

Testimony Before the Center for Rural Pennsylvania

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Regional and Innovative Approaches to Women's Health Care

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Opening

Good morning, and thank you for the opportunity to testify before the Center for Rural Pennsylvania. I am Dr. Maria Montoro Edwards, President and CEO of Maternal and Family Health Services, or MFHS. Since 1971, MFHS has helped women, children, and families obtain the care and support they need to thrive. Today, we serve more than 100,000 individuals annually across 17 counties through 28 locations, two mobile units, and a network of partner family planning providers. Ten of the counties in our service region are classified as rural and experience has taught us a simple but important lesson: women's health care must be organized around the realities of women's lives, not around the convenience of disconnected systems.

Rural women often travel long distances for prenatal care, behavioral health services, imaging, dental care, nutrition support, and delivery. Provider shortages, transportation barriers, food and housing insecurity, and fragmented referral systems magnify risk. These challenges do not end at delivery. Postpartum anxiety, depression, substance use concerns, chronic health conditions, and unmet social needs can emerge months later, when contact with the health system has already diminished. Closing rural gaps therefore requires a continuous, trusted system that reaches women before pregnancy, throughout pregnancy, and through the full postpartum year.

MFHS: A Rural Women's Health Safety Net

MFHS is Pennsylvania's largest WIC provider, serving approximately 27 percent of all WIC participants statewide, about 50,000 mothers and young children each month. Because WIC maintains regular relationships with families during pregnancy and early childhood, it is more

than a nutrition program. It is an essential entry point for breastfeeding support, health education, mental and behavioral health screening, referrals, and connection to medical and social services. In rural communities, that trusted access point can make the difference between a need being identified early and a woman falling through the cracks.

MFHS extends that trusted access into rural and underserved communities through two mobile WIC units. Staffed by MFHS nutritionists and program assistants, the units provide the full range of WIC services including eligibility and enrollment support, individualized nutrition education, breastfeeding assistance, healthy food benefits, and referrals to health and social services .. By traveling to trusted sites such as Head Start centers, libraries, and community organizations, the units reduce transportation, distance, scheduling, and cost barriers that can prevent eligible families from participating.

This mobile approach is especially important across our geographically dispersed northern service area. Pennsylvania WIC recognizes mobile clinics as an effective way to serve hard-to-reach communities and increase access and participation. Most importantly, it advances health equity by helping ensure that a family's ZIP code or access to reliable transportation does not determine whether they can receive nutrition support and a healthier start.

MFHS also provides reproductive health care, Nurse-Family Partnership home visiting, perinatal, and menopause care. Our Nurse-Family Partnership outcomes demonstrate what consistent, relationship-based support can achieve: 95 percent of our NFP babies are born full term and over 5.5 pounds, breastfeeding initiation reaches 84 percent, and 92 percent of children are fully immunized by age two outpacing state and national averages.

Circle of Care: A Maternity Medical Home Built Around Women

In May 2023, MFHS opened its Circle of Care maternity medical home in Lackawanna County, the first model of its kind in Pennsylvania. Circle of Care brings prenatal care, ultrasound, laboratory services, oral health care, WIC, breastfeeding support, Nurse-Family Partnership, perinatal behavioral health, maternity clothing, food assistance, transportation support, and care navigation into one coordinated setting. The model is intentionally practical: a woman should not have to make five appointments in five locations to receive care that can be organized around a single visit.

The model also creates multiple opportunities to identify needs. A patient may not disclose a concern during a medical exam, but she may share it with an ultrasound technician, a WIC counselor, a maternal health advocate, or a staff member helping her obtain maternity

clothing. Because the team works as one system, that disclosure can become a warm handoff rather than another phone number on a referral sheet. When transportation is the barrier, we can help arrange a ride. When food insecurity is the immediate concern, we can connect a family to groceries or postpartum food support. When anxiety or depression is identified, we can connect a patient to in-person or telehealth care.

One of the most important points about the Circle of Care model is that MFHS is demonstrating strong outcomes while serving a population with significant barriers to care. Seventy-nine percent of our patients rely on Medical Assistance, nearly twice the state and national rates, yet we are seeing outcomes that compare favorably with broader benchmarks. That matters because it challenges the assumption that poor birth outcomes are inevitable when patients face poverty and barriers to care.

The preliminary results are encouraging. Circle of Care has provided tens of thousands of visits and supported more than 1,000 maternity clients. In 2025, MFHS served 322 maternity patients. Although 97 percent of patients had at least one high-risk factor, the practice's preterm-birth and low-birth-weight rates were lower than state and national averages. These outcomes demonstrate the promise of a maternity medical home: not simply placing services under one roof, but creating continuity, trust, and accountability for every woman and family.

MFHS is working to extend this framework to additional communities, including in Monroe County and a larger planned practice in Luzerne County. Each location will be adapted to local needs and existing infrastructure. Rural replication does not always require a building; it requires a reliable hub, trusted community access points, shared care navigation, telehealth, mobile capacity, and strong hospital and community partnerships. We are hiring a maternal health advocate for our northern tier WIC locations specifically to link WIC moms to perinatal care and remove access barriers.

The Northeast Regional Maternal Health Coalition

Direct care alone cannot solve a regional maternal health crisis. MFHS therefore serves as the backbone organization and convener of the Northeast Regional Maternal Health Coalition. MFHS is one of four funded by PA Department of Health to assess regional barriers to perinatal care and to develop regional solutions. The coalition brings together more than 100 members across 14 counties, including health systems, community organizations, payors, social service agencies, educators, emergency responders, policymakers, and people with lived experience.

The coalition was created to translate statewide maternal mortality review committee prevention recommendations into practical regional action. Its five priority areas align with Pennsylvania's maternal health strategy: access to high-quality care; behavioral health and

substance use disorder; social determinants of health; rural health and maternity care deserts; and expansion and diversification of the maternal health workforce. The coalition has moved from convening and listening to implementation, supported by regional data, an asset and gap analysis, priority-team recommendations, and an action plan approved by the Pennsylvania Department of Health in June 2026.

Implementation includes maternal health education for EMS and other frontline professionals to recognize signs of perinatal concern such as pre-eclampsia and postpartum complications, stronger referral tools, behavioral health and substance use initiatives, workforce development, and partner-led projects. The coalition also elevates lived experience so that regional solutions reflect what women say they need, not what institutions assume they need. This structure gives rural communities a common table, shared priorities, and a mechanism for moving from recommendations to measurable action.

Behavioral Health and Workforce Innovation Through WIC

MFHS is also integrating mental and behavioral health screening, referral, and treatment into rural WIC locations through a Pennsylvania Department of Health-supported initiative. The design responds directly to client feedback: 81 percent of surveyed WIC mothers wanted in-person counseling, 62 percent reported times when counseling was unavailable, and 78 percent said they would use telehealth for prenatal or postpartum counseling.

Staff are incorporating brief screening questions into routine WIC contacts and, when a concern is identified, make a warm handoff to behavioral health support in person or by telehealth. This matters because postpartum anxiety and depression may emerge after the traditional postpartum visit. Regular WIC contact gives us another chance to recognize a change and connect a mother to care. The initiative also creates a rural workforce pipeline through undergraduate and graduate social work internships with regional universities, giving future professionals experience in women's health and creating a pathway to employment in communities with persistent workforce shortages.

Perinatal Substance Use: Emerging Risks and the Value of Trusted Support

Substance use disorder remains an ongoing and evolving challenge in perinatal care. In addition to opioids and other substances, our team is increasingly concerned about marijuana use

during pregnancy and postpartum, as well as unregulated products commonly sold in gas stations, convenience stores, vape shops, and online. These products may be marketed as supplements, mood enhancers, or legal alternatives, but their ingredients, potency, and risks may be unclear. For example, tianeptine—sometimes referred to as “gas station heroin”—is not approved by the U.S. Food and Drug Administration for any medical use and has been associated with addiction, severe adverse events, and death. Cannabis also can expose a developing baby to THC, and public health guidance recommends that pregnant and breastfeeding women avoid its use.

These trends complicate care because many women do not view marijuana or legally purchased retail products as substance use they should discuss with a provider. Fear of stigma or child-welfare involvement may further discourage disclosure and delay prenatal care. The answer is not judgment, but early conversation, consistent screening, clear education, treatment access, and coordinated family support. Pennsylvania data underscore the urgency: mental health conditions, including substance use disorder, are among the leading causes of pregnancy-related death, according to the Pennsylvania Maternal Mortality Review Committee, on which I serve.

Since 2022, MFHS has received funding from the Pennsylvania Department of Drug and Alcohol Programs to provide specialized perinatal care and practical supports to pregnant and parenting women with substance use disorder. Our approach is trauma-informed, family-centered, and grounded in trust. We help women remain engaged in prenatal and postpartum care, connect to treatment and recovery services, address barriers and builds a plan that supports the health and safety of both mother and child.

The most meaningful measure of this work is what prevention looks like in practice: since this DDAP-funded program began, MFHS has not had to make a ChildLine referral involving a participating family. This outcome reflects the value of reaching women early, reducing fear and stigma, and surrounding families with coordinated care before a concern escalates into a crisis. Continued state investment should support this type of voluntary, relationship-based intervention, provider education on emerging substances, clear public guidance about unregulated products, and strong connections among maternity care, WIC, behavioral health, treatment, recovery, and Plans of Safe Care.

Policy Priorities for Rural Pennsylvania

I respectfully offer five priorities for the Commonwealth:

1. **Invest in regional maternity medical homes and maternal health hubs.** Flexible state investment should support care navigation, behavioral health, transportation,

telehealth, mobile services, and collaboration among hospitals and community-based organizations.

2. **Sustain WIC as a maternal health platform.** WIC should be recognized and funded as a trusted access point for nutrition, breastfeeding, behavioral health screening, and connection to medical and social services.
3. **Build the rural maternal health workforce.** Pennsylvania should support clinical training, social work pipelines, community health workers, doulas, lactation professionals, and retention strategies for rural communities.
4. **Strengthen transportation and care coordination.** Reimbursement and grant models should cover the practical supports that make access possible, including rides, bilingual navigation, telehealth infrastructure, and warm handoffs.
5. **Protect the full women's health safety net.** Stable support for maternity care, postpartum coverage, home visiting, behavioral health, and reproductive health services—including the Title X, Title XX, and Title V networks—is essential to prevention, early intervention, and continuity of care.

Closing

Rural women do not need a smaller version of an urban system. They need a system intentionally designed for distance, limited workforce, uneven infrastructure, and the realities of family life. MFHS's Circle of Care demonstrates that coordinated, whole-person care can reduce barriers and improve outcomes. The Northeast Regional Maternal Health Coalition demonstrates that rural communities can align data, lived experience, and cross-sector leadership to move from planning to action.

We are grateful for Pennsylvania's investments in maternal health, including twelve months of postpartum Medicaid eligibility, behavioral health, home visiting, WIC modernization, and regional maternal health collaboration. Continued investment will help ensure that a woman's health and pregnancy outcomes are not determined by her ZIP code. MFHS is ready to partner with the Center for Rural Pennsylvania, the General Assembly, state agencies, health systems, and community organizations to build a stronger, more connected rural women's health infrastructure across the Commonwealth.

Thank you for the opportunity to testify. I welcome your questions.