

Maternal Health in Arkansas



In Arkansas, compounding challenges around access, workforce capacity, and physical infrastructure continue to drive some of the nation's most severe maternal health disparities. The state has one of the **highest maternal mortality rates** in the country—nearly twice the national average—and families across Arkansas face provider shortages, long distances to care, and limited care options, increasing the risk of preventable harm during the perinatal period.

At the same time, increased visibility and urgency around this crisis have led to growing momentum for change. In 2024, Governor Huckabee Sanders issued an executive order to support maternal health, followed by the passage of the landmark "**Healthy Moms, Healthy Babies Act**" in 2025. While these efforts signal meaningful progress, significant racial, geographic, and workforce-related disparities persist, and key policy opportunities remain to improve outcomes and experiences of care across the state.

Maternal Health in Arkansas At a Glance

3rd highest maternal mortality rate in the U.S.

94% of maternal deaths in Arkansas between 2018-2022 were found to be preventable.

Mental health conditions are **among the top underlying causes** of maternal death in Arkansas, which reports a higher rate of postpartum depression (13.7%) than the national average (11.9%).

As of 2019, Black mothers in Arkansas were more than **twice as likely** to die than white mothers in pregnancy and childbirth.

Arkansas has the **fewest maternity care** providers per 100,000 women of reproductive age of any state (52.1).

5th highest preterm birth rate & **11th highest** cesarean (C-section) rate in the U.S.¹



On average, nearly **16% of women** in Arkansas live more than 30 minutes away from the nearest birthing hospital. This number **more than doubles** in rural areas (35.4%), where roughly **45% of the state's population** lives.

¹ Overall, the U.S. has a **much higher cesarean rate** than what the **WHO considers beneficial to mothers and families**. While this intervention can be lifesaving, its overuse can contribute to adverse maternal health outcomes.

Accessing Care

A state's laws and policies, and how they are implemented, shape families' lived experiences of accessing care.

15% of women age 18-44 in Arkansas report not having a usual source of healthcare.²

Nearly **half of births** in Arkansas (41%) are covered by Medicaid. However, Arkansas is the **only state** that has not extended state Medicaid coverage beyond 60 days after birth.

As of 2025, Arkansas enacted **presumptive Medicaid eligibility** during pregnancy, allowing eligible pregnant women to have immediate coverage for perinatal care before going through the formal application process.

Arkansas is one of the **"most restrictive"** states for abortion access.

² Defined by The Commonwealth Fund as "one (or more) person they think of as their personal healthcare provider."



Doula Alexis helps Wensie with her baby during the filming of *Giving Birth in America: Arkansas*. (Liz Sanders, 2022)

Key Policy Solutions

- + **Extend postpartum Medicaid coverage.** More than half of maternal deaths occur during the postpartum period. Extending access to Medicaid for a full year after childbirth would make a significant impact on maternal health outcomes and well-being.
- + **Increase access to maternal mental health support.** Many families in Arkansas lack access to maternal mental healthcare, especially during the critical postpartum period. In fact, Arkansas recently scored a "D" on the **Policy Center for Maternal Mental Health's annual state report cards**. While the 2025 Healthy Moms, Healthy Babies Act made important progress in this area, additional state policies are needed to better integrate mental and behavioral healthcare, address social barriers like stigma and lack of awareness, and support the training of a representative maternal mental health workforce.

Delivering Care

Understanding a state’s perinatal ecosystem—the network of providers caring for pregnant women and families—reveals how workforce conditions shape care access, experiences, and quality.

Obstetrician-Gynecologists (OB-GYNs)

- + Arkansas has slightly **fewer OB-GYNs** per 10,000 women than the national average (3.2 vs. 3.5, respectively).
- + **Just 7% of the active OB-GYN workforce** in Arkansas identifies as Black even though Black women make up **19% of births** in the state.

Midwives

- + Arkansas is one of 11 states that recognizes all three formal midwifery pathways in the U.S.: **Certified Nurse Midwives** (CNMs), **Certified Professional Midwives** (CPMs), and **Certified Midwives** (CMs).
- + Despite this, Arkansas has the **lowest percentage** of births attended by midwives of any state and only has **30 licensed CPMs** (as of 2025) and **49 licensed CNMs/CMs** (as of 2023) serving families across the state.
- + CNMs have full **independent practice authority** in Arkansas.³
- + Arkansas does not have **Medicaid reimbursement parity** between doctors and midwives (CNMs are paid just 80% of the physician rate for the same services).

Doulas

- + Arkansas is in the process of **implementing** its state Medicaid doula benefit. In August 2025, the state also began allowing “state certified community-based doulas” to receive reimbursement from private health plans. Still, doulas and advocates report **early implementation challenges** as these policies roll out.
- + There are **fewer than 50 trained doulas** throughout the state of Arkansas.

Key Policy Solutions

- + **Strengthen and scale the maternity care workforce.** Policies that support accessible entry to the maternity care workforce, providers from diverse backgrounds, and sustainable practice environments (i.e., equitable reimbursement rates, ongoing mentorship) are essential to sustaining the perinatal workforce and improving care experiences and health outcomes for families.
- + **Advance respectful maternity care.** Evidence shows that disrespect and mistreatment in maternity care settings negatively affects maternal health outcomes. Policies such as hospital-based programs, standardized practices to address racism and mistreatment, and publicly reported hospital data can help improve accountability and support positive experiences of care for mothers.

³ Defined here as the ability to practice to their full scope without physician oversight.

The Context of Care

Place-based factors like geography, distance to care, and infrastructure play a critical role in shaping maternal health outcomes, especially in rural areas where limited maternity services are at risk of closure.

Nearly half (45.3%) of counties in Arkansas are classified as “maternity care deserts” (areas with zero obstetric care providers or facilities).⁴

In December 2025, Arkansas was awarded over **\$208 million in FY26 funding** from the Center for Medicare and Medicaid Services (CMS) Rural Health Transformation Program. The state’s application proposed ambitious investments in workforce development, telehealth and mobile care expansion, regional care coordination, and improved access for rural communities. Still, **experts question** the Program’s ability to remediate the harms of H.R. 1’s nearly \$990 billion in Medicaid cuts for rural health

Since 2019, **seven hospitals across Arkansas have closed** their obstetric units, and an additional 28% in rural parts of the state are currently at risk of closing.

Birth Centers

- + Arkansas is one of 13 states where a **Certificate of Need (CON)** is required to open a birth center, an approval process some states require before new health facilities can be established which can make opening a birth center more difficult.
- + Arkansas’ regulations **require freestanding birth centers** to have a written transfer agreement with a hospital offering 24-hour obstetric services within 30 minutes of the facility location, which can inadvertently limit the expansion of this maternity care option, especially in facility shortage areas.

Key Policy Solutions

- + **Support sustainable reimbursement mechanisms for hospitals and providers.** Policies like midwife/physician payment parity (reimbursing midwifery services at the same rate as physician services) and Medicaid/Medicare parity (ensuring hospitals are reimbursed at the same rate under Medicaid and Medicare) can help ensure maternity care units stay open.
- + **Invest in solutions that increase access to care in rural areas.** Policies that support expanded access to care options like free-standing birth centers, telehealth services, and home visiting programs can offer additional pathways for families in rural areas to receive care and mitigate distance barriers.

⁴ Every Mother Counts uses the term “maternity care desert” to align with national data sources; however, we acknowledge the limitations of the term. We are committed to further conversation around the use of language that more accurately reflects structural differences in access to care.

Key Resources & Policy in Action

State-Based Resources

- + **Arkansas Department of Health—Family Health Branch** oversees statewide maternal & child health initiatives under the federal Title V Maternal & Child Health Block Grant.
- + **Arkansas Maternal Mortality Review Committee** produces detailed analyses of the state’s pregnancy-associated deaths to better understand root causes, preventability, and disparities.
- + **Arkansas Perinatal Quality Collaborative** ensures statewide quality improvement network working with hospitals and providers.

Spotlight on “Healthy Moms, Healthy Babies Act”

Enacted in February 2025, this law:

- + **Provides sustained annual investment** (~\$45.3 million) in maternal and infant health initiatives and increases state Medicaid’s investment in pregnant women (+\$12.3 million);
- + **Expands access to remote prenatal care services** (i.e. telehealth, remote monitoring, remote ultrasounds);
- + **Extends presumptive Medicaid eligibility to pregnant women** and increases Medicaid reimbursement rates for labor & delivery services, and;
- + **Expands Medicaid reimbursement** to include doula and community health worker support and depression screening.

While critical work remains to improve maternal health outcomes and experiences of care for pregnant women and families in Arkansas, the law signals an historic shift in the state’s maternal health priorities.



Ashleigh poses with her baby during the filming of *Giving Birth in America: Arkansas*. (Liz Sanders, 2022).

Giving Birth in America: Arkansas



Watch our **2022 film**, which features mothers Wensie, Tynesha, and Ashleigh as they navigate the postpartum period in Arkansas.