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Advancing Health in America

Keeping Care Close to Home

A Rural Maternal Health Toolkit



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Executive Summary



Maternal care is fundamental to the health and well-being of rural communities, yet maintaining local obstetric services is increasingly difficult for rural hospitals. Nearly 60% of rural hospitals no longer provide labor and delivery services, more than one-third of U.S. counties are considered maternity care deserts, and millions of women of reproductive age lack local access to obstetric care. For many rural families, this means traveling long distances for prenatal, delivery and postpartum care, creating additional barriers to timely care and putting greater strain on families and communities.

In this landscape, many rural hospitals and health systems are demonstrating remarkable innovation and commitment to providing maternal health services. They are developing new approaches to strengthen the workforce, expand access to care, build regional partnerships and redesign care delivery. This toolkit draws on interviews and site visits with 160 leaders from 92 hospitals and health systems across 37 states to showcase practical strategies that healthcare organizations are using to bolster and sustain maternal care in a range of rural settings.

Keeping Care Close to Home: A Rural Maternal Health Toolkit takes an ecosystem approach, organized around four interconnected domains that support better maternal outcomes in rural communities:

- Building a strong foundation
- Strengthening clinical maternal care
- Extending care into the community
- Connecting the rural maternal care infrastructure

There is no single model for success. Rural hospitals are developing solutions that reflect their unique communities, resources and needs. Each section in this toolkit includes case examples, strategic considerations and questions to help hospital leaders assess their current approach, identify opportunities and adapt these strategies to their local context.

By investing in strengthening the rural maternal care ecosystem, hospitals and their partners can help ensure that mothers and babies can continue to access care close to home. This toolkit provides practical strategies and inspiration for leaders working toward that goal.

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Introduction

Understanding the Rural Maternal Healthcare Landscape

Access to maternal care is essential for the health and well-being of mothers, babies and the communities in which they live. In rural communities, hospitals have long served as the cornerstone of that care, providing prenatal care, labor and delivery services, and postpartum support close to home. Rural maternal care is often built on trusted, longstanding relationships between patients, families and their care teams. Providers often know their patients and families personally and have a deep understanding of the community's culture, resources and unique needs. These relationships can strengthen communication, foster patient engagement and support a more personalized care experience.

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Yet in many rural communities, how and where women access maternal care is changing. Nearly 60% of rural hospitals no longer provide labor and delivery services and since 2020, more than 140 rural hospitals have closed or announced plans to close their obstetric units.[1] Today, more than 2.4 million women of reproductive age live in counties without an obstetrician or local delivery services, and more than one-third of U.S. counties are considered maternal care deserts.[2]

When obstetric services are unavailable in local communities, families often travel long distances for perinatal care, increasing barriers to receiving timely and consistent care and delaying access to critical services during labor and obstetric emergencies. Studies have shown that the lack of rural hospital obstetric units is associated with increased out-of-hospital births, preterm births and deliveries occurring in hospitals without obstetric services.[3]

The consequences of losing obstetric care extend well beyond pregnancy. Communities may also lose family physicians who provide primary and obstetric care, while pediatric services can become more difficult to sustain and emergency departments have fewer opportunities to maintain obstetric readiness. Neighboring hospitals — often facing similar challenges — may need to absorb additional patients, placing further strain on regional maternal care capacity. The departure of labor and delivery services also can reduce patients' connection to their local hospital, leading families to seek care elsewhere. Over time, these changes can diminish a community's ability to attract and retain young families and weaken the broader rural healthcare infrastructure.

Safer Births Close to Home

Rural mothers experience higher rates of pregnancy-related mortality and severe maternal morbidity than women living in urban areas. In 2024, pregnancy-related mortality in rural areas was 28.0 deaths per 100,000 live births, more than 50% higher than in metropolitan areas (18.5).[4] Rural women are also 9% more likely to experience severe maternal morbidity than urban women.[5] These disparities extend to infants as well, with rural communities experiencing higher rates of infant mortality, premature births and low birth weight.[6]

These outcomes underscore the importance of reinforcing local access to maternity care services. While not every pregnancy can be managed entirely within a rural community, receiving care as close to home as possible offers these significant benefits:

- **Earlier and more consistent prenatal care.** Pregnant women are more likely to begin prenatal care earlier and attend recommended visits when care is available locally.[7] Longer travel distances can create barriers — including the need for transportation, missed work, childcare needs and inclement weather — that impede access to prenatal care.

Understanding the Challenges Facing Rural Maternal Care

- **Workforce shortages.** It can be difficult for rural hospitals to recruit and retain the specialized physicians, nurses and other providers needed to safely sustain maternity services. Currently, only 4% of the obstetrician-gynecologists (OB-GYNs) in the U.S. practice in rural areas.[16] Looking ahead, shortages are projected across several of the clinical professions essential to sustaining labor and delivery services in rural communities. By 2038, the Health Resources and Services Administration (HRSA) projects shortages of 46% for OB-GYNs, 77% for anesthesiologists and 29% for family medicine physicians in nonmetropolitan areas.[17]
- **Lower birth volumes.** Rural labor and delivery units often have low birth volumes, affecting providers' ability to maintain skills and competence for obstetric emergencies. Fewer deliveries can also make it difficult to sustain services. Reimbursement may not cover the fixed cost of care, especially for rural hospitals with low birth volumes.
- **Payment challenges.** Many rural births are covered by Medicaid, which often reimburses below the cost of care. Some rural hospitals are operating labor and delivery services at a loss, depending on income from other service lines to offset expenses.

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- **Timely identification of complications.** Regular prenatal and postpartum care helps providers identify conditions such as preeclampsia, gestational diabetes, fetal growth restriction and perinatal mental health concerns early. This continuity allows providers to intervene promptly, monitor emerging concerns and connect patients with specialty care when needed.
- **Easier access to labor, delivery and emergency care.** The presence of local obstetric services can help woman access skilled care more quickly when labor begins or when obstetric emergencies arise. Shorter travel times reduce delays in evaluation and treatment, support safer deliveries and can improve outcomes for both mothers and babies — particularly when complications develop unexpectedly.
- **Continuity during the postpartum period.** Access to local postpartum care makes it easier for new mothers to receive recommended follow-up visits and services, such as blood pressure monitoring, breastfeeding support, screening for postpartum depression and anxiety, and management of pregnancy-related complications that can arise after delivery.
- **Growing a family within the community.** Giving birth locally allows families to remain connected to their support networks, including partners, children, extended family and community resources. It reduces the financial and logistical burdens associated with traveling or temporarily relocating for delivery and helps families begin parenting in their communities.

Project Methodology

The American Hospital Association (AHA) is committed to supporting rural hospitals across the country in providing maternal care services. From July 2025 through July 2026, the AHA, with support from the Commonwealth Fund, explored how rural hospitals and health systems are sustaining access to maternal care.

The project engaged 160 individuals representing 90 hospitals and health systems serving rural communities across 37 states. Qualitative data were collected through 12 key informant interviews, four site visits and three focus groups. Insights were analyzed to identify common themes, promising strategies and innovative models for sustaining rural maternal care.

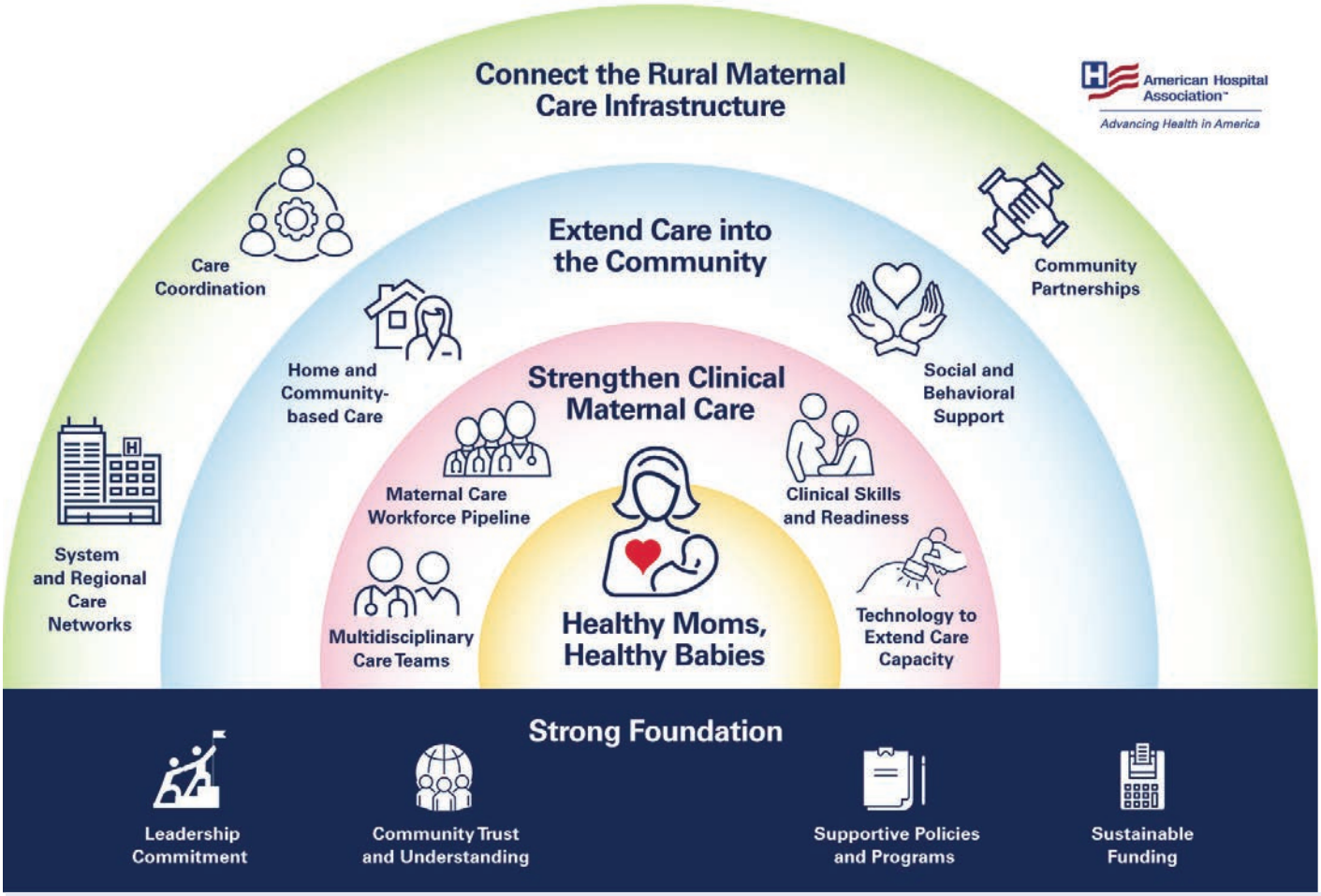
These findings informed the toolkit's four interconnected domains: building a strong foundation, strengthening clinical maternal care, extending care into the community and connecting the rural maternal care infrastructure. Through hospital examples, strategic considerations and questions for leaders, the toolkit translates these experiences into practical strategies to help hospitals assess their maternal care ecosystem, identify gaps and opportunities and adapt strategies to their local context, resources and partnerships.

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Rural Maternal Care Ecosystem

Keeping Care Close to Home: A Rural Maternal Health Toolkit is grounded in the concept of a rural maternal health ecosystem — a coordinated network of hospitals, clinicians, community organizations, public health partners and regional care networks working together to ensure women receive care throughout pregnancy, birth and postpartum.

The toolkit is organized around four interconnected domains that together strengthen rural maternal care:



- **Building a strong foundation** by making maternal care a strategic leadership priority, fostering community trust, creating supportive policies and programs and advancing sustainable financing.
- **Strengthening clinical maternal care** by reinforcing the workforce pipeline, creating multidisciplinary care teams, improving clinical readiness and expanding access through technology-enabled care.
- **Extending care into the community** through innovative models that bring care into homes and communities and embedding programs that address social and behavioral factors affecting maternal health.
- **Connecting the rural maternal care infrastructure** by coordinating care, partnering with community stakeholders and fostering care networks across systems, states and regions to support rural hospitals' ability to provide care.

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Building a Strong Foundation for Rural Maternal Care

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A strong operational foundation is essential for sustaining rural maternal care in a complex and evolving environment. Hospitals can strengthen their ability to adapt and thrive by fostering committed leadership, building community trust and understanding, advancing supportive policies and programs and securing sustainable funding needed to build long-term resilience. These elements serve as the foundation of a sustainable rural maternal care ecosystem.



Leadership Commitment

Visible, long-term commitment from organizational leadership helps sustain maternal care. Hospital executives, physician leaders and governing boards play a critical role in establishing maternal care as a strategic priority and essential community service by aligning resources and fostering a culture that values mothers, infants and families. Leaders set the vision for preserving local access to care, champion investments in workforce development, partnerships and quality improvement, and encourage innovation to address evolving community needs. They recognize that the value of maternal care extends beyond the number of births performed — it also supports the overall health of families, strengthens the local healthcare infrastructure and contributes to the well-being of the community. Even when reimbursement from payers does not cover the cost of providing maternal care, sustained leadership commitment to these services can help rural hospitals adapt and thrive over time.



Community Trust and Understanding

Strong maternal care programs are built on trusted relationships between hospitals, providers and the communities they serve. Those relationships begin with a deep understanding of and respect for the community's culture, values, strengths and needs. Many rural hospitals invest time in listening to patients, partnering with community organizations and developing care models to reflect local preferences. This commitment builds trust and encourages patients to seek care early, remain engaged throughout pregnancy and return for postpartum services. In many rural communities, providers care for multiple generations of the same families, creating relationships that extend well beyond individual pregnancies.



Supportive Policies and Programs

Policies and programs that recognize the unique realities of delivering maternal care in rural communities can help hospitals build on their existing strengths and sustain innovative models of care. Key opportunities include strengthening rural workforce pathways, supporting multidisciplinary care models, expanding telehealth, promoting regional collaboration, reducing administrative burden and enabling providers to practice at the top of their licenses. Policies that improve access to prenatal and postpartum services and invest in rural training opportunities can further strengthen the maternal care workforce. While many innovative solutions originate at the local level, supportive state and federal policies can also create the conditions for successful models to thrive.



Sustainable Funding

Offering maternal care requires payment models that recognize the value of maintaining access and clinical readiness. Traditional fee-for-service reimbursement often fails to account for the fixed costs of sustaining obstetric services in rural communities, including workforce, surgical capacity, anesthesia coverage and emergency preparedness. As a result, many rural hospitals rely on a combination of Medicaid reimbursement, commercial insurance, grants, philanthropy and cross-subsidization from other service lines to sustain maternal care.

Long-term sustainability depends on stable financing mechanisms that support essential women's healthcare infrastructure in rural communities. Payment approaches should recognize the importance of preserving access, covering the fixed cost of care, maintaining clinical readiness, investing in workforce development and education and supporting the full range of capabilities required to safely care for mothers and babies in rural communities.

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Strategic Considerations

- **Make maternal care a strategic priority.** Align leadership, governance and resource decisions around sustaining maternal care as an essential community service. Account for its contribution to family health, community trust and the broader rural healthcare infrastructure.
- **Build trust through community engagement.** Listen to women, families and community partners to understand local needs, preferences and barriers to care. Use their input to shape services and strengthen relationships.
- **Advocate for policies that support rural maternal care.** Work with state and regional partners to identify policy opportunities that strengthen workforce pathways, support collaborative care models, expand telehealth and preserve access to prenatal and postpartum services.
- **Plan for sustainable financing.** Assess the full cost of maintaining maternal care, including staffing, surgical capacity, anesthesia coverage and emergency readiness. Engage payers and other funding partners to identify approaches that support these capabilities over time.

Questions for Hospital Leaders

- Is maternal care clearly established as a strategic priority for your organization and governing board? Do your resource and investment decisions reflect that commitment?
- How well are the needs, preferences and experiences of women and families in your community understood? How are you using their input to shape maternal care design?
- What partnerships, programs, policies or technology could strengthen your ability to provide maternal care and extend capacity?
- What are the total fixed costs of providing maternal care, including staffing, surgical capacity, anesthesia and emergency readiness? Where are the greatest vulnerabilities in your current funding model?
- What investments or changes are most important now to strengthen the long-term resilience of maternal care in your community?

PODCAST SERIES



Frontiers: Stories of Innovation in Rural Maternal Care

Take a deeper dive into the experiences of the rural hospitals featured in this toolkit. In this Advancing Health podcast series, hear directly from rural leaders about how they are strengthening maternal care through committed leadership, innovative workforce strategies and connected systems of care.

Listen at **www.aha.org/frontiers**.

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Strengthening Clinical Maternal Care

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Building and Sustaining the Workforce Pipeline

Building and sustaining a maternal care workforce is one of the greatest challenges facing rural hospitals and a critical determinant of whether they can maintain or expand services. Shortages of healthcare professionals are particularly acute in rural communities where hospitals often struggle to recruit and retain the multidisciplinary team required to support pregnancy, birth and postpartum care. The challenge extends far beyond obstetricians, affecting the entire maternal care team — including family medicine physicians with obstetric training, certified nurse-midwives, labor and delivery nurses, anesthesiologists, ultrasonographers, pediatric providers and other professionals who contribute to maternal care *(See page 13)*.

Multiple factors contribute to these challenges, including an aging workforce nearing retirement and limited exposure to rural practice during clinical training, much of which takes place in urban areas. Rural hospitals also face challenges in attracting and retaining maternal health professionals, including professional isolation, demanding call schedules and fewer opportunities for mentorship, professional development and career advancement.

Recognizing that recruitment alone cannot solve these challenges, many rural hospitals are investing in long-term workforce development strategies. They are cultivating future providers by introducing learners to rural practice early in their academic experience, strengthening educational partnerships, supporting professional development and creating pathways that encourage clinicians to build careers in rural communities.

Together, these efforts help attract, prepare and retain the next generation of rural maternal health professionals. Below are key strategies rural hospitals are using:

Early Exposure to Rural Health Careers

Many rural hospitals are investing in programs that introduce students to healthcare careers through partnerships with schools, career exploration programs, mentorships, job shadowing and volunteer opportunities. These experiences help young people understand the breadth of careers available to them in healthcare while fostering connections with local healthcare organizations. Hospitals can inspire the next generation of rural healthcare professionals and strengthen the workforce pipeline by engaging students before they make long-term education and career decisions.

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The Maternal Health Workforce

Maternal care depends on a multidisciplinary workforce, with professionals and support staff bringing different expertise and skills to support mothers and babies throughout the perinatal period. Key members of the maternal care team can include:

- **Obstetrician-Gynecologists (OB-GYNs):** Physicians who provide comprehensive reproductive, prenatal, delivery, and postpartum care, including management of high-risk pregnancies, complications and surgical procedures such as cesarean births.
- **Family Medicine Physicians with Obstetric Training (FM-OBs):** Family physicians with additional obstetric training who provide prenatal, labor and delivery, and postpartum care while also caring for patients across their lifespan.
- **Certified Nurse-midwives (CNMs):** Advanced practice clinicians who provide evidence-based, patient-centered perinatal care, with a focus on managing low-risk pregnancies while collaborating with physicians when higher levels of care are needed.
- **Labor and Delivery (L&D) Nurses:** Specialized nxurses who care for patients throughout labor, birth and the immediate postpartum period.
- **Maternal-fetal Medicine (MFM) Specialists:** Obstetricians with advanced training in managing high-risk pregnancies who provide specialized consultation, diagnostic evaluation and care recommendations for patients with complex maternal or fetal conditions.
- **Ultrasonographers (Sonographers):** Specialized imaging professionals who perform and interpret obstetric ultrasounds.
- **Anesthesiologists:** Clinicians who provide pain management during labor and delivery, administer anesthesia for procedures such as cesarean births and support the management of obstetric emergencies.
- **Pediatricians:** Clinicians who care for newborns and infants in collaboration with maternal care teams to support healthy transitions after birth.
- **General Surgeons:** Surgeons who assist with emergency procedures such as cesarean deliveries when obstetric surgical coverage is limited.
- **Behavioral Health Professionals:** Psychiatrists, psychologists and clinical social workers who work with maternal care teams and patients to identify, assess, treat and manage mental health and substance use conditions during pregnancy and postpartum.
- **Community Health Workers (CHWs):** Members of the community who help pregnant and postpartum patients navigate health systems, connect to resources, address social needs and provide culturally responsive support.
- **Doulas:** Trained birth support professionals who provide continuous emotional, physical and informational support before, during and after childbirth, helping patients advocate for their treatment preferences and navigate the birth experience.

Homegrown Workforce Programs

Rural hospitals are building workforce programs that identify students, nurses and other healthcare professionals with strong ties to their communities and support their education, training and career advancement. By cultivating local talent, these programs create a workforce that is more likely to practice — and remain — in rural communities. Approaches include supporting family medicine residencies and fellowships, "grow-your-own" nursing initiatives, scholarship and tuition assistance programs, career pathways for high school and college students and opportunities for existing staff to advance into new clinical roles. Although many initiatives begin with grant funding, their long-term success depends on sustained organizational commitment, strong educational partnerships and continued investment in workforce development. These programs take years to produce graduates but build a steady supply of future maternal health professionals.

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Rural Learning Opportunities

Rural hospital-based clinical rotations, internships, fellowships and residency experiences for physicians and nurses introduce learners to the unique rewards and challenges of rural maternal care while providing hands-on experience across the full continuum of pregnancy, birth and postpartum care. These experiences strengthen clinical skills, build relationships with providers and communities and help learners develop confidence in resource-limited settings where multidisciplinary collaboration is essential. Many rural hospitals view these immersive experiences as one of their most effective long-term recruitment strategies — recognizing that clinicians are far more likely to return to communities where they have trained and established professional connections.[8,9]

Academic and Educational Partnerships

Partnerships with universities, residency programs, nursing schools, technical colleges and other educational institutions expand access to rural clinical training while allowing organizations to share faculty expertise, educational resources and training sites. These collaborations strengthen pathways for a wide range of maternal health professionals *(See page 13)*. Academic partnerships also help align training with rural workforce needs, expose learners to rural practice early in their education and create workforce connections that would be difficult for individual hospitals to develop on their own.

Supporting and Retaining the Workforce

Long-term workforce sustainability depends not only on recruitment, but also on creating an environment where clinicians want to live and practice. Rural hospitals are investing in mentorship, continuing education, leadership development, peer networks and professional growth opportunities to support career satisfaction and reduce professional isolation. Flexible staffing models, wellness initiatives and a collaborative team culture further strengthen retention, helping hospitals maintain an experienced workforce while reducing turnover.



Strategic Considerations

- **Start building the workforce pipeline early.** Partner with local schools, technical colleges and universities to introduce students to maternal health careers, provide meaningful exposure to rural practice and inspire the next generation of healthcare professionals.
- **Invest in people with community ties.** Develop "grow-your-own" pathways that support education, training and career advancement for local students and existing staff. Connect these opportunities with future roles serving the community.
- **Create multiple pathways into rural practice.** Work with educational partners to offer internships, clinical rotations, residencies and fellowships to increase exposure to rural maternal care and expand opportunities for future recruitment. Design experiences that build clinical skills and lasting connections with rural care teams and communities.
- **Develop the entire maternal care team.** Align workforce planning with the range of professionals needed to support maternal care, including FM-OBs, CNMs, labor and delivery nurses, anesthesiologists, sonographers, doulas, CHWs, lactation consultants and other professionals who contribute to maternal care.
- **Invest in long-term retention.** Provide mentorship, continuing education, leadership opportunities and peer connections. Pair these supports with flexible staffing and a collaborative work environment to strengthen retention and reduce professional isolation.

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Questions for Hospital Leaders

- Which maternal health professions represent the greatest workforce gaps in your community today — and which are likely to become the greatest needs over the next five to 10 years?
- How can you introduce students and early-career professionals to rural maternal care before they make career decisions?
- Which schools, universities, residency programs or other educational institutions could become stronger workforce partners?
- Are there opportunities to develop "grow-your-own" workforce programs for students or existing staff with ties to the community?
- How could you provide meaningful training experiences that encourage learners to return after graduation?
- What supports are in place to help new clinicians successfully transition into rural practice and communities, and remain engaged over the long term?



Hospitals in Action

Delta Health System: Building a Homegrown Physician Pipeline

GREENVILLE, MISS. Delta Health System is strengthening its long-term workforce pipeline through its family medicine residency program, recognizing that clinicians who train in the Mississippi Delta are more likely to practice there. The hospital also partners with local high schools and colleges to introduce students to healthcare careers and encourage them to pursue education before returning to serve their communities. This "leave to train, return to serve" approach creates a sustainable pathway for recruiting and retaining clinicians, while strengthening access to maternal care across the Mississippi Delta. **READ THE AHA CASE STUDY**

MaineHealth and Northern Light Health: Creating Fellowships to Support Rural Professionals

STATEWIDE IN MAINE Through the statewide MERGE Collaborative, Maine's rural hospitals, academic institutions and health systems have expanded rural clinical rotations, specialized obstetric training and mentorship opportunities for future clinicians. Northern Light Health is building on these efforts by developing a Family Medicine Obstetrics Fellowship and regional staffing models that support physicians throughout their careers. Together, these initiatives create a coordinated workforce pipeline that prepares, recruits and retains maternal health professionals for rural practice. **READ THE AHA CASE STUDY**

University of Arkansas for Medical Sciences: Growing the Rural Midwifery Workforce

LITTLE ROCK, ARK. UAMS created Arkansas' first state-supported nurse-midwifery education program to prepare providers for practice in underserved communities. The hybrid program recruits nurses from across the state, provides rural clinical experiences and expands the number of certified nurse-midwives practicing in Arkansas. **LEARN MORE**

Western Wisconsin Health: Introducing Learners to Rural Practice

BALDWIN, WIS. Western Wisconsin Health partners with the Medical College of Wisconsin and regional educational institutions to train family medicine residents, FM-OB fellows, medical students and midwifery students. The hospital also introduces high school students to healthcare careers through job shadowing, scrub clubs and technical college partnerships, creating an early entry into rural healthcare careers. **READ THE AHA CASE STUDY**

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Strengthening Multidisciplinary Maternal Care Teams

Maternal care depends on a team of professionals with complementary expertise, including physicians, nurses, midwives, and other health professionals who support women and their babies throughout pregnancy, birth, and the postpartum period. For rural hospitals facing persistent workforce challenges, building a strong and flexible team can be essential to sustaining local maternal care.

Rural hospitals are rethinking how maternal care is delivered by building teams with complementary skills and making the most of each professional's expertise and scope of practice. These approaches can expand care capacity and help rural hospitals make the most of the clinicians available in their communities. FM-OBs, CNMs and labor and delivery nurses are among the professionals playing an increasingly important role in these models.

There is no single staffing model that works for every rural community. The composition of a maternal care team can vary based on patient volume, community needs, available workforce and local resources. What these approaches share is a focus on building teams that can collectively meet the needs of patients while sustaining the skills, capacity and flexibility needed to provide maternal care.

Family Medicine With Obstetrics

In lower-birth volume rural settings, FM-OBs can provide both primary and obstetric care, creating workforce flexibility while supporting maternal and broader community health needs. Their wider scope of practice can also provide continuity for patients before, during and after pregnancy. Family physicians already represent approximately 16% of the U.S. obstetrics workforce, and among family physicians who perform cesarean deliveries, more than 38% provide care to patients in counties without an OB-GYN.[10] These patterns underscore the important role FM-OBs can play in maintaining access to local maternal care.

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Certified Nurse-Midwifery

CNMs can expand capacity for low-risk prenatal, birth and postpartum care while collaborating with physicians and other clinicians when additional services are needed. The midwifery model emphasizes partnership with women and families and incorporates patients' preferences, values and social and emotional needs into care decisions. Between 2007 and 2022, 9.7% of births among rural U.S. residents were midwife-attended, compared with 9.4% among urban residents; by 2022, the rural figure had risen to 12.7%.[11] Expanding access to CNMs can be an important strategy for expanding the rural maternal care workforce and providing patients with more options for patient-centered care.

Flexible Nursing Models

L&D nurses are central to maternal care, providing continuous assessment, coordinating care and responding to obstetric emergencies. Flexible staffing is already common in rural hospitals: 78% of rural hospitals with fewer than 300 births annually use a shared nursing staff model, with nurses working across maternity and other hospital service lines.[12] Cross-training and flexible staffing models can help maintain nursing capacity across service lines while preserving essential obstetric skills through ongoing education, simulation and emergency preparedness

Together, these approaches demonstrate how hospitals can design maternal care teams around the strengths of their workforce, creating models that are responsive to local needs while supporting long-term sustainability.



Strategic Considerations

- **Design the maternal care team around community needs.** Assess patient needs, birth volume, available clinicians and local resources to determine care models that meet the needs of patients and communities.
- **Leverage complementary expertise across the team.** Align the skills of OB-GYNs, FM-OBs, CNMs, nurses and other professionals to expand capacity, support continuity and create staffing flexibility.
- **Encourage each team member to practice at the top of their license.** Define roles, responsibilities and workflows that reflect each professional's training, licensure and clinical privileges. Establish clear processes for collaboration, consultation and escalation.
- **Foster a culture of collaboration and effective communication.** Conduct regular multidisciplinary trainings, case reviews and quality improvement activities to reinforce mutual respect, shared decision-making and coordinated responses during routine care and emergencies.



Questions for Hospital Leaders

- What are the gaps in your current maternal care model, and how could a multidisciplinary care team help address them?
- How might a multidisciplinary team better meet the needs of women and families in your community?
- Where could additional provider types expand access, improve continuity of care or increase workforce flexibility?
- Do workflows, culture and communication processes support efficient collaboration across disciplines?
- What partnerships within your hospital, health system or community could strengthen your multidisciplinary model?

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Hutchinson Regional Medical Center: Integrating Providers Into One Care Team

HUTCHINSON, KAN. Hutchinson Regional Medical Center created a collaborative maternal care model that brings together obstetricians, FM-OBs and CNMs. Rather than asking patients to choose between providers or care settings, the health system integrated midwives into hospital-based care, recruited FM-OB physicians with advanced obstetric and cesarean delivery training and aligned clinical workflows across organizations. By leveraging the complementary expertise of each provider type, the model expands patient choice, improves care coordination and ensures patients remain connected to an integrated maternal care team in their local community.

LISTEN TO THE AHA PODCAST

Smith County Memorial Hospital: Building a Culture of Team-based Care

SMITH CENTER, KAN. At Smith County Memorial Hospital, multidisciplinary teamwork extends beyond the labor and delivery unit. Physicians, nurses, emergency medical services (EMS), hospital leadership and community partners work together through regular communication, shared decision-making and clearly defined roles to ensure coordinated care before, during and after obstetric emergencies. By fostering a culture of trust, mutual respect and shared accountability, the hospital has strengthened collaboration across disciplines, improved team performance and created a more supportive environment for both patients and providers.

LISTEN TO THE AHA PODCAST

Western Wisconsin Health: Creating a Team-based Model of Care

BALDWIN, WIS. Western Wisconsin Health has expanded its labor and delivery unit and intentionally designed a multidisciplinary maternal care team to meet growing community needs. Obstetricians, FM-OBs, CNMs, nurses and care coordinators each play complementary roles, allowing team members to practice at the top of their training. Midwives provide full-scope care for low-risk pregnancies, OBs manage higher-risk pregnancies and surgical deliveries, and FM-OBs provide care across the continuum. Leaders credit this collaborative model with expanding access to care, supporting lower cesarean delivery rates, achieving high patient satisfaction and strengthening the resilience of the maternal care workforce.

READ THE AHA CASE STUDY

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Improving Clinical Readiness

Delivering maternal care requires skilled clinicians and care teams that are prepared to respond confidently and effectively when obstetric emergencies occur. Maintaining clinical readiness is a challenge in low birth volume settings because teams have fewer opportunities to care for a broad range of obstetric scenarios, including both routine deliveries and rare but high-acuity emergencies.

Strong maternal outcomes depend in part on the readiness of the entire care team to recognize and respond quickly when complications arise. Clinical readiness means ensuring that all personnel are prepared to recognize time-sensitive obstetric emergencies, communicate effectively and respond as a coordinated team.

Importantly, volume alone does not determine quality or safety. Because rural clinicians and teams may encounter these events infrequently, hospitals should intentionally create opportunities to strengthen individual and team preparedness to build, practice and sustain readiness across the care continuum.

Several strategies that help rural hospitals strengthen clinical skills and improve readiness include:

Team-based Simulation Training

Team-based simulation is one of the most effective ways to maintain clinical readiness. Simulation allows rural care teams to practice rare but high-risk obstetric emergencies in a realistic, low-risk environment, strengthening individual clinical skills while improving communication, clarifying team roles and reinforcing standardized protocols. It also helps teams identify system gaps before they affect patient care.

Simulation can range from high-fidelity scenarios using advanced birthing simulators that closely replicate real obstetric emergencies to simple, low-fidelity models. While high-fidelity simulation offers realistic clinical experiences, many hospitals have found that shorter, low-fidelity, high-frequency simulation sessions are equally effective for building confidence, reinforcing emergency response skills and maintaining readiness over time.

Hospitals have multiple options for accessing simulation training. They may participate in regional simulation centers, host mobile simulation programs that bring equipment and instructors directly to their facility or use tele-simulation to connect with expert facilitators remotely. These flexible approaches expand access to high-quality training for rural care teams and have been shown to improve teamwork, adherence to evidence-based protocols and maternal outcomes.[13]

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Rotations at High-volume Centers

Partnerships with high-volume regional or academic medical centers create opportunities for OB-GYNS, FM-OBs, CNMs and nurses to maintain clinical skills through periodic clinical rotations. Exposure to a broader range of obstetric patients and procedures helps clinicians practice clinical skills, strengthen confidence and reinforce evidence-based practices. Rotations also strengthen relationships with referral hospitals, making consultations and care coordination more seamless. The American College of Obstetricians and Gynecologists (ACOG) recommends periodic rotations to higher-volume facilities as one strategy to help clinicians maintain obstetric competency in rural and low-volume settings.[14]

Standardizing Practices

Standardizing the core components of prenatal care helps care teams deliver consistent, evidence-based care while preserving the flexibility to tailor the timing, frequency and delivery of services to each patient's clinical and social needs.[15] Shared clinical protocols, screening tools, documentation templates, patient education materials and referral pathways create a common foundation for care across providers and settings. This is particularly important in rural communities where patients may receive care from multiple clinicians, access services across different locations or require transfer to higher levels of care. Standardized approaches help reduce unnecessary variation, improve communication and coordination among care teams, support timely identification of needs and promote seamless transitions throughout care.

Mentorship and Peer Networks

Formal mentoring relationships, case reviews, virtual consultation and real-time access to specialists for decision-making support involving complex patients help rural clinicians maintain confidence while reducing professional isolation. Regional communities of practice create opportunities for providers from different organizations to exchange lessons learned, discuss difficult cases and share successful approaches to improving maternal care. These connections support clinical decision-making, reinforce learning and give rural providers access to additional expertise while continuing to care for patients in their community.



Strategic Considerations

- **Build readiness through multiple reinforcing strategies.** Pair simulation with clinical rotations, standardized protocols, mentorship, case reviews and peer learning to reinforce individual skills and team preparedness.
- **Train the team that responds together.** Include physicians, midwives, nurses, anesthesia providers, emergency department clinicians, EMS personnel and other responders in multidisciplinary drills. Practice communication, role assignments and coordination across care settings.
- **Create pathways to expand clinical exposure and expertise.** Partner with higher-volume hospitals, academic medical centers, perinatal quality collaboratives and neighboring rural hospitals to support rotations, shared training and consultation. Formalize arrangements when needed to clarify responsibilities and sustain access.
- **Make readiness a part of everyday operations.** Schedule recurring drills, review cases and update protocols as part of ongoing quality improvement. To reinforce a culture of continuous learning and improvement, use lessons from these activities to address gaps in skills, communication, equipment and response processes.

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Questions for Hospital Leaders

- How does your organization maintain readiness to respond to low-frequency, high-risk obstetric emergencies?
- What opportunities exist to expand learning and skill-building for your maternal care team?
- How well coordinated are your emergency response processes across departments and care settings?
- How are you creating a culture of continuous readiness and improvement for your organization and your partners?

Hospitals in Action

Maniilaq Health Center: Maintaining Skills Through Regional Partnerships

KOTZEBUE, ALASKA Located above the Arctic Circle, Maniilaq Health Center in Kotzebue. Alaska, provides care to 12 remote tribal communities across a vast region inaccessible by road. CNMs are the primary maternity care providers for these communities. To maintain clinical readiness and expand their experience with higher-acuity obstetric care, the midwives periodically complete two-week rotations at Alaska Native Medical Center in Anchorage. These rotations provide exposure to a broader range of obstetric cases while strengthening relationships with obstetric specialists and reinforcing referral pathways that support coordinated care.

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MaineHealth and Northern Light Health: Establishing Statewide Simulation Training

STATEWIDE IN MAINE MaineHealth has developed multiple approaches to bring obstetric emergency training to rural clinicians. Hospitals receive hands-on simulation, low-cost training kits and tele-simulation supported by expert coaches. Northern Light Health complements these efforts with a Mobile Simulation and Emergency Preparedness Unit — an ambulance converted into a traveling simulation lab — that delivers obstetric emergency training directly to rural hospitals and EMS agencies, reducing travel barriers while expanding access to high-quality education.

READ THE AHA CASE STUDY

Powell Valley Healthcare: Creating Opportunities With Academic Partnershipss

POWELL, WYO. Powell Valley Healthcare partnered with Northwest College to strengthen obstetric emergency preparedness through simulation-based education. The partnership provides access to high-fidelity simulators, 2-week onsite training and ongoing educational support, helping rural clinicians maintain skills and confidence in managing low-frequency, high-risk maternal and neonatal emergencies.

LEARN MORE

Western Wisconsin Health: Ongoing Simulation and Skills Development

BALDWIN, WIS. At Western Wisconsin Health, multidisciplinary teams regularly participate in obstetric emergency and neonatal resuscitation simulations to practice communication, teamwork and emergency response. The hospital partners with a technical college in nearby River Falls to provide routine high-fidelity simulations, helping clinicians maintain the skills and confidence needed to respond to rare, high-risk maternal and neonatal emergencies.

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Expanding Care Capacity Through Technology

Technology-enabled care is an important component of a resilient rural maternal care ecosystem. These tools can extend the reach of rural maternal care, helping patients access services and enabling local care teams to draw on expertise beyond their communities. For patients, telehealth, virtual visits and digital communication tools can expand access to prenatal and postpartum services. For rural clinicians and care teams, technology can facilitate collaboration with specialty and subspecialty providers, referral centers and other clinical resources that may not be available locally. Together, these approaches build on local expertise, extend the reach of maternal care teams and strengthen the infrastructure needed to support care in rural communities.

Technology does not replace in-person care; rather, it strengthens local care delivery by supporting collaboration, consultation and continuity across the care continuum. Teleconsultations, virtual monitoring hubs and other models of clinical support enable rural hospitals and clinics to collaborate with maternal-fetal medicine specialists and other members of the maternal care team for consultation, care planning and real-time decision support. These approaches can help address workforce challenges by extending the reach of specialty services, providing additional support to clinicians in lower-volume settings and enabling more patients to receive care in their local communities.

Several technology-enabled strategies emerged across rural hospitals:

Tele-Maternal-fetal Medicine

Tele-Maternal-fetal Medicine (Tele-MFM) connects rural patients and local care teams with MFM specialists through virtual consultations, ultrasound review, diagnostic support, care planning and clinical decision support. Rather than requiring patients to travel long distances for every specialty appointment, Tele-MFM allows many consultations to occur in partnership with a local hospital or clinic where patients can receive care from their team while the specialist participates remotely. This model helps preserve continuity of care, reduce travel burdens and improve access to specialty expertise for patients with higher-risk pregnancies.

Beyond expanding access for patients, Tele-MFM strengthens rural maternal care teams by creating ongoing connections between local clinicians and specialists at regional referral centers. Rural providers can consult on complex cases, develop shared care plans, discuss management decisions in real time and build clinical confidence managing higher-risk pregnancies locally.

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Telehealth Prenatal and Postpartum Care

Telehealth prenatal and postpartum care uses virtual visits, digital communication tools and remote care platforms to complement in-person care. Virtual encounters can support routine follow-up, patient education, breastfeeding support, behavioral health services, medication management, care coordination and postpartum check-ins, helping patients stay connected to their care teams throughout pregnancy and after delivery.

For patients living in rural communities, telehealth can reduce travel demands, improve continuity of care and create additional opportunities for timely communication with providers. When integrated thoughtfully with in-person visits, remote monitoring, local services and community-based support, telehealth expands the reach of maternal care teams while allowing care to remain responsive to each patient's clinical needs, preferences and circumstances.

Virtual Specialty Support

Technology can extend the reach of specialty expertise by connecting rural clinicians with experienced providers for real-time consultation, clinical decision support and collaborative care. Unlike patient-facing telehealth visits, virtual clinical support is designed to strengthen the capabilities of local care teams by providing access to expertise when and where it is needed.

Virtual partnerships with MFM specialists, OB-GYNs, neonatologists, obstetric nurses and other specialists can support fetal monitoring review, complex case consultation, emergency management, transfer decisions and bedside guidance during high-risk situations. These connections help reduce professional isolation, support clinical decision-making and strengthen the readiness of rural teams to provide care.

Virtual Monitoring Hubs

Virtual monitoring hubs allow clinicians at centralized locations to remotely monitor maternal and fetal health data from patients receiving care in rural communities. Using remote patient monitoring (RPM) devices, fetal monitoring systems and centralized nursing support, these hubs can identify concerning trends, facilitate earlier intervention and connect local care teams with obstetric specialists when needed. Virtual monitoring hubs can extend clinical capacity, enhance monitoring of high-risk pregnancies and postpartum patients and provide an additional layer of support — all without requiring patients to travel long distances.



Strategic Considerations

- **Use technology to complement, not replace, in-person care.** Identify where virtual consultation, monitoring and follow-up can extend specialty expertise while complementing in-person services and preserving trusting relationships with local care teams.
- **Design programs around patient access.** Assess broadband availability, device access, digital literacy, language and technical support needs. Build these considerations into program design so patients can use services reliably.
- **Integrate technology into existing care pathways.** Establish workflows for scheduling, documentation, information sharing, referrals and escalation. Clarify how local and specialty providers will coordinate virtual and in-person care.
- **Build strong partnerships to support virtual care.** Define the roles of participating hospitals, specialists and community providers. Establish expectations for consultation, communication and follow-up to keep patients connected across settings.

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- **Develop sustainable implementation plans.** Identify reimbursement opportunities, staffing needs, training requirements and technical infrastructure before implementation. Assign responsibility for maintaining services and resolving operational challenges.



Questions for Hospital Leaders

- Which maternal health services could be safely delivered virtually while allowing women to remain in their community?
- What are the greatest travel and broadband barriers for pregnant and postpartum women in your community?
- How can technology strengthen the relationship between local providers and regional specialists?
- Which technology-enabled strategies would have the greatest impact on access, quality and patient experience in your community?
- How are you engaging patients and providers to build trust and comfort with technology-enabled care?



Hospitals in Action

Avera Health: Monitoring Rural Patients Across States

SIOUX FALLS, S.D. Avera Health's Virtual OB Monitoring Hub connects experienced obstetric nurses with rural hospitals across multiple states to provide continuous monitoring and real-time clinical support during labor. Hub nurses monitor maternal and fetal status, review fetal heart tracings, support evidence-based protocols, coordinate transfers and assist frontline staff with complex clinical decisions. By serving as an extension of the local care team, the hub strengthens clinical readiness, reduces provider isolation and helps rural hospitals safely care for more mothers in their own communities.

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Banner Health: Supporting Rural Obstetric Teams Virtually

GREELEY, COLO. Banner Health's tele-obstetrics program connects family medicine physicians and rural maternity teams with board-certified OB-GYNs for real-time consultation, fetal heart rate interpretation, emergency management and virtual bedside assessments. Available 24/7, the service provides an "expert on call" that strengthens clinical decision-making, supports rural providers during complex cases and reduces unnecessary transfers, allowing more women to safely receive care at their local hospital.

LISTEN TO THE AHA PODCAST

Rochester Regional Health: Connecting Rural Patients to Specialty Care

POTSDAM, N.Y. Rochester Regional Health uses a comprehensive telehealth model — including a virtual OB-GYN urgent care, tele-MFM, RPM and virtual postpartum care — to bring specialty maternal services closer to women in New York's North Country. High-risk patients receive virtual consultations with MFM specialists while imaging and testing are completed locally and shared electronically for review. The health system has also increased postpartum follow-up rates from approximately 30% to nearly 90%, demonstrating how technology can improve both access and continuity of care for rural families.

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Extending Care Into the Community

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Bringing Care Closer to Home

For rural families, accessing maternal care can require significant time and travel. In response, rural hospitals and community partners are rethinking how care is delivered, moving beyond traditional clinic- and hospital-based models to bring services closer to where patients live. Home- and community-based models, including RPM programs, mobile clinics, home visiting and community paramedicine, create additional pathways for patients to receive support throughout pregnancy and the postpartum period. These approaches help monitor health changes, identify potential complications earlier, reinforce education, support self-management and provide timely intervention when complications arise. They also strengthen relationships between patients and care teams, creating a more continuous, proactive and connected maternal care experience.

Rural hospitals are implementing several strategies to bring care into communities, including:

Remote Patient Monitoring

RPM extends maternal care beyond traditional clinical settings by allowing patients to share health information with providers from home using connected devices, smartphone applications and other digital technologies. RPM is commonly used to monitor conditions such as hypertension, diabetes and other pregnancy-related complications while reducing unnecessary travel for routine follow-up care. These programs also encourage patient engagement, support earlier identification of clinical concerns and allow care teams to intervene before conditions worsen.

Mobile Clinics

Mobile clinics bring prenatal and postpartum services directly into rural communities, reducing travel for routine care. Depending on local needs, they may offer prenatal visits, ultrasounds, laboratory services, lactation support, behavioral health screening and other preventive services, extending access in areas where permanent clinics are not feasible.

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Postpartum Alert Programs

Postpartum alert programs support the early identification of complications after hospital discharge through standardized screening, patient education and structured follow-up. These programs may include remote patient monitoring, behavioral health screening, or visual reminders such as bracelets or wallet cards that reinforce postpartum warning signs. When paired with standardized follow-up protocols and education for both patients and care teams, these programs can improve early recognition of complications, facilitate timely intervention and strengthen continuity of care.

Home Visiting

Home visiting programs bring maternal and newborn care directly to families, with nurses, midwives, community health workers, doulas or other care team members providing services in the home. Services may include maternal and newborn assessments, blood pressure monitoring, breastfeeding support, patient education and care coordination, while also helping providers identify and address social and behavioral health needs that may affect health outcomes.

Community Paramedicine

Community paramedicine expands the role of EMS professionals to provide preventive and follow-up care for mothers and babies. Community paramedics may conduct postpartum assessments, blood pressure checks, medication reconciliation and referrals, leveraging an existing rural workforce to improve access to timely care and strengthen care coordination.



Strategic Considerations

- **Identify the greatest local access gaps.** Use community data, patient feedback and care utilization patterns to identify where travel, transportation, workforce limitations or service gaps impact care. Select models that address those barriers during pregnancy and postpartum.
- **Design models around local capacity and trusted relationships.** Engage EMS agencies, public health departments, community health workers, home visiting programs, tribal organizations and other partners already serving families. Define how their resources and expertise can support a coordinated maternal care approach.
- **Determine which care can safely move beyond traditional settings.** Assess opportunities for remote monitoring, mobile prenatal care, home visits, postpartum follow-up, lactation support and community paramedicine. Match services to patient needs while maintaining clinical oversight and clear escalation pathways.
- **Build the infrastructure for connected care.** Establish workflows for referrals, documentation, communication and follow-up between community-based programs, hospitals and clinics. Clarify how patients will access additional clinical or emergency support when needed.
- **Plan for sustainability from the beginning.** Identify the workforce, reimbursement models, partnerships and operational resources needed to maintain community-based services over time. Engage healthcare organizations, community partners and payers early to align on a shared mission, responsibilities and support.

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Questions for Hospital Leaders

- What barriers are preventing your patients from accessing care at the right time and place?
- Which maternal care services could be safely and effectively delivered in homes or community settings?
- Which community partners are already trusted by families and could play a greater role in supporting maternal health?
- How will community-based services connect with clinicians, care teams and emergency resources when additional support is needed?
- What workforce, technology, reimbursement or partnership requirements must be addressed to sustain these models over time?



Hospitals in Action

Harrison Memorial Hospital: Coordinating Emergency Response With Postpartum Alert Bracelets

CYNTHIANA, KY. Harrison Memorial Hospital participates in a statewide postpartum alert program to improve the early recognition and response to maternal emergencies. Pregnant patients receive a blue alert bracelet to wear throughout pregnancy and for six weeks postpartum. EMS personnel, emergency department staff and other frontline clinicians are trained to recognize the bracelet and respond appropriately to pregnancy- and postpartum-related warning signs. By pairing a simple visual alert with patient and provider education, the hospital strengthens communication across care settings, enabling more timely recognition and treatment of maternal complications.

LEARN MORE

University of Arkansas for Medical Sciences: Bringing Prenatal Care to Underserved Communities

LITTLE ROCK, ARK. UAMS uses two mobile maternal health clinics to deliver prenatal and reproductive healthcare to rural communities with limited or no obstetric services. Multidisciplinary teams — including an OB-trained advanced practice registered nurse or physician, a nurse and a CHW — provide prenatal visits, ultrasounds, laboratory services, contraceptive care and care coordination on a recurring schedule. CHWs help address transportation and other social needs while connecting patients to specialty care and regional hospitals, allowing more women to receive ongoing prenatal care closer to home.

LEARN MORE

Western Wisconsin Health: Extending Postpartum Care Into the Home

BALDWIN, WIS. Western Wisconsin Health offers postpartum home visits by registered nurses, allowing clinicians to assess both mother and newborn shortly after discharge without requiring another patient trip to the hospital. Nurses evaluate maternal recovery, infant health and feeding, answer questions, reinforce education and connect families with community resources. The health system also operates mobile health services that bring preventive care directly into rural communities, reducing travel burdens and strengthening relationships with patients beyond delivery.

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Supporting Social and Behavioral Needs

Maternal health is shaped by the conditions in which women live, work, and raise their families, as well as the clinical care they receive. A broad range of social, economic and behavioral factors — including housing stability, food access, transportation, financial security, social support, mental health, experiences with trauma and substance use — can affect a mother's ability to access care, manage chronic conditions, follow treatment plans and maintain health throughout pregnancy and after delivery. For rural families, these challenges may be compounded by geographic isolation, limited infrastructure and fewer available community resources.

To address these pressing needs, rural hospitals are partnering with community organizations, public health agencies and behavioral health providers to identify and address patients' social and behavioral needs alongside their medical care. Rural hospitals can help reduce barriers to care, strengthen patient engagement and improve outcomes for parents and babies by integrating these supports into the maternal care continuum.

Strategies for addressing social and behavioral factors that influence maternal health outcomes include:

Identifying and Addressing Social Needs

Routine screening for social needs helps care teams identify barriers that may affect a woman's ability to access care, manage health conditions and experience a healthy pregnancy and postpartum. Hospitals can incorporate standardized, patient-centered screening approaches into prenatal and postpartum care to identify health-related social needs. When screening is paired with clear referral pathways and follow-up processes, care teams can connect families with appropriate resources, address barriers earlier and provide support before challenges become more difficult to resolve. Effective approaches also prioritize trust, privacy and respectful communication to ensure patients feel safe sharing their needs and receiving support.

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Treating Perinatal Mood Disorders

Perinatal mood and anxiety disorders are among the most common complications of pregnancy and childbirth, yet many women do not receive timely identification or treatment due to stigma, limited behavioral health specialists and resources or other barriers to care. When mental healthcare is integrated into the broader maternal care team, providers can identify concerns earlier, support timely intervention and improve outcomes for both parents and infants. Rural hospitals can integrate routine screening for depression, anxiety and other mental health concerns into prenatal and postpartum care while establishing clear pathways for follow-up, treatment and support. In areas where behavioral health providers are limited, expanding access to tele-behavioral health services can help ensure patients receive appropriate support regardless of where they live.

Supporting Patients with Substance Use Disorders

Pregnant and postpartum patients with substance use disorders benefit from compassionate, trauma-informed and evidence-based care that reduces stigma and supports long-term recovery. Hospitals can improve outcomes by screening for substance use, offering medication for opioid use disorder (MOUD) when appropriate, providing wraparound support services, coordinating with community treatment providers and developing plans that support both the parent and infant throughout pregnancy and postpartum period, whether in clinical settings or at home.

Providing Wraparound Support Services

In addition to clinical care, many rural hospitals are offering comprehensive wraparound support that addresses the practical, emotional and social needs of families. Services may include patient navigation, home visiting, lactation support, parenting education, peer support, childbirth education and connections to community resources. By surrounding families with coordinated support, hospitals can improve engagement, strengthen continuity of care and promote healthier outcomes long after delivery.



Strategic Considerations

- **Embed screening as part of routine maternal care.** Screen all pregnant and postpartum patients for health-related social needs, perinatal mood and anxiety disorders and substance use using standardized, validated tools. Make these conversations a routine part of visits to build trust, reduce stigma and identify needs early.
- **Develop strong referral pathways.** Establish referral and follow-up processes with community organizations, behavioral health providers and social service agencies. Confirm whether patients receive services and address barriers that prevent them from connecting.
- **Integrate behavioral health into maternal care.** Incorporate behavioral health services into prenatal and postpartum care through co-located providers, collaborative care models or tele-behavioral health partnerships. Tailor the approach to local workforce and resources. Coordinate treatment and follow-up with the maternal care team.
- **Measure outcomes beyond clinical care.** Track screening rates for social and behavioral needs, referral utilization and completion, postpartum follow-up and patient-reported outcomes. Use findings to identify unmet needs and improve support across the care continuum.

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Questions for Hospital Leaders

- What social and behavioral factors most commonly affect pregnant and postpartum patients in your community?
- Do you routinely screen for health-related social needs, perinatal depression, anxiety and substance use — and are patients successfully connected to services?
- Which community organizations and behavioral health providers are essential partners in supporting maternal health?
- How can your organization better integrate social and behavioral support into routine maternal care rather than treating it as a separate service?



Hospitals in Action

Harrison Memorial Hospital: Connecting Families to Essential Supports

CYNTHIANA, KY. Harrison Memorial Hospital addresses two of the most common social barriers facing rural families: transportation and food insecurity. Its Care-A-Van transportation program provides rides to prenatal, postpartum and other medical appointments for patients without reliable transportation, improving access to care across multiple counties. The hospital's Eat Well, Heal Well initiative provides every family delivering at the hospital with fresh produce through partnerships with local food banks, churches, farmers markets and community organizations. Together, these programs demonstrate how addressing practical needs can support healthier pregnancies and postpartum recovery.

LEARN MORE

Intermountain Health: Supporting Whole-person Maternal Care

BUTTE AND BILLINGS, MONT. Intermountain Health's First Thousand Days program integrates social care, behavioral health and care coordination into routine maternal care across rural Montana and northern Wyoming. Social workers screen all maternity patients for social needs, mental health concerns and substance use-related challenges, then provide ongoing support through pregnancy and up to one year postpartum. The program connects families with transportation, community resources and behavioral health services while emphasizing culturally responsive, trauma-informed care, particularly for Indigenous patients. Through outreach clinics, telehealth and coordinated care, Intermountain addresses social and behavioral needs alongside medical care to improve outcomes for rural families.

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University of Mississippi Medical Center: Expanding Perinatal Mental Health Expertise

JACKSON, MISS. The University of Mississippi Medical Center's CHAMP for Moms program strengthens perinatal mental healthcare by supporting frontline providers across the state. Through a free consultation hotline, reproductive psychiatrists provide real-time guidance on screening, diagnosis, medication management and referrals, allowing women to receive mental healthcare closer to home. The program also offers statewide education, Project ECHO learning collaboratives and partnerships with community organizations to standardize mental health screening and improve providers' confidence in caring for pregnant and postpartum patients.

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Connecting the Rural Maternal Care Infrastructure

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Coordinating Care Across the Continuum

For many rural families, receiving maternal care requires navigating a complex network of providers, healthcare organizations and community resources. Prenatal care may come from a family medicine physician or CNM in one community, delivery from a regional hospital, specialty care through telehealth or a distant referral center, and postpartum support from public health or community-based organizations. When care spans multiple locations, organizations and electronic health record systems, communication gaps can lead to fragmented care, missed appointments, delayed referrals and unmet social needs.

Strong care coordination connects services across providers and settings, helping patients navigate the maternal care system while ensuring that important needs and follow-up care are not overlooked. It can also reduce duplication, strengthen continuity and build trust between patients and their care teams.

Making this kind of coordination work requires strong connections among the people, organizations and systems that support maternal health, including:

Doulas

Doulas are trained, non-clinical professionals who provide emotional, physical, and informational support throughout the perinatal period. Working alongside the clinical care team, doulas help patients understand their care options, prepare for birth, navigate the healthcare system and address social and emotional needs.

A doula's presence can strengthen trust, improve communication and provide consistent support for families who may face barriers such as transportation challenges, limited local resources or reduced access to support services. By providing care in hospitals, homes and community settings, doulas extend the reach of the maternal care team while complementing clinical care.



Community Health Workers

CHWs are public health professionals who connect patients with healthcare providers, community resources and social services. During pregnancy and postpartum, CHWs help women navigate the health system, provide health education and address barriers to care such as transportation, housing and food insecurity.

In rural communities, CHWs extend the reach of the maternal care team beyond the clinical setting. Their trusted relationships and understanding of local communities allow them to identify patient needs, improve communication between patients and providers and help ensure care plans are practical and accessible. CHWs strengthen continuity of care by helping families stay connected to services and resources throughout pregnancy and postpartum.

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Care Coordinators and Patient Navigators

Care coordinators, navigators and social workers can help patients navigate the maternal care continuum by serving as a consistent point of contact throughout pregnancy and the postpartum period. They coordinate appointments, facilitate referrals, connect families with medical, behavioral health and social services and help address barriers such as transportation, childcare and insurance. By bridging healthcare organizations, community resources and families, care coordinators strengthen communication, improve continuity of care and help ensure patients receive the support they need at the right time and in the right setting.

Coordinated Referral Networks and Communication

Standardized referral pathways, shared care plans and clear communication processes help ensure patients experience seamless transitions across providers, healthcare organizations and community partners. Formal partnerships with specialists, behavioral health providers, public health agencies and community organizations, combined with closed-loop referral processes, allow care teams to track referrals through completion, share critical patient information and coordinate care across settings. Together, these approaches strengthen continuity of care, reduce fragmentation and help ensure patients receive timely, appropriate services throughout pregnancy and the postpartum period.



Strategic Considerations

- **Map the patient journey.** Trace how patients move among community providers, hospitals, specialists and support services. Identify where communication breakdowns, delays, missed appointments or gaps in follow-up occur.
- **Standardize referral and communication pathways.** Establish consistent processes for sharing care plans, communicating across organizations and tracking referrals through completion between healthcare providers and community partners. Clarify who is responsible for follow-up at each transition.
- **Assign dedicated navigation support.** Define how care coordinators, community health workers, doulas, social workers and other team members will help patients navigate services and address transportation, childcare, insurance and other barriers.
- **Clarify consultation and transfer responsibilities.** Work with clinical and non-clinical providers, specialist and community-based partners to define when additional expertise or a higher level of care is needed, whom to contact and how information will accompany the patient.

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Questions for Hospital Leaders

- Where are patients most likely to experience delays, fragmented communication or gaps in care as they move across the maternal care continuum?
- How are referrals tracked to ensure patients successfully connect with specialists, community resources and follow-up services?
- Who is responsible for helping patients navigate complex care journeys, and where are additional navigation resources needed?
- How are information and care plans shared across hospitals, clinics, community organizations and other partners involved in maternal care?
- What opportunities exist to strengthen partnerships with community-based providers that improve continuity of care for rural families?



Hospitals in Action

Intermountain Health: Coordinating Care Across Rural Communities

BUTTE, MONT. Intermountain Health's Maternal Health Connection coordinates care across local hospitals, community organizations, virtual specialty providers and regional referral centers to create a more seamless maternal care experience for rural families. Nurse care coordinators help patients navigate services throughout pregnancy and the postpartum period, connecting them with home visits, RPM, social needs screening, community resources and virtual specialty care. Since its launch, the program has supported more than 140 patients, saving over 100,000 miles of travel and more than 1,600 hours of driving time. By integrating healthcare providers and community partners into a coordinated network, the program helps ensure patients receive the right care, at the right time, while remaining connected to local services whenever possible.

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Delta Health System: Bridging Clinical and Community Care

GREENVILLE, MISS. Through its Rural Maternity and Obstetrics Management Strategies (RMOMS) program, Delta Health System integrates community health workers and doulas into the maternal care team to help women navigate care across clinical and community settings. Community health workers serve as trusted care navigators, connecting pregnant and postpartum women with prenatal and postpartum services, transportation, nutrition assistance, insurance enrollment, RPM and other community resources while conducting outreach in neighborhoods and other trusted settings. To further strengthen community-based support, Delta Health launched a doula training program, preparing local residents to work alongside clinicians by providing education, emotional support and advocacy throughout pregnancy, childbirth and the postpartum period. Together, these navigation and support services help reduce barriers to care, strengthen continuity across the maternal care continuum and connect families with the resources they need to achieve healthier outcomes.

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Strengthening Community Partnerships

Throughout pregnancy and the postpartum period, families often need support that extends beyond the walls of the healthcare system — including assistance with transportation, nutrition, housing, behavioral health, social connection and other factors that influence health and wellbeing. No single organization can address all these needs alone. Strong maternal care requires collaboration among hospitals, community organizations, public health agencies, behavioral health providers, social service organizations and other trusted partners working together to support families.

In rural communities, these partnerships are especially important. Hospitals often serve as anchors within a broader maternal care ecosystem, but community-based organizations bring essential expertise, resources and trusted relationships that help reach families where they live. By building coordinated partnerships, rural hospitals can extend the reach of maternal care, address barriers beyond the clinical setting and ensure women and families receive continuous support throughout pregnancy and postpartum.

Partners that can help support pregnant and postpartum women include:

Community-based Organizations

Community-based organizations help hospitals address the social drivers that influence maternal and infant health. Rural hospitals partner with organizations such as WIC programs, food banks, schools, libraries, faith-based organizations, doula programs and community nonprofits to connect families with transportation, nutrition support, parenting education, housing assistance, behavioral health services and other essential resources. These partnerships extend support beyond the hospital, helping families remain connected to care throughout pregnancy and the postpartum period.

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Federally Qualified Health Centers and Community Clinics

FQHCs, rural health clinics and community providers such as primary care and family medicine physicians, nurse practitioners and physician assistants are often the first point of contact for pregnant women, particularly in communities with limited obstetric capacity. Hospitals can strengthen these partnerships by sharing prenatal care pathways, providing clinical consultation, supporting pregnancy risk assessment and establishing coordinated referral processes that connect patients to specialty care when needed.

Public Health

Partnerships with local and state public health departments help hospitals align maternal health initiatives with community priorities, identify populations at greatest risk and coordinate strategies to improve outcomes. Public health agencies support data sharing, community health needs assessments, maternal mortality review efforts, health education, emergency preparedness and connections to state and federal resources. Together, these partnerships help hospitals address maternal health at both the individual and population level.

Community Coalitions

Some communities have developed formal coalitions that bring together hospitals, public health agencies, community organizations, social service providers and other stakeholders to improve maternal health. These collaboratives align community resources, identify shared priorities and develop coordinated strategies that no single organization could accomplish alone.



Strategic Considerations

- **Assess and address social barriers to a healthy pregnancy.** Identify barriers related to transportation, food, housing, behavioral health and social connection, and work with community partners to coordinate support that improves access to care and continuity of services.
- **Build on existing community assets.** Identify organizations already serving pregnant women and families, such as FQHCs, public health departments, doulas, CHWs and family resource organizations. and strengthen coordination rather than duplicating services. Strengthen connections among existing services and identify gaps to address together.
- **Engage trusted community stakeholders early.** Involve community organizations early in identifying priorities and designing services. Incorporate their knowledge of local families, culture and resources into maternal care decisions.
- **Think beyond healthcare.** Connect with schools, libraries, food banks, faith-based organizations, housing services and other local partners. Define shared goals and practical roles for supporting families throughout pregnancy and postpartum.

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Questions for Hospital Leaders

- What barriers do women in your community face in accessing prenatal, labor and delivery, and postpartum care? Which partners could help address those barriers?
- What are the key organizations supporting pregnant and postpartum families in your community, and how strong are our relationships with them?
- What opportunities are there to strengthen collaboration with FQHCs, primary care practices, public health departments, EMS, behavioral health providers or other community-based organizations?
- What existing community assets could you better leverage rather than creating new programs?



Hospitals in Action

Avera Health: Opening the Front Door to Maternal Care

SIOUX FALLS, S.D. Avera works closely with FQHCs, tribal health organizations, community clinics and primary care providers to ensure women begin prenatal care early and are connected to specialty services when appropriate. Through training, consultation, telehealth and shared prenatal care pathways, Avera equips community providers to identify risks, initiate prenatal care and support women locally throughout pregnancy.

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Rochester Regional Health: Building Community Through Trusted Local Partnerships

POTSDAM, N.Y. Rochester Regional partners with the Children's Museum to offer prenatal education, postpartum support and breastfeeding programs in a welcoming community setting. The health system also collaborates with regional coalitions, doulas and community midwives to strengthen trust, coordinate community resources and connect families with services beyond the hospital. These partnerships recognize that maternal health is strengthened when healthcare organizations work alongside community partners rather than trying to provide every service themselves.

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Western Wisconsin Health: Strengthening Maternal Care Through Statewide Collaboration

BALDWIN, WIS. Through the Rural Wisconsin Health Cooperative, rural hospitals across Wisconsin work together to address shared maternal health challenges that no single hospital could solve alone. The cooperative supports quality improvement, workforce development, simulation training and advocacy for sustainable maternal care policies and reimbursement. By sharing expertise, resources and best practices, participating hospitals strengthen clinical readiness, expand learning opportunities and help preserve access to maternal care across rural communities.

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Building Connected Care Networks

Rural maternal care is bolstered by networks that connect hospitals with the broader resources and expertise available across a region. Connected care networks support rural hospitals in extending their capabilities by linking with other hospitals, health systems, specialty providers and community partners. Through these connections, hospitals can strengthen local capacity and preserve rural maternal care wherever possible.

Connected care networks take many forms. Some are built through affiliation with larger health systems, while others rely on trusted relationships among independent hospitals, referral centers, specialty providers and statewide collaboratives. Increasingly, technology also serves as a critical connector, allowing rural clinicians and patients to access specialty expertise without leaving their communities.

These networks enable hospitals to share workforce resources, clinical expertise, specialty consultation, training, quality improvement initiatives and referral pathways that would be difficult to develop independently. They also help address one of the most persistent challenges facing rural providers — professional isolation — by connecting clinicians with peers, mentors and specialists who can support clinical decision-making, continuous learning and coordinated care.

While every community's network looks different, the goal is the same: ensuring that women and families receive the right care, at the right place, at the right time. Common models include:

Integrated Health Systems

Hospitals within a larger health system leverage shared governance, workforce resources, clinical expertise, technology and quality infrastructure to strengthen maternal care across urban and rural facilities. These arrangements can improve access to specialists, training opportunities, telehealth services and coordinated referral pathways while allowing routine care to remain local whenever appropriate.

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Independent Regional Networks

Independent hospitals and health systems collaborate through trusted relationships, regional coalitions and quality improvement networks rather than formal ownership structures. These partnerships allow organizations to share expertise, coordinate care, address common challenges and learn from one another while maintaining local autonomy.

Hub-and-Spoke Clinical Models

Rural hospitals and clinics provide routine maternal care locally while connecting patients to regional referral centers for specialty consultation and higher-acuity care. Telehealth, coordinated referral pathways and shared clinical support help ensure patients receive the right level of care while minimizing unnecessary travel and disruption to families.

Statewide Collaboratives

Hospitals, health systems, state organizations and other partners work together across an entire state to address shared maternal health challenges. These collaboratives often focus on spreading best practices, improving emergency readiness, strengthening workforce development, advancing quality improvement efforts and supporting policy or payment reforms that benefit maternal health statewide.

Resource-sharing Coalitions

Hospitals collaborate to pool scarce resources, share specialists, coordinate workforce development and support regional service delivery. Rather than competing for limited personnel and expertise, organizations work together to strengthen access and build a more sustainable maternal care infrastructure across multiple communities.



Strategic Considerations

- **Think regionally, not just organizationally.** Work with neighboring hospitals, referral centers and other partners to assess regional needs and capabilities. Identify how organizations can collectively preserve local access and provide higher levels of care when needed.
- **Expand collaboration beyond referrals.** Develop shared approaches to clinical protocols, simulation, specialty consultation and quality improvement. Create regular opportunities for leaders and care teams to build relationships and learn together.
- **Define complementary roles across the region.** Agree on which services each organization can safely provide and how consultation, referral and transfer will work. Use those roles to strengthen local capacity and coordinate access to higher-acuity care.
- **Design partnerships around local realities.** Design network arrangements around geography, patient travel patterns, workforce availability, existing relationships and organizational strengths. Select the structure or combination of approaches that fits the needs of the communities served.
- **Explore shared workforce models.** Assess opportunities for regional staffing, cross-credentialing, rotating specialists and shared call coverage. Establish arrangements that give clinicians opportunities to practice in rural obstetric settings, expand access to expertise, maintain clinical skills and reduce professional isolation.

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Questions for Hospital Leaders

- How well is maternal care coordinated across your region — from prenatal care through postpartum follow-up?
- Which organizations are essential partners in strengthening maternal care, and how can those relationships be deepened?
- Where could collaboration replace duplication, allowing organizations to share expertise, workforce or resources?
- Which partnership model — or combination of models — best fits your geography, workforce and community needs?
- What opportunities exist to expand collaboration beyond referrals through shared workforce, telehealth, simulation, quality improvement or clinical support?



Hospitals in Action

Avera Health: Extending Specialty Care Through Hub-and-Spoke Partnerships

SIOUX FALLS, S.D. Avera connects rural hospitals, clinics, tribal health programs and family physicians with maternal-fetal medicine specialists through telehealth, ultrasound interpretation and coordinated referral pathways. This model allows women to receive routine prenatal care locally while ensuring rapid access to specialty expertise when higher-risk care is needed. **LISTEN TO THE AHA PODCAST**

Banner Health: Building a Regional Maternal Care Ecosystem

GREELEY, COLO. Banner Health views the rural hospitals in its system as part of a connected maternal care ecosystem rather than standalone facilities. Across its six-state network, rural clinicians participate in shared training, tele-obstetric consultation, leadership collaboratives and rotations through higher-volume centers. By intentionally connecting rural hospitals with specialty expertise, workforce resources and quality infrastructure, Banner helps providers feel supported while allowing more women to safely receive care locally. **LISTEN TO THE AHA PODCAST**

Dartmouth Health: Partnering to Support Rural Hospitals

LEBANON, N.H. Dartmouth Health works with community hospitals across northern New England through regional quality networks, shared clinical guidance and regular provider collaboration. Leaders emphasize that academic medical centers have an opportunity to strengthen rural hospitals by providing consultation, telehealth support, workforce development and coordinated referral pathways that preserve local care whenever possible.

LISTEN TO THE AHA PODCAST

Rochester Regional Health: Standardizing Care Across a Regional Network

POTSDAM, N.Y. Rochester Regional Health established a systemwide Women's Health System Council to align clinical protocols, care pathways, workforce training and quality improvement initiatives across its hospitals and ambulatory practices. By creating shared standards and opportunities for learning across the network, the health system strengthened care coordination, reduced unnecessary variation and promoted more consistent, evidence-based maternal care regardless of where patients entered the system. These efforts contributed to a reduction in cesarean delivery rates from 35% to 24.8% in 2026. **READ THE AHA CASE STUDY**

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Conclusion

Despite significant challenges, rural hospitals remain committed to providing maternal care close to home for the families they serve. Across the country, rural hospitals and their partners are already demonstrating what is possible. These efforts depend on a connected maternal care ecosystem that supports women and families throughout pregnancy, birth and postpartum.

The story of how rural communities will navigate these emerging challenges is still being written. The decisions made today by hospital leaders, educators, payers, community partners and policymakers will help shape the future of maternal care in rural communities. The path forward will require bold leadership, collaboration across sectors and a willingness to rethink traditional models of care.

Strengthening the maternal care ecosystem — and the workforce, partnerships, infrastructure and resources that support it — can help ensure that rural communities remain healthy, vibrant places to live. Investing in maternal care is an investment in the broader wellbeing of rural communities and in the families who live, work and raise their children there, today and for generations to come.

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Appendix

The AHA's Innovations in Rural Maternal Health project, supported by the Commonwealth Fund, explores strategies rural hospitals are implementing to maintain and expand access to maternal care in their communities.

As part of this effort, the AHA engaged 160 leaders representing 90 hospitals and health systems across 37 states through key informant interviews, site visits and focus groups across the county. The hospitals and health systems featured below participated in the project's 12 key informant interviews and 4 site visits, representing six independent rural hospitals, three rural health systems, one academic medical center and four urban-based health systems with a significant rural presence. Annual birth volumes among participating hospitals ranged from 27 to more than 5,000. Insights from these conversations and visits were analyzed and synthesized to identify promising approaches and lessons from hospitals and health systems working to sustain maternal care in rural communities.

Hospital Demographics Table

Hospital/Health System	Hospital Type	City	State	Births*	Beds
Avera McKennan Hospital & University Health Center, Avera Health	Part of a health system	Sioux Falls	South Dakota	2,272	591
Banner North Colorado Medical Center, Banner Health	Part of a health system	Greeley	Colorado	1,360	355
Dartmouth Health	Health system	Lebanon	New Hampshire	1,402	—
Delta Health System	Health system	Greenville	Mississippi	359	247
Harrison Memorial Hospital	Health system	Cynthiana	Kentucky	224	34
Holy Rosary Hospital, Intermountain Health	Part of a health system	Miles City	Montana	173	25
St. Vincent Regional Hospital, Intermountain Health	Part of a health system	Billings	Montana	1759	286
Maniilaq Health Center	Health system	Kotzebue	Alaska	27	17
Powell Valley Healthcare	Health system	Powell	Wyoming	148	25
Smith County Memorial Hospital	Health system	Smith Center	Kansas	82	16
Canton-Potsdam Hospital, Rochester Regional Health	Part of a health system	Greater Rochester Area	New York	600	94
Stephens Memorial Hospital, MaineHealth	Part of a health system	Norway	Maine	231	25
University of Arkansas for Medical Sciences	Academic health system	Little Rock	Arkansas	3,493	—
University of Mississippi Medical Center	Academic medical center	Jackson	Mississippi	3,000	733
Western Wisconsin Health	Health system	Baldwin	Wisconsin	433	22

* 2024 AHA Annual Survey Database

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