

MOM Mobile: Bridging the Gap in Rural Maternal Health

A partnership between Martin County Healthy Start and Okeechobee Healthy Start to bring prenatal care closer to families.



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Our Why: Moms, Leaders, and Community Builders

- Bringing a motherhood lens
- Empowering moms & dads
- Connecting & supporting families
- Advocating for access & trusted community care
- Building healthier beginnings before birth



Healthy Start Across Florida

- Created in 1991, the Healthy Start bill was signed into law with bipartisan support to improve maternal and infant health outcomes
- 32 local Healthy Start Coalitions serving 66 of Florida's 67 counties
- One statewide mission, locally led solutions
- Community needs drive each coalition's service delivery plan

Both Okeechobee & Martin County Coalitions began serving their communities in 1993

Two Counties, Two Communities, One Shared Mission

Martin County

- 166K residents across 544 sq. miles
- 291 people per sq. mile
- 1,250 births annually averaged
- 7% rural population with 85% rural land
- 8.6% poverty rate
- ~ 50% Medicaid birth population

Okeechobee County

- 43K residents across 769 sq. miles
- 51 people per sq. mile
- 550 births annually averaged
- 36% rural population with 97% rural land
- 17% poverty rate
- ~70% Medicaid birth population



Same Healthy Start mission, different local realities. When we lock arms, local solutions can reach more families, and we can build on what works instead of reinventing the wheel.

Our Reality: Access as the Historic Barrier

Why access is not a small barrier in Okeechobee

- Okeechobee County has had no local delivery hospital for approximately 40 years; families often travel 35–65 miles for delivery and specialty care.
- Prenatal access narrowed when the only local provider reduced availability from five days per week to one.
- Rural distance and limited transportation options make routine visits difficult to keep. Private taxi service is limited, and Medicaid transportation schedules do not always match family realities.

Result: too many families delay care or leave the community for maternity services

The urgency is clear: care must come closer to families.

Not Reinventing the Wheel

Partner. Adapt. Bring care closer.

- Martin County already had a working mobile prenatal care model through TCMC and Healthy Start
- Okeechobee had the urgent gap, trusted relationships and local referral network
- We chose partnership over starting from scratch
- A shared mobile clinic, a shared mission, and local adaptation accelerated the solution.

See what works

Ask what fits

Adapt locally

Act quickly

When something is working nearby, the goal is to bring it closer to families.



Built by Community Task Forces

Martin County

- **Who:** Martin County Healthy Start, funders, clinical and community experts
- **What:** Built a mobile prenatal model - funding, staffing, sites and systems
- **Outcomes:** Regional service launched in September 2025; 200+ prenatal/postpartum visits reported
- **Quality:** 13 Full-term deliveries and 0 maternal complications reported

Okeechobee County

- **Who:** Healthy Start-led Maternal Care Task Force, including local elected leaders, law enforcement, the county health department, health-care providers, and other community partners
- **What:** Defined the gap; secured short-term funding for an additional prenatal-care day and MOM Mobile service; selected a trusted site; and built referral pathways
- **Outcomes:** First-ever local mobile prenatal option for Okeechobee



Community-led task forces turn a shared problem into a shared plan.

The MOM Mobile Story

A “pie-in-the-sky” idea became a real solution to a real access problem.

- Built on a history of protecting prenatal access in Martin County
- **The question:** *“If there were no limitations, what would you do to improve access to prenatal care?”*
- **Our answer:** Bring care to moms with continuity, trusted relationships, and whole-family support.
- **The opportunity:** A funder challenged us: *“If you can find the capital investment, we’ll find the funding for the services.”*
- **From vision to reality:** MCHSC and TCMC partnered to create the MOM Mobile, a 38-foot mobile prenatal clinic.

Now, we’re sharing the solution: A regional partnership allows Okeechobee families to benefit from a model that was built in Martin County.



MOM Mobile Services

Clinical care

- Initial prenatal visit
- Routine prenatal care
- Vitals, fetal monitoring and education
- Labs, screenings and basic ultrasound
- Mental health and wellness check-ins
- Birth plan, hospital prep and records at 35 weeks

Family connections

- Postpartum follow-up
- Prescription referrals and care coordination
- Healthy Start Doula Services
- Home Visiting
- TEAM Dad / Fatherhood supports
- Uber / transportation support
- Spanish and Creole language access

A prenatal care visit can become a warm handoff to the whole support system.

Early Results & Community Response

Families responded when care came closer

34+

moms served

200+

prenatal + postpartum visits

0

maternal complications reported

15

women seen in first 3 Okeechobee days

13

babies delivered

100%

full-term, 0 complications

What made it work here

- Trusted relationships and a familiar community table
- Local knowledge about transportation, referrals and family needs
- Flexible regional partners willing to adapt quickly

Best Practices

What Made the MOM Mobile Expansion Work

- **Start with the access gap**
Listen to families, review data, and identify where prenatal care is declining.
- **Build the right table early**
Bring together clinical providers, community partners, funders, and family voices.
- **Don't reinvent what already works**
Martin County had an existing mobile prenatal care model that could be adapted for Okeechobee.
- **Build on trusted relationships**
The Healthy Start network created a natural foundation for cross-county and community collaboration.
- **Adapt the model to the community**
The goal was not to duplicate Martin County's model exactly; it was to adapt the model to Okeechobee's geography and access barriers.



Lessons Learned

What We Had to Adjust Along the Way

- **Capital investment vs. ongoing services**
The mobile unit required a significant upfront investment, while clinical services and vehicle maintenance require sustainable ongoing funding.
- **Rural geography & transportation**
A mobile clinic improves access, but communities still need intentional site selection, scheduling, and transportation coordination.
- **Clinical capacity**
The model depends on having the right clinical provider and staffing capacity to deliver prenatal care consistently.
- **Two organizations, one model**
Clear roles, communication, and expectations were essential as the model moved across county lines.
- **Start before it's perfect**
We had to solve problems along the way and adjust the model rather than wait for every piece to be in place.



What's Next

- Keep the Maternal Care Task Force active so barriers are solved as they surface
- Track outcomes: prenatal entry, completed visits, referrals and deliveries
- Sustain the model through grants, philanthropy and shared regional funding
- Strengthen transportation through a new pilot program
- Explore added partners and sites as demand grows
- Advance the Treasure Coast Maternity Center as a permanent, comprehensive solution that ensures families have access to high-quality maternity care close to home.

The goal is bigger than parking a mobile unit—it is rebuilding access around rural families.



Q&A DISCUSSION

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Thank you!