

## Certified Nurse-Midwives and perinatal wellbeing in Arkansas

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### **What is a Certified Nurse-Midwife (CNM)?**

Midwifery, as practiced by certified nurse-midwives (CNMs), encompasses the independent provision of care during pregnancy, childbirth, and the postpartum period; sexual and reproductive health; gynecologic health; and family planning services, including preconception care. Midwives also provide primary care for individuals from adolescence throughout the lifespan as well as care for the healthy newborn during the first 28 days of life. CNMs in Arkansas can provide the full scope of their care in hospitals, licensed birthing centers or at home. Additional proof of collaboration with a transferring hospital or physician is needed for CNMs who practice homebirth. Arkansas currently has 14 CNMs practicing full-scope care but many others are living in the state and desire to find fulfilling work in their area of expertise.

### **How can CNMs address the perinatal crisis in Arkansas?**

We are currently working to pilot a program in Northwest Arkansas that would provide supplemental care to women with high-risk pregnancies. The Hearthside Perinatal Program will offer in-home prenatal and postpartum visits. We believe that in a state like ours, where many women lack access to obstetric care, home visits are a valuable way to improve wellbeing.

Before delivery, our care will be directed to women whose primary obstetric providers have recommended them to have additional testing in the final weeks of their pregnancies. This testing - known as a fetal non-stress test or NST - can identify fetal distress and inform decision-making by the patient's primary obstetric provider about the need to expedite delivery.

After delivery, we will provide visits to bridge the gap between hospital discharge and the traditional 4-6 week postpartum office visit. These home visits will include care for the mother and the infant up to 28 days of life. During this period, we will be able to provide reassurance and guidance for new families. As CNMs, we can evaluate, diagnose and provide initial treatment for women at risk for (or who have been previously diagnosed with) hypertension, gestational diabetes, infection or mental health disorders. Interventions to improve infant well-being will include monitoring for jaundice, tracking newborn weight gain, breast or bottle feeding support, and safe sleep guidance. We will encourage patient adherence to follow-up care with our patients' primary obstetric and pediatric providers and plan to also work closely with lactation support, local health departments and other social services as needed.

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