

News and Perspectives

Closing the Postpartum Gap With Reverse Call Centers Alongside Traditional Support Lines

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Abstract

The majority of postpartum maternal deaths in the United States are preventable, but support and intervention in the postpartum period can be hard to find—and the burden is often on new moms to take the first step. In this *News and Perspectives* article, JMIR Correspondent Anika Nayak reports on how a proactive initiative in Arkansas is taking the first step in providing new mothers with support early in the postpartum period, with traditional support lines helping fill in the gaps later on.

Key Takeaways:

- More than 40% of US pregnancy-related deaths occur in the weeks between delivery and the traditional 6-week checkup—which about 40% of patients miss.
- Arkansas's Proactive Postpartum Call Center has nurses call new mothers 5 to 10 days after discharge. In its first year, it reached 78% of eligible patients and connected them to urgent mental health and social support.
- National hotlines and warmlines remain essential for support across the full postpartum year.

The weeks after childbirth are a critical window for maternal health. In [2021](#), more than 40% of maternal deaths in the United States happened in the weeks between delivery and the traditional 6-week checkup, when many mothers have little contact with a clinician. The [national maternal mortality rate](#), which counts only deaths through 42 days, was 17.9 per 100,000 live births in 2024 (44.8 among Black mothers versus 14.2 among White mothers).

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“Once a baby is born, attention shifts almost entirely to the newborn, and new mothers are often left to manage and prioritize their own recovery with little guidance on when, how, or where to seek care,” said Robin Reck, BA, executive director of [Healthy Moms Healthy Babies America](#).

Many patients—approximately [40% of women](#)—also miss the postpartum visit, according to the American College of Obstetricians and Gynecologists (ACOG). ACOG now recommends that postpartum care be an ongoing process

rather than a single visit, starting with contact from an obstetric care provider within the first 3 weeks after birth.

Technology-enabled postpartum call centers offer an innovative way to proactively check in on new mothers after birth and connect them with services, including medical and mental health support. Moms don't have to make the first call, and support lines remain open for when they're ready to make the next one.

Calling Patients Instead of Waiting

The [Proactive Postpartum Call Center](#), launched as a pilot on May 1, 2025, by the Arkansas Center for Women & Infants' Health at the University of Arkansas for Medical Sciences (UAMS), has nurses make that first call, in what the center describes as the first statewide model of its kind.

“Rather than put the burden on families to call and reach for help, we were going to proactively reach every family that delivers in our state and see if they need help,” said [Nirvana Manning, MD](#), chair of the UAMS Department of Obstetrics and Gynecology and director of the UAMS Center for Women & Infants' Health. “Quite often, you may not even know the resources that are available, and there's also a stigma with asking for help, especially in that postpartum period.”

Manning, who also serves on the [Arkansas Maternal Mortality Review Committee](#), said roughly one-third of maternal deaths occur during the delivery hospitalization, about one-third in the first 6 weeks after birth, and the rest in the months that follow. Many of those later deaths are tied to mental health conditions, substance use, and gaps in care, she said, especially once insurance coverage ends. According

to Manning, those gaps inspired the statewide call center launched in 2025.

Partner hospitals send patient data as daily discharge lists or through [SHARE](#), Arkansas's health information exchange. A nurse calls each patient 5 to 10 days after discharge and screens for warning signs, lactation support, insurance gaps, and social and emotional needs. Early warning signs "can be very soft at times," Manning said: fatigue, bleeding, back pain, or shortness of breath that "may be blown off by

themselves or their families as a normal part of this postpartum period."

Every call includes questions about emotional well-being. In the program's [first year](#), 1 in 10 patients screened positive for possible postpartum depression, 12% were connected to mental health resources, and 152 were referred to triage, urgent care, or an emergency department for mental health follow-up.



Mothers who deliver at participating hospitals across the state receive a postpartum and infant care supply kit, with a luggage tag on each bag letting them know to expect a call from the University of Arkansas for Medical Sciences Postpartum Call Center. Photo credit: University of Arkansas for Medical Sciences.

Patients with urgent warning signs are sent to triage, urgent care, or an emergency department, Manning said; others are referred to local mental health care or, where none exists, a telemedicine provider. For needs like food, diapers, or housing, nurses share resources or connect patients with a community health worker, who also helps Medicaid patients reapply for coverage (Arkansas is the [only US state](#) where postpartum Medicaid coverage [ends 60 days after birth](#), instead of being extended to 12 months). After three unanswered attempts, the center sends a home visitor.

In its first year, the program reached 78% of the patients called and grew from 1 to 21 partner hospitals, roughly two-thirds of the state's delivery sites. "If they had not called," one patient wrote, "I would not have known to go to triage and would not have known that I had postpartum preeclampsia."

Sustainability for Call Center Initiatives

Currently, the call center is funded by a [US \\$5 million congressional earmark](#), plus part of [US \\$40 million in federal funding](#) to UAMS, announced in February 2026, to expand it.

However, that funding is temporary, so program leaders are looking for sustainable sources to keep the calls going. "We would love a future in which the state would cover the [call center]," said Manning.

Several US states, including California, Illinois, Arkansas, and New Jersey, have laws requiring that new mothers be screened, or at least be offered screening, for depression or other mental health conditions after giving birth. Leaders are now exploring whether the call center model could be replicated in other states.

Hotlines and Warmlines

Meeting mothers where they are is the first step; the next, Manning said, is making sure mothers know exactly where to call when they need help. Whether earlier in the postpartum period or in the later months—when postpartum depression symptoms [may emerge](#) for some mothers—support lines are available. UAMS shares the number for its [24/7 Women's Health Help Line \(866-273-3835\)](#) with all of the state's delivering hospitals, and nurses repeat it during the postpartum call, followed by text reminders in the weeks after. Mothers can call the line whether they're in crisis or just have a general postpartum question.

Other national lines, open to all, generally fall into two categories. Hotlines, usually staffed 24/7, offer immediate crisis support. The Health Resources and Services Administration's [National Maternal Mental Health Hotline](#) (1-833-TLC-MAMA) is free, confidential, and available 24/7 by call, text, or chat in English and Spanish, with interpreters in 60 languages. Family members can also call on behalf of their loved one.

"You don't have to have a diagnosis to reach out," said Andrea Clark, JD, MDiv, deputy chief executive officer of [Postpartum Support International \(PSI\)](#). "We'd rather have you pick up the phone and text or call than not." Anyone at risk of harming themselves or others should call 988, the Suicide & Crisis Lifeline, she said.

A warmline, Clark said, is for when "you don't necessarily need to talk to someone right now, but you would like some help navigating where to get local support."

[PSI's HelpLine](#) (1-800-944-4773) is a warmline where callers leave a message and a trained volunteer calls back, usually within 24 hours. PSI Support Navigators in every state then connect families to local help, from housing and food resources to support groups, diaper banks, and maternal mental health specialists. The aim, Clark said, is "a warm handoff or a warm introduction to those resources so it doesn't feel like you're just clicking through web pages to try to find answers."

Whether the first call comes from a nurse or from a mother dialing in herself, the goal is the same: no one should have to navigate the postpartum year alone.

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