

2024 - 2025 HIGH-RISK PREGNANCY PROGRAM ANNUAL REPORT



UAMS[®]

Institute for Digital
Health & Innovation

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Leadership Letter

Dear Colleagues, Partners, and Community Members,

We are pleased to present the 2024–2025 annual report for the UAMS Institute for Digital Health & Innovation's (IDHI) High-Risk Pregnancy Program. This report reflects the continued growth and evolution of our comprehensive efforts to improve maternal and neonatal outcomes across Arkansas.

Throughout the past year, our work has been guided by an unwavering commitment to health equity, patient-centered care, and innovation. From our interactive education platforms and statewide simulation trainings to our expanding telemedicine services and digital health outreach, we continue to meet the complex needs of patients, families, and providers—wherever they are.

This report highlights a broad range of programs and partnerships, including:

- **Continuing education and patient learning platforms**, now serving thousands of users across all 75 counties in Arkansas.
- **Simulation-based trainings and maternal safety bundle outreach**, empowering clinical teams with hands-on preparedness for obstetrical emergencies.
- **Digital consultation and telehealth services**, making specialty care more accessible to medically underserved communities.
- **Women's mental health services**, bridging gaps in perinatal psychiatric care through both outpatient and inpatient support.
- **Diabetes care in pregnancy**, education, and evaluation of expectant mothers with diabetes.
- **Data-driven research and evaluation**, measuring our impact on maternal and infant outcomes across the state.

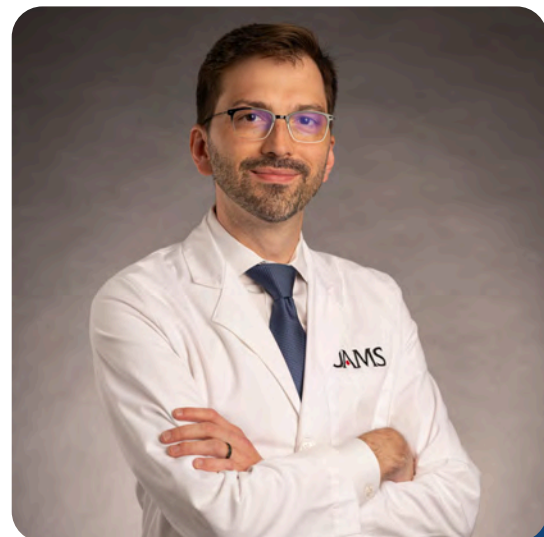
Each section of this report provides data, insights, and outcomes that underscore our shared mission—to advance high-quality, accessible care for every Arkansas mother and baby. We are proud of the collaborative spirit that drives this work forward, including the dedication of our clinical partners, outreach educators, telemedicine specialists, and research teams.

As we continue to expand and refine our efforts, we thank you for your continued partnership. Together, we are creating healthier beginnings for families throughout Arkansas.

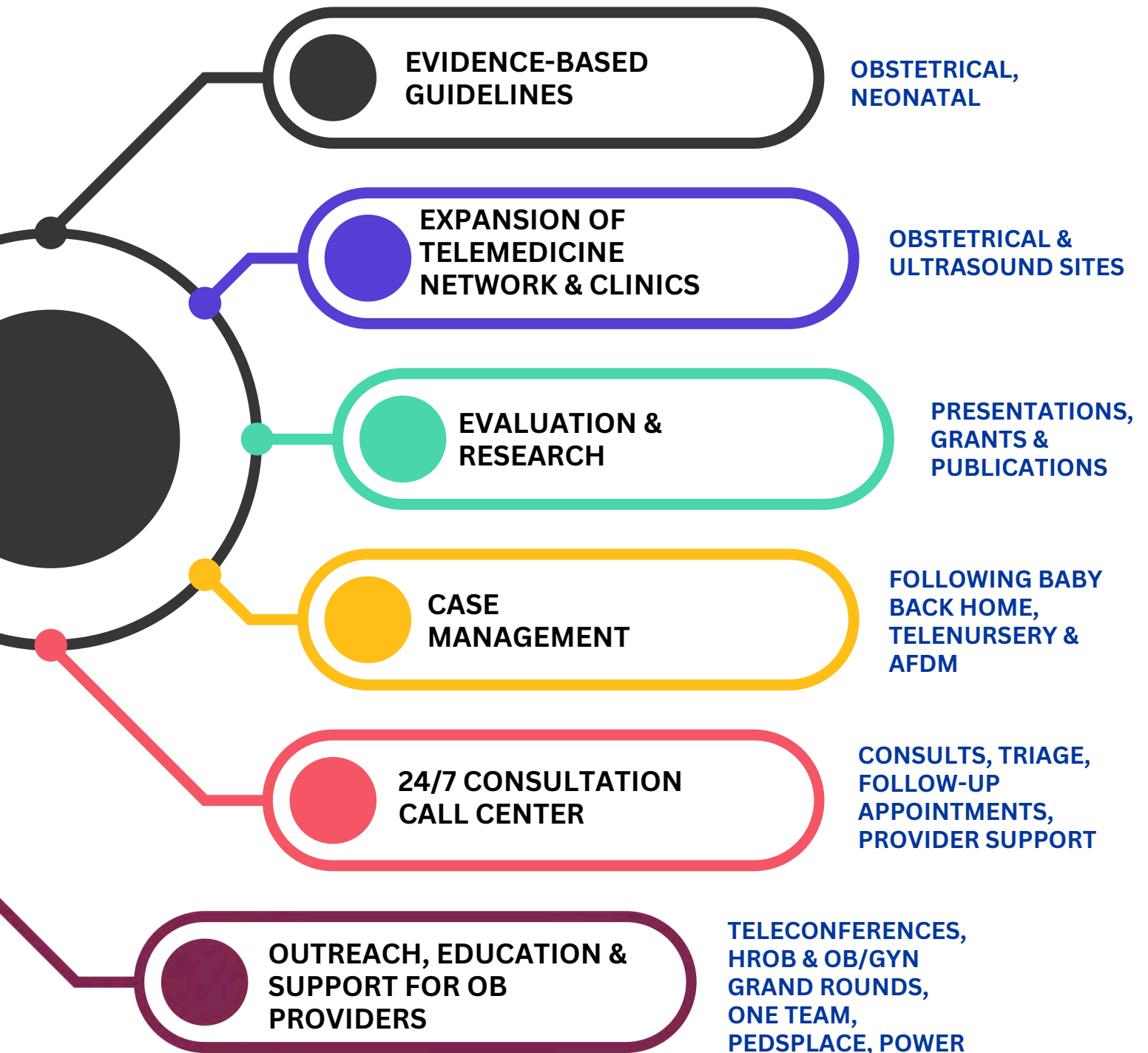
Sincerely,



Joseph A. Sanford Jr., M.D.
Director, Institute for Digital
Health & Innovation



Program Overview



Education & Support

The IDHI Education Program creates engaging, innovative learning experiences designed to support today’s busy health care professionals. With two accessible online platforms – LearnOnDemand.uams.edu for continuing education and PatientsLearn.uams.edu for patient-focused learning – IDHI delivers flexible, self-paced education available 24/7 from any internet-enabled device. In addition to virtual offerings, IDHI provides customized onsite training through simulations, drills, courses, and conferences. These resources are actively utilized by health care providers across all 75 Arkansas counties.

Continuing Education – Update Numbers		
	2023-2024	2024-2025
CE Hours Awarded	4,156	3506
Live Virtual Conferences and Events	181	152
Live and Archived Education Modules on LearnOnDemand.org	212	552
Other Live and Archived Videos or Modules	921	552
Health Care Provider Activity – Update Numbers		
	2023-2024	2024-2025
Attended Live Events	6091	4429
Completed Enduring Materials	39523	9738
Accessed High-Risk Obstetrics (HROB) Modules	2159	1464

Top 5 HROB Modules Accessed – Update Activities	
2023-2024	2024-2025
Key Strategies for Improving Culture of Care for Cesarean Reduction	2024 OB Emergency Simulation Lecture "OB Emergency Patient Safety Bundles and Simulation Drills"
Key Strategies for Supporting Intended Vaginal Births and Managing Labor Abnormalities	Key Strategies for Supporting Intended Vaginal Births and Managing Labor Abnormalities
Practicing Via Televideo: Practical and Mindset Tips for Clinicians	Key Strategies for Improving the Culture of Care for Cesarean Reduction
HIV 104: Case Management	2024 Basic Fetal Heart Monitoring
2024 Basic Fetal Heart Monitoring	Addiction During Pregnancy
Key Strategies for Improving Culture of Care for Cesarean Reduction	Improving Breastfeeding Rates in Rural Arkansas Communities

LOD ACCESS

LearnOnDemand
Total Users

LearnOnDemand.
New Users



49,743



6,980

Technology

Patientslearn.uams.edu is an educational web portal that offers course modules designed to help patients learn how to manage their illnesses and conditions. The portal offers education on a variety of health topics, including women's health, high-risk pregnancy, pediatrics, and primary care.

**PATIENTS LEARN MOST VIEWED CONTENT:
PREGNANCY AND CHILDBIRTH RESOURCES**

**97 – COURSES & VIDEOS
COVERING HIV EDUCATION TO
PREGNANCY AND
CHILDBIRTH TOPICS**

9.3K – ACTIVE USERS



Guidelines for Best Practices

The guidelines promote best practices in health care delivery that are tailored specifically for Arkansas' women and babies. For busy health care providers today, the guidelines make it easy to stay abreast of updates in practice. Based on scientific evidence, national standards, and expert consensus, the guidelines are an educational strategy for Arkansas providers to improve practice and reduce disparities in obstetrical and neonatal care.

A mobile-friendly and freely available website, <https://angelsguidelines.com>, provides 24/7 access to best practice guidelines at the point of care.

Arkansas content experts annually review each guideline to ensure the availability of the most current, relevant practice recommendations and local resource information. Reviewers from multiple disciplines, out-of-state peer reviewers, and research librarians add to the collaborative team.

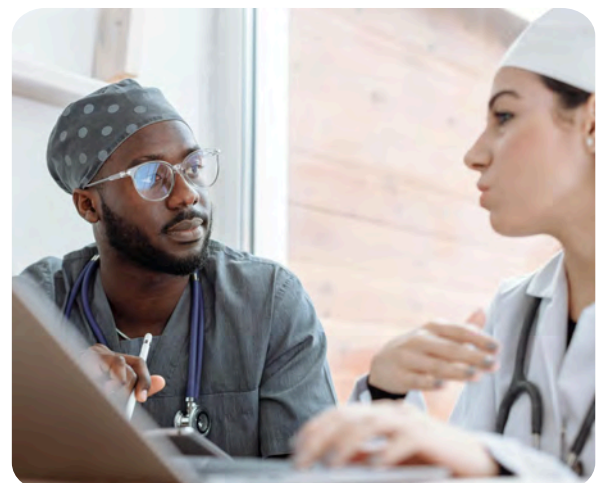
Over 3,600 health care providers utilize this resource, and clinicians from 71 Arkansas counties access the guidelines. While the guidelines are developed to support Arkansas' professionals, guideline registrants represent 50 states, Washington, D.C., and 40 other countries.

THIS YEAR'S MOST FREQUENTLY VIEWED GUIDELINES:

- Hypertensive Disorders of Pregnancy
- Diabetes in Pregnancy
- Preterm Labor
- Syphilis
- Hyperbilirubinemia in the Newborn Infant 35 or More Weeks of Gestation
- Prelabor Rupture of Membranes
- Breastfeeding
- Cervical Insufficiency
- Hepatitis A, B, C, D & E
- Autoimmune Disease in Pregnancy

QUICK FACTS ABOUT THE GUIDELINES

- PROMOTE BEST PRACTICES FOR HEALTHCARE DELIVERY IN ARKANSAS BASED ON NATIONAL STANDARDS, SCIENTIFIC EVIDENCE, AND EXPERT CONSENSUS.
- OFFER ESSENTIAL, READILY ACCESSIBLE, AND WELL-ORGANIZED CLINICAL INFORMATION AS REFERENCES FOR PRACTICING PHYSICIANS AND ADVANCED HEALTHCARE PROFESSIONALS.
- MAKE IT EASY TO STAY ABREAST OF UPDATES AND CURRENT RECOMMENDATIONS.
- SERVE AS A QUICK REFERENCE AND LOCAL RESOURCE AT THE POINT OF CARE IN AN EASY-TO-NAVIGATE, MOBILE-FRIENDLY, AND FREELY AVAILABLE FORMAT 24/7.



Guideline Outreach Efforts

- Presented guidelines to 1,797 attendees via in-person and virtual conferences, including physicians, advanced healthcare professionals, nurses, and medical students.
- Provided guideline website information directly to 718 providers representing 23 counties during classes and on-site training and 232 leadership attendees representing 21 counties during three statewide nursing leadership conferences.
- Presented guideline updates during the High-Risk Obstetrics (HROB) and PedsPLACE collaborative teleconferences, weekly email promotions to over 1,000 providers, and marketing through the LearnOnDemand.com calendar page.



GUIDELINE ACCESS

Website
page views



25,208

First-time health
care professional
visitors this year
(183 from
Arkansas)



211

* Registrants from 71 of 75 Arkansas counties,
50 states and D.C. plus 40 countries

Community Outreach Education

FETAL HEART MONITORING

The Association of Women’s Health, Obstetrics, and Neonatal Nurses (AWHONN) is the recognized leader in fetal heart monitoring education. The POWER outreach team is proud to provide AWHONN’s Intermediate and Advanced Fetal Heart Monitoring courses to hospitals across the state. The courses convenient online and in-person formats are evidence based and provide essential tools for educating the entire team. Both courses use a case study approach to focus on the fetal-maternal oxygenation, interpretation of tracings, and the selection of clinical interventions. Intermediate FHM is a hybrid course that requires each participant to complete online prerequisite education, followed by a one day, in-person led class. During the one day, in-person course participants will participate in didactic presentations and interactive case reviews along with hands on learning over perinatal procedures. Advanced FHM is offered quarterly via Zoom with an option to hold an in-person class if requested. The Advanced course expands on the knowledge and physiological principals presented in the AWHONN Intermediate course. In 2025 AWHONN updated each edition for Intermediate and Advanced FHM with new content. For more information or to schedule a fetal monitoring class, email Erin Weeks at EWeeks@uams.edu or the POWER Team at power@uams.edu.

FHM COURSES: 19

PARTICIPANTS: 113

Participating hospitals

- Northwest Health Bentonville
- Willow Creek Women’s Hospital
- Ouachita county Medical Center
- Jefferson Regional Medical Center
- National Park
- Mercy Fort Smith
- CHI St. Vincent Hot Springs - Hot Springs
- AMMC
- Great River Medical Center
- NEA Baptist

COMMUNITY OUTREACH TEAM

Community Outreach Team:
Dawn Brown MSN, RNC-ONQS
Angie Hunton MNsc, RNC-OB
Tina Pennington MNsc, RNC-NIC
Erin Weeks BSN, CLC, RNC-EFM
Lisa Engel, DNP, RNC-OB, CNE



OB EMERGENCY SIMULATION DRILLS & EMERGENCIES WORKSHOP

The High Risk Pregnancy Program P.O.W.E.R. team offers several options for on-site simulation training. The current choices are the P.O.W.E.R. OB Emergency Simulation Drills and the AWHONN Obstetric Patient Safety (OPS): Obstetric Emergencies Workshop. Both are important in preparing hospital staff across the state for those unexpected emergencies that can arise during the delivery process and beyond. Both can meet the Joint Commission requirements for annual multi-disciplinary drills covering obstetric hemorrhage and severe hypertension/preeclampsia.

OB Emergency Simulation Drills

In P.O.W.E.R. OB Emergency Simulation, the simulation exercise focuses on using patient safety bundles, algorithms, and checklists for the early recognition and treatment of a hypertensive crisis, a severe postpartum hemorrhage, and a delivery with shoulder dystocia occurs. Participants complete an online didactic session before attending. The online and live portions provide 3.0 continuing education credits. The simulation exercise promotes preparedness and practice for an emergency, as these are the keys to saving lives and improving maternal and neonatal outcomes across the state. For more information or to schedule an interactive POWER OB Emergency Simulation Drill at your hospital, please email Lisa Engel at LEngel@uams.edu or the POWER Team at power@uams.edu.

Participating hospitals

- Baptist Health – Conway
- Baptist Health – Drew County
- Conway Regional Medical Center
- Delta Memorial Medical Center
- Johnson Regional Medical Center
- Mena Regional Medical Center
- Mercy – Ft. Smith Medical Center
- National Park Medical Center
- Northwest Medical Center – Bentonville
- Ouachita Regional Medical Center
- Saint Mary's Regional Medical Center
- Unity – Newport
- White River Regional Medical Center

Emergency Workshop

To educate healthcare providers on obstetrical emergencies, AWHONN developed Obstetric Patient Safety (OPS): Obstetric Emergencies Workshop. The P.O.W.E.R. team has 2 certified instructors, Lisa Engel and Erin Weeks. The course is designed to help nurses and providers identify, assess, and manage the care for women with specific obstetric emergencies such as hypertensive disorders of pregnancy, postpartum hemorrhage, and maternal sepsis. Nurses and providers working in perinatal, emergency, medical-surgical, and ICU areas, and critical access facilities find this course essential to caring for women presenting with obstetric emergencies. Participants of the course complete online learning modules and engage in live, hands-on simulation learning during the workshop. The combination of these learning modalities assists providers in caring for the perinatal population and reduces the risk of maternal injury and death. The 4th edition of this workshop provides 10.75 continuing education credits for participants.

Maternal Safety Bundle Outreach

The POWER team travels across the state, providing resources to support the implementation of maternal safety bundles in Arkansas' 33 delivering hospitals. Studies have shown that the implementation of safety bundles has improved maternal outcomes and decreased maternal mortality and morbidity. This support is provided in person, focusing on helping our delivering hospitals implement and sustain maternal safety bundles. Through these efforts, hospitals are likely to achieve successful implementation and maintain the ongoing use of maternal safety bundles, which research has shown directly impacts maternal and neonatal outcomes. For more information on the work POWER is doing, please visit <https://idhi.uams.edu/high-risk-pregnancy-program/outreach/perinatal-outcomes-workgroup-education-and-research-power/>

**WORKSHOP
TRAINING
OPPORTUNITIES: 15**

PARTICIPANTS: 291

Participating hospitals

- NEA Baptist
- Willow Creek

**MATERNAL SAFETY
BUNDLE OUTREACH
VISITS: 146**

PARTICIPANTS: 356



NEONATAL RESUSCITATION PROGRAM

The Neonatal Resuscitation Program (NRP®) 8th edition is designed to facilitate the cognitive, technical, and teamwork skills needed to resuscitate and stabilize newborns. Because the need for assistance cannot always be predicted, teams need to be prepared to provide these lifesaving interventions quickly and efficiently at every birth. Following their algorithm, participants can learn to make the evaluations and decisions needed for proper lifesaving actions.

The Neonatal Resuscitation Program utilizes a blended learning approach, which includes:

- Online testing
- Online case-based simulations
- Hands-on case-based simulation/debriefing
- Focus is on critical leadership, communication, and teamwork skills

This is where the Neonatal Resuscitation Program team for UAMS Institute for Digital Health & Innovation is able to assist:

- The self-paced didactic portion, along with an e-Sim exercise is completed online via Healthstream LMS prior to registering for part 2.
- The IDHI team then comes to your facility to assist with the simulation portion. This in-situ simulation allows your team to be comfortable with their own equipment and test for any internal system issue that might arise.

For further information or to schedule a class at your facility, contact Tina Pennington at power@uams.edu.

**NRP TRAINING
OPPORTUNITIES: 15**

PARTICIPANTS: 157

“One of the things I loved the most about working in the NICU was going on the deliveries. My delivery team was well-practiced and worked well together and I want to instill those attributes into the teams I teach. You can read a book about resuscitation all day, but until they hand you that baby, your heart starts pounding, and your knowledge kicks in you will never know what an amazing program NRP is.”

Tina Pennington, MNSc, RNC-NIC, UAMS IDHI Clinical Services Manager



S.T.A.B.L.E.

S.T.A.B.L.E. is a nationally recognized evidence-based program to promote standardization of care and improve outcomes for infants needing transport to a higher level of care following delivery. It is based on a mnemonic to optimize learning, retention, and recall of information. Sugar, Temperature, Airway, Blood pressure, Lab work, and Emotional support (S.T.A.B.L.E) are the six assessment and care modules in the curriculum. (S.T.A.B.L.E Program Modules, 2024)

S.T.A.B.L.E. recently introduced the 7th edition which includes changes in the presentation and format of the class. The student must first complete an online self-paced Foundations class prior to taking the Instructor-led traditional lecture. UAMS IDHI is proud to offer the Instructor-led lecture free of charge to the delivering hospitals in Arkansas. The class is held virtually each quarter, and the students may either participate from their home or gather in a conference room at their facility to view. If you are interested in S.T.A.B.L.E. please contact Tina Pennington at power@uams.edu

**S.T.A.B.L.E.
TRAINING
OPPORTUNITIES: 3
PARTICIPANTS: 31**



POWER WORKSHOPS

Spring POWER Workshop April 23, 2025

More than 121 in-person attendees from hospitals and organizations supporting maternal and neonatal care from across Arkansas came together in Little Rock on April 23 to attend a workshop focused on connecting, engaging, and improving maternal and neonatal care. An additional 19 participants also participated in the workshop virtually.

The all-day workshop was held on the second floor of the I. Dodd Wilson Education Building on the UAMS Little Rock campus and was a partnership between the University of Arkansas for Medical Sciences (UAMS), the Arkansas Perinatal Quality Collaborative (ARPQC), and the Perinatal Outcomes Work Group through Education and Research (POWER).

The workshop keynotes included presentations from a national expert on trauma-informed care and the new director of the Arkansas Center for Women and Infants' Health.

**SPRING
WORKSHOP
ATTENDEES:
140**

Also new this year was the addition of a poster session, which allowed hospitals to showcase their evidence-based practice and quality improvement work. Arkansas obstetrical physicians were provided with a virtual physician engagement lunch hour meeting that focused on cardiac care during pregnancy and highlighted the IDHI High-Risk Pregnancy maternal and neonatal guideline.

Breakout sessions provided lectures and direct participation, including AIM Postpartum Hemorrhage Fidelity. Other sessions focused on newborn screening, engaging patients in quality improvement to maximize satisfaction, doula care, policy in the obstetrical setting, and qualitative blood loss. A large message board in the main conference hall allowed attendees to share their commitment to improving patient care and their actions designed to increase patient-centered care and collaboration.

Fall POWER Workshop November 12, 2024

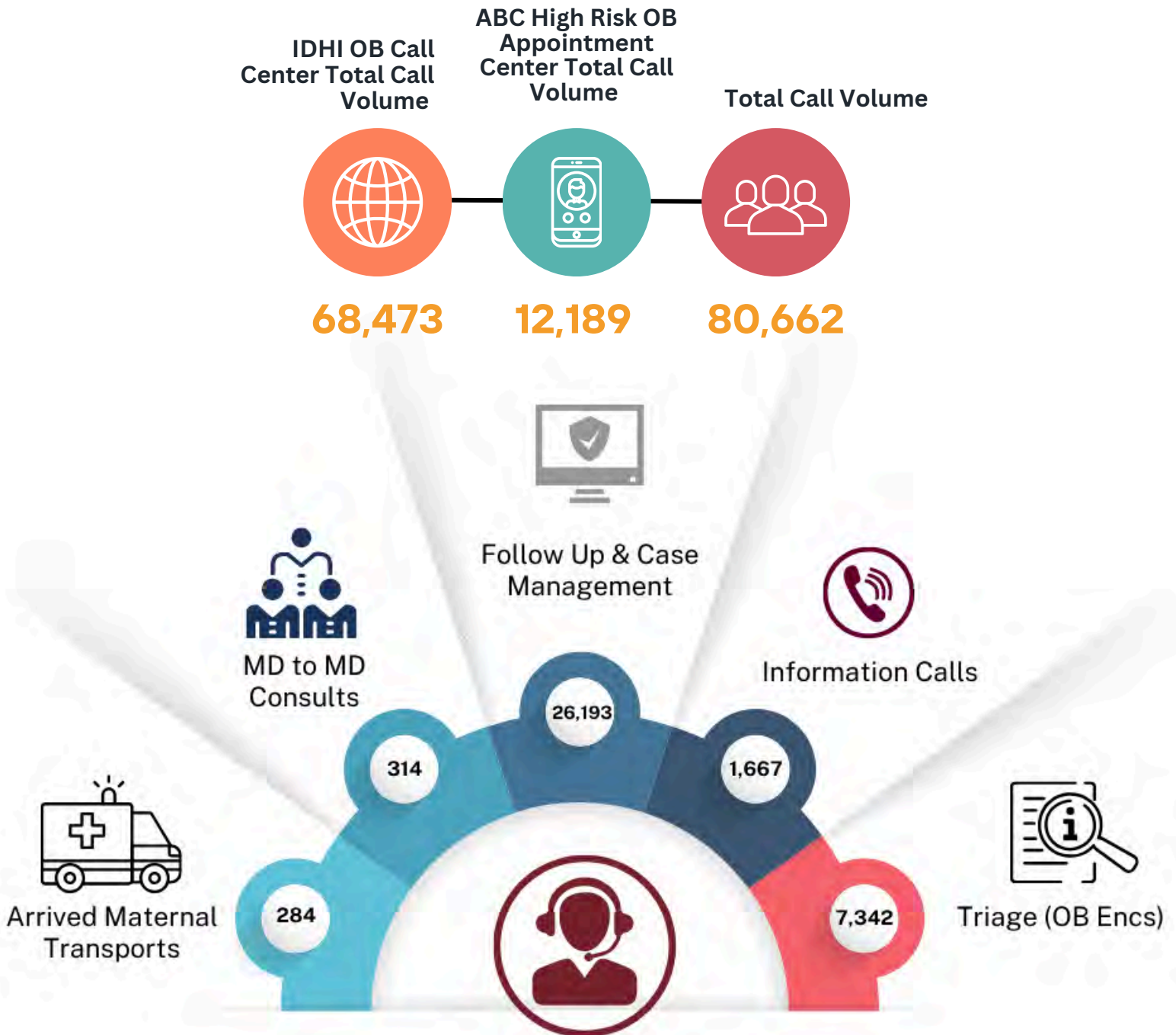
On November 12th, 2024, Heather L. Young, MD, MSc, a pediatric infectious disease specialist with UAMS and Arkansas Children's Hospital, presented information on the current state of congenital syphilis and evidence-based practice for prevention and treatment. The learning session, which addressed strategies, was provided by the UAMS High-Risk Pregnancy Program (POWER) in partnership with the ARPQC. To address this epidemic, the ARPQC has partnered with the Arkansas Department of Health's Infectious Diseases Program to engage birthing hospitals in the urgent work of preventing congenital syphilis. This six-month improvement sprint will run from January through June 2025, concurrent with the final six months of the ARPQC's Safe Reduction of Primary Cesarean Birth Initiative.

This work is part of a two-year collaborative initiative that started in July 2023 under the lead of the ARPQC and the POWER teams. It is focused on improving maternal and neonatal care across Arkansas's hospitals.

**FALL
WORKSHOP
ATTENDEES:
76**

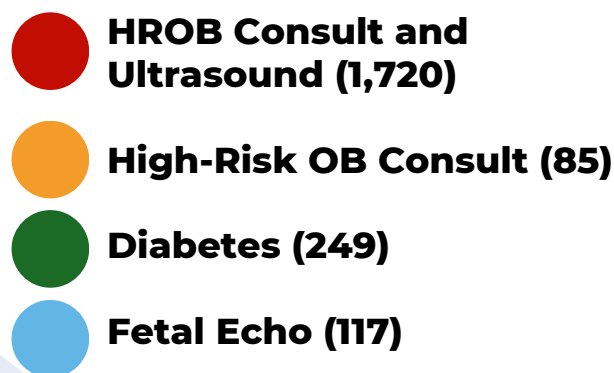
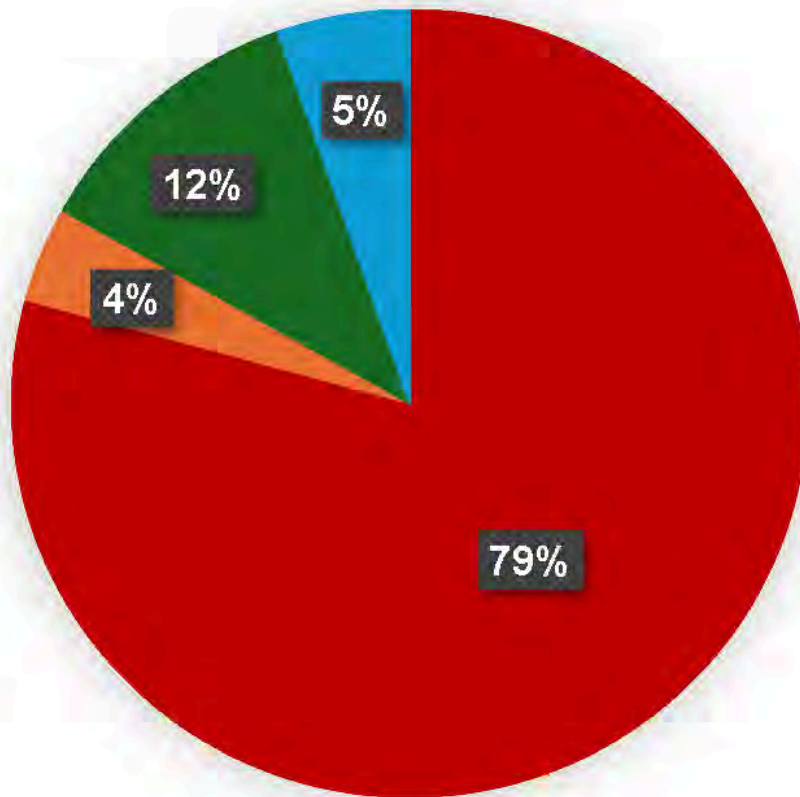
Call Center

The IDHI Call Center facilitates a high volume of calls. The call center is staffed 24/7 with trained, competent, and caring professionals. These calls regard referrals to the Maternal Fetal Medicine Team, professional nurse triage of obstetric patient concerns, and requests for transfer of patients to UAMS for high-risk obstetrical care. The extensive OB case management program continues to support and improve the care provided to high-risk obstetrical patients. Patients receive phone calls throughout pregnancy and after delivery that provide disease and condition-specific education and reminders for upcoming appointments and tests. Procedures and processes are frequently reviewed to maintain the most up-to-date care. Perinatal bereavement follow-up is also an important part of the case management program.



Telemedicine Network & Clinics

In Arkansas, 73 of the state's 75 counties are classified as fully or partially medically underserved. To address this, the High-Risk Pregnancy Program provides statewide access to maternal-fetal medicine specialists and a full high-risk obstetrical care team. Health care providers across the state can refer patients for virtual high-risk obstetrical management or co-management, allowing patients to remain in their communities. This reduces the need for travel and time away from work while ensuring timely, specialized care. When needed, patients also receive case management to coordinate additional services and improve health outcomes.



Total: 2,171

Digital Health in the Nursery

Dr. Whit Hall, professor of neonatology at the UAMS College of Medicine, leads virtual census rounds three times each week, reaching 26 nursery sites across Arkansas. These sessions include neonatology and subspecialty consultations, coordination of patient transfers, follow-up on neonatal and maternal transports, and ongoing collaboration in education and training.



Telenursery Sites

Arkansas Children's Little Rock
Arkansas Methodist (Paragould)
Ashley County Medical Center (Crossett)
Baxter Regional (Mountain Home)
Bradley County Medical Center (Warren)
Delta Memorial (Dumas)
Drew County (Monticello)
Harris Hospital (Newport)
Jefferson Regional Medical Center (Pine Bluff)
Medical Center of South Arkansas (El Dorado)
Mena Regional (Mena)
Mercy Medical (Fort Smith)
National Park Medical Center (Hot Springs)
North Arkansas Regional Medical Center (Harrison)
Ouachita County (Camden)
St. Bernard's (Jonesboro)
CHI St. Vincent (Hot Springs)
Saint Mary's Regional Medical Center (Russellville)
St. Michael's (Texarkana, TX)
Washington Regional (Fayetteville)
UAMS
Unity Health White County Medical Center (Searcy)
Willow Creek (Johnson)



Women's Mental Health Program

The Women's Mental Health Program (WMHP) at the Psychiatric Research Institute (PRI) provides specialized psychiatric evaluations and medication management for individuals who are pregnant or postpartum. It also offers consultations for those considering pregnancy. Additionally, the program includes acute inpatient psychiatric care within the Women's Inpatient Unit.

The WMHP is unique, as it is the only program in the state and one of the few in the nation that focuses primarily on psychiatric illnesses, including substance use disorders, from pre-conception through the postpartum period. The program integrates comprehensive clinical care with clinical education and research across multiple disciplines. The WMHP aims to enhance both obstetrical and neonatal outcomes for parents with mental illness and their children.

Dr. Shona Ray-Griffith oversees ambulatory services at the Women's Mental Health Program (WMHP) and is joined by Dr. Hannah Williams to offer outpatient care at two locations in Central Arkansas. These locations include the UAMS Women's Clinic, where co-located psychiatric care is provided for women receiving obstetrical attention through the UAMS system, and the UAMS Psychiatric Research Institute (PRI). At PRI, Dr. Ray-Griffith and Dr. Williams deliver outpatient psychiatric services to individuals receiving obstetrical care within the UAMS Health system as well as throughout the state of Arkansas. To better support pregnant and postpartum individuals, digital health appointments are available at PRI, per Arkansas telemedicine laws.

Dr. Jessica Coker manages the Women's Inpatient Unit, a 10-bed facility that offers acute psychiatric care, and she also provides digital health consultation services in collaboration with providers through the UAMS Physician's Call Center. The High-Risk Pregnancy Program Call Center acts as the primary source for referrals to the WMHP; however, the WMHP also accommodates referrals from across the state.

WMHP Faculty and Staff

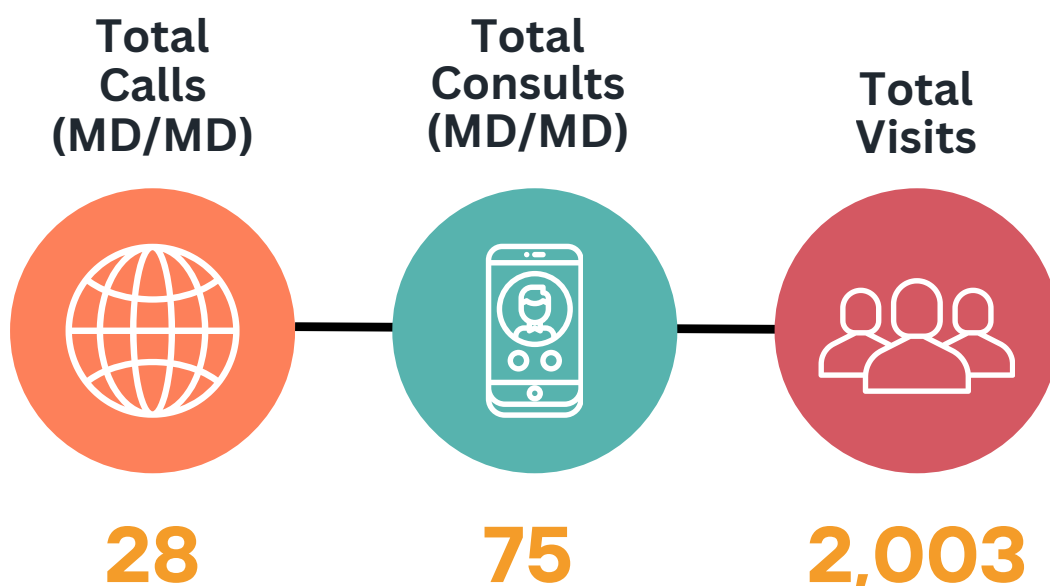
Jessica Coker, MD, psychiatrist
Shona Ray-Griffith, MD, psychiatrist
Hannah Williams, MD, psychiatrist
Erin Jefferson, MD, Instructor
Tracey Carey, MSN, RN, clinical services manager
Cyndi Vent, peer support specialist
Alina Karaduta, research assistant

"Mental health conditions, such as suicide and drug overdoses, are leading causes of maternal mortality within the United States. The clinical expertise of the Women's Mental Health Program, complemented by their inpatient and outpatient services, provides the perinatal population of Arkansas with tools to address mental health. By providing clinical consultation to providers throughout Arkansas, expansion of educational opportunities, and use of digital health; the WMHP aims to address maternal mortality and morbidity throughout the State."

Shona Ray-Griffith, M.D.

The WMHP provides comprehensive evaluations and individualized treatment plans for pregnant and postpartum individuals with psychiatric illnesses, including substance use disorders and behavioral addictions. Available services include a risk/benefit analysis of treatment options, medication management, electroconvulsive treatment (ECT), group and individual therapy, and treatment planning for management through delivery and the postpartum period. Inpatient psychiatric services are also available for individuals who need acute management of psychiatric illnesses and detoxification from illicit or licit substances.

Beginning summer of 2024, the WMHP expanded their clinical and educational services to include a Reproductive Psychiatry Fellowship. The goal of the Reproductive Psychiatry Fellowship is to improve the health, health care, and well-being of pregnant and postpartum patients with psychiatric illnesses throughout the State of Arkansas by educating physicians to become specialists in the management of reproductive psychiatry and providing high-quality, innovative, patient- and family-centered health care.



Diabetes Care in Pregnancy

The UAMS Obstetrical Center for Management of Hyperglycemia in Pregnancy has been accredited by the Association of Diabetes Care and Education Specialists, formerly the American Association of Diabetes Educators, since December 2014. This certification ensures that diabetes education provided to patients complies with comprehensive national standards. The program includes a group-setting diabetes education class taught in person or virtually weekly in both English and Spanish. After initial education encounters, patients meet with diabetes educators at follow-up visits along with the obstetrical provider in order to ensure patients' glycemic goals are met. In the past 12-month reporting period, 301 pregnant women with diabetes were managed by UAMS Health Women's Center: 4% with type 1 diabetes, 41.2% with type 2 diabetes, and 54.8% with gestational diabetes.

Digital Health Consultations

If time or travel restrictions prohibit a patient's drive to the Women's Center, patients can receive individualized diabetes education and monitoring via the IDHI High-risk Telemedicine Clinic. This option for co-management ensures that patients receive the same high-quality care available in a face-to-face setting while still delivering the baby with their local obstetrician. Since 2015, digital health diabetes consultations have been delivered through interactive video to patients at distant sites, including county health departments and regional health centers. To find out how patients can access diabetes education via digital health, please contact the HRPP at 1-866-273-3835.

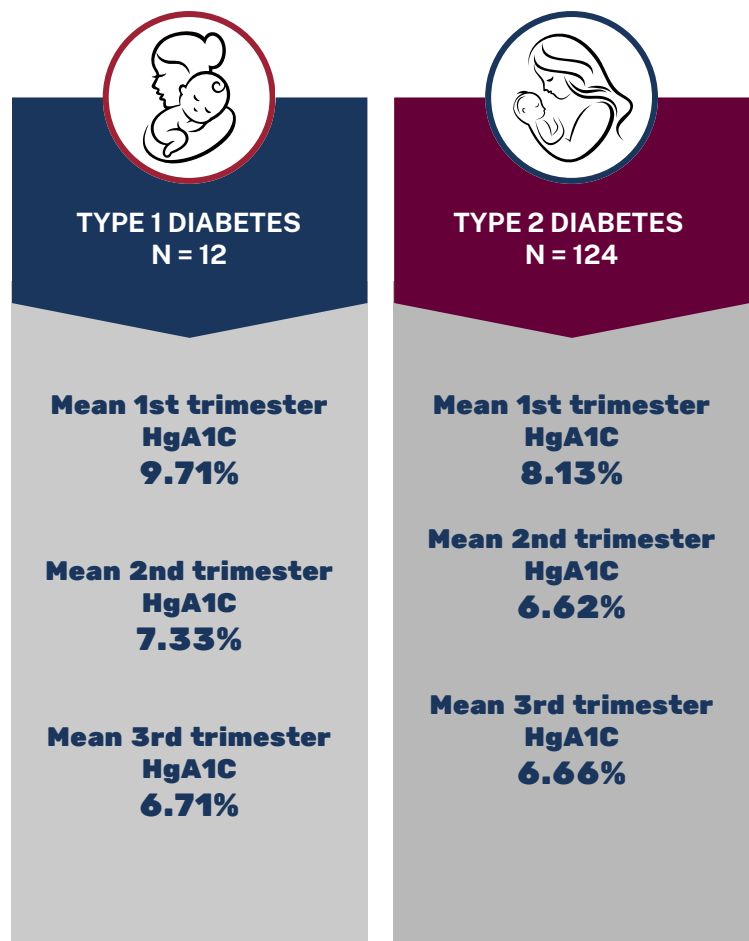
Completed Consultations



129

Improved Glycemic Control

Good glycemic control decreases the risk of adverse outcomes for both mother and child including fetal macrosomia, preeclampsia, hydramnios and neonatal hypoglycemia. Glycemic control is evaluated by a Hemoglobin A1C (HbA1C) laboratory, which provides a three-month "average" blood glucose level. Women with type 1 and type 2 diabetes managed by this program demonstrated improved glycemic control throughout their pregnancies.



Web-based Instruction on Nutrition (WIN)

The WIN program is an online, self-directed curriculum designed by the UAMS Obstetrical Diabetes Care Team which includes a maternal-fetal-medicine specialist, a clinical pharmacist, an advanced practice nurse and two registered dietitians. The program covers topics including the diagnosis of gestational diabetes and first steps (Module 1), management of diabetes in pregnancy (Module 2) and prevention of type 2 diabetes after delivery (Module 3). WIN utilizes videos, self-paced slices, interactive activities and a closed-captioning option to engage online learners. The concepts address blood glucose goals for pregnancy, managing blood glucose with diet and medications, carbohydrate counting, recommended carbohydrate intake for meals and snacks, portion sizes, nutrition label reading and exercise guidance. In addition, downloadable PDFs listing portion sizes for various food groups are available. An “Ask the Expert” link allows users to contact a Certified Diabetes Educator (CDE) with nutrition questions via email. This course can be used in place of conventional face-to-face diabetes class or as a supplement of traditional education methods.



UAMS Obstetrical Diabetes Care Team

Nafisa Dajani, MD Program Director
Mary Kate Clarkson, PharmD, BCACP,
CDCES Program Coordinator
Brooke Keathley, APRN, CDE
Andrea Tappe, RD, LD, CDE
Laura Sanders, MS, RD, LD

Case Management

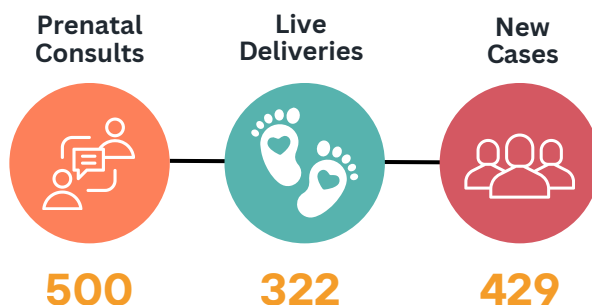
The Arkansas Fetal Diagnosis and Management (AFDM) program at UAMS is focused on early detection, evaluation and management of fetal abnormalities and high-risk pregnancies. The program consists of a multidisciplinary team of maternal fetal medicine specialists, pediatric subspecialist, genetic counselors and other medical team members to provide comprehensive care for both mother and baby before birth. The primary goal of the AFDM program is to identify structural, chromosomal or genetic conditions affecting the fetus as early and accurately as possible. This helps to better prepare and counsel parents in decision making with delivery planning and improved outcomes

THE ARKANSAS FETAL DIAGNOSIS AND MANAGEMENT TEAM

NAFISA DAJANI, M.D.
PAT MAGANN, M.D.
ADAM SANDLIN, M.D.
DAYNA WHITCOMBE, M.D.
JOSEPH FIXLER, M.D.
SARA PEEPLES, M.D.

GENETICS TEAM

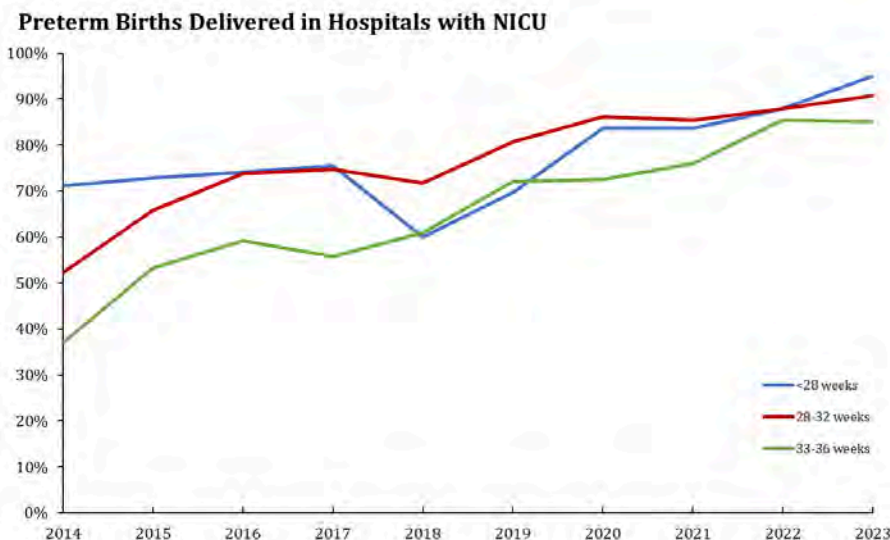
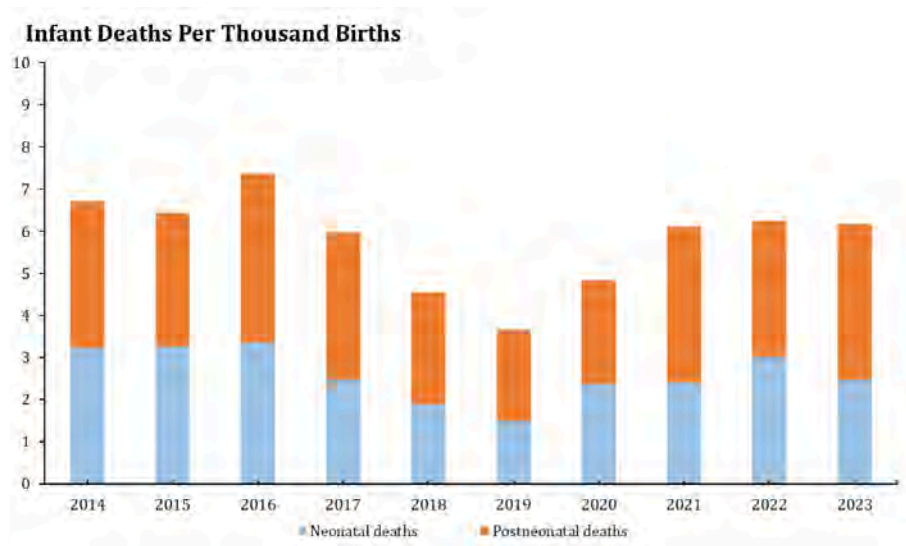
SHANNON LEWIS, RN, BSN
SHANNON BARRINGER, MS, CGC
HYELIM KIM, MS, CGC
NOELLE DANYLCHUCK, MS, CGC



Evaluation & Research

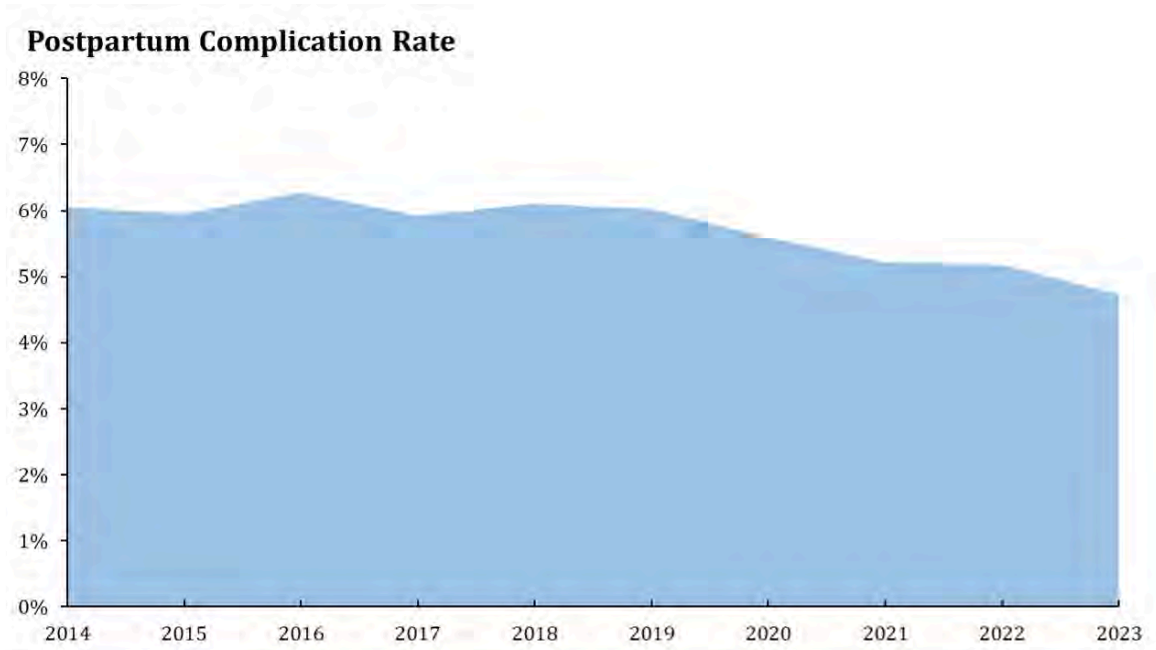
With an aim to evaluate the UAMS High-Risk Pregnancy Program (HRPP) and determine its effect on Arkansas mothers, babies, and the healthcare system, the Evaluation and Research Team created the HRPP Database, a linked database comprised of data from the Arkansas Department of Humans Services (DHS) and the Arkansas Department of Health (ADH). The DHS data includes healthcare claims records for mothers and babies covered by the Arkansas Medicaid program. The ADH data includes information from birth certificate records, death certificate records, fetal certificate records, and data from the hospital discharge data system (HDDS). The HRPP Database is updated each year with the most currently available data from the DHS and the ADH. For babies covered by the Arkansas Medicaid program, data is now available up to the first half of state fiscal year 2022 (SFY2022). For mothers covered by the Arkansas Medicaid program, the most current data available is through the first half of SFY2023. Using the HRPP Database, the Evaluation and Research Team develops and updates dashboards comprised of standard metrics for mothers and babies. Furthermore, trends across SFYs for the various maternal and infant metrics are assessed. The Evaluation and Research Team also surveys healthcare providers and recipients throughout the state that had used HRPP services to evaluate if they found value in the program.

The infant mortality rate in the Arkansas' Medicaid-covered population has consistently been lower in the years following the implementation of the HRPP in SFY2002, when there were 9.8 infant deaths per one thousand live births. The highest rate in the period following the implementation of the HRPP has been in SFY2016, at 7.4 infant deaths per one thousand live births. The rate has been steadily decreasing since then, and the most current data showed a rate of 6.2 deaths per one thousand live births during SFY2022.

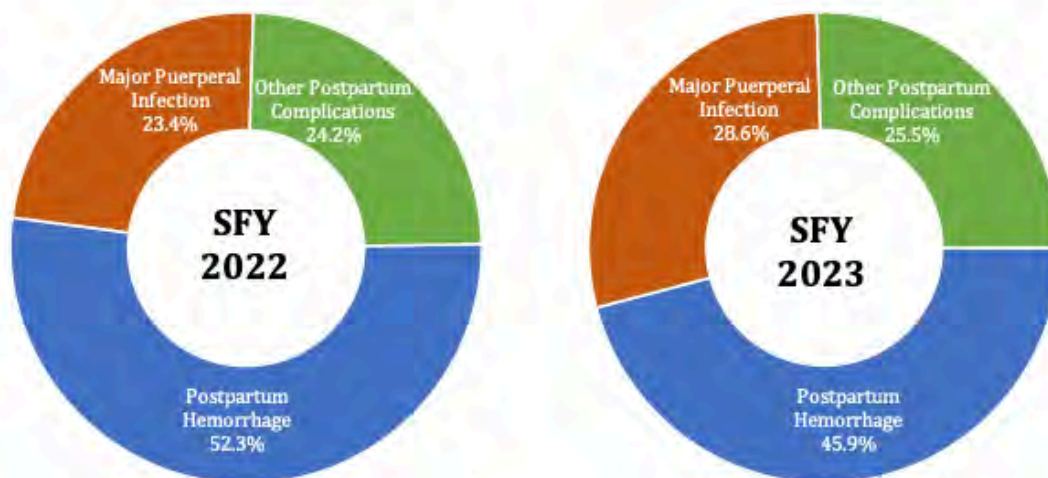


The Evaluation and Research team also utilized infant metrics to track preterm deliveries that occur in hospitals with a neonatal intensive care unit (NICU). Data from the last full year (SFY2022) shows that deliveries of preterm babies occurred at hospitals with NICU facilities for 85.8% of babies that were born at less than 36 weeks of gestation. The data shows that deliveries for 87.9%, 87.9% and 85.5% of babies born at less than 28 weeks of gestation, 28 to 32 weeks of gestations, and 33 to 36 weeks of gestation occurred at hospitals with NICU facilities respectively.

The rate of postpartum complications in Medicaid deliveries was 7.2% in SFY2002, and currently stands at 5.2% during the last full year of data (SFY2022). The rate has been relatively stable at nearly 6% over the last decade. Postpartum hemorrhage continues to be the leading contributor to postpartum complications, with nearly 52.3% of the total complications attributed to this category in SFY2022 and nearly 45.9% in the first half of SFY2023. In response to this issue, POWER (Perinatal Outcomes Workgroup through Education and Research) continues to work with hospital teams to address barriers to evidence-based practice and to decrease maternal morbidity and mortality in Arkansas through implementation of maternal safety bundles.



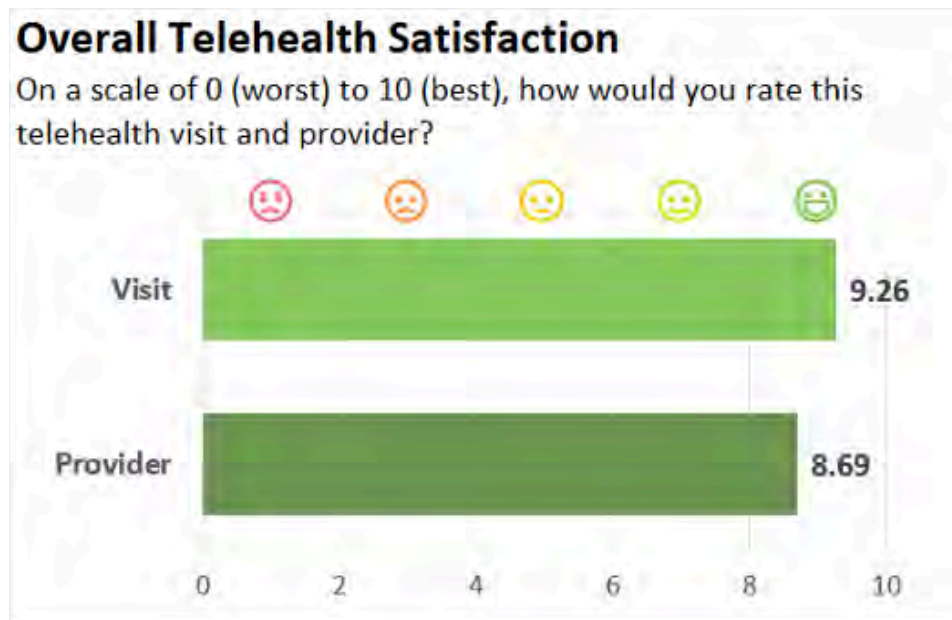
Postpartum Complications

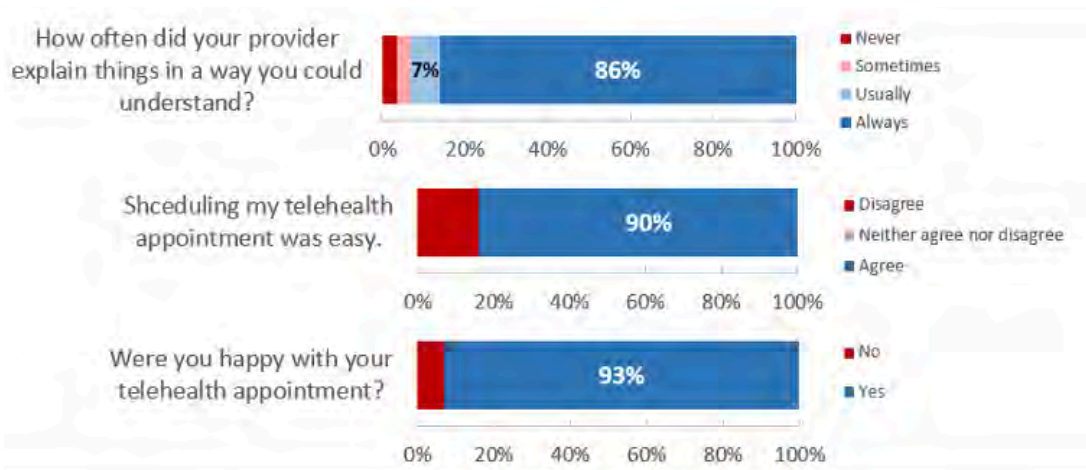


The HRPP Evaluation and Research Team continually gathers patient satisfaction data to inform and enhance our quality assurance program. Patients that receive telehealth consultations are surveyed, and 54 patients participated in the survey between June 2024 and May 2025. Survey respondents rated their telehealth providers very highly, with an average score of 8.69 on a scale of 10. The telehealth visit experience received a slightly higher score of 9.26 out of 10. Most patients (93%) reported that they were happy with their telehealth appointment. More than 86% of the survey respondents felt that their telehealth providers were effective in communicating information in a way that was easy for them to understand. A majority of respondents (90%) reported that scheduling their telehealth appointment was easy.

Telehealth offers a convenient option for patients, allowing them to receive medical care without having to travel far from their homes. In addition to saving time, it also helps reduce travel expenses. According to the survey, 62% of the patients that participated in telehealth appointments reported having to travel less than 30 miles, with 6% of those reporting no travel at all. More than half of all respondents (56%) reported that they would have to travel more than 70 miles if telehealth services were unavailable. When asked why they liked telehealth services, 60% indicated that they did not have to travel far for their appointment, 17% said that they did not have to arrange for childcare, and 3% said that they could do it from their own home. The majority of respondents (66%) reported that the telehealth service option saved them \$75 or more in travel costs, with more than 40% reporting savings of \$150 or more per visit.

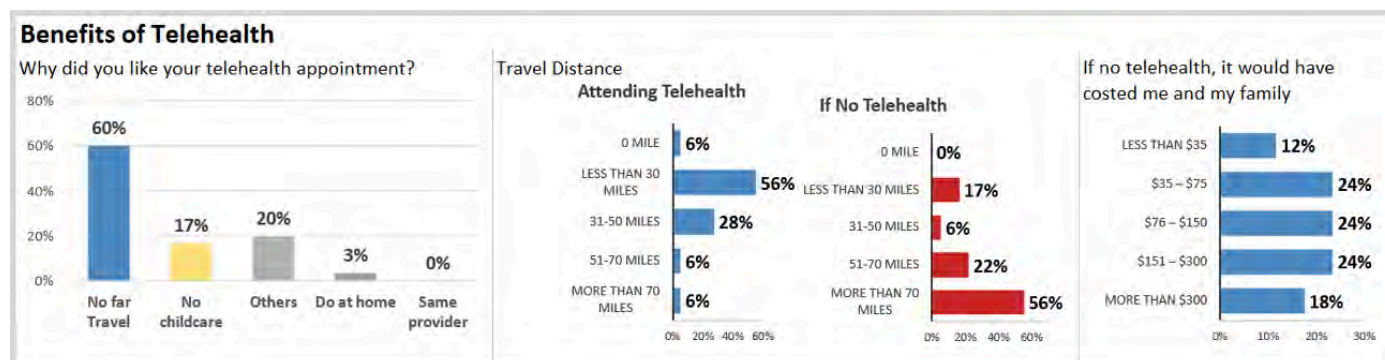
In summary, patients expressed great satisfaction with HRPP telehealth services, giving high ratings to both the providers and the telehealth visits. This reflects the high quality of HRPP telehealth services that we continue to offer to women with high-risk pregnancies across Arkansas.





Telehealth is a convenient option for patients as it enables them to receive medical care without having to travel far from their homes. In addition to saving time, it also helps to reduce travel expenses. According to the survey, 58% of the patients that participated in telehealth appointments reported having to travel less than 30 miles, with 24% of those reporting no travel at all. More than half of all respondents (54%) reported having to travel more than 70 miles if there were no telehealth services available. When asked, “Why do you like your telehealth appointment”, 48% indicated that they were not required to travel far for their appointment, 6% said, “I could see the same provider when I delivered my baby”, and 13% said that they did not have to find someone to take care of their children. If telehealth was not an available option, 65% of respondents reported that it would have cost them more than \$75, with 31% of respondents having to spend more than \$150 per visit.

In summary, the patients expressed great satisfaction with HRPP telehealth services, giving high ratings to both the providers and the telehealth visits. This reflects the high quality of HRPP telehealth services that we continue to offer to high-risk pregnancy women across Arkansas.



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Patient Story

Elizabeth Henley and Bayler

For one Hempstead County family, the arrival of their third child, Bayler, was a testament to proactive care, collaboration, and trust in a high-risk pregnancy care team. Living in Hope, Arkansas, and working full-time as an occupational therapy assistant, Elizabeth Henley understood the weight behind the term “high risk.” Her pregnancy history included endometriosis, two surgeries, previous miscarriages, and fertility treatments. Although she became pregnant naturally with her second and third children, her age and medical history placed her in the high-risk category from the start.

“I know just enough from working in the medical field to know the term ‘high risk’ can be scary,” she recalled. “When you start researching, the first things you see are often the worst-case scenarios. Of course, I had concerns about what it would mean for my baby’s development.”

Under the care of Dr. Jennifer Thompson at Collum & Carney Clinic in Texarkana, she was introduced to the High-Risk Pregnancy Program. Through in-depth testing, additional ultrasounds, and coordinated telehealth visits, her providers worked closely with UAMS specialists to monitor every detail of Bayler’s development.

Early in the pregnancy, there was concern that Bayler’s heart might not be forming correctly. While those fears were eventually put to rest, the extra vigilance proved invaluable. “They explained every step—what would happen if there was a problem, where we might deliver, and how they’d make sure the right specialists were ready. It was reassuring to know there was a plan,” she said.

Telehealth visits were a key part of her care, offering timely updates and open, honest communication. “I’m a planner. I like to know what’s coming, good or bad. They never held anything back, and that gave me peace of mind,” she explained.

Bayler was born on September 20 at St. Michael’s Hospital in Texarkana, healthy and strong. Looking back, she credits the program’s proactive approach for easing the anxiety that comes with a high-risk pregnancy. “It’s already stressful when you’ve lost pregnancies before, but knowing my baby was at the forefront of everyone’s mind made all the difference.” From uncertainty to reassurance, Bayler’s story reflects the heart of the UAMS IDHI HRPP, ensuring that every mother and baby have the best possible care.



Provider Story

Sara Greathouse, WHNP-BC

Caring for women experiencing high-risk pregnancies requires a careful balance of clinical expertise, collaboration, and compassion. For Sara Greathouse, WHNP-BC, a nurse practitioner with Cristus Health, every day is an opportunity to provide specialized care and connect patients with the resources they need for the healthiest possible outcomes.

“My role is to provide comprehensive prenatal care—whether patients are high-risk or not—but for those with complex needs, I like to involve a maternal-fetal medicine (MFM) specialist whenever possible,” she explained. “Having that extra layer of guidance helps us determine the safest plan for pregnancy and delivery.”

Many patients enter the program with conditions that require extra monitoring and expertise. Chronic hypertension, a history of postpartum cardiomyopathy, multiple prior C-sections, HELLP syndrome, or suspected placenta accreta are common reasons for referral. Sometimes the focus is on planning ahead, such as making sure the placenta hasn’t grown into the uterus or monitoring for growth restrictions in the baby. In these cases, the MFM team provides invaluable recommendations and guidance.

One of the most persistent challenges for providers is ensuring patients follow through with appointments, tests, and specialist consultations. Compliance can be difficult, particularly when transportation is a barrier. “We always try to connect them with Medicaid transportation or other resources so they can get to both local and telehealth appointments, or make the trip to Little Rock when needed,” she said.

The Texarkana clinic utilizes the UAMS IDHI HRPP by drawing patients from across southwest Arkansas and northeast Texas, including Arkadelphia, De Queen, Mena, Paris, Sulphur Springs, and even the Arkansas-Louisiana border. The wide geographic reach makes telehealth especially valuable. Patients can complete MFM consultations and even certain ultrasounds at the Jefferson Avenue location in Texarkana, avoiding long travel distances. “Patients love it,” she said. “It saves time, reduces stress, and still allows them to get top-tier care.”



Her path to high-risk pregnancy care began as a labor and delivery nurse, a role that fueled her passion for supporting mothers during some of life’s most critical moments. “It just made sense to continue in women’s health,” she said. “From the very beginning, it’s been my calling.”

With a high volume of complex cases, the UAMS IDHI HRPP provides essential expertise and resources for patients and providers alike. “It’s wonderful to have that MFM input, especially in challenging cases,” she said. “It means we can offer the safest, most informed care possible for every mother and baby.”

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