



# General Meeting

February 19, 2026

# Welcome!

Please introduce yourself  
in the chat with your  
**name** and **organization**.



# Agenda

---

12:00 – 12:10

## **Opening Remarks**

*William Greenfield, MD*

Medical Director, Family Health Branch, Center for Health Advancement (Community of Practice Co-Chair)  
Arkansas Department of Health

---

12:10 – 12:30

## **Community Clinic Midwifery Collaboration with the Northwest Health System, with Q&A**

*Emily Goucher, APRN, WHNP-BC*

Director of Women's Health Services  
Community Clinic

---

12:30 – 12:50

## **Arkansas Maternal Mortality Review Committee (MMRC), with Q&A**

*William Greenfield, MD*

Medical Director, Family Health Branch, Center for Health Advancement (Community of Practice Co-Chair)  
Arkansas Department of Health

---

12:50 – 1:10

## **Closing Remarks**

*Zenobia Harris, DNP*

Community of Practice co-chair  
Arkansas Birthing Project

# Opening Remarks

- Arkansas Perinatal Quality Collaborative Upcoming Regional Meetings
- CenteringPregnancy coaching is available to clinics

# ARPQC Regional Meetings

Region	Date and Time	Location
Central Region	Tuesday, February 17, 2026 10:00 am – 3:30 pm	Baptist Health Medical Center – Little Rock Baptist Health Community Training Center 900 John Barrow Rd, Little Rock, AR 72205
Northeast Region	Wednesday, February 25, 2026 10:00 am – 3:30 pm	St. Bernard's Regional Medical Center Conference/Auditorium 505 East Washington Ave, Jonesboro, AR 72401
Northwest Region	Friday, March 13, 2026 11:00 am – 4:30 pm	UAMS Northwest Regional Campus Baker Conference Room, 3rd Floor 1125 N College Ave, Fayetteville, AR 72703
South Region	Friday, April 10, 2026 10:00 am – 3:30 pm	El Dorado Community College Conference Center 311 S West Ave El Dorado, AR 71730

# ARPQC Regional Meetings - Registration


- Registrations help us plan fruitful meetings – please register early
- L&D social workers encouraged to attend
- Please forward information to community partners
- Visit [regionalmeetings.arpqc.org](https://regionalmeetings.arpqc.org), or contact the ARPQC team with questions

Scan to Register!



# CenteringPregnancy Coaching

- Group Prenatal Care coaching opportunity for providers through the PRIMROSE Program
- Please share with clinics who may be interested
- Contact Victoria Dempsey ([Vedempsey@uams.edu](mailto:Vedempsey@uams.edu)) for additional information



**Improve pregnancy outcomes and experience with CenteringPregnancy®**

**What is CenteringPregnancy®?**

CenteringPregnancy® is an evidence-based group prenatal care model that brings women of the same gestational age together in a **group setting**. CenteringPregnancy® allows patients to have a more active role in their healthcare experience while offering opportunities for education and community building.

**Benefits of CenteringPregnancy®**

- Replaces traditional 15-minute OB visits with **1-2 hour group visits**, without increasing the total time providers spend for patient care
- Improves patients' **understanding, engagement, and satisfaction**
- Decreases **preterm-birth**
- Increases **breastfeeding rates**
- Improves appropriate **gestational weight gain**
- Lowers healthcare disparities and **improves outcomes** for minority women


**→ How can PRIMROSE help you offer CenteringPregnancy®?**

<b>Resources</b>	We can provide all additional materials during the first year that a provider needs for CenteringPregnancy®. For remote sites, a mobile health unit can travel for clinical exams and tests, allowing providers to reach underserved areas.
<b>Certification &amp; Training</b>	Our APRNs are certified by the Centering Healthcare Institute. They will coach your site's co-facilitators on the CenteringPregnancy® model. We also offer scholarships for your staff to take the virtual Centering Institute training.
<b>Costs</b>	There is no additional cost to partner with us. Providers who offer CenteringPregnancy® may bill for prenatal care as usual.

**To learn more about how we can help offer CenteringPregnancy® in your community, please contact Victoria Dempsey, Community Outreach & Engagement Manager at [Vedempsey@uams.edu](mailto:Vedempsey@uams.edu).**

PRIMROSE is a grant-funded project at UAMS that provides support maternity providers interested in expanding CenteringPregnancy across Arkansas. PRIMROSE is supported by a 5-year grant from the Health Resources and Services Administration.

For more information about CenteringPregnancy, visit: <https://centeringhealth.com/what-we-do/centering-pregnancy>

**CenteringPregnancy** 

l prenatal  
ssion.

blood  
ing; Prenatal

weight and

Domestic  
ive factors.

irth; Planning  
mping.

care – what to

ing; Perinatal

orn safety;

arly labor.

ostpartum

viders†

or  
staff  
l patients  
ies & snacks  
ultrasound

our staff

# Community Clinic Midwifery Collaboration with the Northwest Health System



Speaker:

**Emily Goucher, MSN, APRN, WHNP-BC**

Director of Women's Health, Community Clinic  
[emily.goucher@ccnwa.org](mailto:emily.goucher@ccnwa.org)

Emily Goucher is a board-certified women's health nurse practitioner and the Director of Women's Health for the Community Clinic. She earned her MSN from Vanderbilt University and has practiced across inpatient labor and delivery, sexual assault forensics, outpatient private practice, community health, and academic settings, giving her a deep, practical understanding of maternal health across the continuum. Her leadership roles have included building programs, overseeing quality and operations, and partnering across communities to expand access to care. Her work bridges frontline clinical expertise and statewide systems change, with a focus on access, safety, and sustainable maternal health models.



# Midwifery Practice

Increasing access to maternal health care in NW Arkansas  
and NE Oklahoma

---

February 19, 2026



# About Community Clinic

Community Clinic is a trusted regional healthcare system, guided by a mission to build healthier communities. We provide whole-person care that's accessible to everyone.

# Problem

# Loss of OB Provider

## Missing Care

- Siloam Springs Regional Hospital L&D unit closed in late 2024
- No obstetric practices in Siloam Springs or surrounding area

## Result

- Patients traveling 45-90+ minutes for delivery
- Disrupted continuity of care
- Maternity care desert

# Our Response

## **Development of Team-Based Obstetrical Care Model**

- Community Clinic to employ Certified Nurse Midwives
- Northwest Hospital to provide backup OB hospitalist support

## **Increase Women's Health Services in Siloam Springs**

- Expanded access from one to five days per week so patients could still receive prenatal care locally

# Clinical Model

# Clinical Collaboration Model

## **Community Clinic CNMs:**

- Provide full-scope midwifery care

## **Collaborating Physician:**

- Employed part-time by CC for consults and case reviews. Also is a hospitalist with NW

## **NW OB Hospitalists:**

- Backup for consultation, co-management and transfer of care

# Risk Stratification & Safety Design

- Defined risk criteria
- Clear escalation pathways for consultation, co-management and transfer of care
- Updated privileging forms
- Case reviews
- Orientation
- Development of strong relationships with hospitalists

# Community Clinic's Midwifery Practice

Midwifery Program Manager



**Candice Killeen, CNM**

Nurse-Midwife



**Sandra Mills, CNM**

Director – Women's Health



**Emily Goucher,  
WHNP**

Two additional CNMs will join the team in 2026, and are supported by care teams in Siloam Springs, Rogers and Springdale

# Our Services

## Prenatal and Postpartum Care in Siloam Springs

- Sager Creek Women's Health and Pediatrics – hosting Midwifery Practice
- Prenatal and postpartum services in Community Clinic locations

## Delivery Services

- Delivering at Willow Creek Women's Hospital
- Plan to reopen SSRH's L&D when volume is sufficient
  - This will allow us to ensure access to care for not only Community Clinic patients, but also community members from East OK and Western Benton County who have not sought prenatal care.

# Laying the Groundwork

# Infrastructure Required to Launch

- Reimbursement alignment
- Credentialing and collaborative practice agreement challenges
- DEA registration barriers
- Hospital privileging updates
- EHR configuration
- Billing workflow redesign
- Call schedule design and after-hours call service
- Referral and record-sharing workflows
- Volume tracking
- Marketing and community education

# Initial Challenges

## Collaborating Physician

————— Despite having IPA, CNMs needed CPA in order to obtain DEA and be credentialed with payers

## Reimbursement

————— CNMs not able to be linked as provider type with AR MCD by FQHC

## Credentialing

————— Needed to update hospital privileging form and get approval from med exec board; creation of CNM orientation



# Current State

# Where We Are Today

- Delivering at Willow Creek Women's Hospital
- 2 CNMs; expanding to 4 in 2026
- 10 deliveries so far
- Target sustainability benchmark: 20-30/month
- Plan to reopen SSRH L&D once metrics support

# Early Wins

**Keeping care local**

**Continuity of care**

# Ongoing Implementation Challenges

- Long timeline to get new midwives credentialed and onboarded
- Aligning volume with staffing
- Ensuring financial sustainability
- Preconceived ideas about CNMs by community and physicians
- Multi-state population

# Looking Ahead

# Why This Matters Statewide

- Rural L&D closures increasing statewide
- OB workforce shortages worsening
- Medicaid-heavy communities at risk
- Rising maternal morbidity and mortality disparities

*Strategic midwifery-hospital collaboration is a stabilization tactic for rural Arkansas*

# What We Need From You

## Rebuilding Rural Maternity Access Together

- Support rural midwifery-hospital collaborations
- Advocate for workforce pipelines
- Align reimbursement policy
- Share data and outcomes
- Partner in evaluation and research

# Thank You!

**Emily Goucher- Director of Women's Health**

[emily.goucher@ccnwa.org](mailto:emily.goucher@ccnwa.org)

**Candice Killeen- Midwifery Program Manager**

[candice.killeen@cpgclinics.com](mailto:candice.killeen@cpgclinics.com)

**Lara Brock- Senior Project Manager**

[lara.brock@ccnwa.org](mailto:lara.brock@ccnwa.org)

*We care. You Belong.*



**Questions?**



# Arkansas Maternal Mortality Committee (MMRC)

**William Greenfield, MD**

Medical Director, Family Health  
Branch, Center for Health  
Advancement (Community of  
Practice Co-Chair)

Arkansas Department of Health

# Arkansas Maternal Mortality Using MMRC Data to Inform Initiatives

Arkansas Maternal Health Community of Practice

February 19, 2026

William Greenfield, MD, MBA, FACOG  
Arkansas Maternal Mortality Review Committee

Medical Director- Family Health Branch  
Arkansas Department of Health

# Purpose/Vision/Mission

## Purpose

Identify and characterize pregnancy-associated deaths with the goal of identifying prevention opportunities

## Vision

Protect and improve the health and well-being of all Arkansans by eliminating preventable pregnancy-associated deaths

## Mission

Optimize health for all Arkansans to achieve maximum personal, economic, and social impact

# Maternal Mortality Review Committee

---

Was the death pregnancy related?

---

What was the cause of death?

---

Was the death preventable?

---

**What were the factors contributing to this death?**

---

**What are the recommendations to address contributing factors?**

---

What is the anticipated impact of those actions if implemented?

# Definitions

## Pregnancy-Associated Death

The death of a woman during pregnancy or within one year of the end of pregnancy, regardless of the cause.

## Pregnancy-Related Death

The death of a woman during pregnancy or within one year of the end of pregnancy from a pregnancy complication, a chain of events initiated by pregnancy, or the aggravation of an unrelated condition by the physiologic effects of pregnancy.

## Pregnancy-Associated But Not Related Death

A death during or within one year of the end of pregnancy from a cause that is not related to pregnancy.

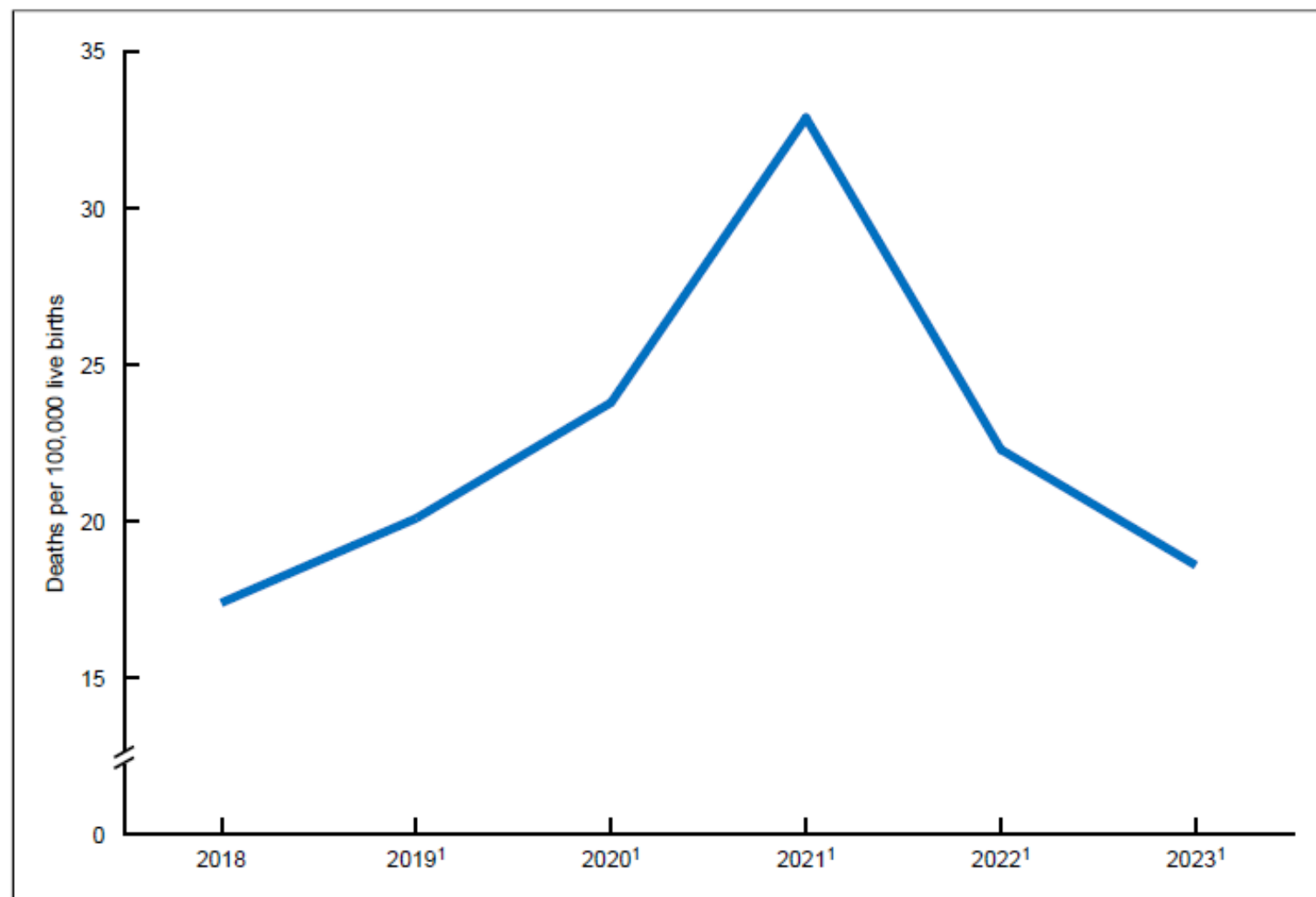
## Pregnancy-Associated But Unable to Determine Relatedness

A death during or within one year of the end of pregnancy where the committee was unable to determine relatedness.

## Maternal Death

The death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and the site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes.

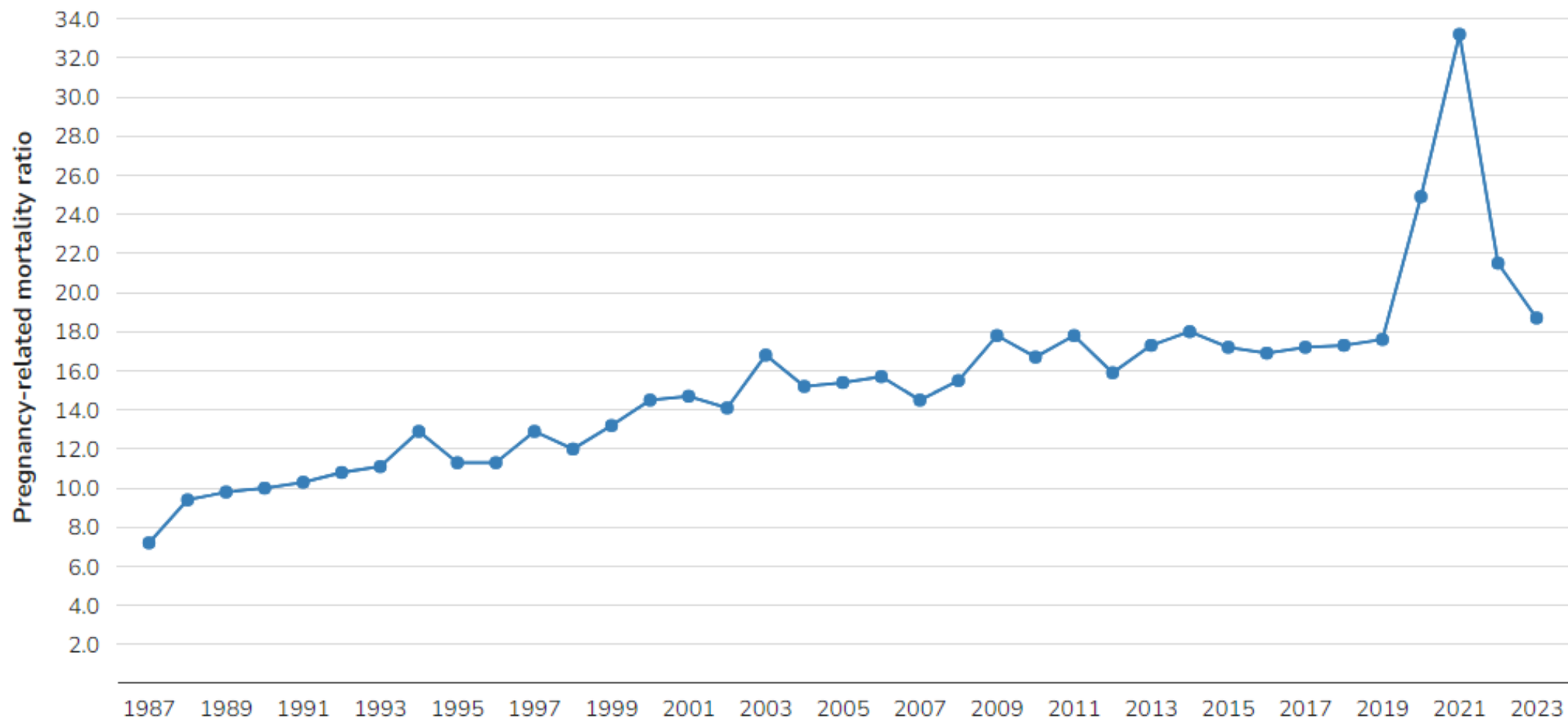
National

**Figure 1. Maternal mortality rate: United States, 2018–2023**

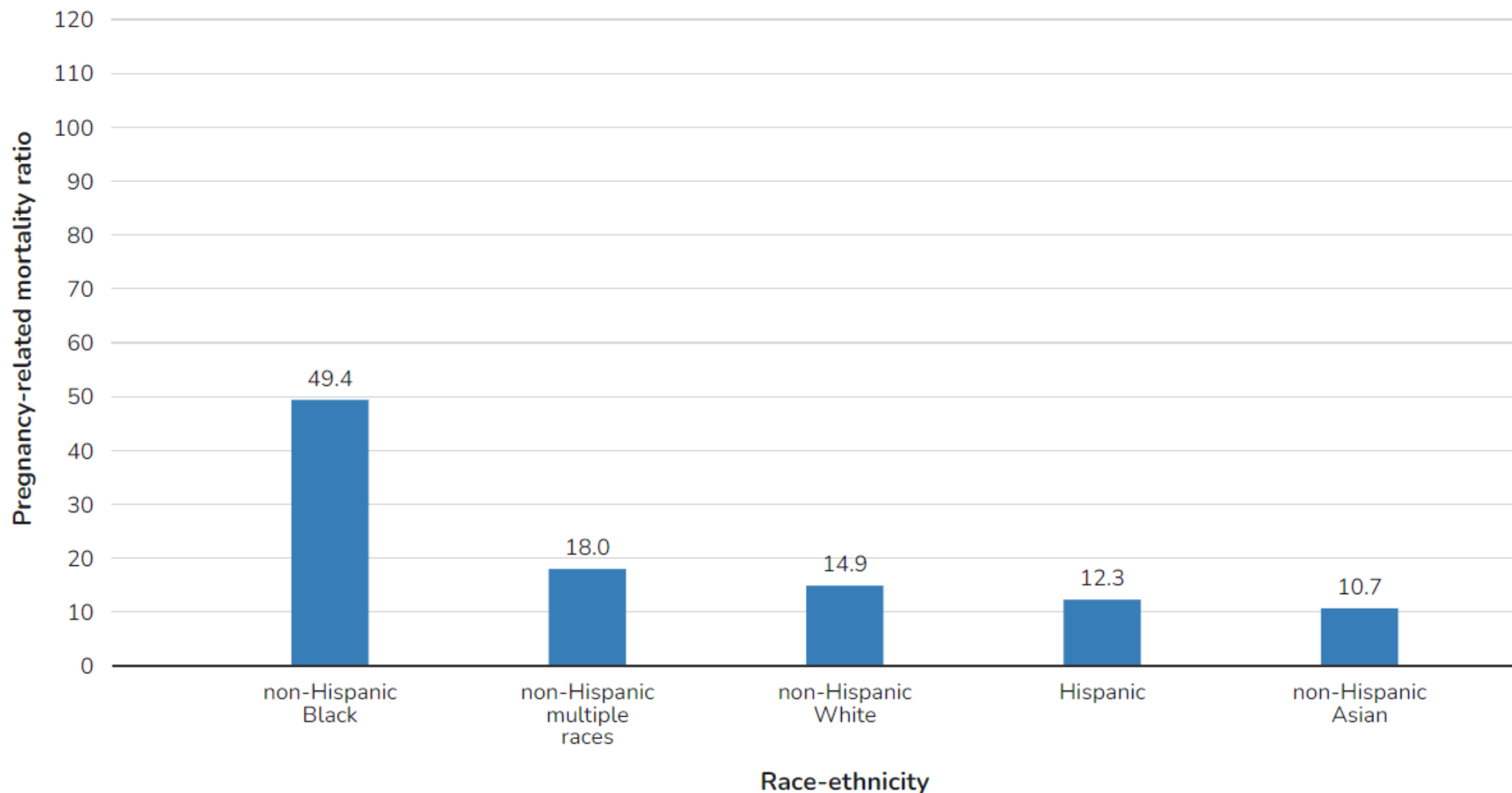
<sup>1</sup>Statistically significant change in rate from previous year ( $p < 0.05$ ).

SOURCE: National Center for Health Statistics, National Vital Statistics System, mortality data file.

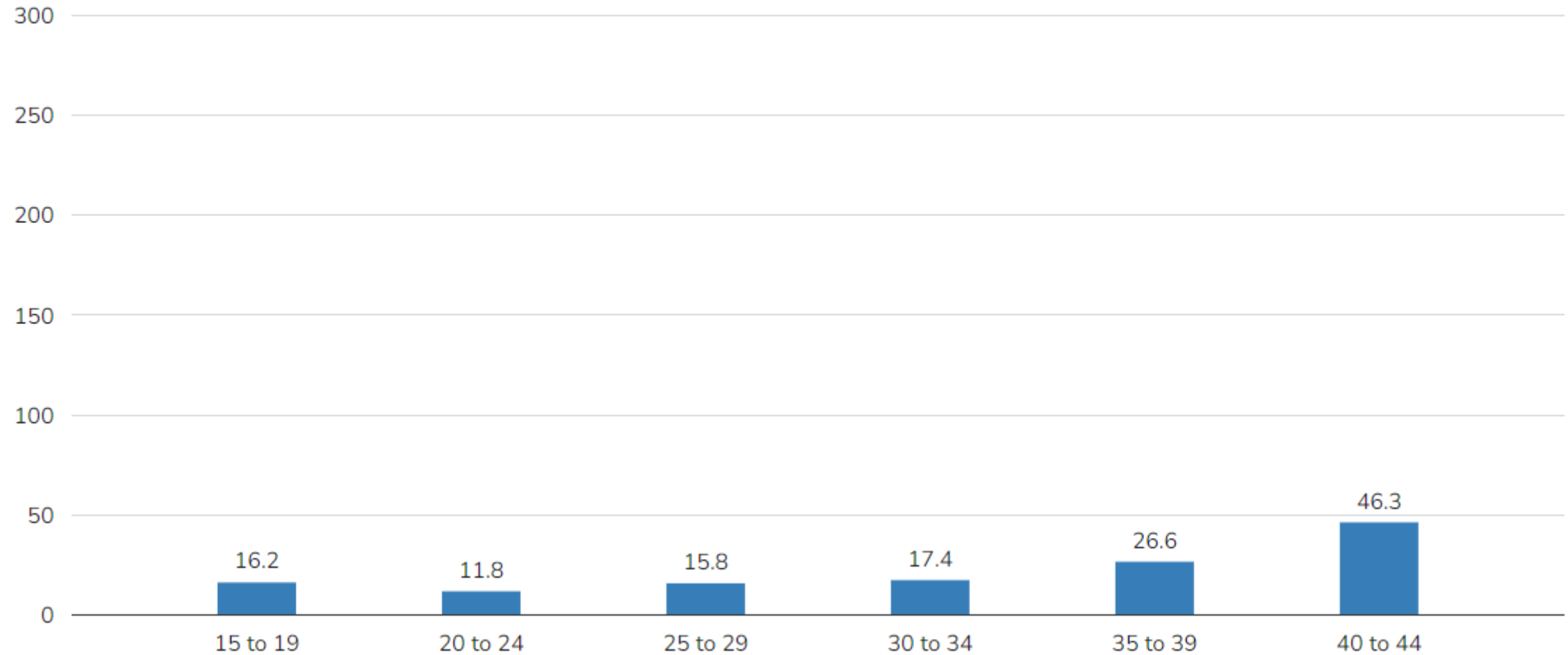
## Pregnancy-related mortality ratio in the United States: 1987–2023



## Pregnancy-related deaths by race-ethnicity, 2023<sup>a,b</sup>



## Pregnancy-related mortality ratio by maternal age, 2023<sup>a</sup>

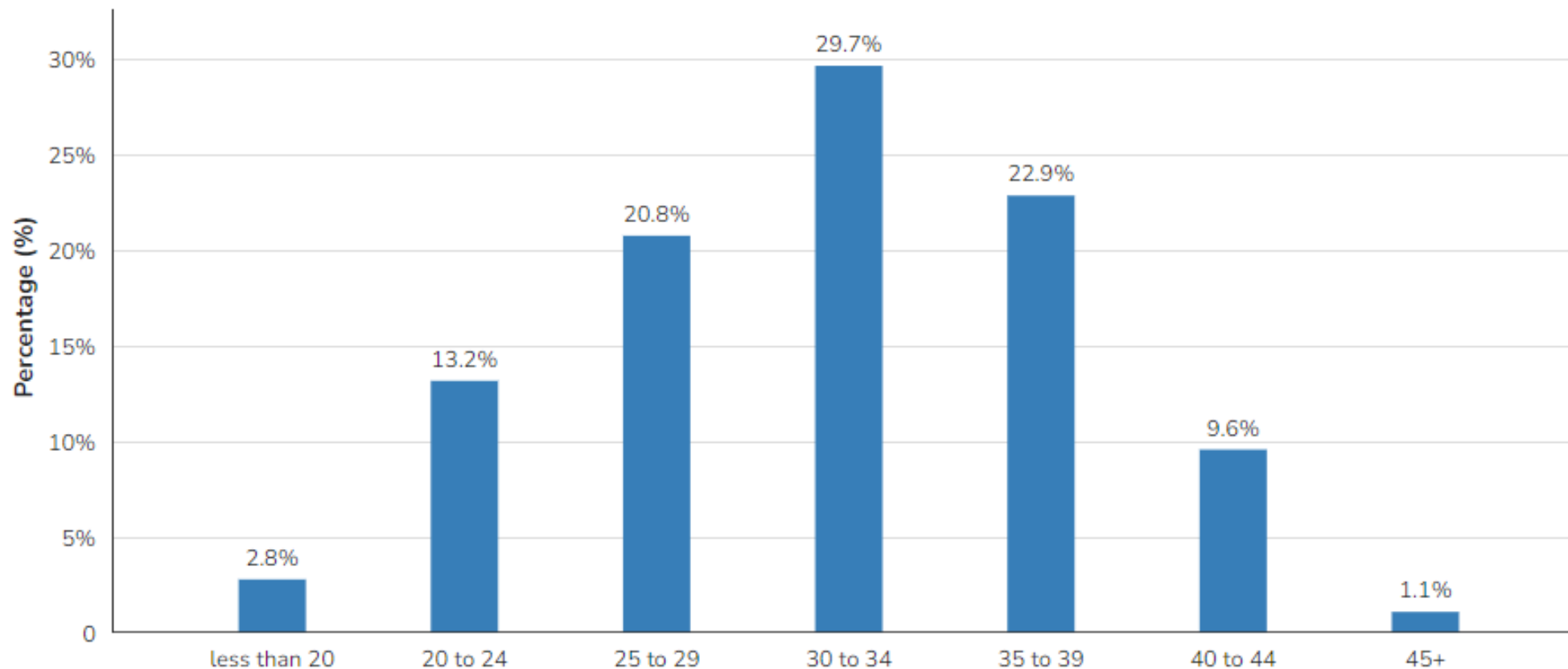


<https://www.cdc.gov/maternal-mortality/php/pregnancy-mortality-surveillance-data/index.html?cove-tab=1>

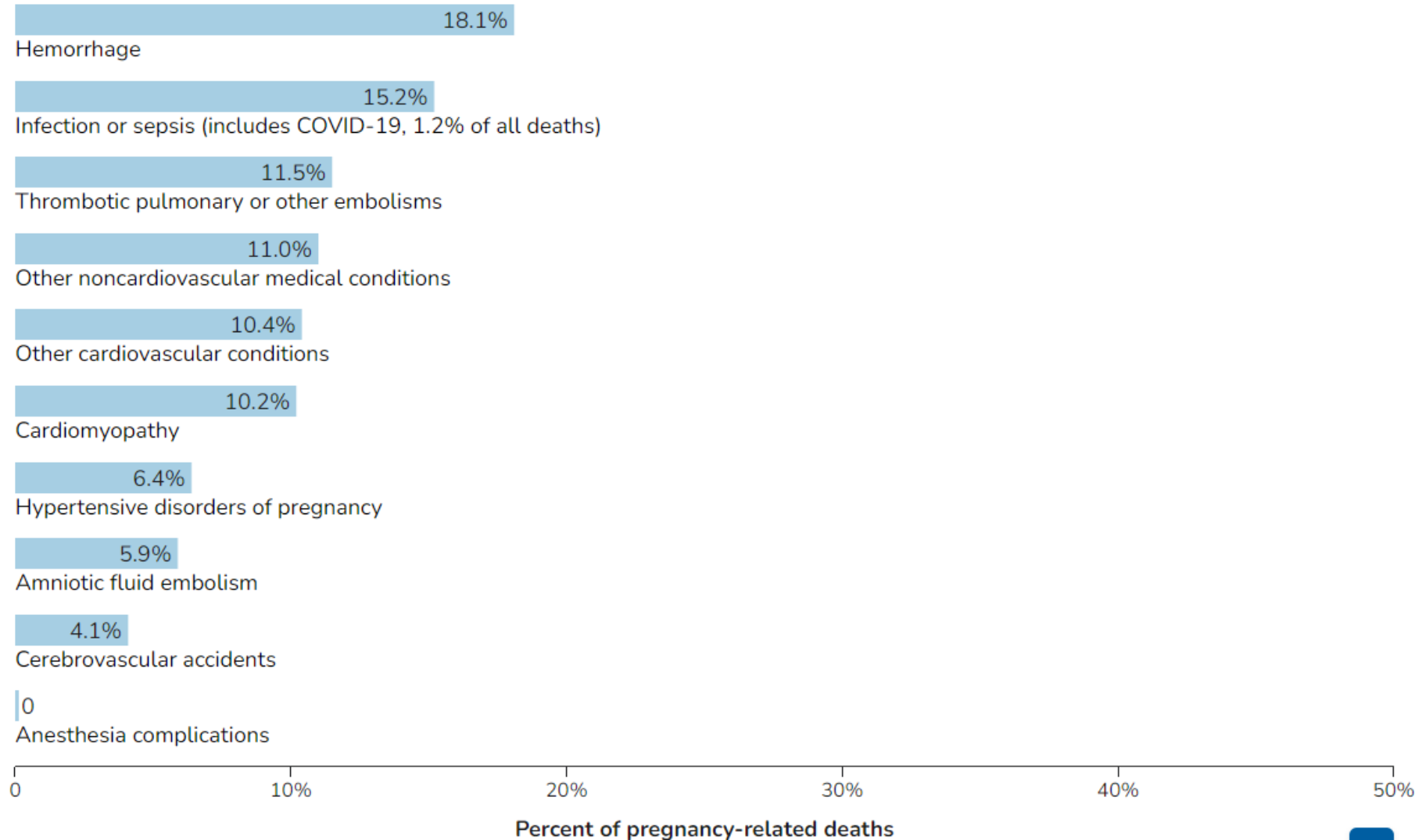
## Characteristics of pregnancy-related deaths, 2021<sup>a,b</sup>

Show breakdown by:

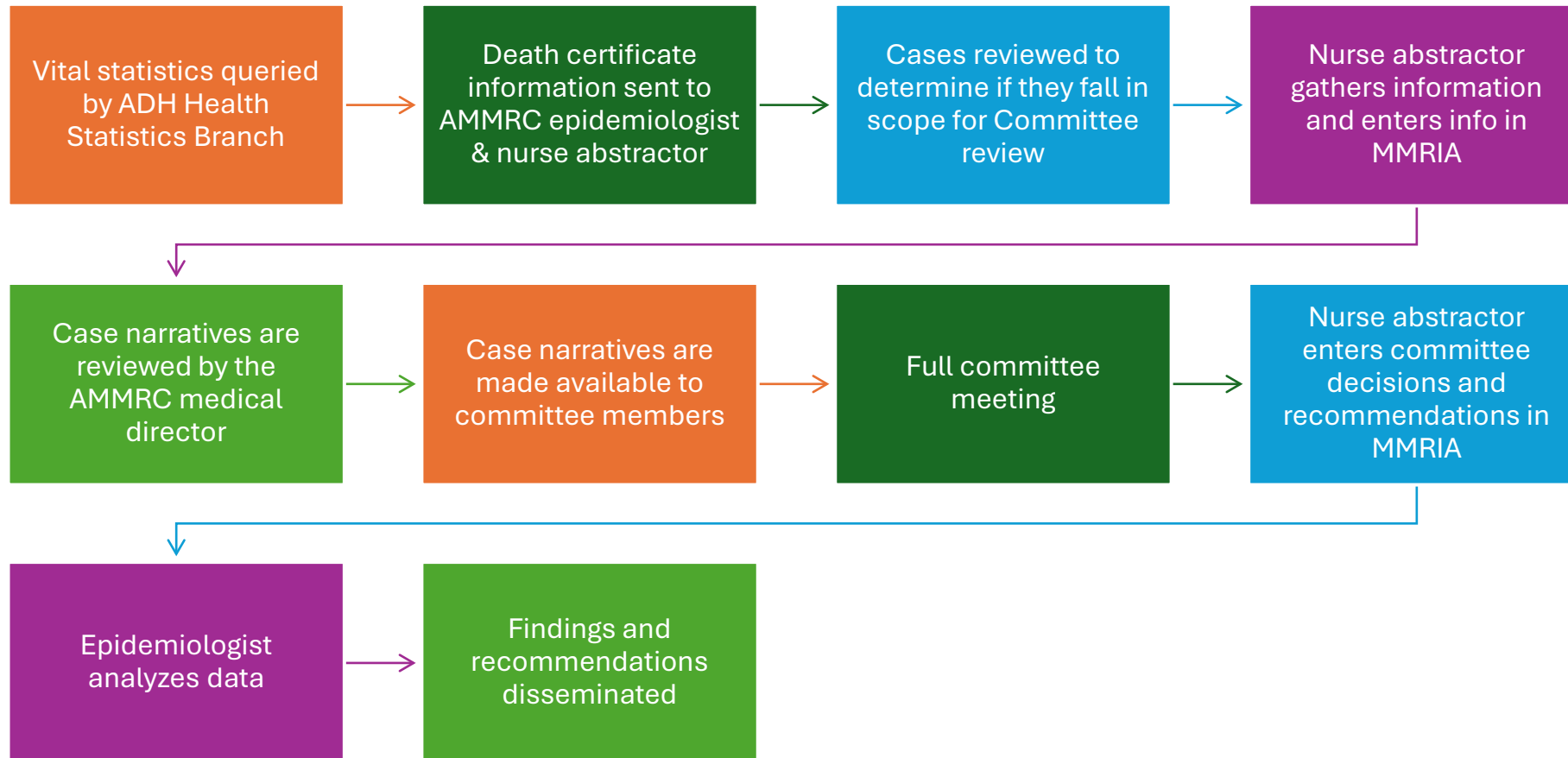
Age at death (years) ▾



## Causes of pregnancy-related deaths, 2023<sup>a</sup>



# Case Review Process

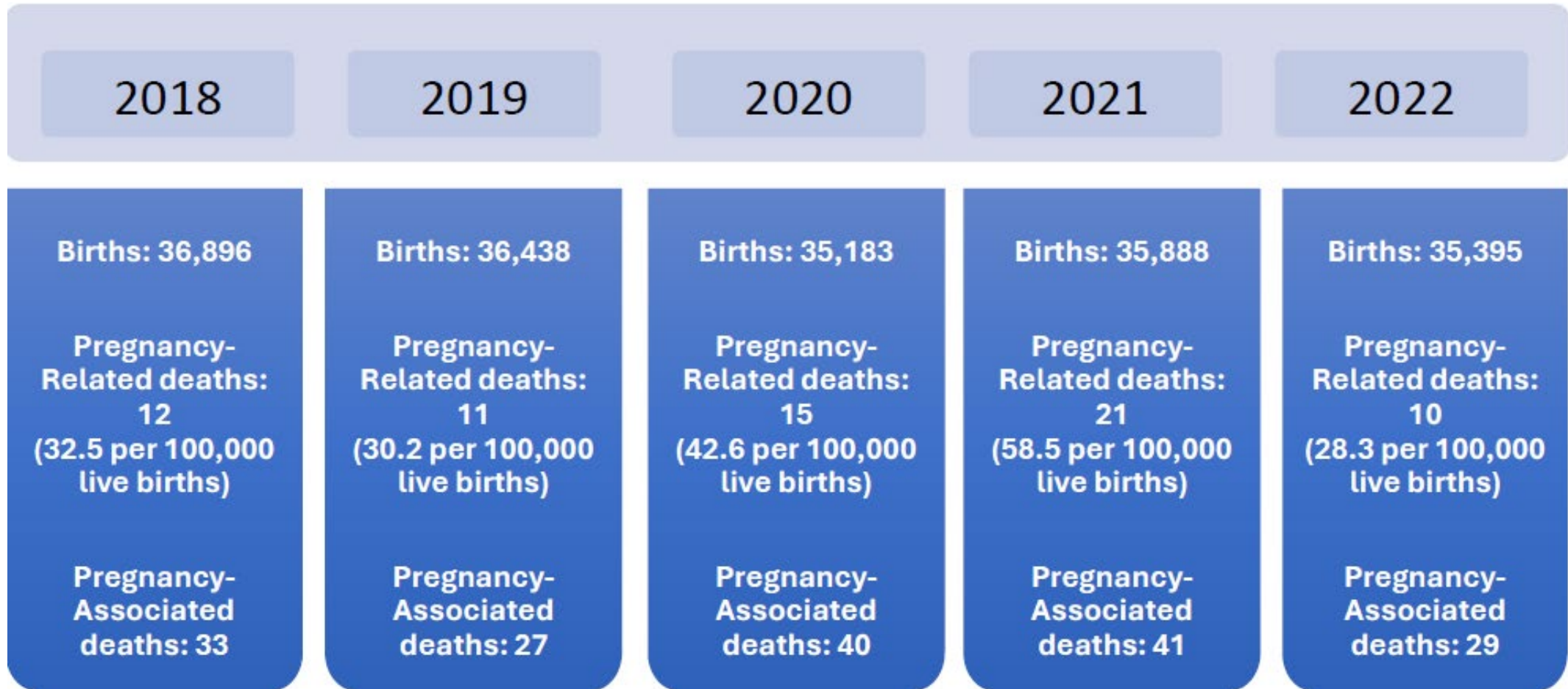


Arkansas

# Records by Type 2018-2022

	2018-2022
Live Births	179,800
Initial pregnancy-associated deaths identified and reviewed by staff	218
False positive and non-resident deaths	48
Pregnancy-associated deaths	170
<b>Pregnancy-related deaths</b>	69
Pregnancy-associated, but not related deaths	80
Pregnancy-associated, but unable to determine relatedness deaths	21

# Trends by Year

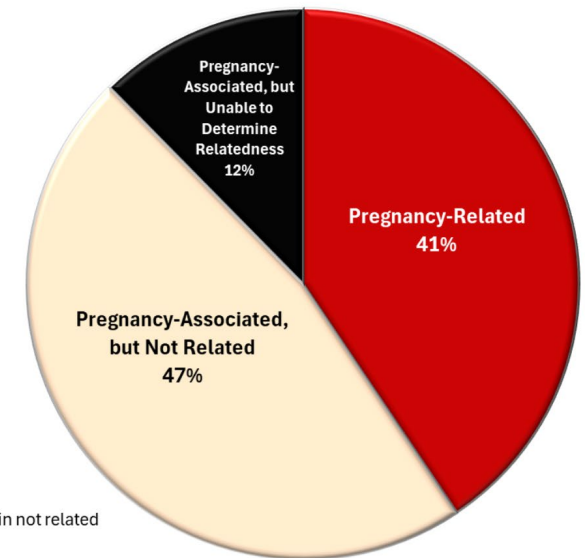


# Relatedness

MMRIA committee decision forms completed and determined the following:

- **69 deaths** (40.6%) were determined to be pregnancy-related
- **80 deaths** (47.1%) were determined to be pregnancy-associated, but not related
- **21 deaths** (12.4%) were determined to be pregnancy-associated, but the Committee was unable to determine relatedness

Pregnancy-Associated Deaths by Relatedness\*  
2018-2022



\*MVAs included in not related

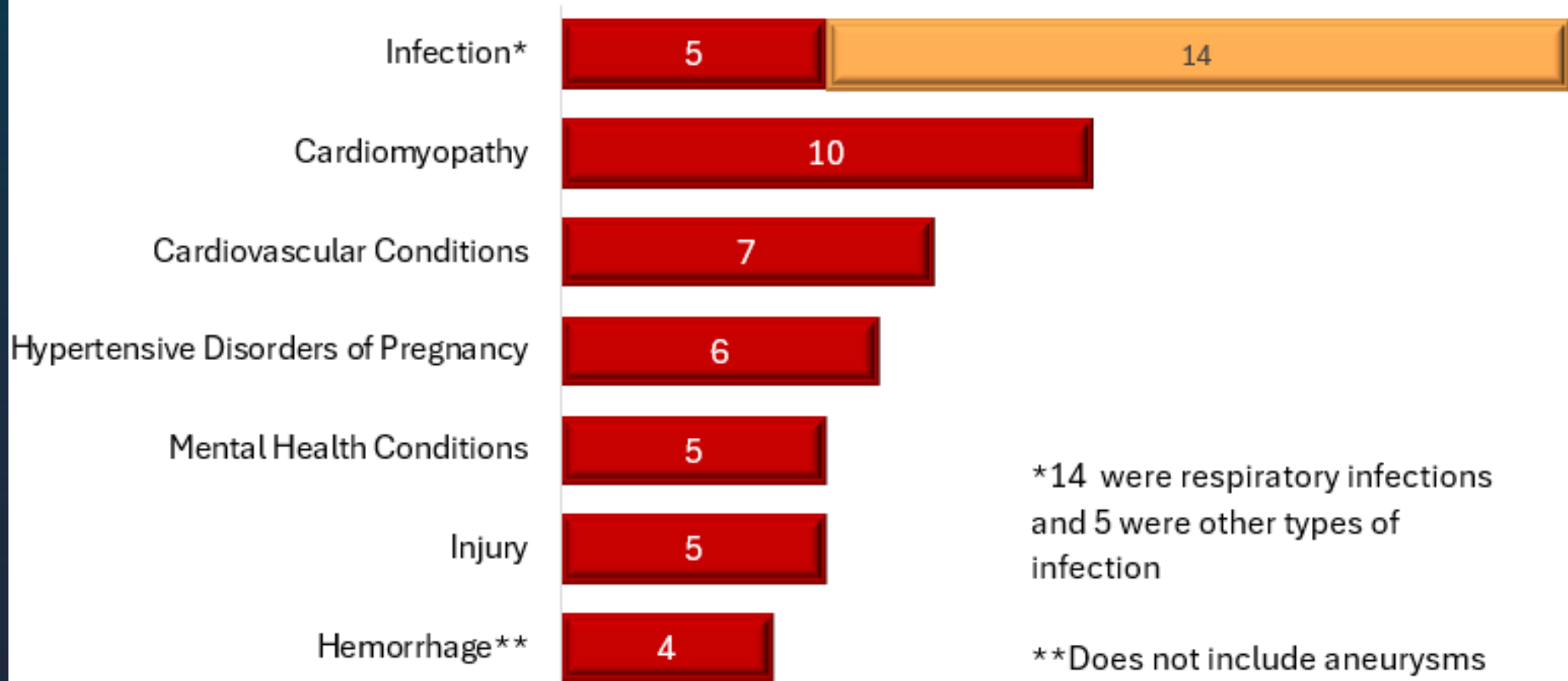
# Timing of Death in Relation to Pregnancy

2018-2022



	During Pregnancy	Day of Delivery	1-6 Days Postpartum	7-42 Days Postpartum	43-365 Days Postpartum
Pregnancy-related	18.8%	11.6%	14.5%	20.3%	34.8%
Pregnancy-associated, but not related	31.2%	0%	0%	5.2%	63.6%
Pregnancy-associated, but unable to determine relatedness	15.0%	0%	5.0%	15.0%	65.0%

## Top Causes of Death, Pregnancy-Related Deaths (number of deaths) Arkansas 2018-2022



# ARKANSAS Maternal Mortality

## 2018 – 2022 Deaths

The Arkansas Maternal Mortality Review Committee (AMMRC) reviews deaths that occur during pregnancy or within one year of the end of pregnancy to determine causes of death, contributing factors, and to make recommendations for preventing future deaths in Arkansas.

**Pregnancy-Associated Death:** The death of a woman while pregnant or within one year of the end of pregnancy, regardless of the cause.

**Pregnancy-Related Death:** The death of a woman while pregnant or within one year of the end of pregnancy from any cause related to or aggravated by pregnancy or its management.

### 38

**PREGNANCY-RELATED DEATHS  
PER 100,000 LIVE BIRTHS**

### 94%

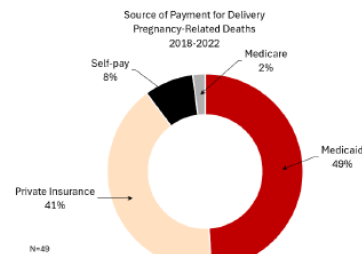
**WERE PREVENTABLE**

**BLACK NON-HISPANIC  
WOMEN WERE**

### 1.2x

**AS LIKELY TO DIE AS  
WHITE NON-HISPANIC WOMEN**

**Payment source for pregnancy-related deaths occurring after delivery**



**Pregnancy-associated deaths by timing of death**

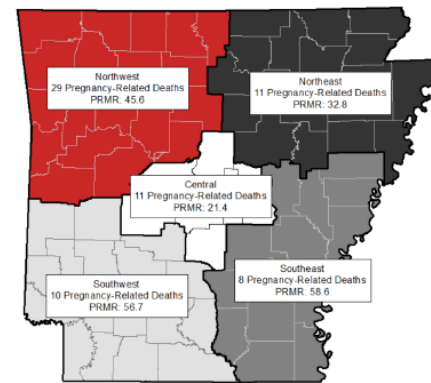


	During Pregnancy	Day of Delivery	1-6 Days Postpartum	7-42 Days Postpartum	43-365 Days Postpartum
Pregnancy-related	18.8%	11.6%	14.5%	20.3%	34.8%
Pregnancy-associated, but not related	31.2%	0%	0%	5.2%	63.6%
Pregnancy-associated, but unable to determine relatedness	15.0%	0%	5.0%	15.0%	65.0%

**Leading causes of pregnancy-related deaths**

- Infection
- Cardiomyopathy
- Cardiovascular conditions
- Hypertensive disorders of pregnancy
- Mental health conditions and Injury

**Pregnancy-related deaths by Public Health Region (PRMR = per 100,000 live births)**



# Arkansas Maternal Mortality

## 2018 – 2022 By Year

The Arkansas Maternal Mortality Review Committee (AMMRC) reviews deaths that occur during pregnancy or within one year of the end of pregnancy to determine causes of death, contributing factors, and to make recommendations for preventing future deaths in Arkansas.

**Pregnancy-Related Death:** The death of a woman while pregnant or within one year of the end of pregnancy from any cause related to or aggravated by pregnancy or its management.

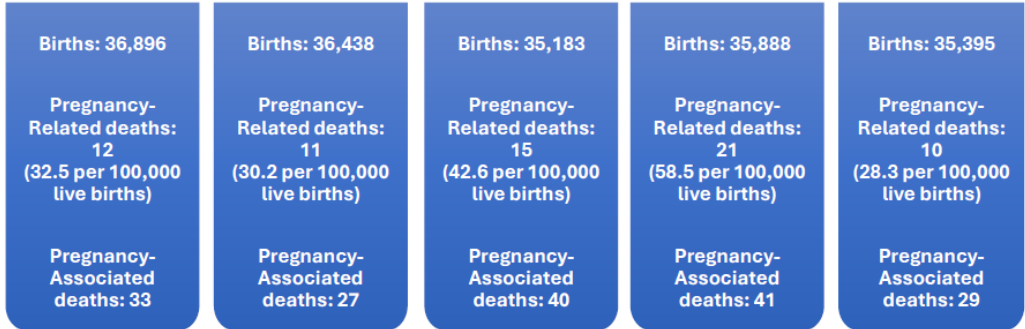
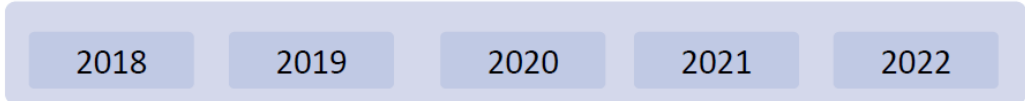
**Pregnancy-Associated But Not Related Death:** The death of a woman while pregnant or within one year of the end of pregnancy from a cause that is not related to pregnancy.

**Pregnancy-Associated Death:** The death of a woman while pregnant or within one year of the end of pregnancy, regardless of the cause. (Includes pregnancy-associated but not related and pregnancy-related, and unable to determine relatedness deaths.)

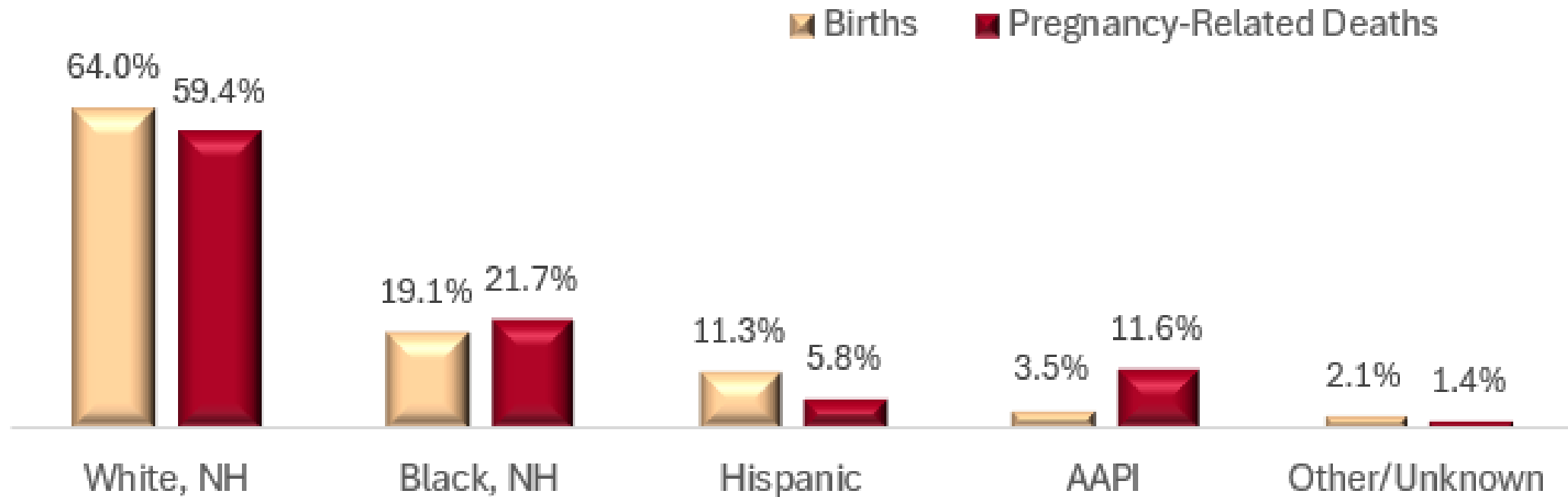
### Leading causes of pregnancy-related deaths

- Infection
- Cardiomyopathy
- Cardiovascular conditions
- Hypertensive disorders of pregnancy
- Mental health conditions and Injury

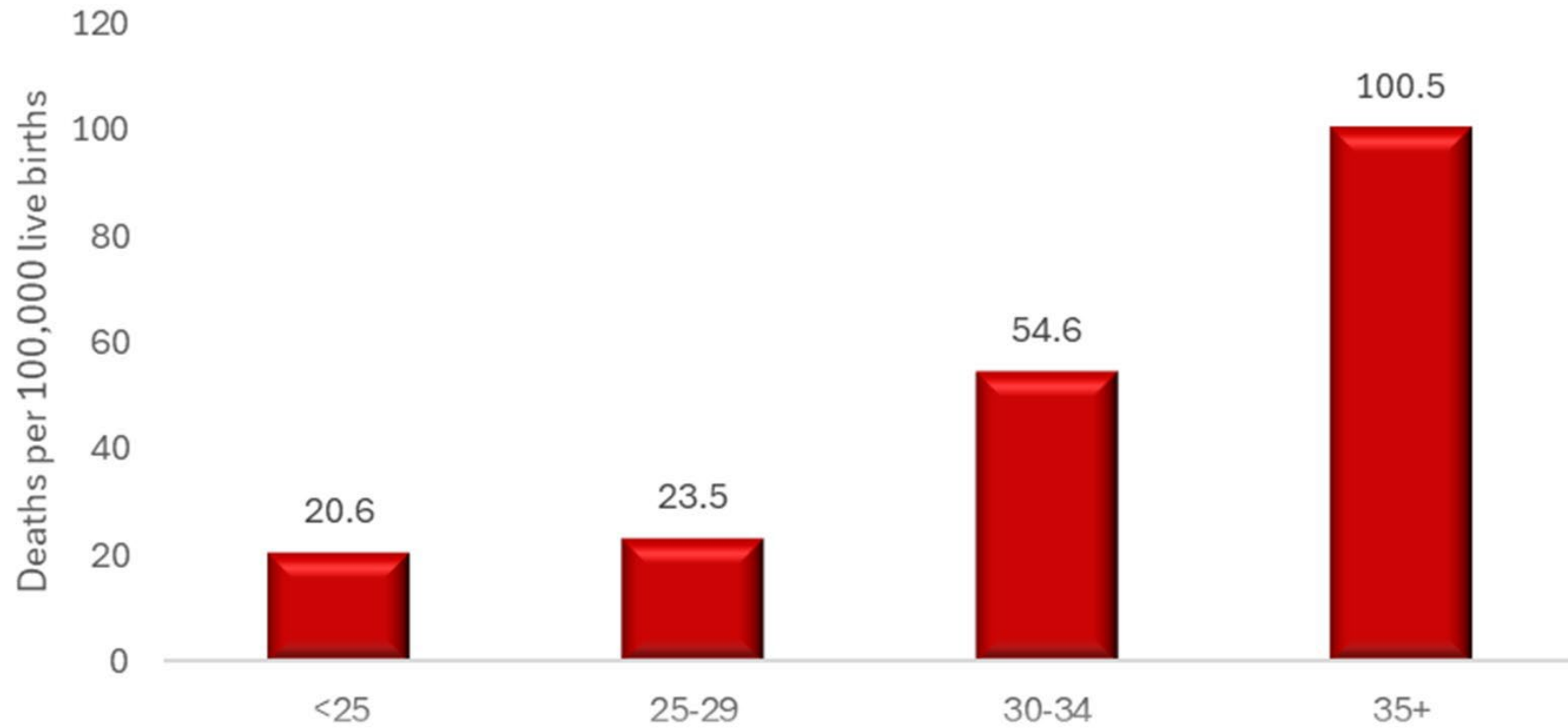
2018-2022	
Live Births	179,800
Initial pregnancy-associated deaths identified and reviewed by staff	218
False positive and non-resident deaths	48
Pregnancy-associated deaths	170
<b>Pregnancy-related deaths</b>	69
Pregnancy-associated, but not related deaths	80
Pregnancy-associated, but unable to determine relatedness deaths	21



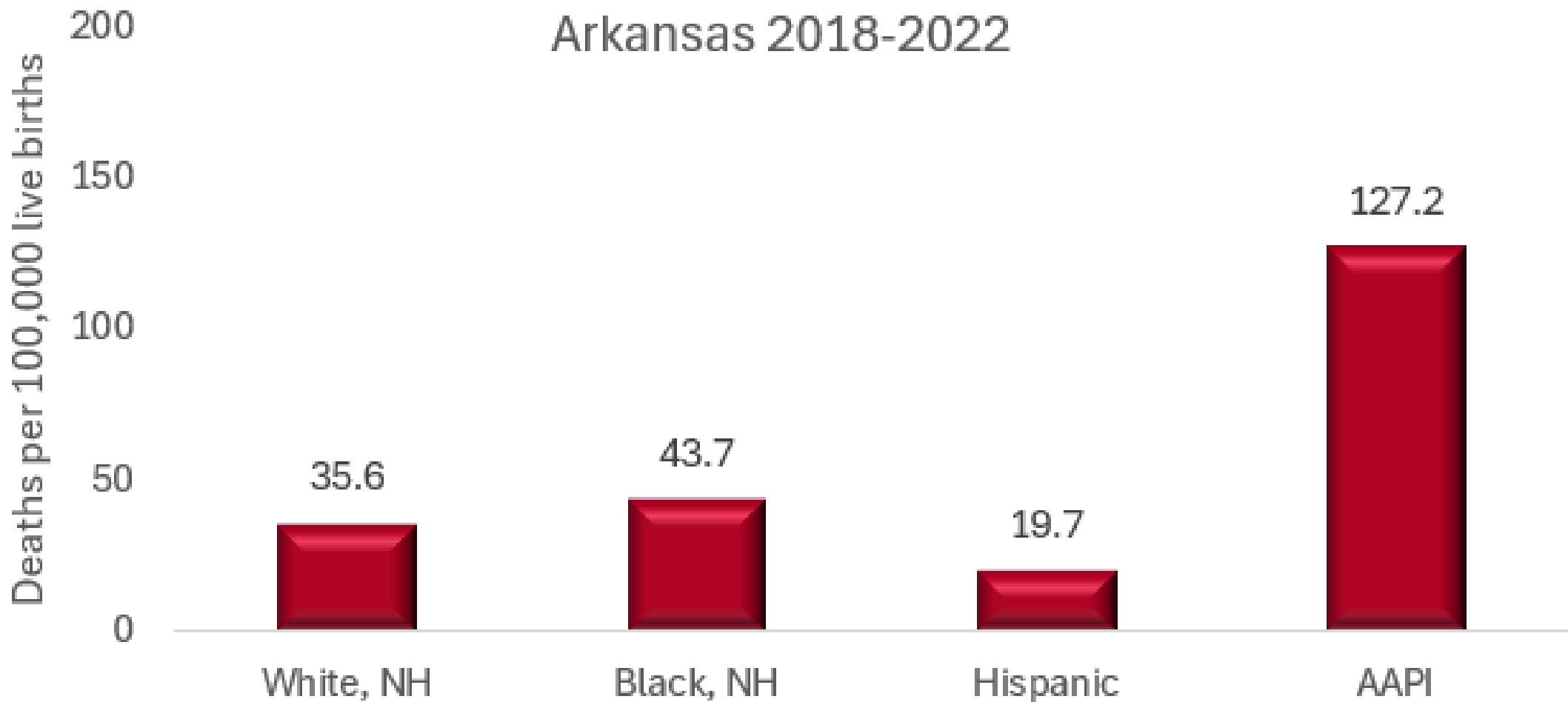
## Breakdown of Live Births and Pregnancy-Related Deaths by Race/Ethnicity Arkansas 2018-2022



## Pregnancy-Related Mortality Ratios by Age Group Arkansas 2018-2022

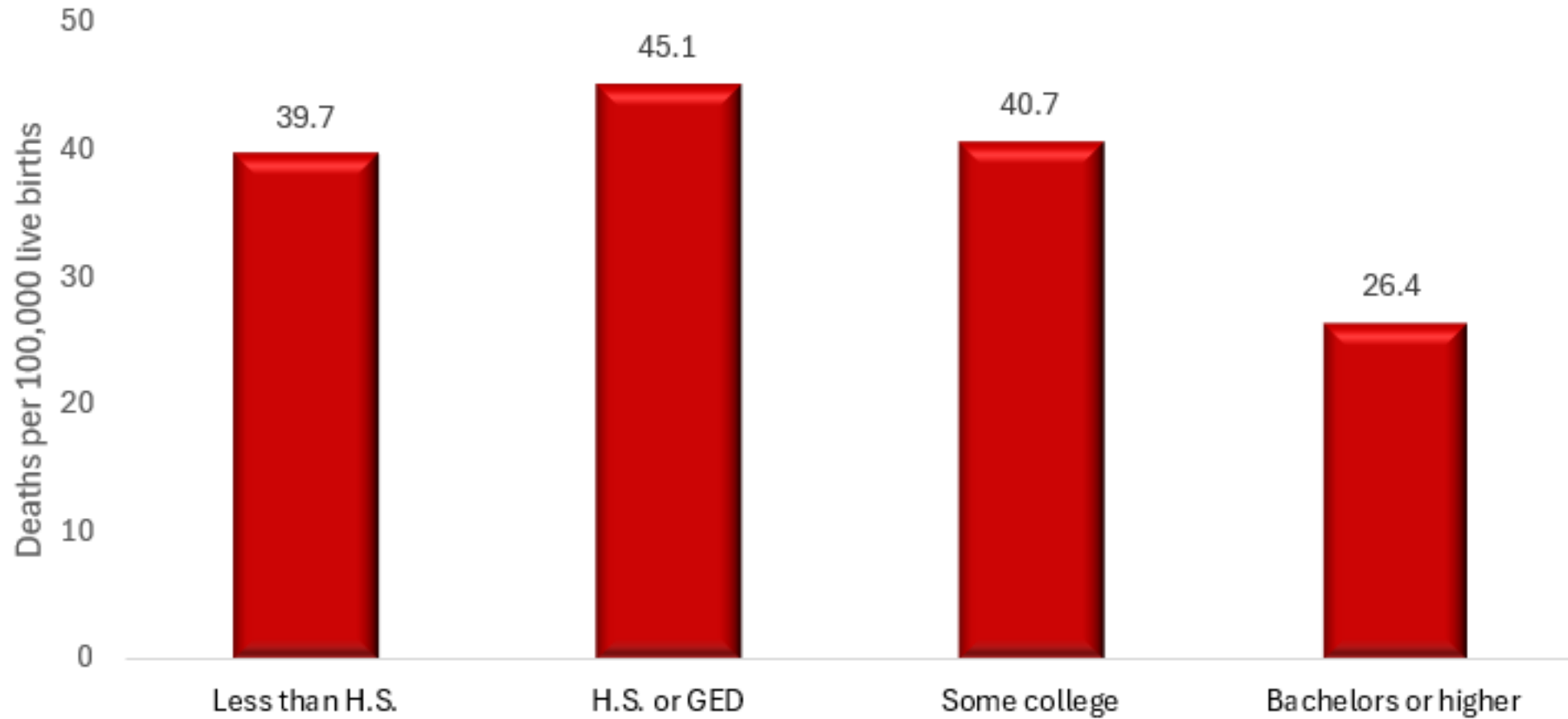


## Pregnancy-Related Mortality Ratios by Race/Ethnicity Arkansas 2018-2022

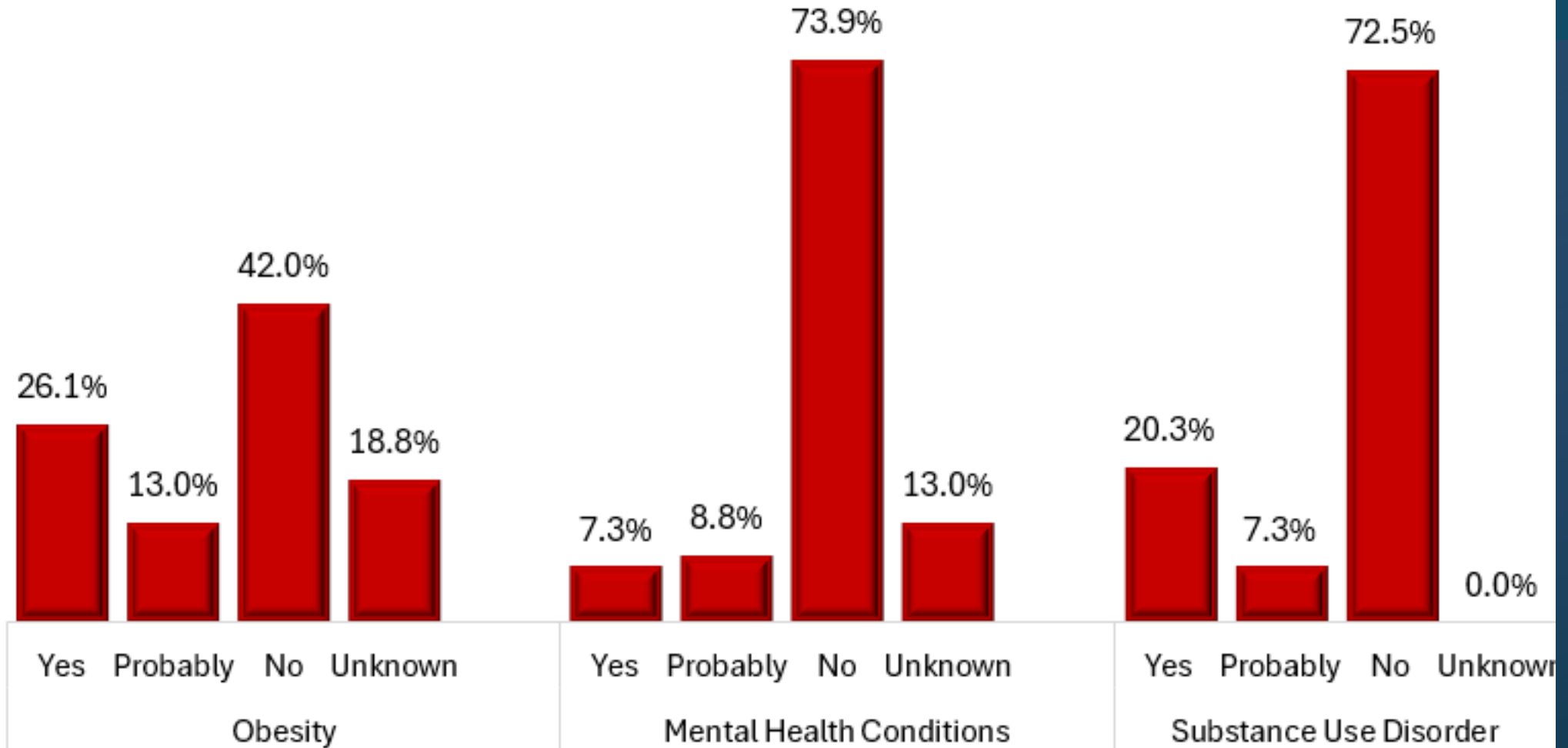


NH = non-Hispanic AAPI = Asian Americans and Pacific Islanders

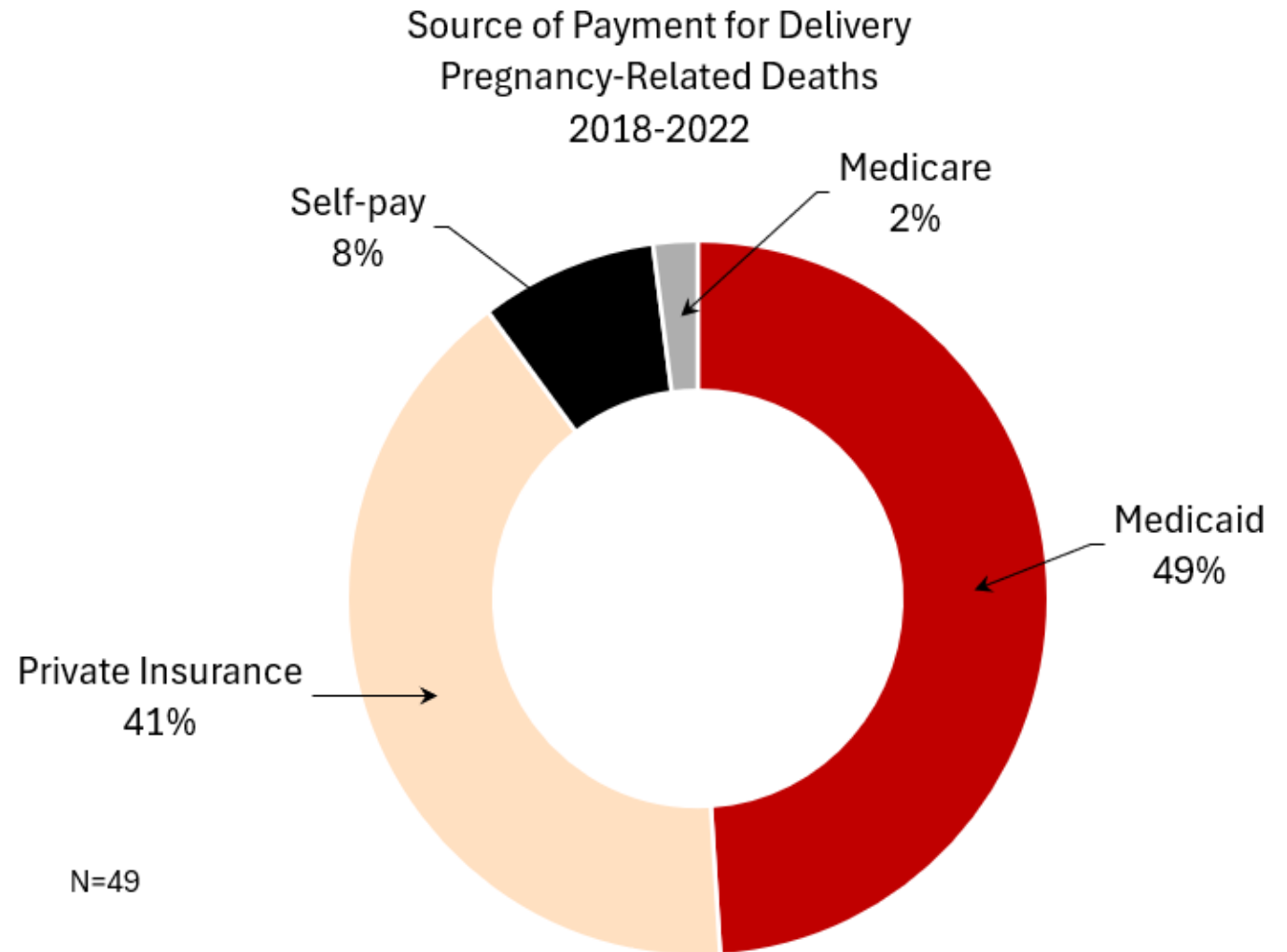
## Pregnancy-Related Mortality Ratios by Education Level Arkansas 2018-2022



## Circumstances Surrounding Death Pregnancy-Related Deaths Arkansas 2018-2022



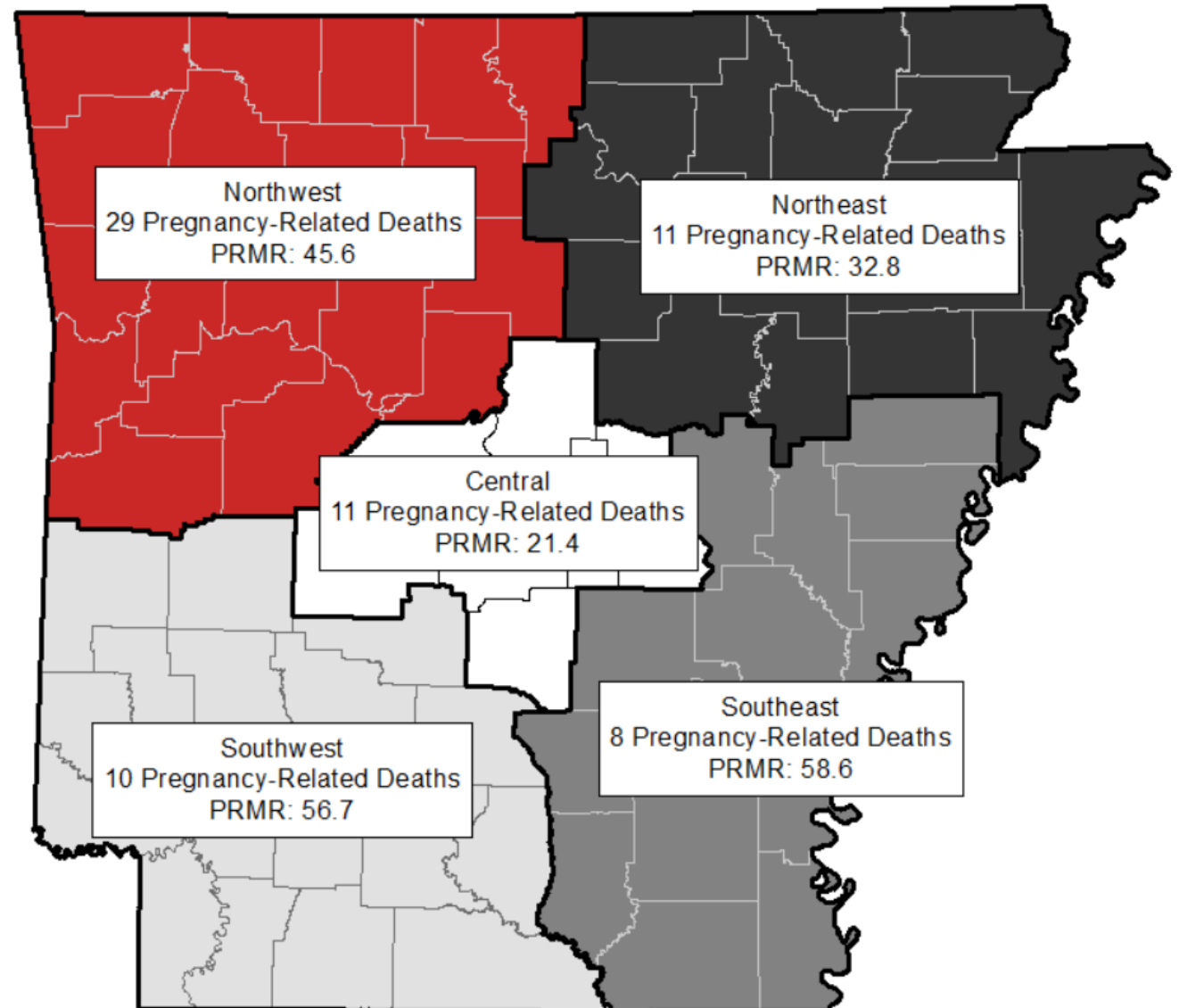
# Payment Method for Delivery



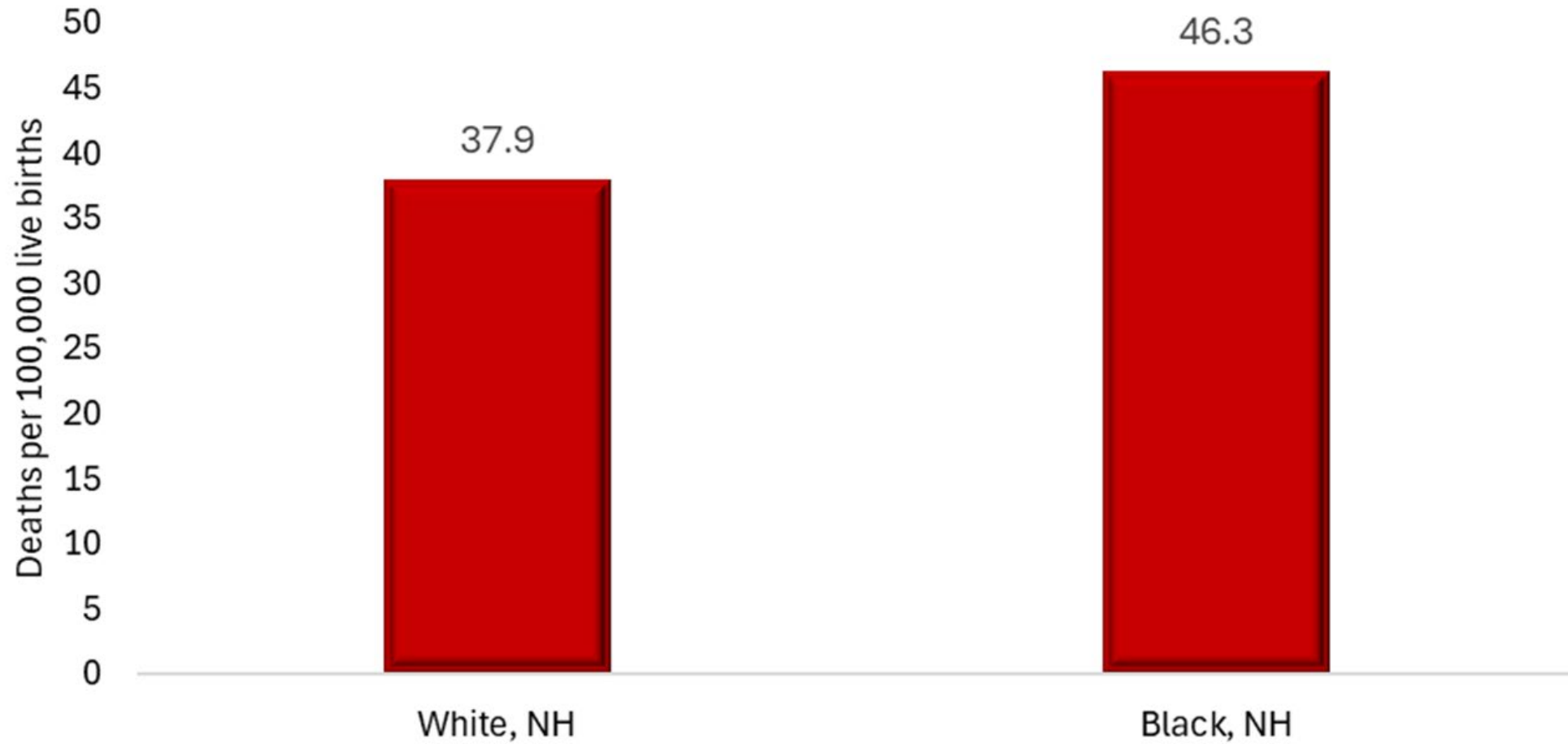
There were 49 **pregnancy-related** deaths with a birth record that included information the method of payment for delivery.

Pregnancy-Related Deaths and Mortality Ratio per 100,000 Live Births  
by Public Health Region  
Arkansas 2018-2022

Location



# Pregnancy-Related Mortality Ratios by Race/Ethnicity Arkansas 2018-2021

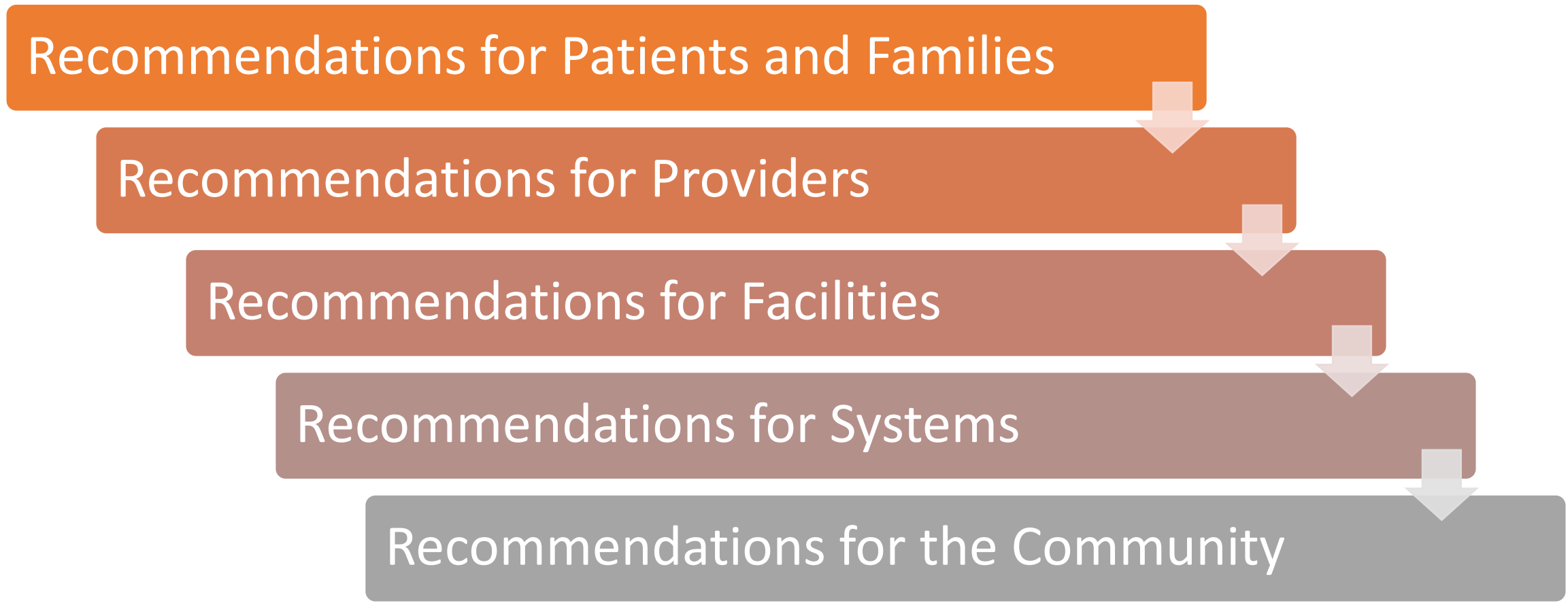


# Preventability

## **Preventability of Pregnancy-Related Deaths**

From 2018 – 2022, the Committee determined that **94.2%** of pregnancy-related deaths were preventable with at least “**some chance**” or a “**good chance**” that the outcome could have been altered through one or more reasonable changes to contributing factors.

# Pregnancy-related Deaths Recommendations

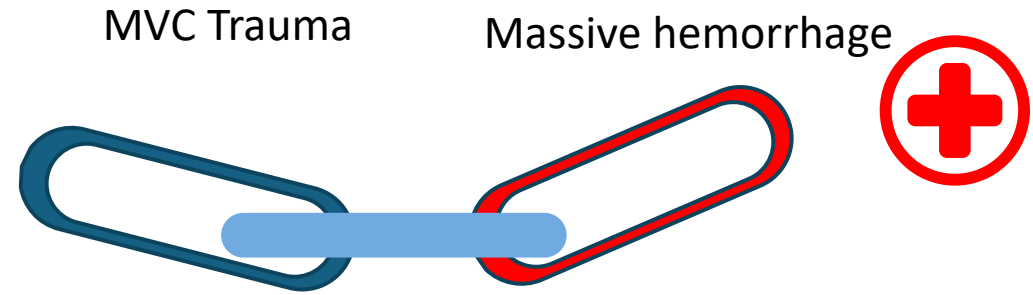


# Sample of Recommendations

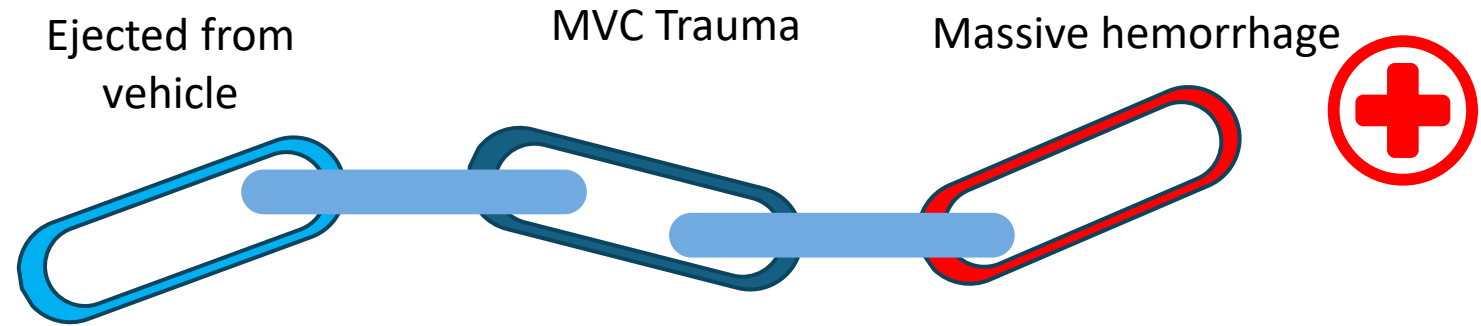
- **Patients** should adhere to follow-up appointments and medical treatment plans.
- **Providers** and patients should receive training on intimate partner violence risk factors.
- **Facilities**, delivering and non-delivering hospitals, should implement the Hypertension in Pregnancy bundle to ensure patients are rapidly diagnosed and treated properly.
- **Systems** should ensure case managers are present in clinics for patients with physical disabilities or chronic diseases to facilitate care coordination and follow-up.
- Systems should allow all facilities to implement sepsis in obstetric care bundles.
- **Systems, facilities, and communities** should raise awareness of early warning postpartum signs.

# Chains of Risk

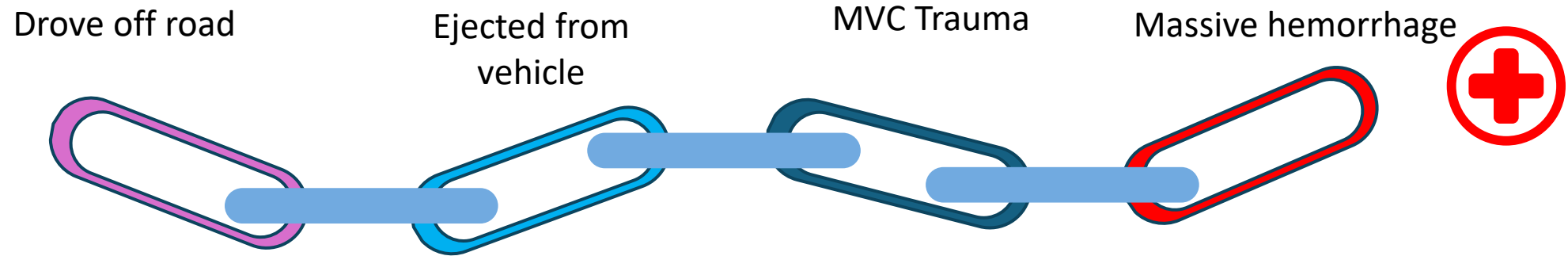
# Morbidity and mortality: Chains of risk



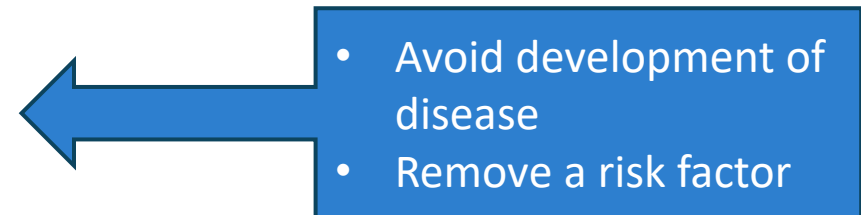
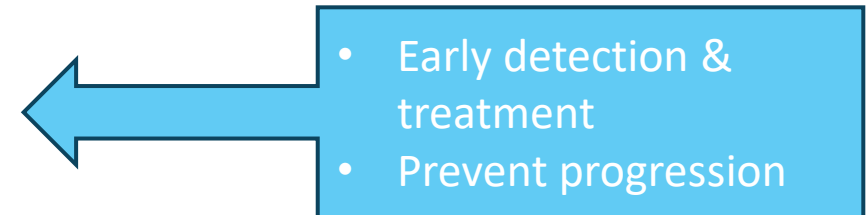
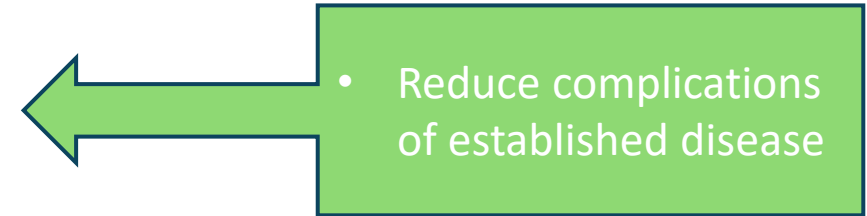
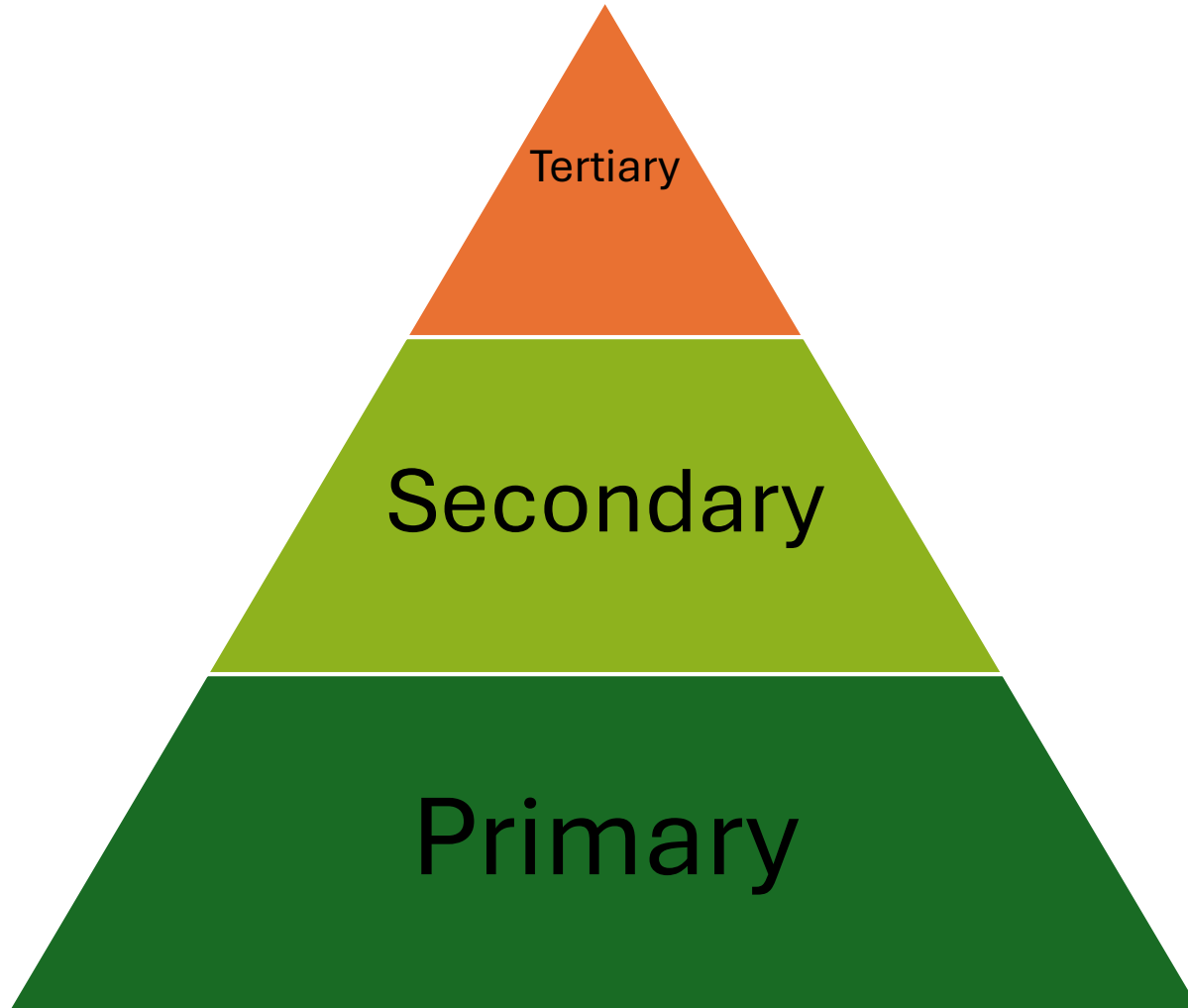
# Morbidity and mortality: Chains of risk



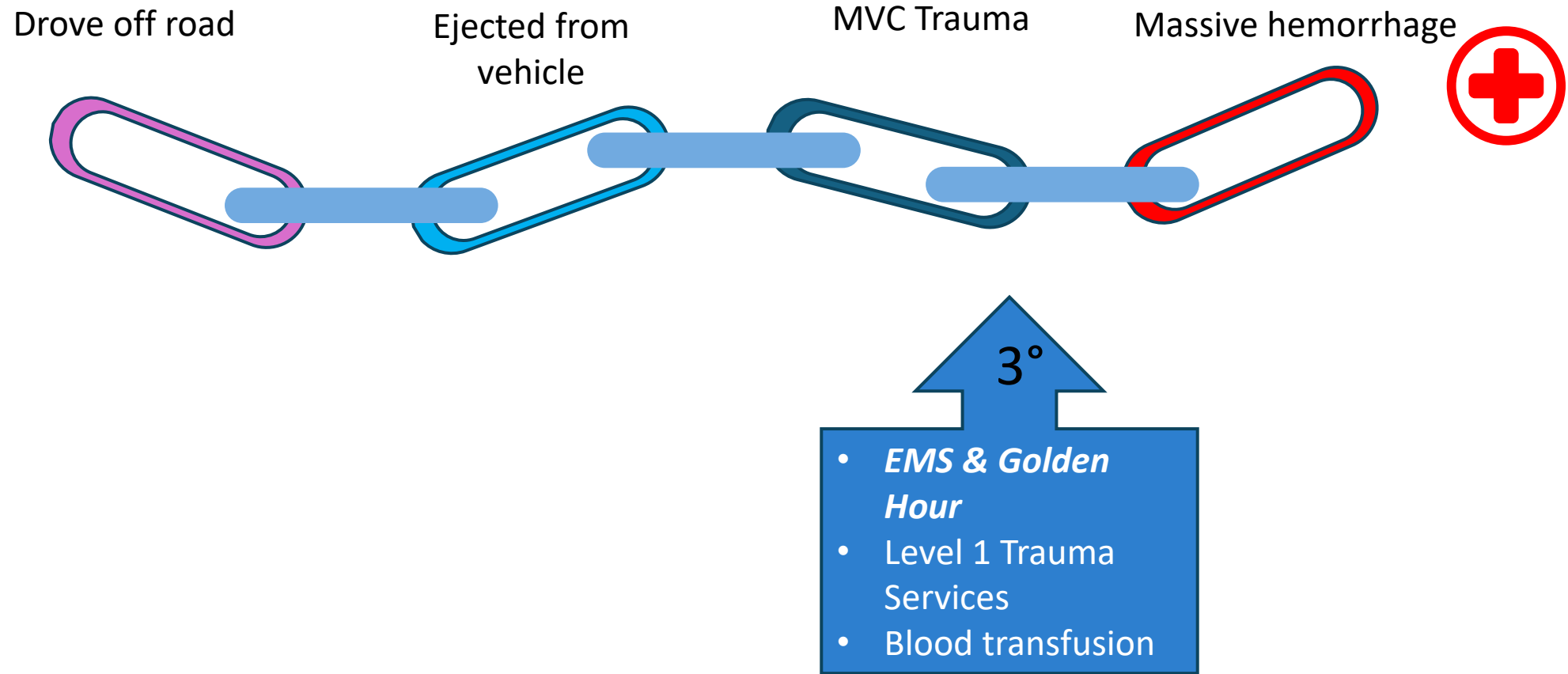
# Morbidity and mortality: Chains of risk



# Public Health Prevention



# Morbidity and mortality: Chains of risk



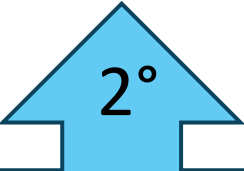
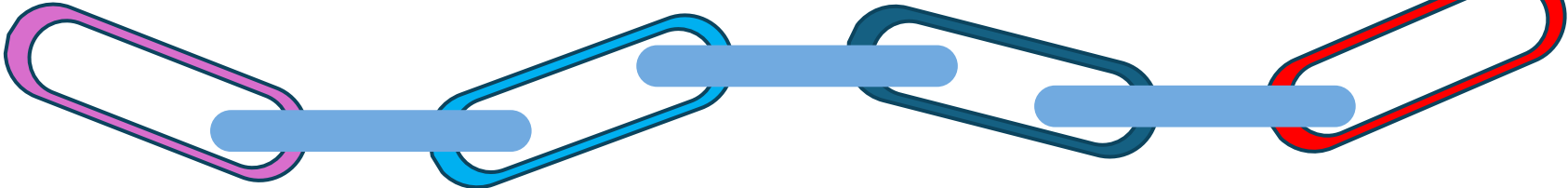
# Morbidity and mortality: Chains of risk

Drove off road

Ejected from vehicle

MVC Trauma

Massive hemorrhage



- Seatbelt restraint
- Airbags
- *Federal safety mandates*
- *State enforcement*



- *EMS & Golden Hour*
- Level 1 Trauma Services
- Blood transfusion

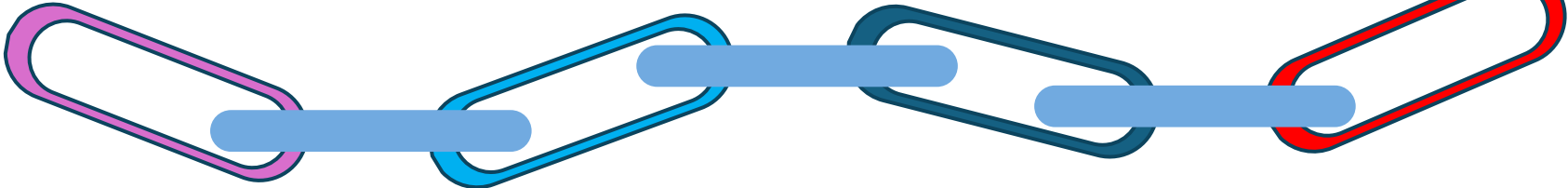
# Morbidity and mortality: Chains of risk

Drove off road

Ejected from vehicle

MVC Trauma

Massive hemorrhage



1°

- *Speed limits & enforcement*
- *Highway engineering*
- *Rumble strips*

2°

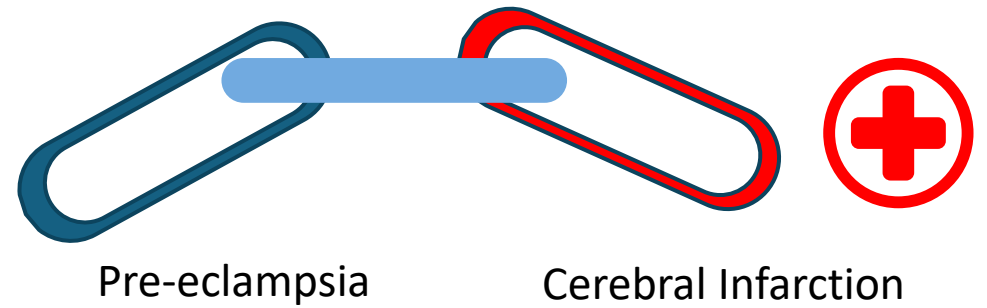
- *Seatbelt restraint*
- *Airbags*
- *Federal safety mandates*
- *State enforcement*

3°

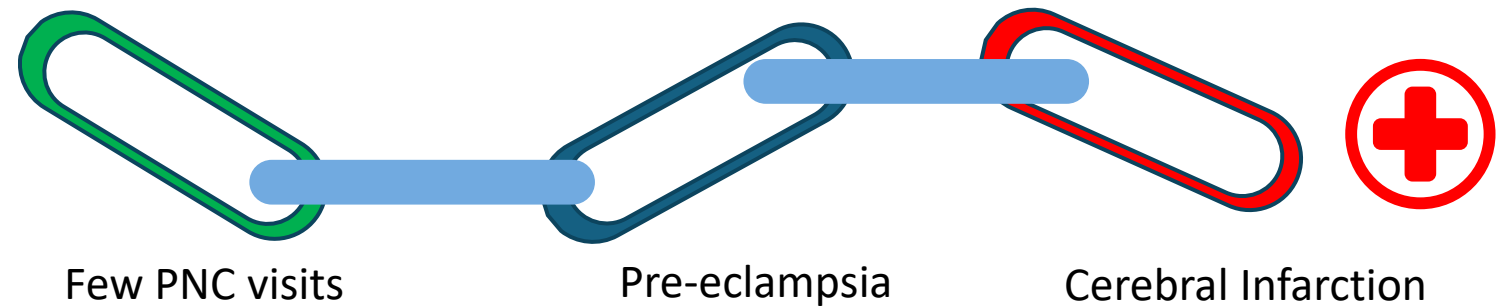
- *EMS & Golden Hour*
- *Level 1 Trauma Services*
- *Blood transfusion*

# Chains of Risk

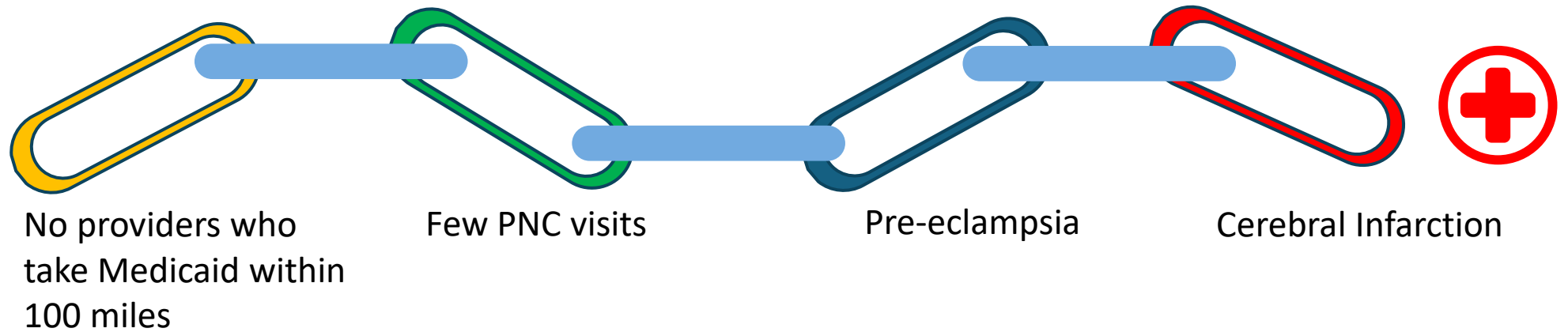
# Morbidity and mortality: Chains of risk



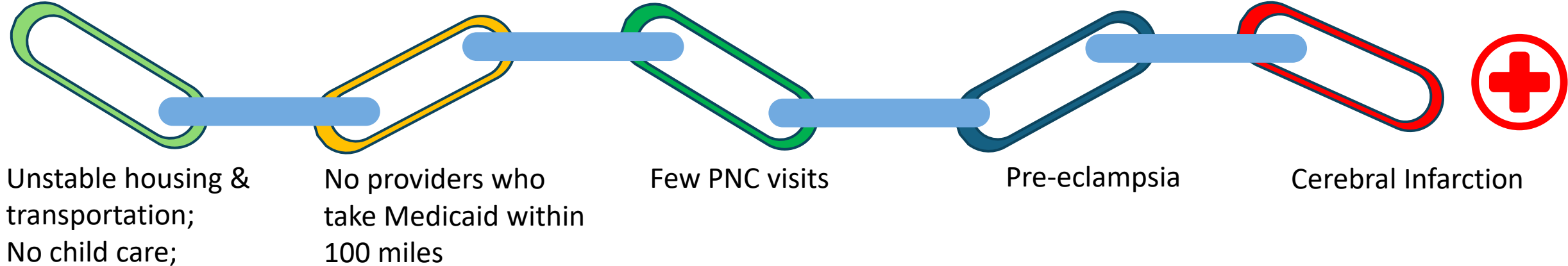
# Morbidity and mortality: Chains of risk



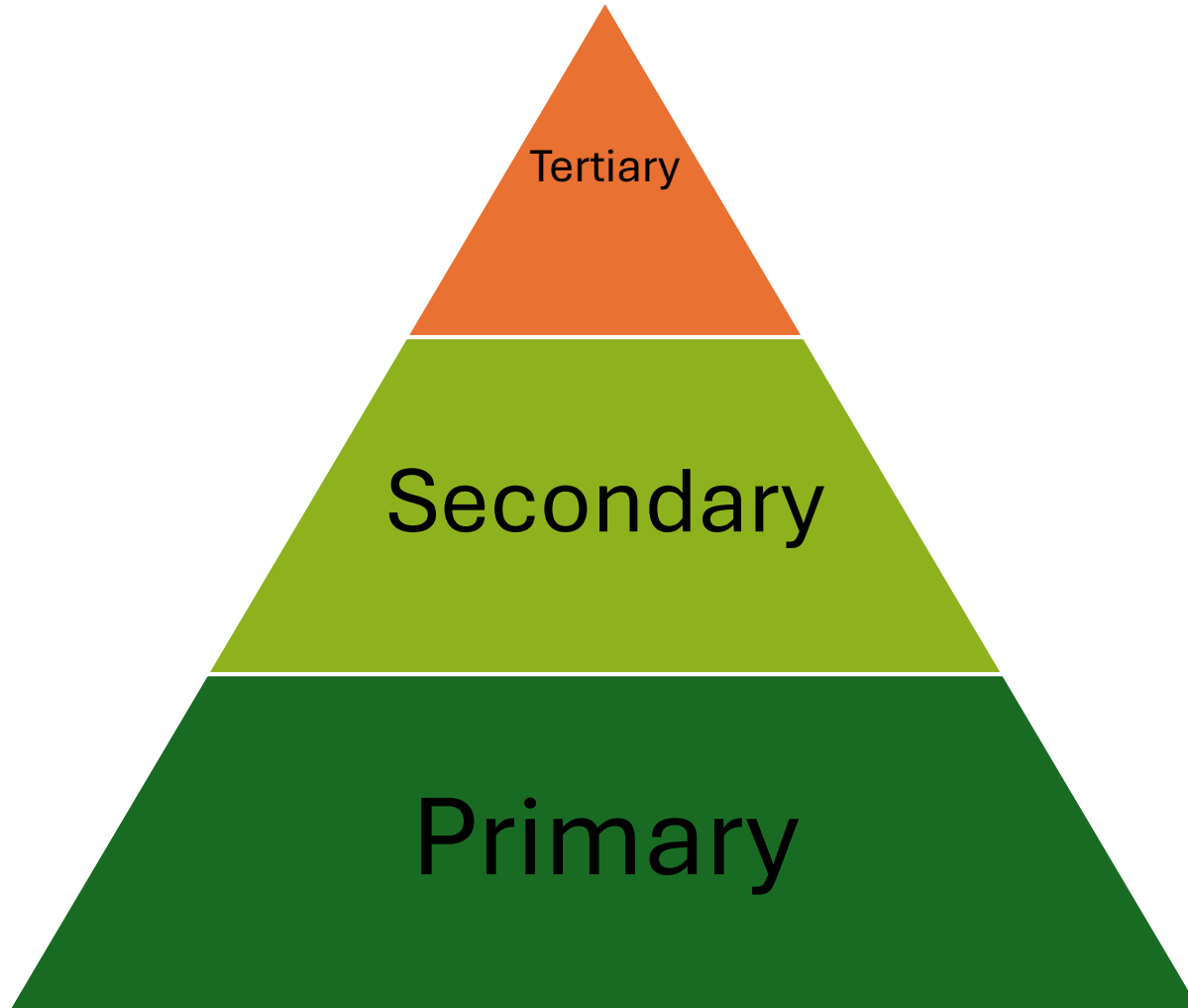
# Morbidity and mortality: Chains of risk



# Morbidity and mortality: Chains of risk



# Public Health Prevention



• Reduce complications of established disease

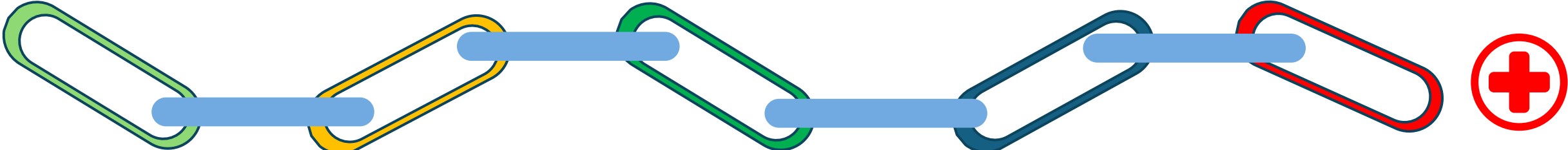
• Early detection & treatment  
• Prevent progression

• Avoid development of disease  
• Remove a risk factor

# Morbidity and mortality: Chains of risk

• Emergent delivery and management in high level facility

3°



Unstable housing & transportation;  
No child care;

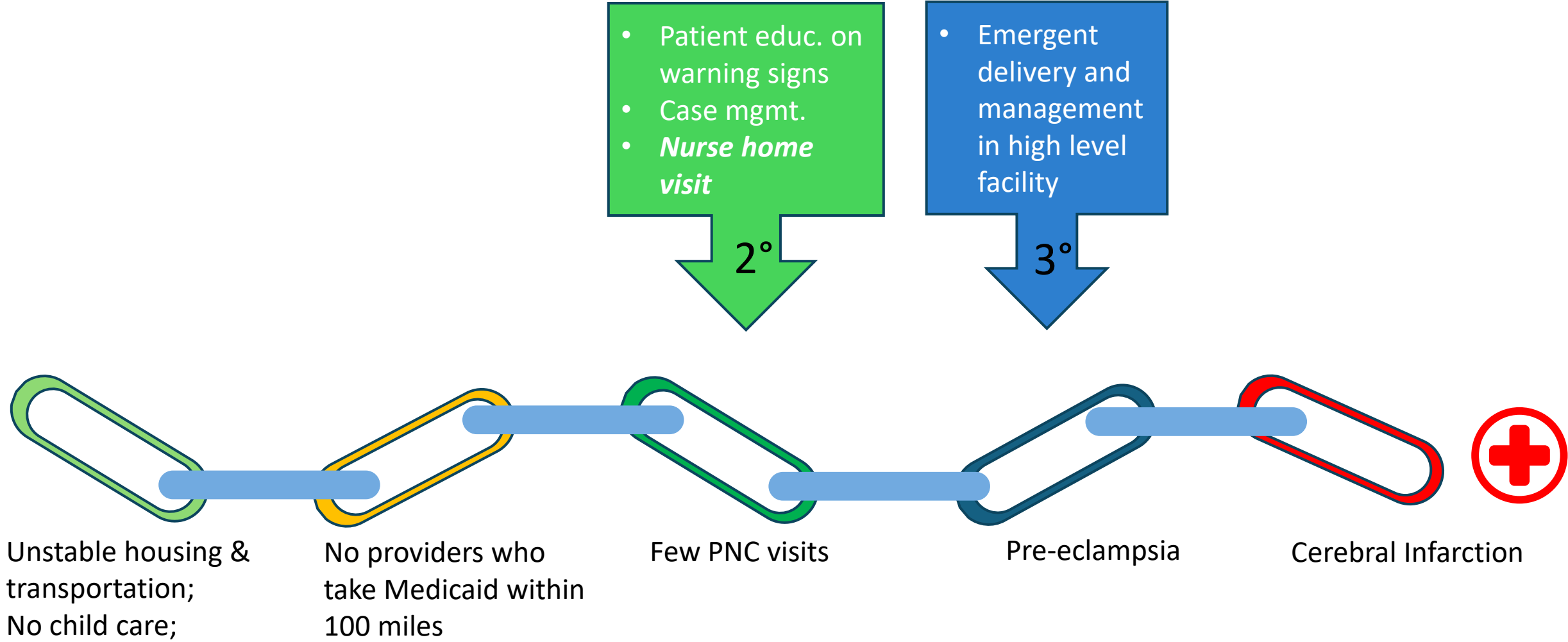
No providers who take Medicaid within 100 miles

Few PNC visits

Pre-eclampsia

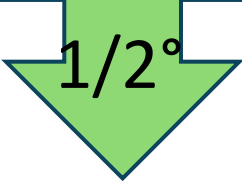
Cerebral Infarction

# Morbidity and mortality: Chains of risk

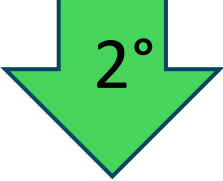


# Morbidity and mortality: Chains of risk

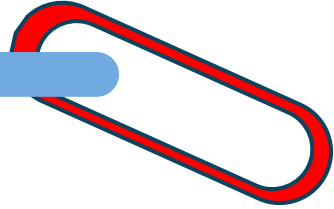
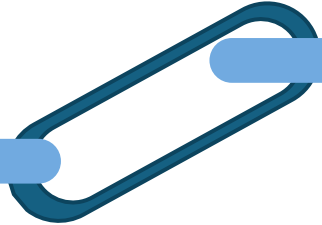
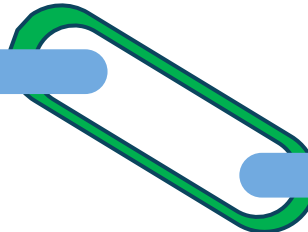
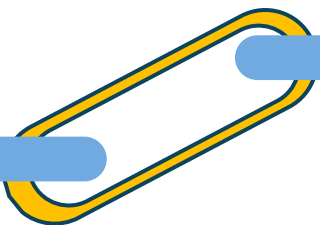
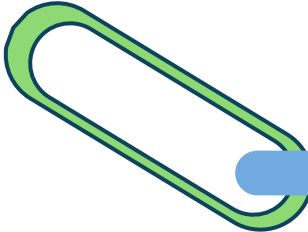
- *Telehealth or mobile clinic*
- *Rural hospital rescue*
- *Loan repayment*



- Patient educ on warning signs
- Case mgmt
- *Nurse home visit*



- Emergent delivery and management in high level facility



Unstable housing & transportation;  
No child care;

No providers who take Medicaid within 100 miles

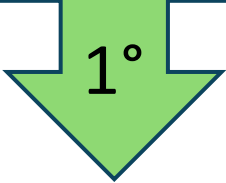
Few PNC visits

Pre-eclampsia

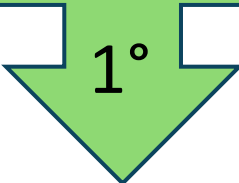
Cerebral Infarction

# Morbidity and mortality: Chains of risk

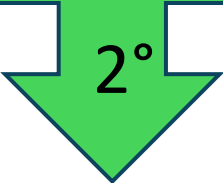
- *Social services*
- *Transport voucher*
- *Eviction moratorium*



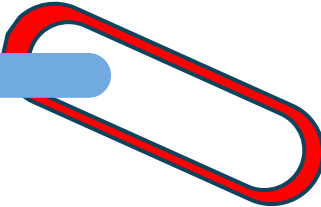
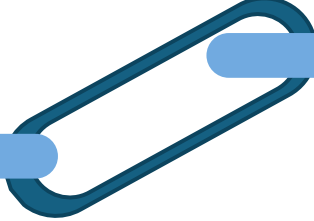
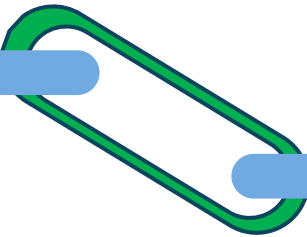
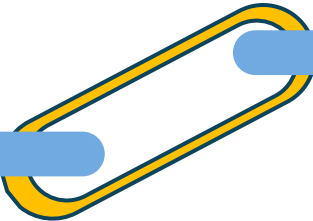
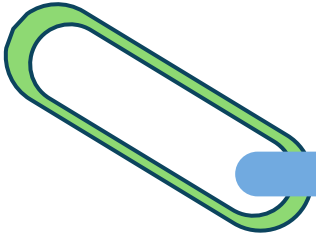
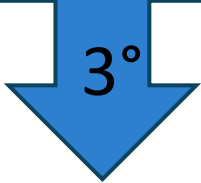
- *Telehealth or mobile clinic*
- *Rural hospital rescue*
- *Loan repayment*



- Patient educ on warning signs
- Case mgmt
- *Nurse home visit*



- Emergent delivery and management in high level facility



Unstable housing & transportation;  
No child care;

No providers who take Medicaid within 100 miles

Few PNC visits

Pre-eclampsia

Cerebral Infarction

# Chains of Risks: Take home messages

- The working definition of pregnancy-related death, and the stated purpose of the MMRC demands a broad view of “underlying causes”
- Prevention at the upstream level can have broad population impact
- Community measures are not (only) proxies for missing individual data, they also can describe some small aspect of the context and environment in which the decedent lived, worked, and played

# Conclusion



BUILD RELATIONSHIPS



NOT JUST REPORTS



LEVERAGE DATA

# Acknowledgements

- ADH MMRC Team
  - Wanda Simon
  - Karly Gore
  - Jomeka Edwards
  - Lynda Rogers (retired)
  - Rhonda Kitelinger
  - Cassandra Brown
  - Dr. Hattie Scribner

*Slides on Chains of Risk are from a presentation prepared and presented by Michael Kramer at CDC MUM 2025*

Questions?



# Closing Remarks

- Open forum—Please share any news or updates from your organization!

# Thank you!

**Next meeting:** May 2026 via  
Zoom

Interested in presenting on a maternal health topic?  
Please email Rachel Purvis at [rspurvis@uams.edu](mailto:rspurvis@uams.edu).



**PRIMROSE**

