

October 2026

On October 20, 2026, the Center for Rural Pennsylvania Board of Directors hosted a public hearing on Women's Health in Rural Pennsylvania in Hearing Room 8-EA at the Pennsylvania State Capitol in Harrisburg. Presenters examined maternal health outcomes, cancer prevention and treatment, and regional approaches to expanding access. Testimony emphasized that rural women need dependable care throughout their lives, supported by sustainable financing, a strong workforce, coordinated services, and practical help overcoming distance and other barriers.

Key Takeaways

- **Sustaining Local Access:** Testifiers called for ongoing investment in rural maternity readiness, cancer screening, workforce development, and community services, including support for successful programs before services become vulnerable.
- **Connecting Women to Care:** Navigation, transportation, home visiting, mobile services, and behavioral health integration were recurring priorities. Presenters emphasized follow-up after referrals and support throughout the postpartum year.
- **Tara Trego, Pennsylvania Department of Health:** Trego reported that 23.6 percent of Pennsylvania's pregnancy-associated deaths between 2020 and 2023 occurred in rural counties. She highlighted perinatal navigation, doulas, home visiting, telehealth, and universal mental health screening.
- **Dr. Kristin Sznajder, Pennsylvania State University:** Sznajder testified that 23 of Pennsylvania's 48 rural counties lack a hospital labor and delivery unit. She urged protection of maternity services, stronger coordination through the postpartum year, and continued Pennsylvania-specific research.
- **Dr. Margaret Rosenzweig, University of Pittsburgh:** Rosenzweig emphasized that cancer disparities reflect the interaction of geography, neighborhood deprivation, provider availability, and trust. She called for stable cancer-control funding, navigation, and support through screening, treatment, and survivorship.
- **Dr. Christina MacDowell, Wayne Memorial Community Health Centers:** MacDowell described an integrated, team-based maternity model and urged multiyear support for rural maternity infrastructure, workforce, and care coordination, including investment in established programs with strong reported outcomes.
- **Melissa Patti, March of Dimes:** Patti reported seven Pennsylvania maternity care desert counties with neither birthing facilities nor obstetric providers. She recommended identifying threatened services early and expanding midwifery, accredited birth centers, and mobile care.
- **Dr. Emily McGahey, The Midwife Center for Birth and Women's Health:** McGahey presented midwifery as a way to expand maternity and primary care. She emphasized fair reimbursement, rural workforce incentives, and hospital consultation and transfer partnerships.
- **Dr. Geneva Ballard, Guthrie:** Ballard described advanced breast imaging, mobile mammography, and mobile women's health services. She also outlined a postpartum hypertension monitoring program planned for November 2026 and called for dedicated mobile-care funding.
- **Dr. Maria Montoro Edwards, Maternal and Family Health Services:** Edwards described the Circle of Care maternity medical home, mobile WIC services, and regional collaboration. She urged funding for coordinated maternal health hubs, behavioral health, navigation, and the women's health safety net.
- **Karyn Wallace, WVU Medicine Uniontown Hospital:** Wallace described the restoration of local birthing services in December 2024 and reduced mammography waits. She emphasized sustained operating support, recruitment, and partnerships that keep specialty care available locally.

Panel 1 - The Current State of Women's Health Outcomes and Research

Tara Trego, Director of the Bureau of Family Health, Pennsylvania Department of Health

Trego reviewed perinatal data and pregnancy-associated deaths across Pennsylvania counties. According to the supplied presentation summary, 23.6 percent of pregnancy-associated deaths between 2020 and 2023 occurred in rural counties. Her recommendations included greater integration of navigators, doulas, and home visitors into perinatal care, expanded telehealth, and universal mental health screening across facilities and health systems.

Dr. Kristin Sznajder, Assistant Professor, Department of Public Health Sciences, Pennsylvania State University

Sznajder described the consequences of declining rural maternity access, noting that 23 of the state's 48 rural counties lack a hospital labor and delivery unit, including eight adjoining northern counties. She emphasized that maternal risk continues after delivery and that coverage must be accompanied by available clinicians, clear handoffs, and follow-up. Preliminary PA-MIPA analyses identified higher documented rates of gestational diabetes and hypertension among rural patients, and higher postpartum depression among those without a history of depression. She recommended preserving maternity services, strengthening education and navigation, paying for coordination, and maintaining Pennsylvania-specific research infrastructure.

Dr. Margaret Rosenzweig, Nancy Glunt Hoffman Endowed Chair in Oncology Nursing and Professor of Medicine, University of Pittsburgh

Rosenzweig testified that rural cancer outcomes must be understood alongside neighborhood deprivation, service availability, insurance, and medical trust. Within Hillman Cancer Center's 29-county western Pennsylvania catchment area, the five counties with the highest reportable breast cancer mortality rates were rural; she cautioned that small-county rates are statistically unstable. She also identified gaps in prevention, treatment support, and clinical trial participation. Her recommendations included increased regional cancer-center funding, fuller use of advanced practice providers, training and reimbursement for navigators and community health workers, preservation of screening programs, and data-informed targeting of resources.

Panel 2 - Maternal Health in Rural Pennsylvania

Dr. Christina MacDowell, Chief Operating Officer, Wayne Memorial Community Health Centers

MacDowell urged sustained investment in maternity care as essential community infrastructure, including staffing and readiness between patient encounters. She described an FQHC model connecting prenatal care, delivery, behavioral health, nutrition, lactation, postpartum care, primary care, and pediatrics. Reported program measures included approximately 90 percent first-trimester prenatal entry and a 7 percent primary cesarean rate; she cautioned that these were program measures, not risk-adjusted comparisons. She recommended multiyear funding, support for midwifery and family medicine obstetric training, regional hospital and birth-center partnerships, and protection of safety-net resources. She also proposed technical assistance for eligible health centers to use federal liability protections within applicable coverage requirements.

Melissa Patti, Director of Maternal and Infant Health Initiatives, March of Dimes

Patti described hospital closures, provider shortages, and racial disparities as compounding Pennsylvania's maternal and infant health challenges. She reported seven counties with no birthing facility or obstetric provider and noted that nearly half of rural women travel more than 30 minutes to a birthing facility. She recommended stronger data systems to identify counties at risk of losing maternity services, expanded midwifery, sustained support for accredited freestanding birth centers, and mobile programs that improve continuity of care. She identified low reimbursement, administrative burdens, and payment delays as obstacles to birth-center sustainability.

Dr. Emily McGahey, Clinical Director, The Midwife Center for Birth and Women's Health

McGahey described midwives as providers of maternity, gynecologic, preventive, and primary care, and noted that rural families travel up to two hours to reach her Pittsburgh center. She cited evidence that the birth-center model can improve outcomes and reduce costs while stressing that safe expansion depends on hospital partners, consultation, transfer agreements, and joint drills. She called for fair birth-center payment, a newborn facility fee, reimbursement for coordination and community health workers, workable Medicaid contracts, rural scholarships and loan forgiveness, and attention to liability costs. She also urged completion of certified-midwife regulations and removal of practice barriers.

Panel 3 - Regional and Innovative Approaches to Women's Health Care

Dr. Geneva Ballard, Chair of Radiology, Guthrie Health System

Ballard described how distance combines with cost, work schedules, caregiving, and transportation barriers to delay care. She highlighted contrast-enhanced mammography at Guthrie Troy Community Hospital, supported by a community fundraising effort that met a \$100,000 goal. Guthrie's mobile mammography program visited nearly 120 locations and completed more than 2,100 mammograms in fiscal year 2026. The Maternity Oasis Mobile unit provides prenatal and postpartum care, limited gynecologic services, and multidisciplinary support. Ballard called for dedicated funding for mobile maternal and women's health units. She also described a postpartum hypertension program planned for November 2026 using home monitoring, proactive outreach, and coordinated follow-up, and cited the Wyoming County Healthcare Center as a model for bringing providers together in an existing community facility.

Dr. Maria Montoro Edwards, President and CEO, Maternal and Family Health Services

Edwards described a regional safety net serving more than 100,000 people annually across 17 counties, including 10 rural counties. Its Circle of Care maternity medical home combines clinical services with WIC, oral health, behavioral health, home visiting, transportation, and navigation. She reported encouraging preliminary outcomes while serving patients with substantial medical and social risks, and described plans to extend the model to additional communities. MFHS also uses mobile WIC units and regular WIC contacts to connect families to nutrition, screening, and behavioral health support. Edwards highlighted the Northeast Regional Maternal Health Coalition's work across 14 counties and called for investment in regional maternal health hubs, rural workforce development, transportation, care coordination, and the full women's health safety net. She emphasized trusted, nonjudgmental support for women with substance use concerns.

Karyn Wallace, President and CEO, WVU Medicine Uniontown Hospital

Wallace described how WVU Medicine's partnership supported restoration of Uniontown's birthing center in December 2024 after local delivery services closed in 2019. The hospital delivered 321 babies in 2025 and projected more than 400 in 2026. She emphasized that Center for Rural Pennsylvania

reopening required coordinated obstetric, nursing, anesthesia, surgical, and neonatal capacity, followed by dependable operating support. Wallace also discussed prenatal identification of substance use and connections to treatment and family resources. Beyond maternity care, she reported that screening mammography waits fell from nearly six months to approximately two weeks, supported by changes in staffing and access processes. A multidisciplinary breast tumor board and robotic-assisted gynecologic surgery expand local options. She urged support for ongoing maternity readiness, recruitment and retention, and practical access barriers.

Written Testimony Submissions

Pennsylvania Section of the American College of Obstetricians and Gynecologists

Family Health Council of Central Pennsylvania

Maternity Care Coalition

Wyoming County Healthcare Center

Issues for Further Examination

The hearing identified several issues that warrant additional examination:

- Preserving rural maternity services and financing clinical readiness.
- Reimbursement and hospital integration for midwives and birth centers.
- Rural workforce recruitment, training, and retention.
- Postpartum follow-up, mental health screening, and substance use treatment.
- Transportation, navigation, home visiting, and referral coordination.
- Sustainable funding for mobile services, screening, and cancer care.
- Regional care models, shared data, and evaluation of outcomes.

Thank You

Thank you to the hearing participants who presented testimony:

- Tara Trego, Director of the Bureau of Family Health, Pennsylvania Department of Health
- Dr. Kristin Sznajder, Assistant Professor, Department of Public Health Sciences, Pennsylvania State University
- Dr. Margaret Rosenzweig, Nancy Glunt Hoffman Endowed Chair in Oncology Nursing and Professor of Medicine, University of Pittsburgh
- Dr. Christina MacDowell, Chief Operating Officer, Wayne Memorial Community Health Centers
- Melissa Patti, Director of Maternal and Infant Health Initiatives, March of Dimes
- Dr. Emily McGahey, Clinical Director, The Midwife Center for Birth and Women's Health
- Dr. Geneva Ballard, Chair of Radiology, Guthrie Health System
- Dr. Maria Montoro Edwards, President and CEO, Maternal and Family Health Services
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