

News and Perspectives

Digital Health Technologies Are Bridging the Maternal Mortality Gap

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Abstract

Disparities in maternal outcomes along socioeconomic, racial, ethnic, and geographic lines are well established. In this *News and Perspectives* article, JMIR Correspondent Anika Nayak reports on the growth and potential of digital health interventions in bridging the rural-urban maternal mortality gap.

Key Takeaways:

- Technological innovations, including pregnancy apps, remote monitoring devices, and the first US Food and Drug Administration (FDA)-authorized home ultrasound platform, are emerging as creative solutions to rural hospital closures in the United States.
- Research shows the most successful rural maternal health programs pair digital tools with community health workers, doulas, midwives, and local care coordinators—supported by expanding Medicaid reimbursement across at least 42 states.

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As rural birthing hospitals [continue to close across the United States](#), pregnant women in many communities are traveling farther than ever to access obstetric care. This trend is occurring against the backdrop of a worsening maternal health crisis: the United States continues to have one of the highest—if not [the highest](#)—maternal mortality rates among high-income nations, with increased risk for [rural](#), [Black](#), and [American Indian and Alaskan Native](#) women and women experiencing [socioeconomic disadvantage](#).

Many maternal deaths are considered preventable, making access to prenatal care a growing focus for policymakers and clinicians. “Everyone always wants to talk about the hospital,” said Alex Peahl, MD, MSc—an OB-GYN at the University of Michigan and lead author of the American College of Obstetricians and Gynecologists’ (ACOG’s) [2025 Clinical Consensus on Tailored Prenatal Care Delivery](#). “Up to 90% of maternal morbidity and mortality is preventable, much of it through routine prenatal services.”

But access to those services is becoming increasingly difficult. Since the end of 2020, [139 rural obstetric units](#) have shut down or announced plans to close by the end of this year, leaving roughly [35% of US counties](#) without access to birthing hospitals, birth centers, or obstetric providers.

“Folks are traveling an hour and a half, two hours to get care,” Peahl said, noting that some of her rural Michigan patients have lost jobs because of the time required for frequent prenatal appointments.

As access gaps widen, states, health systems, and technology companies are increasingly turning to digital tools, including pregnancy apps, remote monitoring programs, and home-based diagnostic technologies, to bring prenatal care closer to patients.

Connecting Women to Care

One of the most visible examples of state-led digital maternal health expansion is [Pregnancy+](#), an app that has been customized through public-private partnerships in Michigan and Arkansas.

Michigan launched a Medicaid-tailored version of the app in 2023 through the governor’s [Healthy Moms Healthy Babies](#) initiative. In its first year, the program reached more than 32,000 Michigan families, with nearly 1000 families connected to the state’s evidence-based home visiting programs through the platform.

Arkansas followed in 2025 after signing the [Healthy Moms, Healthy Babies Act](#). Through a [partnership](#) between Philips and Ingeborg, Arkansas launched its own version of Pregnancy+, which focused on connecting expectant mothers with prenatal resources and public benefits.

The app includes educational content about pregnancy and fetal development, but some of its most heavily used features are tools that help women navigate care. Users can find information about Medicaid enrollment; Women, Infants, and Children enrollment in their state; local health units; prenatal clinics; birthing hospitals; and other subsidized services.

“Our main focus initially was to increase the number of pregnant women who are getting prenatal care,” said Anna

Koelsch, MBA—the director of Ingeborg Initiatives. “So many women in Arkansas weren’t seeing a doctor until the third trimester, or even just when they were giving birth.”

“The primary purpose of our app is a health literacy tool,” said Evan Hoffman—director of state government affairs at Philips. Survey data collected by the company in 2024 found that 71% of users downloaded the app during the first trimester, while 95% reported that it helped them feel more informed during pregnancy.

Bringing Prenatal Care Home

While apps can help patients navigate services, clinicians are hopeful that remote monitoring will help bridge gaps in access to care. This is particularly key in rural communities, where transportation barriers and provider shortages can make it difficult for pregnant patients to attend frequent prenatal appointments.

“For a century, we have asked patients to come to clinics where we keep all of the tools that are necessary to assess the health of the mom and the baby,” Peahl said. “We are increasingly seeing those tools come into patients’ homes.”

That shift is reflected in ACOG’s [2025 Clinical Consensus on Tailored Prenatal Care Delivery](#), which supports the use of telemedicine, asynchronous communication, and remote monitoring as substitutes for some routine in-person visits among patients who may be eligible.



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For example, Bluetooth-enabled blood pressure cuffs now allow clinicians to monitor patients remotely and identify warning signs of preeclampsia prior to diagnosis. Similarly, continuous glucose monitors enable obstetric teams to manage gestational diabetes without requiring patients to travel long distances for specialist visits.

Keywords: maternal mortality; telemedicine; digital health; pregnancy; prenatal care; rural health services; remote patient monitoring; community health workers

A growing body of evidence suggests these tools can improve adherence to prenatal care and support healthier pregnancies. A [2025 systematic review and meta-analysis](#) published in *Journal of Medical Internet Research* found that digital health interventions consistently improved gestational weight management and prenatal care engagement.

The Newest Frontier

In November 2025, the US Food and Drug Administration (FDA) [granted De Novo authorization](#) to Pulsenmore ES—the first home-use prenatal ultrasound platform cleared for use in the United States. The system allows patients to perform guided scans at home by using a smartphone-based device, with images transmitted to clinicians for remote review.

The technology is not intended to replace traditional ultrasounds performed in medical facilities. Instead, advocates argue that it can provide reassurance and monitoring between appointments, particularly for patients living far from obstetric specialists.

“For some rural communities, patients only have access to a primary care office where they can complete labs or vaccinations, but not necessarily specialized obstetric services like antenatal testing,” said Peahl.

As remote maternal health technologies become more common, states are increasingly adjusting payment policies to support their use. At least 42 states and the District of Columbia now provide [some form of Medicaid reimbursement](#) for remote patient monitoring. Arkansas, in particular, has some of the most comprehensive maternal and infant legislation in the country, including expansive coverage for maternal telehealth.

The trend reflects a broader recognition that technologies once confined to hospitals and clinics can be safely deployed in patients’ homes when appropriate clinical oversight exists.

Still, experts caution that technology alone will not solve the nation’s maternal health crisis.

A [2025 review](#) published in *The Journal of Rural Health* found that the most successful rural maternal health programs combine digital tools with in-person support systems, such as community health workers, doulas, midwives, and local care coordinators.

“The cost of one NICU admission is so high that there are a lot of value-based statements we can make if we can demonstrate the efficacy of these tools,” Peahl said. “They have to be covered in both the commercial and Medicaid population to ensure access and equity.”

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