

Northern Tier Regional Rural Health Summit
November 12, 2025
Notes and Next Steps: Maternal Health Workgroup

Key Themes & Challenges Identified

- Workforce shortages across OB/GYN, midwifery, doulas, and EMS in rural communities.
- Limited access due to transportation barriers, inconsistent broadband, and long distances to NICU-capable hospitals.
- Cultural factors (especially within Amish/plain communities) that shape care choices and sometimes limit early engagement in prenatal care.
- Gaps in pre-pregnancy health education, particularly among adolescents and young adults.
- Inconsistent postpartum support, including behavioral health, home visiting, and continuity of care.

Summary of Discussion

- Strengthening Maternal Care Workforce
 - Need more flexible staffing models for OB/GYNs in rural settings.
 - Emphasis on collaboration with midwives
 - Recognition that OB/GYN is a team-based specialty; rural physicians often cover multiple areas.
 - Opportunities to expand doula workforce
 - Medicaid covers services.
 - Barriers for doulas include administrative burdens to enroll in Medicaid, lack of integration into care teams, and limited community understanding of role.
 - Interest in doula apprenticeships and learning from a successful existing model in the state.
- Access to Care
 - Patients in areas (like Tunkhannock) face significant travel time to hospitals with NICU access.
 - Many arrive late in pregnancy due to appointment availability, transportation issues, or lack of early engagement.
 - Broadband is inconsistent; some cultural hesitancy exists but patients will use telehealth when accessible.
 - Mobile units exist but are not specific to maternal care. There's interest in whether mobile maternal health units could help fill gaps.
 - Past mobile mammography efforts show that community members will use mobile services if they prefer not to travel.
- Pre-Pregnancy & Early Pregnancy Education
 - Strong consensus that education before pregnancy is crucial.
 - Many women only change health behaviors (smoking, drinking, drugs, etc.) after becoming pregnant.

- Recommended outreach:
 - High schools and colleges
 - Community organizations
 - Faith leaders
- Emphasis on steering women toward credible resources, many rely on TikTok for information.
- EMS Training and Integration
 - Opportunities to expand EMS training in:
 - Neonatal and prenatal care
 - Hypertension management
 - Maternal-fetal communication and risk assessment
 - However:
 - EMS burnout and workforce shortages limit capacity to take on additional responsibilities.
 - Many EMS agencies lack stable funding or 24/7 staffing.
 - Hospital closures and service consolidations mean longer transports.
 - Ideas explored:
 - EMS “on-call” response models via app (like existing systems).
 - Potential for EMS to support postpartum check-ins
- Building Stronger Continuity of Care
 - Need for better linkage between prenatal, birth, and postpartum services.
 - Opportunities:
 - Midwives and doulas assist with postpartum follow-up and resource navigation.
 - Group pregnancy care and group well-child visits to reduce isolation, build peer support, and shift some education tasks off overextended OB/GYNs.
 - 4th trimester support as a core part of maternal care.
 - Integrating behavioral health and mental health consistently into maternal programs.
- Facilities & Models of Care
 - Interest in rural birth centers, through staffing shortages are a major barrier.
 - Telemedicine models that allow immediate access to midwives or physicians.
 - State health centers and DOH clinics could serve as telehealth hubs.

Prioritized Initiatives

1. Workforce for maternity (OB/GYN, midwives, doulas)- \$50
2. Expansion of mobile maternal health units & EMS-inclusive solutions - \$30
3. Improving pre-pregnancy health education & support groups (in-person/telehealth) - \$20

Recommended Next Steps

- Workforce & Partnerships
 - Explore doula apprenticeship opportunities through rural health funding.
 - Assess feasibility of a formal midwife–hospital collaboration model.
- Mobile Maternal Health Feasibility Study
 - Assess cost, staffing, scope, and operational needs for a mobile unit.
 - Inventory existing units to determine whether any could be repurposed or expanded.
 - Explore partnerships with EMS where appropriate, without increasing burden.
- Pre-Pregnancy & Community Education Strategy
 - Begin development of a pre-pregnancy education initiative, with two tracks:
 - High schools and colleges
 - Community organizations
 - Faith leaders
 - Build a plan to identify and promote credible maternal health resources.
- Telehealth & Broadband Advocacy
 - Map gaps in broadband impacting maternal care.
 - Identify locations (clinics, offices, libraries) that could serve as telehealth hubs, especially for postpartum mental health.
 - Consider pilot sites for tele-support groups (pregnancy and postpartum).
- EMS Collaboration Plan
 - Meet with DOH EMS education team to explore:
 - Additional maternal/infant training modules
 - Feasibility of a voluntary EMS maternal-health call-up model
 - Assess EMS capacity constraints and avoid added burdens.
- Strengthening Postpartum & 4th Trimester Care
 - Explore models where doulas and midwives take leading roles in postpartum follow-up and home visits.
 - Identify partners for expanded group well-child and group prenatal visits.
- Integrate Behavioral Health Across All Initiatives
 - Ensure all proposed maternal health strategies include mental health screening, tele-mental health options, and warm handoffs to services.