



FOR IMMEDIATE RELEASE

Eagle Telemedicine Launches New TeleMaternal Fetal Medicine Program
*Telemedicine Pioneer Expands Services to Fill Gap for Hospitals Struggling
To Find Qualified MFM Specialists*

ATLANTA — (Aug. 27, 2019) — Eagle Telemedicine announced today that it has begun offering a Maternal Fetal Medicine (MFM) program via telemedicine—the newest addition to its extensive list of multi-specialty solutions.

“We’re delighted to add a new telemedicine specialty to our roster of services,” said Talbot “Mac” McCormick, MD, president and CEO of Eagle Telemedicine. “As with all of the telemedicine programs we add, we’ve seen a real need for this type of specialty program in hospitals across the country, especially as the nationwide shortage of OB/GYN specialists continues. Early deployments of our TeleMaternal Fetal Medicine program have produced very positive results, so I am certain we’ll be providing similar programs to other hospitals that need our services in this capacity.”

The program comes at a time of intense interest across the country in the role of telehealth in helping new and expectant mothers, especially those in rural areas who struggle to find qualified MFM specialists. (MFM specialists are OB/GYN physicians with an additional two to three years of education and training in treatment of high-risk pregnancies.)

Shortages of OB/GYNs have reached critical levels, with half of U.S. counties lacking a single specialist available to treat pregnant women. By 2020, the American Congress of Obstetricians and Gynecologists predicts there will be 8,800 fewer women’s health specialists than needed.

Eagle’s new TeleMFM service provides care to women with high-risk pregnancies and to babies who are found to have birth defects, growth problems or other issues. Hospitals having access to Eagle’s TeleMFM services have been able to reduce patient transfer or bypass rates by up to 75 percent—also meaning mothers can remain in their communities close to family and friends during crucial times in their pregnancies.

“Facilities that offer labor and delivery services as well as high-acuity nurseries or newborn intensive care units (NICUs), but have limited to no MFM providers, can benefit substantially from this type of telemedicine program,” McCormick added. “Eagle’s TeleMFM service can help these facilities keep those high-risk deliveries and improve occupancy rates at their nurseries.”

About Eagle Telemedicine

Eagle Telemedicine was one of the first companies to emerge in the telemedicine physician service arena, and is still pioneering the industry a decade later, providing telemedicine programs to acute care hospitals, microhospitals and long-term acute care hospitals (LTACHs). Eagle’s solutions help facilities offer specialized care to underserved communities, eliminate locum support costs, prevent burnout, manage coverage gaps, reduce unnecessary transfers, and increase census. Multiple specialties include Hospitalist Medicine, Stroke and Acute Neurology, Psychiatry, Critical Care, Cardiology, Infectious

Disease and a range of other specialties in a wide variety of service models. For more information, visit www.eagletelemedicine.com.

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