

**Bridging Gaps in Maternal Health: Integrating Services into Mobile Healthcare Programs**

Masterclass Series

03/25/2026

mobile healthcare association

Where are you joining from?

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The Mobile Healthcare Masterclass Series is provided by:

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**Masterclass Series: Getting Started**

**Meeting Guidelines**

- ✓ All participants are muted.
- ✓ Change your screen name to your name and organization.
- ✓ Reminder: CMEs are available to those who attend in person.
- ✓ Redemption instructions will be shared at the end and via email.
- ✓ Thank you for your patience and cooperation!

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**Meet Your Facilitators**



**Dr. Elizabeth Kielb**

- Director of Maternal and Infant Health at March of Dimes for Washington DC
- She leads the DMV Mom and Baby Mobile Health Program
- In 2026, she was named among the Top 50 Women Leaders in DC by Women We Admire.

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**Meet Your Facilitators**



**Dr. Nicole Person-Rennell**

- Medical director for the University of Arizona Mobile Health Program
- Associate professor in the Department of Family and Community Medicine
- Focused on providing care for patients without health insurance in Southern Arizona

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**The Mobile Opportunity**

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### The Mobile Advantage: Uniquely Positioned to Bridge the Gap

#### Transportation Barrier

- Transportation is frequently cited as the primary barrier to prenatal care. Mobile units eliminate the distance between "desert" and "doctor."

#### Building Trust

- Unlike large hospital systems that can feel institutional or intimidating, mobile units are viewed as community assets—a "front porch" to the healthcare system.

#### Intercept Needs

- Mobile units have the agility to break down silos. A patient coming for a dental cleaning or a pediatric check-up is already on the unit, creating a unique opportunity to intercept maternal health needs.

#### Agility in Action

- Mobile programs can shift operations to align with community rhythms (e.g., Farm Market Days) to capture patients who would otherwise be invisible to the system.

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### Mobile Outcomes

#### Ohio Health Wellness on Wheels (WOW)

- WOW operates in Columbus zip codes where the Infant Mortality Rate is **11 per 1,000** (nearly double the national average).
- For patients in the WOW mobile program, that rate dropped to **5.3 per 1,000**.
- Takeaway:** A mobile unit, serving the highest-risk population, achieved outcomes better than the national average (5.4).

#### University of Arizona Mobile Health

- 90%** of patients are uninsured; **92%** live below the federal poverty line.
- In Arizona, Medicaid often only covers the hospital delivery ("Emergency Medicaid"), leaving women with **zero coverage** for prenatal visits.
- The Solution:** The mobile unit acts as the only safety net, providing full prenatal care, labs, and ultrasounds for free, ensuring these women don't show up to the ER having never seen a doctor.

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### Reimagining the Possible

All or Nothing\* Mindset

#### The Mindset


"We aren't an OB program, so we can't address maternal health."  
"We don't have the specialized staff or high-tech equipment."

#### The Shift

Maternal health is not a "department"—it is a lens through which we view our existing patients.  
Integration is a spectrum, not a switch.

#### The New Perspective

It is not about doing everything; it is about doing something to intercept risk.  
You don't need to change your mobile unit's mission; you only need to look beyond the mindset that "comprehensive" is the only way to start.



**"START WHERE YOU ARE."**

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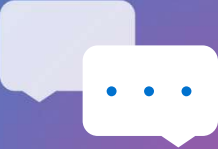
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**Poll**

Which of the following items are currently on your mobile unit? **Select all that apply.**

- A. Blood Pressure Cuffs
- B. Glucose/Diabetes Testing Supplies
- C. Depression Screening Forms (like PHQ-9)
- D. A Private Space for Counseling/Conversation




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**Key Takeaways:**



- 1 **Pregnancy-related deaths are preventable.** The primary drivers are lack of access and missed warning signs.
- 2 With 2.2 million women living in Maternity Care Deserts and hospitals closing, **patients cannot always get to the care they need.**
- 3 Mobile units can effectively **lower infant mortality rates and reach the uninsured** by eliminating transportation barriers and building trust.
- 4 We are moving away from the "All or Nothing" binary. You do not need to replace the hospital; **you need to intercept the risk.**

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**Framework for Integration**

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### The Philosophy of Overlap

- We frame integration as "intercepting needs where the patient already is."
- If a woman is on your mobile unit for any reason that is a maternal health opportunity.
- You do not need a new department. You simply need to view the mother and her needs as inseparable from the service you are already providing.

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### Examples of Overlap: Intercepting the Patient

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### A Spectrum of Care: 3 Levels of Integration

- Level 1: Universal Integration**
  - **Screen, Refer, & Educate.**
  - Focusing on identifying risks, connecting patients to resources, and providing essential health education.
- Level 2: Clinical Add-Ons**
  - **Diagnose & Prevent.**
  - Using basic clinical tools to manage specific conditions like hypertension and diabetes that affect pregnancy outcomes.
- Level 3: Comprehensive Care**
  - Providing full-spectrum prenatal and postpartum care directly on the mobile unit.

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### Level 1: Screen, Refer, & Educate

This level requires no clinical equipment. It relies on conversation, connection, and community knowledge.

<p><b>1 Screen</b></p> <ul style="list-style-type: none"> <li>You don't need to diagnose; you just need to identify the need.</li> <li><b>Examples:</b> <i>Social Determinants of Health (SDoH) assessments, Depression Screenings, identifying behavioral risk factors (like smoking and unhealthy weight), or simply asking: "When was your last check-up?"</i></li> </ul>	<p><b>2 Refer</b></p> <ul style="list-style-type: none"> <li>Build a "referral rolodex" of partners you trust.</li> <li><b>Partners:</b> WIC offices, local health departments, diaper banks, and OB providers who accept patients.</li> <li>Follow-up</li> </ul>	<p><b>3 Educate</b></p> <ul style="list-style-type: none"> <li>Knowledge is safety.</li> <li>Provide brochures or verbal coaching on urgent maternal warning signs so patients know when to seek emergency care.</li> </ul>
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### Level 2: Clinical "Add-Ons

Expanding your scope with standard clinical tools to manage specific risks, without needing a full OB setup.

<p><b>Diagnostics</b></p> <ul style="list-style-type: none"> <li><b>Pregnancy Testing:</b> Simple urine tests to confirm pregnancy early, allowing for immediate referral to prenatal care.</li> <li><b>STI Screening:</b> Testing for infections that can cause complications for both mother and baby.</li> </ul>	<p><b>Disease Management</b></p> <ul style="list-style-type: none"> <li><b>Hypertension:</b> Using standard blood pressure cuffs to monitor for chronic hypertension or preeclampsia.</li> <li><b>Diabetes:</b> Using glucose monitors to manage blood sugar, reducing the risk of birth complications.</li> </ul>	<p><b>Vaccinations</b></p> <ul style="list-style-type: none"> <li>Administering critical immunizations to pregnant patients to protect the infant before birth.</li> <li><b>Key Vaccines:</b> <b>Tdap</b> (Tetanus, Diphtheria, Pertussis), <b>Flu</b>, and <b>COVID-19</b>.</li> </ul>
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### Level 3: Comprehensive Care

The mobile unit functions as a full-service clinic, becoming the patient's primary source of prenatal and postpartum care.

<p><b>1 Full Scope Prenatal Services</b></p> <ul style="list-style-type: none"> <li><b>Routine Visits:</b> Physical exams, fundal height measurements, and fetal heart rate monitoring.</li> <li><b>Advanced Technology:</b> Onboard Ultrasounds (dating/anatomy scans) and Non-Stress Tests (NST) for high-risk monitoring</li> </ul>	<p><b>2 Postpartum &amp; Newborn Care</b></p> <ul style="list-style-type: none"> <li><b>The Fourth Trimester:</b> Incision checks (C-section), lactation consulting, and depression management immediately following birth.</li> <li><b>Continuity:</b> Patients see the same team throughout the pregnancy, building deep trust.</li> <li><b>Delivery Partnerships:</b> The mobile program partners with a local hospital for the actual birth, ensuring a seamless handoff (e.g., OhioHealth's integrated charting system).</li> </ul>
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### Staffing Pivots: Leveraging Your Team

You typically **do not** need to hire new staff to start Level 1 or 2 services.

Success comes from **equipping your existing team** with a maternal health lens.

#### Nurse Practitioners & Certified Nurse Midwives

- In many states, they can be designated as Primary Care Providers (PCPs). This allows you to manage maternal chronic conditions (like hypertension) while billing Medicaid under standard primary care codes.
- Primary care providers do not need to be OBs to save maternal lives. By aggressively managing **Hypertension** and **Diabetes**, they are reducing the highest risks associated with pregnancy-related mortality.

#### Medical Assistants

- If your MAs are currently running vitals for flu shots or physicals, they are technically ready to run maternal vitals.
- Train MAs to stop viewing high blood pressure as just a number. For women of childbearing age, they must flag it specifically as a "Red Flag" for Preeclampsia that requires immediate provider attention.

#### Community Health Workers

- You do not need a specialized "Maternal Health CHW"; you need to equip your existing outreach team with new resources.
- Expand their referral list beyond housing/food to include "Wraparound" Maternal Support: WIC enrollment, connecting patients to local Doula collectives, and navigating "Emergency Medicaid" applications for uninsured mothers.

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### Key Takeaways



- Philosophy of Overlap:** If a patient is on your unit for any reason—dental, pediatric, or primary care—that is a maternal health opportunity.
- Level 1 (Universal):** Screen, Refer, & Educate. (Accessible to everyone, today).
- Level 2 (Add-Ons):** Diagnose & Prevent. (Using tools like BP cuffs and glucose strips to manage physiological risk).
- Level 3 (Comprehensive):** Full prenatal services and continuity of care.
- You do not need a new workforce; you need a new lens.

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### Activity: Your Integration Journey

- Integration Level**
  - What level of integration would you like to be?
  - Place a dot on:
    - Level 1 (Screen/Refer),
    - Level 2 (Clinical Add-Ons),
    - Level 3 (Comprehensive)
 to represent your current operations.
- New Services**
  - Grab a sticky note.
  - Write down one "Overlap" service or Staffing Pivot you could realistically implement next without hiring new staff.
  - Document your ideas on the Miro board.
- Return and Share**
  - Be prepared to share 1-2 key strategies from your group when we return.

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### Hurdles to Integration

<p><b>Continuity</b></p> <ul style="list-style-type: none"> <li>Prenatal care is not episodic. It follows a strict rhythm (monthly → bi-weekly → weekly). If a mobile unit moves randomly, high-risk patients cannot maintain this required schedule.</li> </ul>	<p><b>Funding</b></p> <ul style="list-style-type: none"> <li>Reimbursement often doesn't cover the full cost of mobile operations, especially things like labs.</li> </ul>
<p><b>Trust</b></p> <ul style="list-style-type: none"> <li>Patients in survival mode may prioritize immediate needs (food, safety) over preventive health.</li> </ul>	<p><b>Knowledge</b></p> <ul style="list-style-type: none"> <li>Patients may not understand why a non-OB provider (like a dentist) is asking about their pregnancy, leading to declined services.</li> </ul>

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### Continuity

**Anchor Day**

- Commit to the same location on the same day of the week, every single week.
- The University of Arizona Mobile Health Program dedicates specific sites (e.g., Tuesdays and Fridays) solely to prenatal care.
- This guarantees that patients can meet the clinical cadence required for a safe pregnancy.
- The University of Arizona Mobile Health Program also uses flexible scheduling with their other family medicine mobile clinics for overflow or if a patient needs to move an appointment.

**"After-Hours" Bridge**

- The University of Arizona Mobile Health Program maintains a 24-hour phone line staffed by medical residents.
- This ensures that even when the mobile unit is unavailable, the patient has a direct line to clinical triage, preventing unnecessary ER visits or ignored symptoms.
- The University of Arizona Mobile Health Program also utilizes secure texting to improve patient access during the business day for quick questions.

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### Build an "In-Kind" Ecosystem

- Laboratory Services**
  - Major national labs (e.g., Quest Diagnostics, LabCorp).
  - Negotiating agreements for free or reduced-rate lab processing for uninsured patients as part of the lab's community benefit initiatives.
- Advanced Diagnostics**
  - Genetic testing companies (e.g., Natera).
  - Utilizing "Compassionate Care" programs to waive fees for genetic screening. This allows mobile units to offer standard-of-care testing without the massive price tag.
- Vaccinations**
  - Local Health Departments or State Immunization Programs.
  - Receiving Tdap, Flu, and COVID-19 vaccines at no cost to the program, ensuring patients are protected without draining your supply budget.

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### Education

#### Close the Knowledge Gap

- Patients often decline services because they don't see the connection (e.g., "Why is my dentist asking about my pregnancy?").
- PCC Community Wellness found that patients didn't understand the link between gum health and preterm birth. By implementing targeted education sessions before clinical exams, they increased patient buy-in for dental services.

#### Printed tools

- Use physical, printed tools to bridge the gap between visits.
- March of Dimes relies on printed "Birth Planning Checklists" and "Vaccine Schedules" to empower patients who may lack consistent digital access.
- A physical checklist on a fridge allows a patient to track their own safety between mobile visits, serving as a tangible link to the care team.

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### Other Strategies

#### Telehealth

- The onsite Medical Assistant (MA) handles intake, vitals, and physical prep.
- A Remote Provider (OB/Midwife) joins in via the internet to review data, consult, and prescribe.
- This allows one provider to cover multiple mobile units at once.
- It turns a Level 1 screening unit into a Level 2 clinical unit instantly.

#### Trust Equity Exchange

- Do not wait for patients to come to you, go to where they are already seeking survival support.
- Partner with high-trust community hubs to meet patients where they already are.
- While families are onsite for resources, the mobile team engages them for screenings (e.g., "Since you're here, let's check your blood pressure").
- You leverage the "Trust Equity" the patient has in the food pantry. By integrating into a safe, familiar environment, you lower the barrier to care.

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### Key Takeaways



- 1 By committing to a specific location on the same day every week, you guarantee the prenatal cadence required for maternal health patients.
- 2 Don't pay for what you can partner for. Leverage community benefit agreements for Labs, Genetic Testing, and Vaccines to offset hard costs.
- 3 Use Education to explain the "why" and provide patients with resources.
- 4 Use Trust Equity partnerships (Diaper Banks/Food Pantries) to meet patients in safe spaces where they are already seeking support.

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### Review & Reflections

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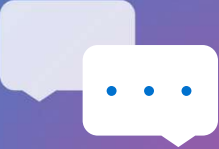
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### Miro

- What is the #1 thing you will add or work to add to your practice based on what you learned today?



[Please use the link in the chat to add your thoughts to our Miro.](#)

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## Review



- 1 Stop waiting for a "maternal health visit." Every patient contact (dental, peds, primary care) is an **opportunity to intercept risk**.
- 2 Integration is not "all or nothing." Whether you are simply screening (Level 1) or treating (Level 3), **there is a valid entry point** for your program today.
- 3 **Leverage partnerships** for Labs, Genetics, and Vaccines to strip out the heavy operational costs.
- 4 **Leverage existing community trust and meet patients** in their safe spaces.

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## Microlearning



You will receive instructions about the accompanying microlearning in a follow-up email.

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## Q&A

Time to ask questions!

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## Claim Your Credits

- 1 As a member of MHA, you will receive 1.25 CE hours for today's session.
- 2 You will receive instructions in a follow-up email.

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## Take Our Post-Session Survey

Your feedback is valuable for planning future training sessions.

**Option 1:**


- Point your camera at the QR code.
- Tap the banner that appears on your screen.

**Option 2:**

- The survey will open in your browser when you close your Zoom window.

**Complete the survey**

Scan this QR code:




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## Thank you!

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