

MaineHealth | Maine

Creating a Statewide Maternal Care Ecosystem in Maine

The Landscape

Maine is one of the most rural states in New England, and its communities are separated by hundreds of miles of coastline, mountain regions and expansive forests — making access to healthcare particularly challenging for pregnant and postpartum women. Families often must travel for hours for routine prenatal visits, ultrasounds, specialty care and deliveries.

These geographic challenges are compounded by workforce shortages, limited transportation, an aging population and increasing patient complexity. Rural clinicians are caring for more patients with hypertension, substance use disorders, mental health needs and other conditions leading to high-risk pregnancies.

Leaders in Maine recognized that no single hospital or health system could solve these systemic challenges alone. Over the past decade, the state's two largest health systems — MaineHealth and Northern Light Health — joined with the Maine Department of Health and Human Services, the Maine Perinatal Quality Collaborative, federally qualified health centers, emergency medical services, academic institutions, community hospitals and local organizations to develop a coordinated maternal health ecosystem. These partners aligned priorities and shared expertise to develop statewide strategies to strengthen maternal care across urban and rural communities alike.

Together, they established a shared vision for the future: Ensure every family in Maine could access high-quality maternal care, regardless of where they live.



At a Glance

- **Health System:** MaineHealth
- **Hospital:** MaineHealth Stephens Hospital
- **Beds:** 25
- **Counties served:** 1
- **Annual births:** 231
- **Unique Factor:** Statewide, collaborative approach

Building a Maternal Health Network

In 2022, with support from the Health Resources and Services Administration's (HRSA's) Rural Maternity and Obstetrics Management Strategies (RMOMS) program, MaineHealth established the Maine RMOMS Network (the Network), bringing together 18 rural labor and delivery hospitals as well as community partners to strengthen maternal care across the state. The Network conducted a

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statewide needs assessment that identified maternal mental health, hypertension, gestational diabetes and obesity as priority areas. Guided by these findings, the Network's multi-pronged strategy focused on two complementary goals: Strengthen the capabilities of local care teams and expand access to specialty services through statewide partnerships and virtual care.

Fostering local expertise

To build local capacity, the Network implemented Project ECHO (Extension for Community Healthcare Outcomes), connecting obstetricians, family medicine physicians and certified nurse-midwives with multidisciplinary experts through virtual, case-based learning and mentorship. Over three years, the program has strengthened clinicians' confidence in assessing and managing perinatal mental health conditions, with a particular emphasis on psychopharmacology during pregnancy and postpartum. Project ECHO sessions, supported by faculty from Northern Light Health and private practices, regularly brought together between 30 and more than 100 participants from across the state. "Providers feel like they were in a community of practice where it can feel really isolating being in rural Maine," said Kate Crothers, grant project manager at MaineHealth.

The Network further strengthened the behavioral health workforce by training more than 219 professionals — including physicians, nurses, midwives, behavioral health providers, community paramedics, doulas and public health nurses — through Postpartum Support International's foundational perinatal mental health program. In partnership with the Northern Light Health Acadia Hospital Psychiatry Residency Program, the Network also developed educational modules introducing psychiatry residents to perinatal mental health, a subspecialty that is often underrepresented in residency training. These initiatives have fostered a statewide community of practice that has reduced professional isolation while building expertise across Maine's rural workforce.



Since launching in 2024, the program has received more than 700 referrals and conducted nearly 2,300 patient visits, serving families in every Maine county and more than 225 ZIP codes.

Bringing specialty care closer to home

Education alone, however, could not address Maine's shortage of behavioral health providers. RMOMS therefore launched a statewide Virtual Perinatal Behavioral Health Program staffed by licensed clinical social workers and psychiatric nurse practitioners who provide psychotherapy and medication management for pregnant and postpartum patients. Since launching in 2024, the program has received more than 700 referrals and conducted nearly 2,300 patient visits, serving families in every Maine county and more than 225 ZIP codes. The program accepts both commercial insurance and the state's Medicaid program, MaineCare, helping demonstrate that virtual behavioral health specialty services can expand access while remaining financially sustainable beyond the life of the RMOMS grant.

The Network also leveraged telehealth and remote monitoring to bring additional specialty services closer to rural communities. Several hospitals within MaineHealth and Northern Light Health have implemented remote postpartum hypertension monitoring, equipping patients with blood pressure cuffs before discharge and transmitting readings directly into the electronic health record for clinical review. This has allowed for earlier intervention when needed while reducing unnecessary travel during the postpartum period.

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Telehealth also expanded access to neonatal and nutrition expertise. Through MaineNet, supported by another HRSA grant, MaineHealth Maine Medical Center connected rural hospitals with neonatal specialists for real-time consultation during newborn emergencies, supporting stabilization and treatment decisions before a transfer when higher levels of care were required. Northern Light Health partnered with Mother of Fact, a digital nutrition platform that connects pregnant and postpartum women with registered dietitians specializing in gestational diabetes and prenatal nutrition, with more than 300 patients referred to the program.

These initiatives and programs show how technology has strengthened local care. By combining workforce development, virtual specialty care and statewide collaboration, the Network equipped rural clinicians with greater expertise while bringing specialized services closer to the communities they serve. The Network has also fostered lasting partnerships among hospitals, clinicians, public health agencies and community organizations, creating a more connected, resilient and sustainable maternal health ecosystem.



"The magic of simulation is bringing teams together, with people who are good at what they do, around a shared commitment to improving patient care."

Leah Mallory, M.D., medical director for simulation at MaineHealth

Preparing the Rural Workforce

State leaders recognize that sustaining rural maternal care requires creating opportunities for rural clinicians to continuously build and maintain critical skills.

Due to obstetric emergencies occurring infrequently in many rural hospitals, clinicians have limited opportunities to maintain proficiency in managing high-risk events. To address this challenge, MaineHealth Hannaford Center for Safety, Innovation and Simulation developed MOMSim, a statewide simulation program that brings ongoing obstetrical emergency simulation training directly to rural care teams.

The initial MOMSim program included mobile simulation training, where simulation teams travel to rural hospitals and conduct hands-on team-based workshops focusing on maternal hemorrhage, hypertensive emergencies and other obstetric complications. Building on initial success, the team created MOMSim 2.0 to support locally-driven, sustainable, ongoing obstetric emergency training. This program equips hospitals with low-cost simulation kits, standardized curriculum and virtual coaching or tele-simulation, enabling local educators to lead regular emergency drills independently. Complementing these efforts, the Maine Ongoing Outreach Simulation Education (MOOSE) program uses tele-simulation to strengthen neonatal resuscitation through remote coaching and debriefing by neonatologists and simulation educators.

With more labor and delivery units closing across the state, the team received requests to adapt MOMSim for emergency department teams and prehospital providers, leading to MOMSim ED and EMS adapted programs. Additional innovations included collaborating with simulation teams and perinatal

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educators from Northern Light to expand curriculum to the northern part of the state.

These programs have reached hundreds of clinicians across Maine, strengthening emergency preparedness while identifying opportunities to improve care systems. Participating hospitals have standardized emergency protocols, checklists and medication concentrations, expanded neonatal resuscitation and obstetric emergency training and credentialing, improved access to obstetric hemorrhage supplies and adopted shared toolkits that accelerated the spread of best practices statewide.

Health system leaders emphasized that the greatest impact extended beyond clinical skills. Simulation became a catalyst for building stronger teams and a culture of continuous learning and system improvement. "The magic of simulation is bringing teams together, with people who are good at what they do, around a shared commitment to improving patient care," said Leah Mallory, M.D., medical director for simulation at MaineHealth. Rather than focusing solely on technical performance, simulation created opportunities for multidisciplinary teams to debrief, learn from one another and strengthen psychological safety. "It's never one person. It's all about doing better," said Dr. Mallory. This team-based approach helped normalize simulation over time and fostered a statewide culture of collaboration and continuous improvement.

Bringing training to rural clinicians

Northern Light Health expanded this approach by creating new models and collaborations to bring training directly to rural providers. Their obstetric nurse immersion program, launched in August 2026, was established so that nurses from unaffiliated, rural hospitals could get experience at Eastern Maine Medical Center with complex obstetric emergencies while building relationships with tertiary care teams. The program is designed to expand across the health system, creating a replicable model for strengthening rural obstetric nursing through regional collaboration.

To further overcome the barriers of distance and staffing, Northern Light Health converted an ambulance into a Mobile Simulation and Emergency Preparedness Unit that delivers hands-on education to rural hospitals and emergency medical service agencies. The unit offers training on maternal hemorrhage, neonatal resuscitation and emergency deliveries. Leaders also envision using the mobile unit as a workforce recruitment tool, introducing students to maternal health careers through school and community outreach.

Crafting the Workforce Pipeline

Expanding access to maternal care requires developing a workforce pipeline that introduces learners to rural practice, prepares them for the realities of rural obstetrics and supports them throughout their careers.

One of Maine's cornerstone initiatives is the Maine Rural Graduate Medical Education (MERGE) Collaborative, a statewide partnership among MaineHealth, Northern Light Health, Central Maine Medical Center and the Maine-Dartmouth Family Medicine Residency that began in 2024. The partnership expands rural clinical rotations while providing housing, transportation and logistical support that removes barriers to rural training experiences. Since its launch, MERGE has established 37 rural rotations across 18 specialties and supported more than 115 resident elective experiences. The program intentionally connects residents with local physicians, mentors and health system leaders, recognizing that those relationships often become the foundation for future recruitment.

Preparing clinicians for rural obstetric practice requires specialized training as well. Through the Rural Obstetric Training Intensive (ROTI), physicians develop the clinical skills needed to practice in low-volume rural settings through a curriculum designed in partnership with rural family physicians, obstetricians, certified nurse-midwives, residents and patients. ROTI prepares physicians for the unique clinical and operational realities of rural maternal care by focusing on the experiences of rural communities.

Supporting these efforts is the Consortium for Healthcare Education and Training, or CHET, a

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statewide workforce hub that coordinates education, recruitment and retention across multiple healthcare professions, including physicians, advanced practice providers, nurses, respiratory therapists and sonographers. Together, these initiatives create a more coordinated approach to developing the healthcare workforce upon which Maine's rural communities depend.

Northern Light Health is building on these statewide efforts through innovative workforce models tailored to rural hospitals. The health system is developing a Family Medicine Obstetrics Fellowship to prepare family medicine physicians with advanced obstetric skills, including cesarean delivery, for practice in low-volume communities. At the same time, leaders are exploring regional staffing models that allow OB-GYNs from larger hospitals to provide coverage for critical access hospitals while enabling rural clinicians to rotate through higher-volume centers. These approaches recognize that sustaining rural maternal care depends not only on recruiting clinicians, but also on creating flexible systems that support them over the course of their careers.

Looking Ahead

Maine's experience demonstrates that sustaining rural maternal care requires more than individual programs or hospital-based solutions. It requires intentional investment in the statewide infrastructure that supports clinicians, connects communities and expands access to specialty expertise. Maine's coordinated maternal health ecosystem continues to evolve and strengthen care across the continuum through shared learning networks, workforce development, telehealth, simulation training and cross-sector partnerships. Maine is creating a more resilient system that is rooted in the realities of rural communities and capable of serving families for generations to come by treating rural maternal care as a shared statewide responsibility.

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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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