbon monoxide detectors in homes.

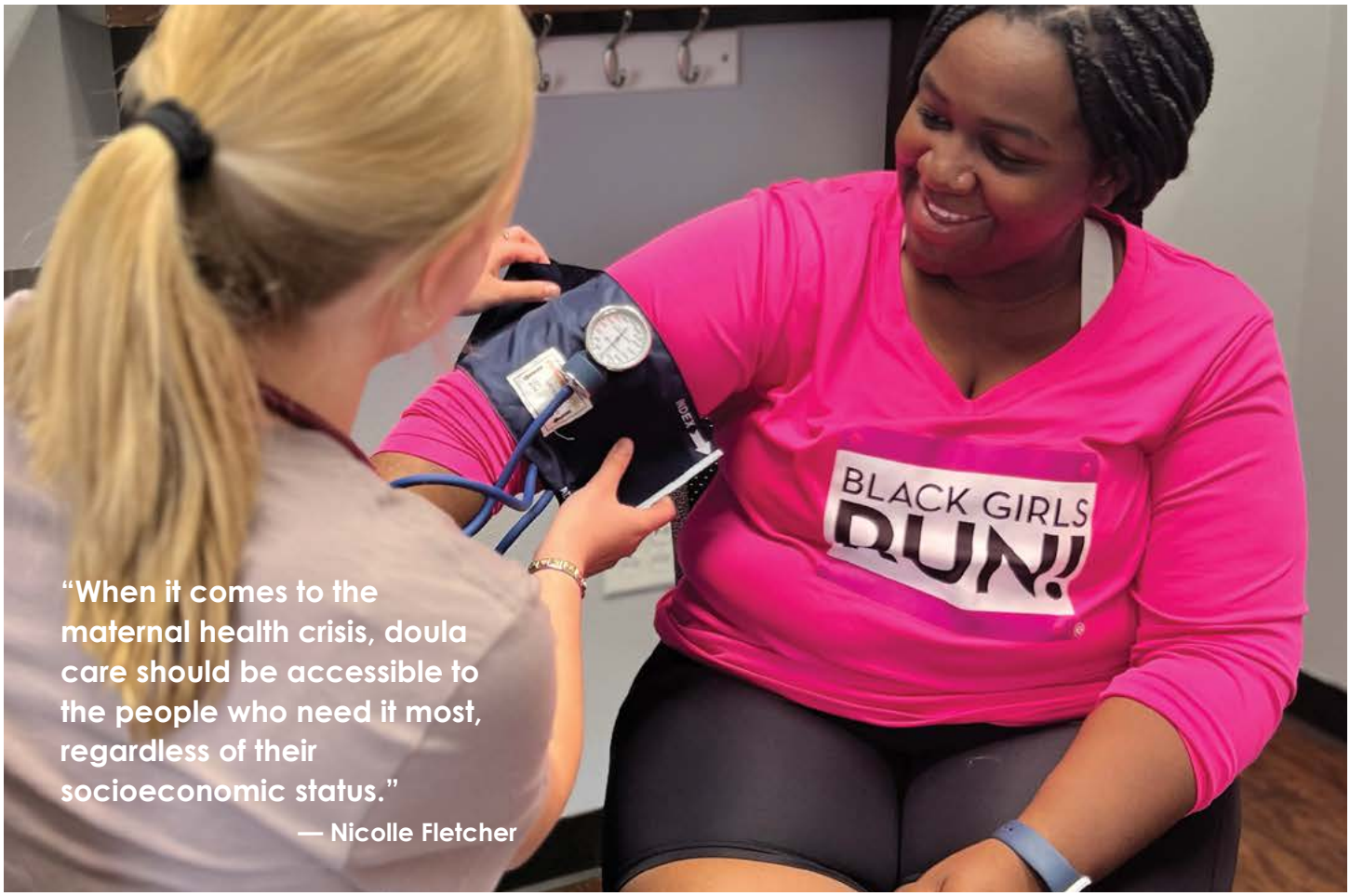
"We want to help," she said. "I try to connect them to whatever resources they need."


*Heidi Klappenbach, visiting nurse in Union County*

# From Crisis to Collective Action

## Ujima Maternity Network trains birth professionals to address maternal health disparities

By Adena White




**"When it comes to the maternal health crisis, doula care should be accessible to the people who need it most, regardless of their socioeconomic status."**

**— Nicolle Fletcher**

Maternal deaths from pregnancy-related causes continue to rise. From 2018 to 2021, for every 100,000 live births in Arkansas, 44 mothers died from pregnancy-related complications before their baby's first birthday.

Socioeconomic and racial disparities exacerbate this crisis: Black, non-Hispanic mothers are twice as likely to die from pregnancy-related causes than white, non-Hispanic mothers.

One proven solution to the maternal health crisis is ensuring that all women have access to doula support. Doulas provide physical and emotional support to pregnant women during pregnancy and beyond and are different from midwives in that they give no medical care. Visionary doulas across Arkansas have come together to form a doula association, with technical assistance provided by Excel by Eight. The doulas' vision is to advance the profession of birth work through advocacy and education, improve access to doula services, and ensure the consistency and quality of those services. In particular, doulas are advocating to have their services reimbursed by Medicaid and health insurance plans.

Nicolle Fletcher is one of the doulas leading this effort. When she completed her doula certification training in 2010, little was known about the nation's growing rate of maternal deaths. She became a doula to help women "reclaim the power of birth," providing guidance and support to women during labor as well as serving as a lactation counselor, childbirth educator, and an apprentice midwife.

"When it comes to the maternal health crisis," Fletcher said. "Doula care should be accessible to the people who need it most, regardless of their socioeconomic status."

Fletcher first noticed in 2017 that poor health outcomes for Black mothers began to grab national headlines. Around this same time, she was at a point in her career where she felt discouraged and considered quitting the profession altogether. But an increase in clientele — particularly among Black women who were concerned about the alarming statistics in the news — reminded her of her purpose.

"I'm here on purpose, and I think about so many lives that have been impacted by me following my purpose, which has opened doors for others to do the same."

As one of the few Black doulas in Arkansas at the time, Fletcher recognized a need to train more Black women to become doulas to address these growing concerns. What was initially designed to be a one-time, weeklong training for aspiring doulas became the creation of a new nonprofit, Ujima Maternity Network.

Fletcher — along with doulas Sarita Hendrix, Amber White, Regina Chaten, Shenika Reed, Erika Davis, and Shakia Jackson — founded the nonprofit on December 28, 2018, the third day of the seven-day African American holiday of Kwanzaa. The principle of Ujima (pronounced oo-JEE-mah) is the focus that third day, which means "collective work and responsibility" in the Swahili language.

"Ujima is about collective work. We're going to work collectively; we're going to own our responsibility, and we're going to bring about solutions," Fletcher said.

Since it was established, Ujima Maternity Network has trained 25 doulas of diverse ethnic backgrounds in hopes of reaching more women across the entire state. Six women are currently enrolled in the training program, and the goal is to train 40 doulas across the state this year.

"It's fundamental to have an advocate as far as doula support that looks like you and can meet you right where you are without having to explain certain things," Fletcher said. "There is an uncommunicated understanding that exists."

During the six-month certification program, doulas-in-training are required to read and report on at least five assigned books, attend at least three birth experiences, participate in monthly training sessions with other members of their cohort, and complete a research paper. The participants are paired with a mentor doula and attend outreach events, emphasizing the importance of communal care.

Since Ujima's founding, Fletcher has witnessed a decrease in cesarean sections and an increase in birth satisfaction, resulting in mothers who feel educated, supported, and empowered during their birth experiences.

"People do a lot of missions overseas, but Arkansas is a mission field," Fletcher said. "And I think we need to look at it that way."

*Nicolle Fletcher, Executive Director and doula for Ujima Maternity Network.*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# Grief Turned to Hope

Callie and Dustin Kellums had twins in 2020, a boy named Luke and a girl named Kate. Born prematurely, both newborns required care in the Neonatal Intensive Care Unit (NICU) at St. Bernards Medical Center in Jonesboro. After a week, Luke was diagnosed with bacterial meningitis, and it quickly became apparent that he needed more advanced care.

Luke was med-flighted to Arkansas Children's in Little Rock, splitting the babies up between two hospitals, two hours apart.

"It wasn't easy having one baby in Jonesboro and one baby in Little Rock," said Dustin. "We were so lucky to have Callie's parents near and a great group of friends to help us. Plus, this was during COVID so only one person at a time could visit the babies. That obviously made things more difficult."

The couple also had a 2-year-old son, Ben, at home, which added to the complexities of caring for their family. "I received some good advice from a doctor at St. Bernards," said Callie. "She told me that our newborns had excellent around-the-clock care in both hospitals. And it was okay to focus on Ben so things could be as normal as possible for him. I appreciated that advice."

Fifteen days after the twins were born, Luke succumbed to bacterial meningitis and passed away.

"When Luke died, we wanted to do something positive with our grief," said Callie. "We received such amazing care at St. Bernards in Jonesboro for both of our babies, we decided to help expand their NICU so that families in this area didn't have to go hours away for better care. We raised nearly $100,000, and recently pledged another $70,000 to the NICU."

*Luke Kellums*

A friend of the Kellums, Wade Bowen, suggested that Dustin and Callie use Arkansas Community Foundation to help manage the donations. The couple started the *Luke Kellums NICU Fund - Benefiting St. Bernards*.

"We saw a level of care in Little Rock that northeast Arkansas just didn't have," said Dustin. "We wanted to see that same level of staffing and equipment become available to families here. The latest expansion at St. Bernards is named after Luke. This keeps his memory alive and gives our children something to be proud of."

"Our hope for the future is that if anyone else is faced with having a baby in the NICU," Callie continued, "that they can be as close to their babies as possible, for as long as possible."