

**Written Testimony of Sara Jann Heinze**

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Submitted to the Joint Center for Rural Pennsylvania**Re: Women's Health in Rural Pennsylvania**

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Chairman Yaw and members of the Committee, thank you for the opportunity to provide testimony on improving health outcomes for pregnant women and mothers in rural Pennsylvania.

A healthy pregnancy and safe recovery after childbirth depend on access to quality medical care—but health care alone cannot overcome every barrier women face. Economic insecurity, lack of access to paid leave, housing instability, and long distances to providers can make it harder for women to follow medical advice, manage pregnancy-related conditions, and access postpartum care.

These challenges are especially pressing in rural communities, where providers and services may be spread across large geographic areas, and travel can mean lost wages, additional expenses, and time away from work or family responsibilities.

Maternity Care Coalition urges Pennsylvania to take a practical approach to maternal health: strengthen access to care while addressing the economic pressures that can put women's health at risk. Policies that help women recover safely, maintain stable housing, and manage financial stress should be evaluated for their health benefits, costs, and potential to strengthen families and the workforce.

Paid family and medical leave supports maternal recovery and workforce stability

Pregnancy, childbirth, and postpartum recovery can involve significant physical and mental health needs. Women may require time to recover from delivery, manage complications, attend follow-up appointments, or receive care for postpartum depression and anxiety. Without paid leave, some women face a difficult choice between following medical advice and earning the income their households need.

Paid leave can give women the time to recover, seek necessary care, and address health complications without immediately losing their wages. Evidence reviewed by PolicyLab at Children's Hospital of Philadelphia also supports the relationship between paid family and medical leave and improved maternal physical and mental health.

Pennsylvania should view paid leave as a practical investment in maternal health, worker retention, and household financial stability. Pennsylvania has an opportunity to address this challenge through Senate Bill 906, the Family Care Act, which would establish a state family and medical leave program. The bill has bipartisan sponsorship and was reported out of the Senate Labor and Industry Committee in June 2026. I urge Senate leadership to bring the legislation to a floor vote.

Targeted financial assistance can reduce maternal stress and improve mental health

Financial stress during pregnancy and postpartum recovery can affect a woman's mental health and ability to meet basic needs. When women must choose between paying rent, buying groceries, covering transportation, or taking time away from work to attend medical appointments, their health can suffer.

Michigan's Rx Kids program offers a model worth examining. It provides unconditional cash assistance during pregnancy and infancy, including a \$1,500 payment during pregnancy and \$500 per month during infancy. With bipartisan state investment and additional public and private support, the program has expanded into communities across Michigan, including rural areas. Rx Kids program information

Research published in a peer-reviewed journal found that participation in Rx Kids was associated with a 14-percentage-point reduction in the likelihood of screening positive for postpartum depression and a 4.2-percentage-point reduction in the risk of eviction after childbirth, compared with the study's comparison group. A 2026 survey of 2,985 mothers participating in the program across 42 Michigan communities also found that 88% said the assistance reduced their stress and 63% said it made it easier for their household to access health care. These findings provide encouraging evidence that reducing financial hardship may support maternal mental health and housing stability.

Pennsylvania should explore targeted prenatal and postpartum assistance for women facing significant financial hardship, particularly where transportation, housing, and access to care create additional burdens.

Housing stability is essential to maternal health

Housing instability is more than an economic concern; it is a maternal health risk. When pregnant women lack safe, stable housing, they may face chronic stress, difficulty managing medical conditions, and barriers to attending prenatal appointments. After childbirth, unstable housing can make physical recovery and access to postpartum care more difficult.

A systematic review of 14 U.S. studies found that housing instability during pregnancy was associated with inadequate prenatal care, increased health care use, and pregnancy-related delivery complications. One large study included in the review found that women experiencing homelessness had 2.7 times the adjusted odds of hospital readmission within 90 days after delivery.

For rural Pennsylvania, where affordable housing and nearby health services may both be limited, stable housing can be an important foundation for managing a high-risk pregnancy and recovering safely after childbirth.

The Commonwealth should strengthen coordination between maternal health providers, housing organizations, and local agencies, including targeted rental assistance and eviction prevention for women facing significant medical risks or housing crises. Programs could measure outcomes such as maternal complications, postpartum readmissions, mental health, and access to care.

Build a coordinated, accountable rural maternal health strategy

Paid leave, targeted financial assistance, and housing stability are not substitutes for quality medical care. They are complementary strategies that can help women access care and follow medical recommendations when economic pressures might otherwise stand in the way.

Pennsylvania should work with rural hospitals, obstetric providers, community-based organizations, employers, and local governments to identify where women face the greatest barriers and coordinate solutions around local needs. Strategies should reflect the realities of rural communities, including long travel distances, provider shortages, limited transportation, and fewer nearby support services.

Improving maternal health in rural Pennsylvania requires more than addressing what happens in the delivery room. Women's health is also shaped by whether they can take time to recover, afford basic needs, maintain stable housing, and reach the care their pregnancies require.

Maternity Care Coalition encourages the Committee to advance practical, evidence-informed policies that address these barriers. Moving SB 906 forward, evaluating targeted financial assistance, and strengthening connections between housing and maternal health services would be meaningful steps toward healthier pregnancies and safer postpartum recovery.

Thank you for the opportunity to provide this testimony.