



UNIONTOWN HOSPITAL

Testimony on Rural Women's Health

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Good morning, and thank you to the Center for Rural Pennsylvania, our legislators, and the other members of the committee gathered here to examine women's health in rural Pennsylvania. My name is Karyn Wallace, and I serve as chief executive officer of WVU Medicine Uniontown Hospital in Uniontown, Fayette County, in southwestern Pennsylvania.

Our hospital employs 1,247 people and serves a region encompassing four counties and approximately 150,000 residents. Our network includes approximately 30 primary care and pediatric providers and more than 25 specialty practice locations. This year, we have added 53 new providers. Behind those numbers are families who depend on us for preventive care, treatment, and a place to turn when something goes wrong.

Today, I want to describe how our community lost local maternity services, how those services returned, and how we are expanding women's healthcare beyond the delivery room. Our experience offers a practical example of reversing the loss of rural access through sustained investment and partnership.

To understand the significance of our progress, we need to return to 2019. Uniontown Hospital was navigating a difficult period as its relationship with a local health system was dissolving. That summer, the hospital announced that its obstetrics unit would close on June 30. Physician recruitment challenges, insurance limitations, and declining births in Fayette County were among the reasons cited.

The announcement left expectant mothers searching for other places to deliver. Families faced travel outside their community, including to Pittsburgh or West Virginia. A hospital department was closing, but the consequences reached into homes, workplaces, and the plans families had made for one of the most important moments of their lives.

For a mother with reliable transportation and flexibility at work, a longer trip may be manageable. For a mother without those resources, every additional mile can create another obstacle. The committee's

concern about maternity care deserts reflects that reality: the availability of care on a regional map does not necessarily mean that care is readily accessible to every woman who needs it.

Our partnership with WVU Medicine helped change that trajectory. The hospital gained access to resources, clinical expertise, and investment that supported rebuilding services locally. That support eventually made it possible to restore a service our community had been without for years.

In December 2024, Uniontown celebrated the restoration of its birthing center. Today, the WVU Medicine Golisano Children's Birthing Center provides labor and delivery services and neonatal care, with access to the advanced resources of WVU Medicine Golisano Children's Hospital.

In 2025, we delivered 321 babies. In 2026, we expect to deliver more than 400. That would represent an increase of at least approximately 25 percent over our 2025 total. The 2026 figure is a projection, but the direction is encouraging: more families are choosing to receive this care locally.

The center includes five renovated labor, delivery, and recovery rooms, 11 postpartum rooms, and a dedicated cesarean section suite. Those facilities give families a local option, while the connection to a children's hospital provides clinical resources beyond those of a stand-alone community program.

Reopening, however, required much more than preparing rooms. We needed the people and systems necessary to support mothers and newborns safely. A maternity program depends on obstetric care, nursing, anesthesia, surgical support, neonatal expertise, and dependable arrangements for patients who need a higher level of care.

This is what reversing the rural maternity trend looks like in practice. It requires a continuing commitment to the people who deliver care and the resources that keep that care available. Our birth totals show the demand. Our responsibility is to maintain the capacity and quality that families deserve.

The importance of that responsibility becomes even clearer when we look at the needs of the mothers and newborns arriving at our hospital. Restoring a place to deliver is only part of the work. We must also respond to the health challenges that begin well before a woman enters labor.

One of those challenges is prenatal substance exposure. The Pittsburgh Post-Gazette's October 12 report highlighted both the seriousness of this issue in Fayette County and the work our team is doing to support affected families.

The article reported that Fayette County's 2025 rate of newborn hospitalizations involving withdrawal symptoms was 23.8 per 1,000 newborn stays, compared with a statewide average of 6.2. Those are county and statewide measures, rather than the hospital's own rate, but they help explain the need for focused attention in our region.

The article also reported 719 babies diagnosed with neonatal abstinence syndrome statewide in 2025. For families, these diagnoses can mean feeding and sleeping difficulties, longer hospital stays, and a more complicated beginning to life together.

Our clinicians described identifying substance use earlier in pregnancy and helping connect women with treatment. Tiffany Blosser, an advanced practice nurse with extensive experience caring for

newborns, discussed reaching mothers during prenatal care rather than waiting until delivery to respond.

Meredith Aumer, our chief nursing officer, described the change this way: "Our moms are having better access from the beginning of their pregnancy." She also described treatment referrals before delivery and practical resources provided when families leave the hospital, including car seats and diapers.

The reporting cited 22 affected births at our hospital in 2025 and 15 so far in 2026. A partial year's count cannot establish a full-year reduction, and those figures should not be confused with the county hospitalization rate. Our clinicians nevertheless reported an encouraging observation: affected newborns have needed less medication to manage withdrawal symptoms than in past years.

Our nurses also receive advanced fetal monitoring training. That training supports our broader commitment to maternity safety; it is distinct from the treatment and support needed for substance exposure. Together, these efforts illustrate the depth of preparation required to provide maternity care in a community with complex needs.

There is an economic dimension to this work as well. The Post-Gazette cited a 2020 study reporting average stays of 16 days for affected infants compared with three days for unexposed infants. It also cited a 2017 study estimating costs of approximately \$18,800 compared with \$4,200. These are historical research estimates, not current Uniontown charges, but they illustrate the resources that complex newborn care can require.

Our response must be compassionate and coordinated. Women need a trusted relationship with a care team, access to treatment when needed, and support that continues beyond childbirth. Our goal is to help mothers enter delivery better supported and help families leave with the resources and understanding they need. Our birthing program also connects families with safe sleep and car seat safety education, practical steps that carry the work of protecting newborns into the home.

The resources needed for that care also explain why financial sustainability belongs in this discussion. A birthing center must be prepared whenever labor begins. Its staffing, equipment, and clinical support cannot be switched on only when a delivery occurs.

Providing this service is important to the community, and it is expensive. We continually seek philanthropy and grants to improve patient care and strengthen the services available to women and newborns. Community generosity and system investment have important roles, but maintaining access also requires dependable support for ongoing operations.

As you consider rural healthcare policy, I encourage attention to the cost of keeping essential services ready, especially in communities where delivery volumes alone may not cover that responsibility. The lesson from Uniontown is that opening the doors must be followed by sustained support for the people and services behind them.

That same principle applies to women's health throughout their lives. Pregnancy and delivery are important, but our responsibility also includes screening, diagnosis, treatment, and access to

specialists. Our experience improving breast care demonstrates that access can change when a hospital examines the obstacles patients encounter.

When I arrived in Uniontown in the summer of 2025, the wait for a screening mammogram was nearly six months. A service may technically exist, but a lengthy wait can make it difficult for women to fit preventive care into their lives.

We reviewed access processes and staffing and made changes. Today, screening mammogram appointments are available within approximately two weeks. This improvement reflects attention to how appointments are made and how resources are organized, as well as the people available to provide the service.

During Breast Cancer Awareness Month, we are also offering Take Care Tuesdays, with walk-in mammograms every Tuesday at our Uniontown outpatient center. This gives women another opportunity to obtain screening while balancing work, childcare, and responsibilities for other family members.

Screening is one step in a larger pathway. When a concern is identified, women need timely evaluation and a coordinated treatment plan. We established a breast tumor board that brings specialists from different disciplines together to review individual cases and recommend an approach to care.

That review can incorporate imaging findings, pathology results, surgical options, and cancer treatment considerations. Instead of examining one part of a patient's care in isolation, specialists consider how the different pieces fit together. Recommendations support the treating team and its conversations with the patient about her circumstances and choices.

For a rural patient, coordination matters because additional visits can mean transportation arrangements, missed work, and help from family members. Bringing expertise together supports a clearer path through care. Our work in breast health therefore includes both making screening easier to obtain and strengthening the connections that follow it.

Another example is robotic-assisted gynecologic surgery. Uniontown Hospital has two da Vinci 5 surgical systems, identified in August as two of the four operating in western Pennsylvania at that time. Our partnership with WVU Medicine made this investment in local surgical care possible.

The surgeon remains in control throughout a robotic-assisted procedure. The system supports visualization and precise instrument movement during minimally invasive surgery. For appropriate patients, this expands the surgical options available locally.

Trained surgeons and operating room teams turn that technology into patient care. Our gynecologic capabilities now include endometrial procedures. These investments expand the options women can discuss with their physicians and the care available in our community.

WVU Medicine's August announcement described 41 da Vinci robots across 16 hospitals in four states. For Uniontown, that broader investment translates into local services, connected to additional expertise when a patient's needs require it.

These improvements also contribute to our workforce and economy. On December 31, 2022, Uniontown Hospital had 896 employees. Today, we have 1,247, a net increase of 351 employees, or approximately 39 percent. These figures describe growth in our employee headcount, rather than the number of individual hires over that period. Each additional position contributes to the hospital's capacity to serve patients and to employment that supports families in our region.

This year, we added 53 providers across a broad range of services. Recruitment includes obstetrics and gynecology, pediatrics, family medicine, and anesthesiology, all important to women and families. It also includes emergency medicine, hospitalist and critical care services, interventional cardiology, neurology, hematology and oncology, ophthalmology, nephrology, pulmonary disease, infectious disease, pain management, orthopedic surgery, rheumatology, general and vascular surgery, physical medicine and rehabilitation, and urology. These additions strengthen local clinical capacity. A dependable hospital and a growing provider network also help our community retain families and attract employers.

Uniontown's experience reflects WVU Medicine's role as a leader in rural healthcare. We have seen how a community hospital, connected to the resources of an academic health system, can restore services and expand what is available close to home.

Our experience also offers practical lessons for this committee. Rural access requires investment in facilities and technology, but it equally requires a workforce and a workable way for patients to reach care. Recruiting a specialist does not resolve every transportation barrier. Purchasing equipment does not resolve every scheduling delay. Sustaining access requires attention to each part of that process.

I encourage you to support policies that recognize the continuing cost of maintaining rural maternity services, strengthen recruitment and retention of healthcare professionals, and help women overcome transportation and other practical barriers. These priorities extend from prenatal visits to cancer screening, treatment, and follow-up.

The partnerships represented in this discussion are important. Hospitals, public agencies, academic institutions, community organizations, and maternal health advocates each see a different part of the challenge. Our experience is one contribution to that discussion, and we welcome the opportunity to share what we have learned.

We know that every community has different needs and resources. Uniontown's progress should be considered as an example of what sustained commitment can achieve, with decisions grounded in local demand, clinical capability, and the support required to keep services dependable.

In 2019, families in our community were told that local delivery services would end. Today, hundreds of babies are being born at Uniontown Hospital again. Women are obtaining screening mammograms sooner, specialists are coordinating breast care, and advanced surgical options are available locally.

That progress gives us reason for hope and a responsibility to continue. Rural women deserve access to care throughout their lives, and rural communities deserve confidence that the services they depend on can be sustained. Thank you for your attention to these needs. I welcome your questions.