Maternity care access in Arkansas

What are maternity care deserts?

Counties with no hospital or birth center with labor and delivery services and no obstetric clinicians

1 in 2 counties in Arkansas are maternity care deserts, affecting nearly 78,000 women and 5,000 births annually

Limited access to maternity care can impact health outcomes for both mom and baby.

Counties

44%

of counties are maternity care deserts (MCDs)

Women

78K

women ages 15 to 44 live in MCDs

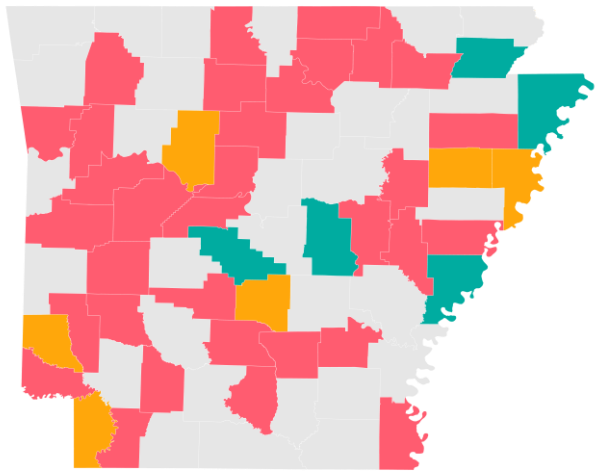
Babies

5K

births annually to MCD residents

Data reflects access to maternity care as of 2024. For more information on designations and data sources, see the full report.

Maternity care access designations



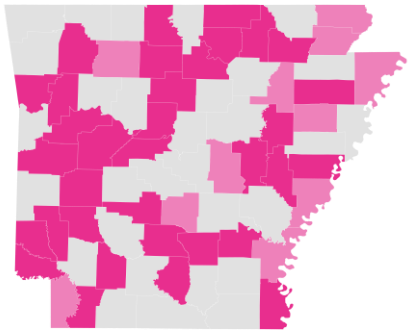
Maternity care desert | Low access | Moderate access | Full access

U.S. Percent

What is driving access in Arkansas

Clinicians

Number of obstetric clinicians



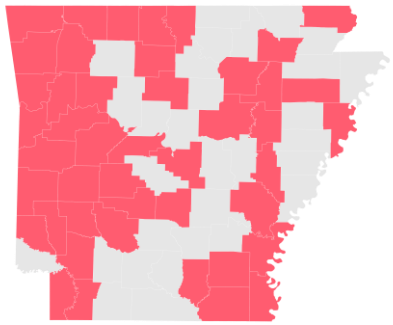
Clinicians (n): 0 | 1 | >1

Key insights

- 45.3% of counties have no obstetric clinician
- 14.7% of counties have a single obstetric clinician

Insurance

Insurance coverage for women



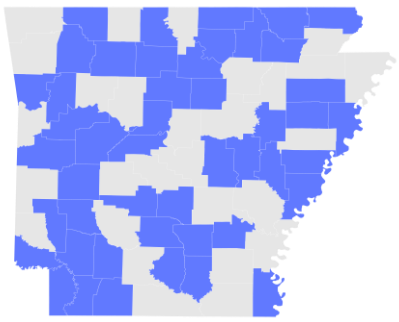
Uninsured (%): ≥ 10.9% | < 10.9

Key insights

- 83K women ages 19 to 54 are uninsured in Arkansas
- 60% of counties have an uninsured rate higher than 10.9%

Birthing facilities

Number of birthing facilities



Birthing facilities (n): 0 | ≥1

Key insights

- 62.7% of counties have no birthing facility
- 72.1% of rural counties lack a birthing facility

Learn more:
For full descriptions of policies, data sources, and technical notes, click here see the full report.

Visit us:
marchofdimes.org/PeriStats

Contact us:
Perinataldatacenter@marchofdimes.org

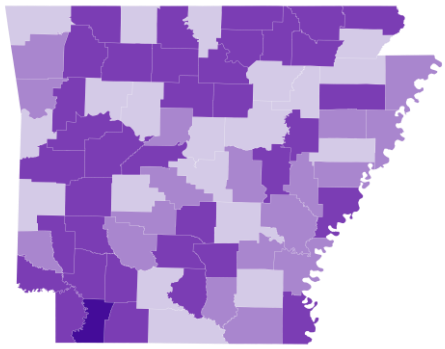
Travel time to hospitals with labor and delivery services

Long travel times to care can increase risk for adverse outcomes during delivery and obstetric emergencies.

Key insights

- On average, women in Arkansas travel 22 minutes to reach their closest hospital with labor and delivery services
- Women in maternity care deserts travel 2.3 times longer than those in full access counties
- 91K women in Arkansas live more than 30 minutes from a hospital with labor and delivery services

Travel time to care



Adopted policies and opportunities

Adopted | Not adopted

Evidence-based policies can remove barriers, improve access, and save lives. Below are key policy levers that states can adopt to strengthen maternity care. All policy efforts were assessed as of 7/1/2026.

Medicaid eligibility

Expand income thresholds and postpartum coverage through 12 months.

- Expansion: Adopted
- Postpartum extension: Not adopted

Independent billing and practice for doulas

Allow doulas to enroll as independent Medicaid providers.

Not adopted

Supportive midwifery policies

These supportive policies make it easier for midwives to provide care to low-risk obstetric patients.

- Independent practice: Adopted
- Pay parity: Not adopted
- Licensure of certified midwives: Adopted
- Admitting privileges: Not adopted
- Prescriptive authority: Not adopted

A mom and her baby utilize a March of Dimes Mom & Baby Mobile Health Center.

March of Dimes improves access to maternity care through education, advocacy, innovation, and collaboration

Education: We analyze national and state-level data to track trends in maternal and infant health and share our findings in reports and on PeriStats.

Advocacy: We support policies that expand access, including Medicaid expansion and postpartum extension, equitable reimbursement for midwives and doulas, and telehealth.

Innovation: Our Innovation Fund invests in early-stage solutions and digital tools such as Mammha, a maternal mental health screening and referral tool.

Collaboration: We partner with local organizations to bring care directly into communities through our Mom & Baby Mobile Health Centers®, with more units launching soon. We are expanding the doula workforce through a 5-year initiative with CVS and local pilots.

Learn more:
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