

Arkansas Maternal Health Community of Practice



August 17th Meeting



UAMS
University of Arkansas for Medical Sciences



Arkansas
Perinatal
Quality
Collaborative


PRIMROSE

Welcome

Introduce yourself in the chat:

Name

Organization

Agenda

12:00

Welcome & recap of first meeting - Zenobia Harris, DNP

12:10

Doulas in Arkansas - Nicolle Fletcher

12:30

Questions & discussion related to doulas

12:40

Strategic plan survey 1 results - Krista Langston, MBA

1:00

Discussion of survey responses - William Greenfield, MD

1:20

Next steps for strategic planning - Krista Langston, MBA

1:25

Closing remarks - Zenobia Harris, DNP

1:30

Adjourn



Recap of First Meeting

Zenobia Harris, DNP

Origin of the Community of Practice

- Five-year “Maternal Health Innovation” award for Arkansas from the Health Resources and Services Administration:
 - Convene a state maternal health taskforce
 - Develop a maternal health strategic plan
 - Pilot “innovations” to improve outcomes & disparities

Community of Practice Goals

1. To increase coordination between maternal health stakeholders in the state of Arkansas.
2. To provide a venue for disseminating information related to maternal health policies, resources, and initiatives.
3. To develop a strategic plan to address maternal health needs in Arkansas.

Community of Practice Expectations

Come prepared to learn. Different organizations and initiatives working to improve maternal health will present at each meeting.

Come prepared to share. Members will contribute their perspectives to the strategic planning process and have opportunities to present their organization's work.

Come prepared to connect. To foster coordination and collaboration, each session will include a breakout session for informal relationship building.

Centering Equity in Maternal Health

Addressing Poor Maternal Health in America:

- ❖ Adverse maternal health outcomes
- ❖ Troubling racial/ethnic disparities
- ❖ Rising costs of maternity care
- ❖ Maternity deserts



Centering Equity in Maternal Health

Maternity Health Care that:

Promotes care that produces better outcomes and better health.

Is equitable

Is respectful

Is culturally competent

Has consistently good quality

Integrates gender identity, race, income, social and behavioral health

Honors and values patient preferences

Does no harm



Doula in Arkansas

Nicolle Fletcher



Nicolle Fletcher presents Doulas in Arkansas

Nicolle is the owner of Nurturing Arrows
Doula Coaching Services,
Co-Founder & ED of Ujima Maternity Network

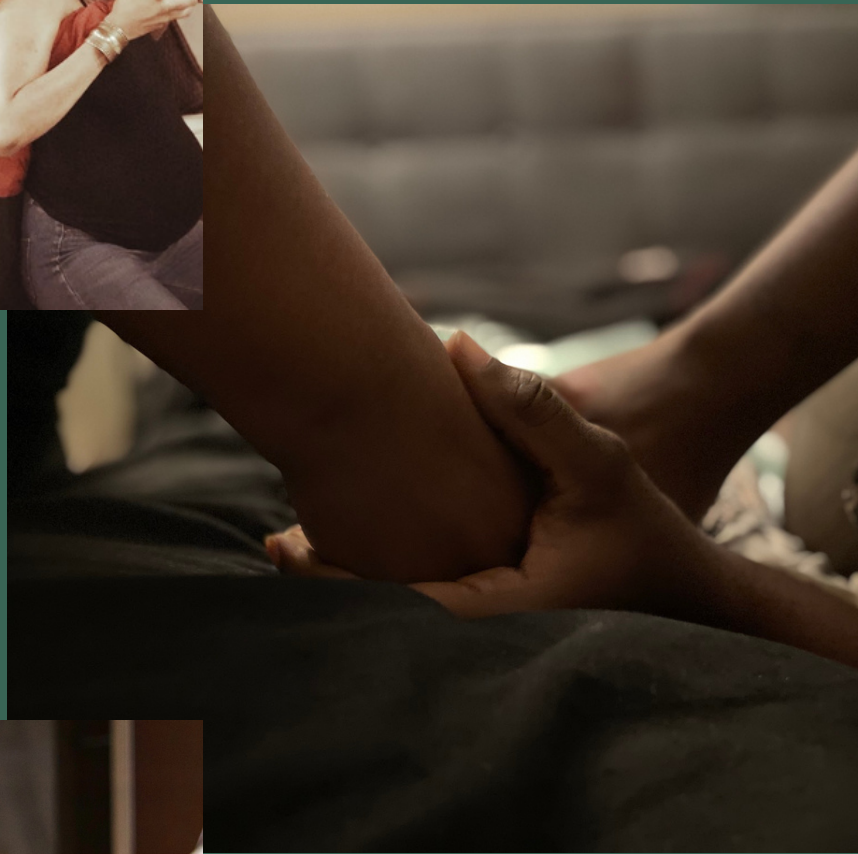
- Certified Doula
- Doula Trainer
- Certified Lactation Counselor
- Childbirth Educator
- Apprentice CPM Midwife
- Regenerative Health Coach

17 AUGUST 2023

08

17

23



DOULAS PROVIDE PHYSICAL,
EMOTIONAL, AND INFORMATIONAL
SUPPORT DURING THE PREGNANCY
AND POSTPARTUM PERIOD

What is a Doula?

A doula is a *non medical* essential support and advocate person for an expecting or postpartum woman/family.

The services include prenatal appointments for education and planning, physical support and advocacy during the labor and delivery process, as well as after birth support in the clients home for up to 12 months depending on the doulas training.

Doulas in Arkansas



Doulas in Arkansas struggle to be seen as essential and valuable contributors to the maternal healthcare crisis. During the pandemic maternal healthcare continued to decline especially for Black mothers who were already at risk for a morbidity or mortality. Doulas were not allowed to be present with their clients, inconsistent hospital regulations favored certain patients allowing support while leaving others to fend for themselves in unfamiliar and scary territory.

While doulas in Arkansas are extremely resilient and creative when finding strategies to support, educate and advocate for their clients the medical model of care increases the barriers for patients to exercise their right for advocacy and support through doula services in the hospital setting.

We need obstetricians to include and encourage doula support to all their patients in particular the Black and Brown ones seeking to navigate birthing a baby in a hospital.



Ujima Maternity Network, Inc.

Community based DOULA
maternal support & advocacy

@ujimamaternity

Ujima is a Swahili word that is interpreted as Collective Work & Responsibility making the problems of my brother and sister my own and solving them together.

Arkansas is in a maternal healthcare crisis and to solve this crisis all stakeholders will need to work collectively and value the unique role that ALL professionals play in affecting change. This INCLUDES DOULAS!





About Us

Ujima Maternity Network, Inc was co-founded by seven Black Birth Professionals (DOULAS) under to vision of Nicolle Fletcher in December 2018 to increase the visibility of Black doulas supporting Black mothers who expressed invisibility and poor maternal healthcare leading to birth dissatisfaction, increased complications, and needless morbidity and even mortality.

Founding members

Regina Chaten, Erika Davis, Nicolle Fletcher, Sarita Hendrix, Shakia Jackson, Shenika Reed, and Amber White



What We Do



01

Outreach

Every 2nd Saturday of each month we host a free Maternal Care Community Outreach. We have been offering this to the community since February 2021 in Conway only. In 2023 we have held this outreach in Conway, Benton, Pine Bluff, & Little Rock with more cities to come as our community partners expand.

02

Train & Mentor Doulas

We believe that community based support is essential for all families. Having a strong social support leads to reduced mental distress, anxiety, postpartum depression, and improved birth outcomes.

Douglas need support and mentorship while supporting families.

03

Advocate

Our advocacy is two fold.

We advocate for doulas to be included in maternal healthcare discussion and financial resource pool.

We advocate for Black maternal women to experience safe, informed, and supported birth experiences.

04

Sista Circle

The Sista Circle is based on the centering model of care. The focus is to provide social & emotional support, and healthcare education without feeling clinical. This allows the participants to experience safe a true safe space.



Our Value

Black women need and deserve to survive and thrive pregnancy, birth, and beyond with dignified informed medical care.



Vision

To be THE Black Doula RESOURCE for Black and Brown women in Arkansas that works collectively to reduce the Black maternal and infant mortality rates. We aim to ensure women not only survive but THRIVE during the childbearing and parenting years.

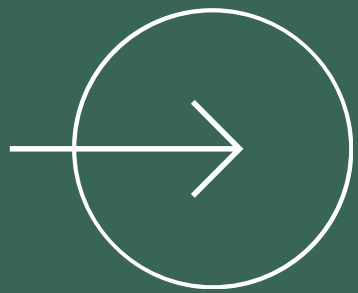
Mission

We train Black and Brown birth professionals as doulas and lactation counselors to reach the most marginalized maternal community.



Doulas are an effective yet underutilized resource and tool in improving maternal healthcare

What doulas in Arkansas need



01

Opportunity

We need OB's to recommend doula support in the hospital setting.

02

Collaboration

Doulas need to be considered a part of the birthing team. Doulas work alongside the nurse and the obstetrician to support and advocate for the patient when the patient is unable to do so for herself.

03

Respect

Doulas are a valuable part of the journey for the expecting family and studies have proven that the presences of the doulas improves birth outcomes and the overall experience and well being of the birthing mother.





04

Compensation

The most successful states include doulas both birth & postpartum in their funding (insurance, medicaid, etc).



Stay in touch

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Conway, Ar 72032
-  501-777-5245
-  ujimamaternity@gmail.com
-  ujimamaternitynetwork.org
-  @ujimamaternity

A photograph of a woman with dark braids, wearing a white long-sleeved shirt, smiling warmly at a baby. The baby is lying on its back on a white sheet, wearing a white diaper. The woman's hands are gently touching the baby's hands and feet. The background is a plain white surface.

Strategic Planning: Results from Survey 1

Krista Langston, MBA

Strategic Planning Approach

Delphi process

- ❖ A systematic prioritization approach widely used in health research/planning.
- ❖ Allows for broad participation. Every voice has equal weight.
- ❖ Helps large, diverse groups approach consensus.

Delphi Process

1st round survey – Brainstorming questions that require open-ended responses.

2nd round survey – Responses are consolidated into a list of recommendations, and the group is asked to rank recommendations.

3rd round - Review final results as a group and discuss outcomes.

Strategic Plan Survey 1 Demographics

Survey 1: 46 respondents (22 were community of practice members)

Respondents categorized themselves as:

- ❖ 27 Healthcare Providers
- ❖ 13 Community Leaders
- ❖ 5 Policy Makers/Policy Advocates
- ❖ 3 Academic/Researcher
- ❖ 2 Local Philanthropies

Strategic Plan Survey 1

Survey 1- 5 questions:

1. What is the biggest maternal child health challenges in AR?
2. What factors contribute the most to maternal health disparities in Arkansas?
3. What strategies are most promising to improve maternal health outcomes in Arkansas?
4. What strategies are most promising to reduce maternal health disparities?
5. If you could wave a magic wand and do one thing to improve maternal health in Arkansas, what would it be?

What are the biggest maternal health challenges in Arkansas?

Consolidated survey submissions:

- Lack of geographic access to obstetric care
- Poor quality of care
- Low levels of health education/literacy
- Lack of insurance coverage
- Comorbidities/pre-existing conditions
- Lack of transportation
- Racial disparities
- Lack of postpartum care & follow-up
- Systemic racism
- Lack of behavioral health/mental health screenings & resources
- Lack of (diverse) midwives
- Lack of family & community support
- Mistrust in system/providers
- Substance use

What factors contribute the most to maternal health disparities in Arkansas?

Consolidated survey submissions:

- Lack of geographic access to obstetric care
- Poverty
- Low general education levels
- Lack of knowledge/education on maternal health
- Lack of providers in rural areas (concentrated in Central/Northwest AR)
- Limited/no insurance coverage
- Inadequate cultural competency/humility among providers
- Lack of transportation
- Implicit biases among providers
- Systemic racism
- Use of family planning/contraceptives
- Mistrust of health systems/providers
- Substance use
- Poor quality care
- Comorbidities (e.g., obesity, hypertension)
- Limited family support
- Poor mental health

What strategies are most promising to improve maternal health outcomes in Arkansas?

Consolidated survey submissions:

- Improve geographic access to care
- Invest in communities/collaboration
- Implement telehealth solutions
- Increase use of doulas
- Expand, adapt Medicaid policies
- Increase insurance coverage
- Provide case management/ individualized care to build relationships
- Increase the use of CHWs
- Implement CenteringPregnancy
- Increase the number of providers
- Increase the provision of care by midwives
- Increase access to transportation
- Provide health education
- Address maternal mental health
- Improve the quality of care

What strategies are most promising to reduce maternal health disparities?

Consolidated survey submissions:

- Increase providers in rural areas/"deserts"
- Expand Medicaid
- Increase community engagement and support
- Provide patient education
- Increase public education and communication about disparities
- Provide culturally congruent care
- Integrate doulas into care
- Expand CenteringPregnancy
- Increase access to resources
- Ensure engaged & caring providers
- Build trust with patients
- Reduce pre-conception comorbidities
- Educate & engage family medicine physicians
- Provide implicit bias training
- Individualized care/navigation
- Ensure childcare access & affordability
- Improve the quality of care
- Expand access and education for contraceptive use
- Integrate midwives into care
- Expand telehealth

If you could wave a magic wand and do one thing to improve maternal health in Arkansas, what would it be?

Consolidated survey submissions:

- Increased geographic access to care (e.g., a maternity provider in every county)
- Doulas integrated into care
- Midwives integrated into care
- Medicaid expansion
- Childbirth classes/parent education for every patient
- Cultural competency for all providers
- Standardized education for pregnant women/families
- Individualized services/case management
- Consistently high quality of care
- All patients engaged in their healthcare
- Preconception comorbidities eliminated
- Social support for every patient

Discussion of Survey Responses

William Greenfield, MD



What are the biggest maternal health challenges in Arkansas?

Discussion questions:

- Is the wording unclear in any item on this list?
- Are there any omissions from this list?

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Strategic Planning — Survey 2

- ❖ For each of the five areas, respondents will:
 - Select the five items they consider to be most important.
 - Rank those five items from most to least important for improving maternal health.
- ❖ Survey link will be distributed at the beginning of next week.
- ❖ Responses are requested by **August 31**.

Questions?



Future Meetings

**All meetings will take place
Thursday from 12 to 1:30 pm.**

Please hold the upcoming dates:

- **November 16**
- **February 8**
- **May 16**

