

Intermountain Health | Billings, Miles City and Butte, Montana

Bringing Maternal Care Closer to Home Across Rural Montana

The Landscape

In Montana — often considered the most rural state in the country — accessing maternal care usually starts with a long drive. Distances that might seem daunting elsewhere are often viewed as a normal part of daily life. Many residents choose to live in remote communities and are deeply committed to remaining there. Pregnant patients at Intermountain Health's Montana hospitals can drive up to six hours to receive care during their pregnancy, traversing frontier highways and mountain passes. Layered onto this are the realities of Montana living: harsh winters, minimal transportation options other than cars, workforce challenges, historic medical mistrust and a shrinking healthcare landscape. Together, these factors can make accessing care both difficult and time-consuming.

The needs of mothers and babies in Montana are becoming increasingly complex. Providers are caring for more patients with chronic health conditions and pregnancy complications including hypertension, gestational diabetes and advanced maternal age, while also navigating evolving expectations around pregnancy and birth. Some families are seeking fewer standard interventions or more individualized approaches to care. At the same time, broader social and economic challenges — housing instability, childcare barriers, food insecurity, limited broadband access, violence and trafficking, and financial strain — are affecting families' ability to access and engage in care. These challenges are not unique to Montana, but their impacts are felt across the state's widely dispersed communities, where geography, workforce availability and local resources influence how hospitals and care teams are able to meet families' needs.



At a Glance

- **Health System:** Intermountain Health
- **Hospital:** St. Vincent Regional Hospital, Holy Rosary Hospital, St. James Hospital
- **Beds:** 286 (Billings), 25 (Miles City), 73 (Butte)
- **Counties served:** 22
- **Annual births:** 1,759 (Billings), 173 (Miles City), 255 (Butte)
- **Unique Factor:** Vast geography and minimal transportation options other than cars

Intermountain Health operates three hospitals across Montana: St. Vincent Regional Hospital in Billings, Holy Rosary Hospital in Miles City and St. James Hospital in Butte. Working alongside Intermountain's community-

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based health clinic, these hospitals serve as the primary and critical access points for maternal care.

St. Vincent Regional is a Level III maternal and neonatal referral center, offering maternal-fetal medicine, a Level III NICU, transport services and other specialty care. Holy Rosary Hospital is a critical access hospital serving the frontier communities in eastern Montana, while St. James Hospital serves Silver Bow County and surrounding communities.

Intermountain built its maternal care strategy around a guiding principle: Provide care as close to home as possible whenever it is safe and appropriate to do so. This has led to innovative approaches in care delivery, coordination models and workforce development.

Extending Care with Digital Tools

Intermountain Health has developed a hub-and-spoke model that integrates a multidisciplinary care team and leverages digital tools when possible. Their approach is rooted in one main priority: "Unless absolutely necessary, a pregnant person should not be driving a long distance to access routine pregnancy care," one provider explained. How this is achieved varies depending on the community, hospital and the level of care needed.

Maternal Health Connection program

Intermountain's Maternal Health Connection (MHC) program launched in 2023 through a Health Resources and Services Administration Rural Maternity and Obstetrics Management Strategies (RMOMS) grant to address declining access to maternal care in rural communities. Available to pregnant and postpartum patients living in Powell and Granite counties in western Montana, where obstetric services are absent or have been reduced or eliminated, the program combines local nursing support with virtual specialty care to keep services close to home. Patients are paired with a registered nurse who provides care coordination, health education, resource navigation and ongoing support from pregnancy through one year postpartum.



Since 2023, MHC has delivered more than 1,300 patient encounters, including over 350 virtual obstetric visits, while helping families avoid an estimated 100,000 miles of travel and an average of 72 minutes of driving per visit.

MHC operates through a hybrid care model that integrates in-person nursing visits, home visits, doula services, remote patient monitoring and telehealth obstetric appointments, as well as access to maternal-fetal medicine specialists and other virtual services. Local nurses serve as the on-the-ground extension of the care team by facilitating hybrid obstetric visits, collecting clinical information, conducting screenings and coordinating resources. Remote monitoring tools track blood pressure, weight, glucose and other health indicators; a 24/7 clinical monitoring team is available to identify and respond to high-risk concerns. The MHC model allows most routine prenatal and postpartum care to occur locally while reducing the need for frequent travel to distant specialty centers.

The program has demonstrated meaningful improvements in access, engagement and patient experience. Since 2023, MHC has delivered more than 1,300 patient encounters, including over 350 virtual obstetric visits, while helping families avoid an estimated 100,000 miles of travel and an average of 72 minutes of driving per visit. Program data show a 16% increase in patients receiving first-trimester prenatal care, a 19% increase in those receiving at least five

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prenatal visits and a 19% increase in those receiving one or more telehealth visits during pregnancy. In addition to improving access to care, the program has generated substantial cost and time savings for rural families. It also has established a sustainable reimbursement model using Community Health Integration billing codes with payers, including Medicaid, that can be scaled to support additional rural communities.

Tele-Maternal-Fetal Medicine program

St. Vincent's Tele-Maternal-Fetal Medicine (Tele-MFM) program expands access to high-risk obstetric care across rural Montana and Wyoming by combining local ultrasound services with centralized MFM specialists. Rather than requiring patients to travel several hours to Billings for every specialty visit, the program established outreach sites in communities such as Sidney, Glasgow, Sheridan, Miles City and Butte. Intermountain trained local sonographers and clinical teams to perform high-quality obstetric ultrasound examinations in their own communities. In some locations, the health system sent multidisciplinary teams to provide hands-on training and mentorship.

Once local capacity is established, patients receive ultrasounds close to home, and the images are electronically transmitted to MFM specialists in Billings or Salt Lake City for interpretation. MFM physicians review the ultrasounds, request additional images if needed, and then conduct same-day telehealth consultations with patients and their local care teams. Referrals are carefully triaged. Patients who require procedures such as amniocentesis or more advanced interventions travel to the tertiary center, while many routine high-risk pregnancy evaluations can be managed through the telehealth model.

The program significantly reduces travel burden for rural patients, many of whom live two to six hours from the nearest MFM specialist. Program leaders report that outreach sites collectively support dozens of Tele-MFM encounters each week, allowing patients to receive specialty ultrasound services and consultations in their local communities while maintaining access to regional experts. This approach has strengthened the rural workforce by investing in local sonographer training and creating sustainable clinical capacity in communities that would otherwise have limited or no access to MFM services.



Yolanda Janshen, a nurse-midwife at Holy Rosary, advanced from a labor and delivery nurse to a certified nurse-midwife with Intermountain's support.

Meeting Patients' Social Needs

To address the growing range of preferences and expectations around pregnancy, birth and childcare approaches, Intermountain providers are shifting toward a shared decision-making model grounded in informed consent and collaborative relationships. This approach prioritizes listening, trust-building and collaborative counseling to balance patient autonomy with clinical safety, while supporting patients in developing care plans that align with their values and medical needs.

First 1,000 Days program

The First 1,000 Days program, led by a dedicated social worker/care coordinator, provides intensive care coordination and wraparound support for pregnant patients with clinical and social risk factors. Patients receiving care through the midwifery program are screened for additional support needs and may voluntarily enroll in the First 1,000 Days program.

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Once enrolled, patients receive ongoing support throughout pregnancy and up to one year postpartum, helping them navigate complex medical care, connect with community resources, coordinate appointments across multiple providers and address barriers that could affect maternal and infant health outcomes.

The program is particularly valuable for patients experiencing transportation challenges, poverty, housing instability, domestic violence, behavioral health needs, substance use disorders and those who have limited access to health services. Care coordinators maintain regular contact with patients and help facilitate communication among midwives, MFM specialists, pediatric providers and community organizations as well as support the creation of individualized care plans. Program staff also focus on building trust and continuity, particularly among patients who may have experienced trauma or have mistrust of the healthcare system.

The First 1,000 Days program extends beyond traditional case management by providing sustained relationship-based support during the critical period from pregnancy through early childhood. The program helps ensure high-risk patients remain engaged in care, receive timely specialty services when needed and have access to social support that promotes healthier outcomes for both mothers and infants.

Fostering Workforce Development

Workforce sustainability depends on developing and supporting clinicians locally rather than relying solely on external recruitment, reflecting a deliberate "grow your own" strategy that helps improve retention in frontier areas. Leaders emphasized that providers with rural roots are often more likely to stay long term and better understand the realities that their patients encounter. Equally important is mentorship. Clinicians described the transition into rural practice as challenging if done without experienced colleagues and specialist support.

Thus, leaders focused on expanding the skillset of the workforce already embedded in the communities they serve. For example, Yolanda Janshen, a nurse-midwife at Holy Rosary, advanced from a labor and delivery nurse to a certified nurse-midwife with Intermountain's support. With deep roots in Montana and ties to Miles City, she represents the locally connected providers these investments aim to support. These approaches strengthen rural care capacity and create pathways for providers to build careers in the communities they serve.

Preparing providers for the realities of rural care

With rural hospitals' lower patient volumes, maintaining competency in high-risk, low-frequency events requires significant investment in training. At Holy Rosary staff participate in simulations focused on postpartum hemorrhage, shoulder dystocia, maternal hypertension and neonatal resuscitation. These exercises help maintain clinical skills and readiness for emergencies. Leaders also emphasized the importance of mentorship, particularly for providers transitioning into rural practice.

Community Collaboration: Key Infrastructure for Rural Health

In a region with limited resources, collaboration is essential. Leaders at Intermountain recognize that caring for rural communities requires a shared commitment across providers, as no single provider or hospital can do this alone. As one provider said, "Their patients are our patients." Intermountain described a culture of routinely sharing protocols, training resources, consultation services and transportation assets. Providers support hospitals both within and outside the Intermountain system, recognizing that improving care at one facility ultimately benefits families throughout the region. This mindset shapes Intermountain's approach to community collaboration as a core component of rural care delivery.

Care in flight

At Intermountain St. Vincent Regional Hospital, specialized maternal and neonatal transport teams serve as a critical link between rural facilities and higher-acuity care. Flight nurses, labor and delivery nurses, paramedics, and physicians coordinate air transport across eastern Montana and northern Wyoming, often covering hundreds of miles to reach patients. Team members described often working

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with hospitals that may have limited obstetric resources, providing clinical guidance before arrival and helping stabilize patients until transfer can occur.

Transport leaders noted that access challenges in Montana are measured not in minutes but in hours. One flight nurse described coordinating aircraft from multiple states when local resources were unavailable and emphasized that maternal and neonatal transport requires extensive collaboration among health systems. In a state where only a few specialized transport teams may be available at any given time, hospitals frequently work together regardless of organizational affiliation to ensure mothers and babies receive timely access to higher-level care. Providers emphasized that the goal is to keep mothers and babies as close to home as safely possible.

Looking Ahead

While many of the challenges facing Intermountain's Montana locations echo those seen in other rural communities, the scale and geography of the state require solutions that can bridge hundreds of miles while preserving access to care close to home. Intermountain is approaching these unique needs from a strengths-based perspective — investing in local providers, expanding access through innovative care models, and building systems that support high-quality, personalized care closer to home. The result is a networked model of maternal care that recognizes geography as a challenge but not a barrier.

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Explore the **Keeping Care Close to Home: A Rural Maternal Health Toolkit** and more case studies at **www.aha.org/ruralmaternal**

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