



UMMS launches first-of-its-kind remote fetal monitoring center on East Coast

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Key takeaways:

- [University of Maryland Medical System](#) launches NEST, a remote fetal monitoring center.
- 17 specialized nurses provide real-time oversight of fetal heart rates.
- AI [technology](#) helps identify patients needing urgent attention.
- NEST aims to advance maternal and fetal care safety across UMMS's Maryland hospitals.

The University of Maryland Medical System has launched NEST — Neonatal Outcomes Impacted by Escalation Safety Telemetry — a groundbreaking remote fetal monitoring center that provides real-time monitoring of [labor and delivery](#) across its hospitals.

An extra layer of support

The NEST team is comprised of approximately 17 experienced labor and delivery nurses who provide oversight and assessment of baby's heart rates when the mother is admitted in labor. NEST Nurse Manager, Cristina Haas, said, "It adds an extra layer of support and oversight for patients and our bedside team."

NEST is the first of its kind on the East Coast. "Every patient who enters any UMMS labor and delivery unit, whether it be in Charles County, Baltimore City, Harford County, etc., all will receive the same level of care and oversight," Haas explained.

How it works

Haas describes what patients can expect when admitted to a UMMS facility. "Patients may notice their bedside nurse discussing their status on the phone with a remote team member. The intention is to make patients feel safe and supported knowing that there's an entire team supporting the bedside team," she said.

NEST then works together with the bedside team to assess trends of the fetal heart rate tracings, which is a record of a baby's heart rate and its response to the mother's uterine contractions. The tracing information is used to assess fetal well-being sooner and serves as the timekeeper in instances where the fetal heart rate is suboptimal.

Haas recalls an instance where a bedside nurse was tending to another patient on the unit. The NEST RN alerted the patient's nurse early of an ominous change in heart rate, which, in turn, prompted the nurse to activate the emergency response team at her hospital. "The physician made a decision for an emergency C-section and the baby had an excellent outcome," she said.

The role of AI

Donna Neale, M.D., Maternal and Fetal Medicine specialist at the University of Maryland Capital Region Medical Group in [Prince George's County](#) and NEST medical director, emphasized the integration of technology and expertise.

"By combining our experienced nurses with cutting-edge AI, we're setting new benchmarks for safety and equity in maternal and fetal care. Over time, NEST data may also contribute to nationwide research aimed at improving perinatal outcomes," she said.

AI helps prioritize which patients need immediate attention, but the human nurse remains central. "The human nurse remains the mastermind behind the operation and the subject

matter expert in the assessment of the fetal heart trend, where AI works to help the NEST RN best determine where attention is needed,” Haas explained.

A major advancement

UMMS leaders see NEST as a milestone. Mohan Suntha, UMMS President and CEO stated, “NEST represents a major advancement in maternal-fetal medicine. There are only a handful of remote fetal monitoring centers across the country and we’re proud to offer this innovated resource to Maryland women giving birth in our hospitals.”

Irina Burd, Chief of Women’s Health at the University of Maryland Medical Center, describes NEST as a “remarkable achievement,” praising the collaboration among hospitals and the NEST team.

Haas hopes that NEST will become standard in hospitals across the country. “We may discover new patterns of fetal heart rate tracings that can help predict outcomes. Our novel approach may also help guide best practices around effective communication processes in obstetrics. As a mother myself, I would feel safe delivering in a UMMS hospital knowing that NEST provides this enhanced layer of support,” she said.