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How to advocate for new tools that support your teams

The clinical leader's guide to advancing
maternal-fetal care with innovative solutions

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Leading a conversation that sparks change for your teams—and your patients

The high stakes of maternal-fetal care

Why innovation is no longer optional in labor and delivery

Every delivery room holds a world of promise—and an undercurrent of risk. Across the U.S., persistently high maternal mortality rates, overburdened labor and delivery teams, and gaps in care consistency threaten progress. While it’s tempting to consider these challenges as purely clinical, they reflect deeper systemic issues.

When care teams are stretched thin and working with outdated or disconnected tools, it becomes harder to deliver the proactive, standardized care that families deserve. There is ongoing discussion about how digital solutions may support maternal and infant outcomes, and growing interest in systems designed to support frontline decision-making.

This eBook will help you identify the right tools for your team and build support for new digital solutions that can transform perinatal care.

Clinical teams need support to extend care access, prevent complications, and advance outcomes for families across the United States			
The U.S. has the worst maternal mortality rate of any high-income nation. [1] About 700 women die each year due to pregnancy complications. [2]	The nursing shortage is growing. 600K nurses intend to leave the profession by 2027, due to stress, burnout and retirement. [3]	Access to quality OBGYN care is under threat, as rural labor and delivery wards close and maternity deserts grow. [4] Over 35% of U.S. counties are maternity care deserts. [5]	Yet, we have an outsized opportunity to change the direction of maternal health outcomes. More than 80% of maternal deaths are considered preventable. [6]

“Your voice matters. You don’t have to wait for someone else to speak up—you are the someone. I’ve seen bedside nurses create PowerPoints, gather stories, and bring real change just by showing the ‘why’ behind their ideas. You have influence. You have insight. And when you speak from your experience, people listen.”

Rose Horton
MSM, RNC-OB, NEA-BC, FAAN, Founder of NotOnMyWatch, President of AWHONN

What’s at risk?

When innovation stalls, the consequences are real:

Maternity care deserts are growing	➔	Preventable complications rise in low-resource settings
The nursing shortage persists	➔	Labor and delivery teams navigate rising complexity without additional support
Clinical burnout is on the rise	➔	Higher attrition rates, gaps in attention and loss of institutional knowledge

From data capture to actionable insight

Embracing real-time, team-ready support

To support you and your patients, maternal-fetal technology must do more than collect data and clicks. The newest generation of technology goes beyond collection to interpret, alert and empower.

The limitations of legacy systems are all too familiar: data that's hard to interpret, insights that arrive too late, and tools that require workarounds just to function. But today's tools have been designed with you in mind. Clinical decision support, cloud-based data sharing, and real-time alerts are designed to improve intuitiveness and impact compared to legacy systems.

The comparison below highlights the critical shifts taking place, and what they mean for your team and your patients.

The nurse's guide to next-gen: How technology is evolving in maternal-fetal care

How the newest maternal-fetal technology empowers proactive intervention, advances care consistency, and seamlessly reduces the manual burden on clinical teams

Area	Traditional tools	Examples of next-generation solutions
Function	Passive data collection	Next-generation systems are designed to support clinicians by surfacing relevant information in real time
Output	Raw data requiring manual interpretation	Systems in development are intended to provide information in near real time to aid workflow
Workflow	Siloed systems and manual workarounds	Seamless integration with clinical workflows, devices and dashboards
Data access	Limited, retrospective or hard to retrieve	Centralized, longitudinal and surfaced contextually at the point of care
Team communications	High reliance on verbal updates, shift change summaries, or post-event reviews	Shared situational awareness with unit-wide visualization and early risk signaling
Consistency	Variable responses based on individual clinical judgment	Standardized escalation pathways and alerts based on predefined criteria
Staff burden	High cognitive load , delayed decision-making	Reduced cognitive burden, enabling faster and more confident action
Patient impact	Reactive care and avoidable delays	Aims to support more consistent workflows and timely interventions in maternal-fetal care

In a clinical setting, this shift empowers life-changing interventions. Emerging innovative solutions aim to provide timely insights at the point of care. For example, instead of manual fetal heart rate interpretation, next-gen tools may help translate these patterns into intuitive, evidence-based visuals, and flag concerning trends across the unit, so that you and your teams can act confidently, quickly and consistently.

“Technology has the ability to democratize information and make it less subjective and more objective. It can help care teams objectively identify risk and form a common language around it. It takes subjectivity out of the picture.”

Whitney Staub-Juergens

DNP-HSL, MSN, RN, NE-BC, Vice President of Transformation Operations, HCA Healthcare



Empowering the frontline through innovation

When technology supports care teams effectively, workflow confidence can improve

You and your team are the beating heart of safe maternal-fetal care. But when technology adds cognitive burden, or creates uncertainty, it can undermine both your confidence and the quality of care you deliver.

Modern maternal-fetal technology is intended to reduce cognitive burden and provide timely, actionable insights.

From cognitive overload to clinical confidence: How technology can empower your team

The hidden burden

- » Fragmented data across multiple screens/systems
- » Unclear risk signals requiring manual interpretation
- » Potentially delayed decisions due to info-seeking
- » Tracking protocols from memory
- » Periodic uncertainty about when to escalate care



Tools that empower

- » Unified patient view in one interface
- » AI that quickly identifies, flags emerging risks
- » Real-time alerts surface critical information
- » Standardized protocols at the point of care
- » Clinical decision support guides next steps



Clinical confidence

- » Faster response to possible emerging complications
- » Consistent, evidence-based care across all shifts, tenures
- » More time at the bedside with patients
- » Reduced cognitive burden and enhanced decision making
- » Empowered teams delivering the best possible care

“As we work to improve maternal safety, we want to give nurses and providers tools they can utilize to help them provide the best care for our patients. The solution can help to decrease time at the keyboard and more time with our patients at the bedside.”

Heather Hart

BSN, RNC-OB, DT&I Digital Product Analyst for Maternal Fetal Wellbeing, HCA Healthcare

Three signs your team is compensating for tech gaps

- 1 Frequent verbal escalations to clarify vital sign trends; for example, to align on a fetal heart rate category
- 2 Staff creating workarounds outside the EHR to incorporate data from external monitors and conversations
- 3 Inconsistent response to emerging risk, especially during shift changes

The technology behind the transformation

Understanding the capabilities that empower proactive care

While change can often feel far out of reach, the shift to active clinical support is happening now, powered by specific technological advances that are reshaping what's possible in maternal-fetal care. **Understanding these capabilities will help you identify the right solutions for your team and articulate their value to decision-makers across your organization.**

An overview of innovations in maternal-fetal care

How can AI and machine learning support labor and delivery teams?

Artificial intelligence in medicine is being explored as a tool to support clinical judgement.

- » Use data such as maternal vital signs, fetal monitoring and lab results to spot early signs of risk.
- » Intended to help teams respond to complications and support consistency in care.
- » Free up time and reduce cognitive load by surfacing what matters most.



What this means for your team:

- » These features are designed to support timely decision-making and consistency across teams.
- » Timely response to warning signs even during busy shifts.
- » Objective, data-driven consistency across teams, shift changes, and transitions.

What is clinical decision support (CDS)?

Next-generation systems may embed CDS within workflows for evidence-based guidance exactly when and where it's needed.

- » They are designed to offer guidance during high-risk moments.
- » They embed hospital protocols and escalation steps directly into workflows.
- » Are intended to support standardized care across units and shifts.



What this means for your team:

- » On-screen cues help guide timely, evidence-based intervention.
- » Fewer delays in response time, especially during nights, weekends and busy periods.
- » Developed with the goal of supporting safe, consistent monitoring for mother and baby.

Why is interoperability and data integration so important?

Next-generation tools help overcome data fragmentation to provide the full clinical risk picture needed to make good, timely decisions.

- » Interoperable systems are intended to provide a unified view of patient status.
- » They are designed reduce redundant data entry and documentation burden.
- » Makes patient information accessible across shifts and specialties.



What this means for your team:

- » All critical data available in one place; no more toggling between systems and screens.
- » Stronger situational awareness during emergencies.
- » Streamlined documentation and handoffs.

How is cloud-based infrastructure supporting clinical teams?

Cloud-based systems are intended to enable data access across locations and times.

- » Enables real-time updates, collaboration and remote monitoring.
- » Keeps data secure while supporting flexibility and scalability.
- » Ensures continuous system performance, even during downtime.



What this means for your team:

- » Reliable access to patient data, anywhere and anytime.
- » Easier specialist consultation in rural or under-resourced settings.
- » Less maintenance burden for IT and clinical teams.

“Clinical decision support features help guide clinicians, whether they’re novice or tenured, through high blood pressure, hemorrhage, oxytocin usage, and maternal sepsis. Technology advances our ability to provide those algorithms in a timely manner.”

Heather Hart

BSN, RNC-OB, DT&I Digital Product Analyst for Maternal Fetal Wellbeing, HCA Healthcare



How is outdated technology limiting labor and delivery teams today?

Up to **50%**

Nurses often allocate between 25-50% of their working hours to documentation tasks [7]

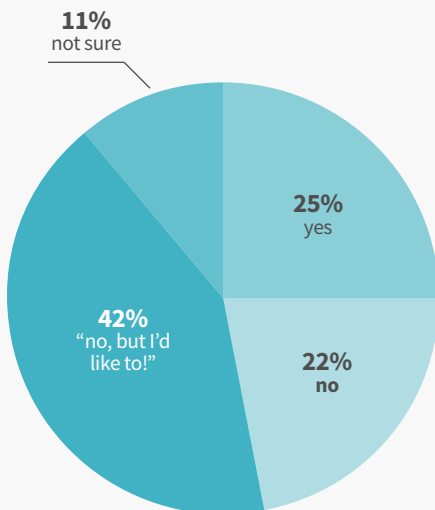
68%

Percentage of healthcare professionals who view technical limitations as a major barrier hindering data access for decision-making [8]

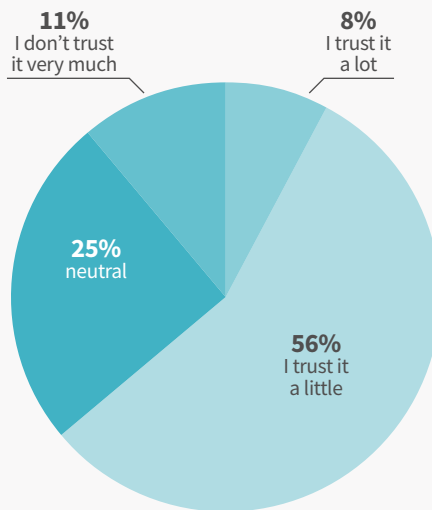
How are labor and delivery teams leveraging AI today?

Excerpted from an audience poll at AWHONN 2025, n=26

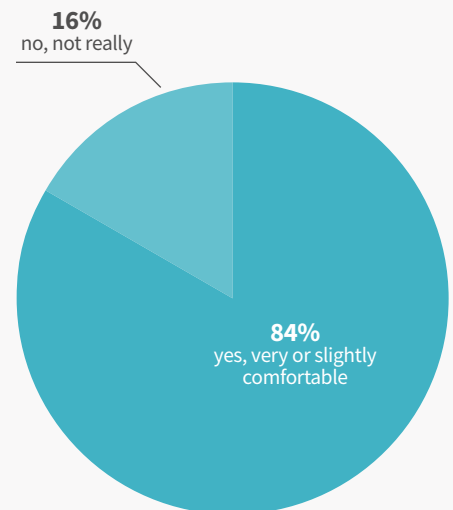
Is your org using AI today?



Do you trust AI in healthcare?



Do you feel comfortable advocating for new purchases in your unit?



Of the 84% who said yes:

Have you been successful at earning buy-in for the tools your team needs?

- » Yes: 1 person
- » No: 25 people



Outdated tools are hindering clinical teams; or worse, limiting them. While leaders report being excited about the use of AI and feel comfortable advocating for new tools, new strategies that support internal advocacy and partnerships with IT are needed to help secure internal buy-in and implementation.

Building organizational alignment—aligning priorities across departments

Five practical steps to drive buy-in for new labor and delivery solutions

You know your team needs better tools; IT needs systems that are secure and interoperable; and leadership needs to see clear value. The key to bridging these gaps? A strategic approach that meets everyone's needs while keeping your frontline experience at the center.

These five steps comprise a roadmap to earning buy-in for your team's new digital perinatal solutions.

Step 1: Determine the needs of your unit

Start by listening to your team.

Before you can advocate for solutions, you need to understand the specific challenges your staff faces every shift. *What workarounds have they created? What takes longer than it should? Where do they feel uncertain or unsupported?* The responses are often illuminating, revealing workarounds staff have created because something is missing or broken.

Practical tactics:

Conduct informal rounds specifically focused on workflow pain points.

Document patterns, not just individual complaints. Are multiple nurses mentioning the same issue? That's your signal.

Conduct a time study tracking how much time routine tasks consume. How much time does a nurse lose on administrative work that could have been spent on hands-on care?

Observe workflows during different shifts and acuity levels. What works during a quiet morning may fail on a busy night.

“To get started driving change, ask your team questions like: ‘What’s one challenge we face every shift that we’ve just accepted as normal?’ or ‘If I could change one thing to make care safer or smoother, what would it be—and why?’ These questions open the door to advocacy. When you bring those insights to your leaders, you’re not just reporting a problem—you’re offering a solution. And that’s powerful.”

Rose Horton,

MSM, RNC-OB, NEA-BC, FAAN, Founder
NotOnMyWatch, President of AWOHNN



Signs of success:

You have a clear, documented list of workflow challenges and unmet needs, validated by the people doing the work every day.

Step 2: Involve bedside nurses in the research process

Your frontline staff are your strongest advocates.

Once you've identified needs, bring nurses into the solution research process. When bedside nurses feel ownership over the solution, they become invested in its success, and their voices carry weight with leadership.

Practical tactics:

Form a small working group of 3-5 nurses representing different experience levels and shifts

Task them with specific research, such as demoing different solutions, talking to peers at other facilities, or reviewing vendor materials

Have them create comparison criteria based on real workflow needs (integration with existing systems, customizable alerts, etc.)

Ask them to document their findings in a simple, shareable format

Bring them to vendor demos so they can interact, ask questions, and provide feedback



Signs of success:

Your proposal includes direct input from bedside nurses, and they're prepared to speak about the solution's value in meetings with leadership.

Step 3: Secure buy-in with leaders from IT, Biomed and EVS departments

It's essential to win cross-departmental support.

Including IT, Biomed and other key stakeholders can make or break purchasing new equipment and bringing in innovations. It's more than likely your colleagues have legitimate concerns about security, implementation bandwidth, maintenance and workflow disruption. Address those concerns early to earn allies instead of obstacles.

Practical tactics:

For IT:

- » Schedule conversations early, before you've settled on one specific vendor
- » Ask about their current priorities and bandwidth
- » Share your initial research and ask: What would you need to see from a vendor to feel confident about implementation?

Think like IT to partner with IT:

Key questions they'll want answered

- » Does it integrate with our EHR and other clinical systems?
- » What are the security and compliance requirements?
- » Is it cloud-based or on-prem?
- » What's the implementation timeline and support model?
- » What's the ongoing maintenance burden?

For Biomed:

- » Understand their equipment maintenance workflows and how new devices would fit
- » Ask about their experience with similar technology
- » Involve them in vendor demos so they can assess serviceability

For EVS and other support departments:

- » Consider cleaning protocols for new equipment, logistics for installation, etc.
- » Provide early heads-up to prevent last-minute surprises, scheduling conflicts

The comprehensive IT/Biomed checklist: Speaking their language

If you're able to speak to these areas below, you're well on your way to a "yes"

- ☐ **Interoperability:** Does it integrate with our EHR?
- ☐ **Security and Compliance:** Is it HIPAA-compliant? How do data encryption and access controls work?
- ☐ **Infrastructure:** Is it cloud-based or on-premise, and what are the bandwidth requirements?
- ☐ **Implementation support:** What type of vendor training, technical support, and go-live assistance is needed?
- ☐ **Scalability:** Can it grow with our organization?
- ☐ **Downtime and redundancy:** What happens if the system goes down?
- ☐ **Maintenance and updates:** Who handles ongoing maintenance? How are updates deployed?
- ☐ **Device compatibility:** Does it work with existing monitors, tablets, workstations?

While these processes come with many questions, you don't need to have all the answers! Lean on your prospective partners to crowdsource guidance from those who navigate these implementations regularly. Ask questions of device manufacturers and sales representatives to help you gather the information you need.



Signs of success:

IT and Biomed are at the table early, have had their concerns addressed, and are prepared to support your proposal.



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Step 4: Communicate ROI to the C-suite

Be prepared to speak about value drivers: patient experience, outcomes and staff satisfaction

You know what your team needs and why it matters. Now that it's time to make your case, you need to translate clinical value into business value; thankfully, the two are deeply connected. Build a compelling ROI case by considering value drivers across multiple strategic objectives:

Clinical outcomes: » Potential to support quality initiatives focused on workflow efficiency and patient outcomes » Shorter lengths of stay » Lower readmission rates » Improved safety metrics	Financial impact: » Cost per complication avoided » Potential revenue implications of improved patient satisfaction scores » Potential reduction in malpractice risk » Potential impact on payer quality incentives
Staff satisfaction and retention: » Satisfaction and retention may be positively influenced by improved workflows and support » Cost of nurse turnover in your unit (~1.2-2x annual salary per nurse) [9] » Project retention improvements and recruiting advantages » Reduced orientation time for new nurses	Patient experience: » Supporting family-centered care » Impact on patient satisfaction scores (HCAHPS) » Positive impact on word-of-mouth and community reputation » Earning confidence in your facility for future care

Practical tactics:

Find case studies from other health systems that have implemented similar solutions

Ask vendors for their ROI data and proof points

Benchmark against peer institutions to understand where you stack with consideration to your facility size and patient volume

Seek stories from IT stakeholders, nurse managers, education coordinators and more to help bring the need to life with personal experiences and real-life scenarios

Create a simple one-pager with 3-5 key metrics that matter most to your leadership, including both hard ROI and the real-life opportunity cost savings to share the full value story

“Success to us is about outcomes: safe mom, safe baby, safe delivery, and improving maternal well-being. It's as simple as that.”

Whitney Staub-Juergens

DNP-HSL, MSN, RN, NE-BC, Vice President of Transformation Operations, HCA Healthcare



Signs of success:

Your proposal includes direct input from bedside nurses, and they're prepared to speak about the solution's value in meetings with leadership.

Step 5: Drive innovation with frontline expertise

Leverage your team's clinical expertise to shape solutions that truly work in practice

Connecting the dots between industry and bedside nursing is where the real challenge lies. By merging the two worlds, you can best show what teams truly need. This final step is all about ensuring that the solution you choose actually works in the reality of your unit, not just on paper.

Practical tactics:

During vendor selection:

- » **Insist on extended demos** that go beyond scripted presentations
- » **Test workflows** with real scenarios from your unit
- » **Bring everyone to your demos**, including IT, Biomed and known skeptics
- » **Ask for reference calls** with nurse leaders at similar facilities

During implementation:

- » **Designate clinical champions** who can troubleshoot and provide peer support
- » **Customize workflows** to match how your team actually works
- » **Build in feedback loops** so you can refine the system in real time
- » **If possible, plan for a phased rollout** so you can pilot with a small group, learn, adjust and then expand

After go-live:

- » **Schedule regular check-ins** with staff about what's working and what's not
- » **Track your success metrics** so you can demonstrate impact to leadership
- » **Share wins** with leadership and other departments to build momentum for future innovations
- » **Stay connected with your vendor partner** for ongoing optimization

Building your case:

A real-world timeline

Wondering how long this process takes? Here's a realistic timeline:

Months 1-2: Assess unit needs, involve bedside nurses in research

Month 3: Begin conversations with IT/Biomed, narrow vendor options

Month 4: Conduct demos, gather feedback, build business case

Month 5: Present proposal to leadership

Months 6-7: Contract negotiation, implementation planning

Month 8: Go-live with pilot group of clinical champions

Months 9-12: Optimization, expand program, measure outcomes, share results

“Connecting the dots between industry and bedside nursing is really where we're challenged. We need to understand how to merge those worlds to show what our teams truly need. We don't always get the business side of healthcare in nursing school. Because an expert in innovation doesn't come easily—but it's essential to leadership.”

Bobbie Smith

MSN, RN, NEA-BC, ANLC-P, Clinical Manager of Labor & Delivery



Tip: Prioritize solutions that are created by clinicians for clinicians.

When evaluating vendors, ask about their clinical advisory boards and co-design processes. The best vendors want your input.



Signs of success:

The solution is live, your team is using it effectively, and you're seeing measurable improvements in the metrics you identified in Step 4.

Your advocacy toolkit

Everything you need to make your pitch with confidence

Pre-meeting prep checklist

Before you go in for your first pitch to leadership, make sure you have:

- ☐ **A clear problem statement** (1-2 sentences describing what your team needs and why)
- ☐ **Bedside nurse input** (documented and ready to reference)
- ☐ **Key statistics and ROI projections** can be used to support advocacy for new solutions, tailored to facility size and patient volume
- ☐ **IT/Biomed feedback** (illustrate you've already consulted with the tech teams)
- ☐ **Vendor information** ready to share (contact, implementation timeline, support model)
- ☐ **Your clinical champions** (identified and ready to discuss, if needed)

One-pager template: The business case at a glance

Follow this format to create a single-page summary you can distribute:

[Your facility name] labor and delivery innovation proposal

The problem:

2-3 sentences: What challenges are you trying to solve? What's at stake?

The solution:

2-3 sentences: What technology/solution will address this? What does it do?

The impact:

- » Clinical: [Expected outcome improvements, such as: earlier complication detection, reduced variation in care, shortened length of stay]
- » Financial: [Cost avoidance, ROI timeline, retention savings]
- » Operational: [Staff satisfaction, workflow efficiency, time savings, reduced burnout]

Implementation:

- » Timeline: [X months from approval to go-live]
- » IT requirements: [Integration needs, vendor support]
- » Training: [Clinical champions, vendor training plan]

Investment:

[Total cost]

Next steps:

[What you're asking for; e.g. "request approval to advance vendor contract"]

Your cheat sheet:

Be ready to sidestep objections

How to speak to the most common concerns that arise as you make your pitch

Objection	Your response
“We don’t have budget.”	“Can we explore phased implementation or identify which budget line this fits—quality improvement, patient safety, or capital equipment?”
“The timing isn’t quite right.”	“I hear you. When is the next budget planning process meeting scheduled, and what information should clinicians bring to this meeting?”
“Our staff is too busy for this.”	“That’s exactly why we need this; it reduces their workload. Training is vendor-supported and our clinical champions will provide peer coaching.”
“How do we know it will work?”	“Great question. Here’s data from [X facility] showing [outcome]. Plus, our nurses were involved in demos and are enthusiastic about this.”
“This feels risky.”	“That’s why we’ve done our homework: consulted IT, gathered bedside nurse input, and built a clear ROI case. We’re asking for a strategic investment backed by data.”
“It’s more expensive than what we have today.”	“What’s important is to consider the total value —not just the price tag. There are so many ways to realize opportunity costs, such as savings from reduced set-up time, smoother workflows, and reductions in burnout. There might also be various finance options that we can explore.”

Your voice, your impact

Leading a conversation that sparks change for your teams—and your patients

While you didn't go into nursing to balance budgets or advocate for technology, it turns out that caring for your team means fighting for the tools they need to do their best work.

And, their best work is essential. Maternal mortality rates remain too high, nursing shortages further exacerbate the burnout your nurses are fighting, and every shift, your team is working to overcompensate gaps in technology that hinder their hands-on care.

With these takeaways, you have the power to help change this. To begin, just start the conversation with your team. You're sure to hear a whole number of ways you can begin to improve their day-to-day experience—and those of the patients and families for whom they work so hard.

“When I went into leadership, my ‘why’ changed—from taking care of patients to taking care of my team. How do we get them more time at the bedside where they really want to be with their patients? It comes down to giving them everything they need to feel like, at the end of the day, they’ve done a good job.”

Bobbie Smith

MSN, RN, NEA-BC, ANLC-P, Clinical Manager of Labor & Delivery



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Sources

1. Tikkanen, R., & Zephyrin, L. (2024, June 13). Insights into the U.S. maternal mortality crisis: An international comparison. The Commonwealth Fund. <https://www.commonwealthfund.org/publications/issue-briefs/2024/jun/insights-us-maternal-mortality-crisis-international-comparison>
2. Petersen, E. E., Davis, N. L., Goodman, D., Cox, S., Mayes, N., Johnston, E., Syverson, C., Seed, K., Shapiro-Mendoza, C. K., Callaghan, W. M., & Barfield, W. (2019). Vital signs: Pregnancy-related deaths, United States, 2011–2015, and strategies for prevention, 13 states, 2013–2017. *Morbidity and Mortality Weekly Report*, 68(35), 423–429. <https://doi.org/10.15585/mmwr.mm6835a3>
3. National Council of State Boards of Nursing. (2023, April 13). NCSBN research projects significant nursing workforce shortages and crisis. <https://www.ncsbn.org/news/ncsbn-research-projects-significant-nursing-workforce-shortages-and-crisis>
4. Kozhimannil, K. B., Interrante, J. D., Carroll, C., Sheffield, E. C., Fritz, A. H., McGregor, A. J., & Handley, S. C. (2025). Obstetric care access at rural and urban hospitals in the United States. *JAMA*, 333(2), 166–169. <https://doi.org/10.1001/jama.2024.23010>
5. March of Dimes. (2023). Nowhere to go: Maternity care deserts across the U.S. <https://www.marchofdimes.org/maternity-care-deserts-report>
6. Centers for Disease Control and Prevention. (2023, June 5). Maternal Mortality Review Committee data: 2017–2019. https://archive.cdc.gov/www_cdc_gov/maternal-mortality/php/data-research/mmrc-2017-2019.html
7. Nursing Science. (2023). How much time do nurses spend on documentation? <https://nursing-science.com/about/index/time-spent-on-documentation>
8. Infopulse. (2024, April 8). Top 6 healthcare interoperability challenges in 2024. <https://www.infopulse.com/blog/6-healthcare-interoperability-challenges>
9. NSI Nursing Solutions, Inc. (2025). 2025 national health care retention & RN staffing report. https://www.nsinursingsolutions.com/Documents/Library/NSI_National_Health_Care_Retention_Report.pdf

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