



# Actionable Strategies for Improving Rural and Maternity Care Deserts

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**Goal:** Strengthen maternity care resources in rural communities and maternity deserts.

**Recommendation:** Collaborate with state agencies and other partners supporting rural healthcare development to leverage existing groups, venues and resources around rural health to assess available resources, determine needs, and work to create collaborative efforts in counties and regions and across payors to address lack of maternal care.

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## About the Perinatal Action Collaborative:

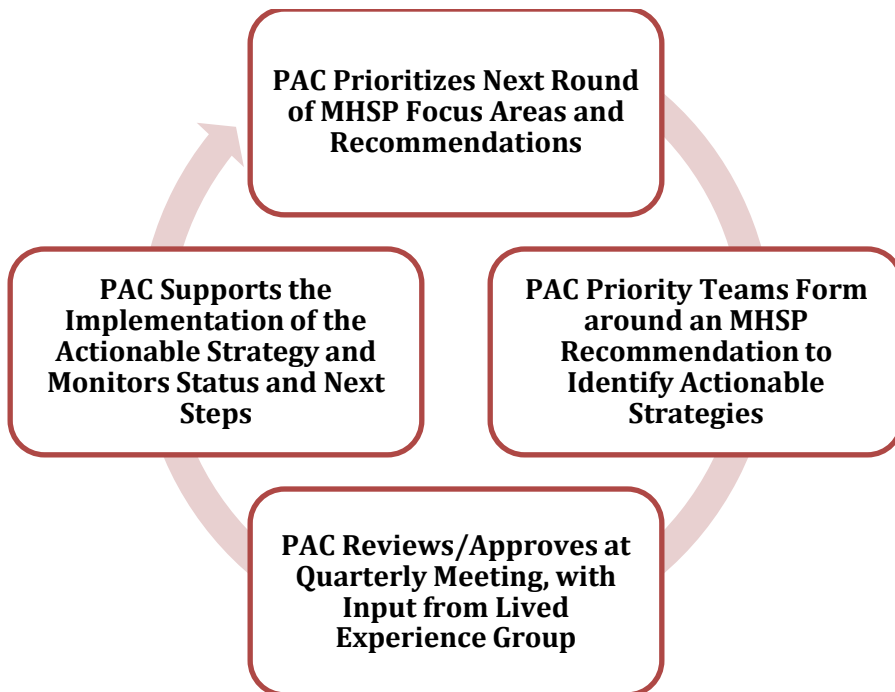
Over the past year, the PA Departments of Health, Human Services, Drug and Alcohol Programs and Insurance have been developing the PA Maternal Health Strategic Plan (MHSP).

The MHSP includes goals and recommendations for the following focus areas: Increasing Access to High-Quality Care, Supporting Behavioral Health and Substance Use Disorder Needs, Improving Rural Health and Maternity Care Deserts, Addressing Health Related Social Needs (HRSN), and Expanding and Diversifying the Health Care Workforce.

The MHSP was informed by a statewide survey completed by over 700 Pennsylvanians and a series of listening sessions with stakeholders, including healthcare professionals, CBOs, people with lived experience, and health plans among others.

The Pennsylvania Department of Health also received a HRSA grant for the Maternal Health Innovation Program (MHIP) Program, which supports states in creating maternal health strategic plans, establishing task forces like the Perinatal Action Collaborative (PAC), and implementing interventions from the strategic plans.

*Figure 1: PAC's Process to Create and Implement Actionable Strategies for MHSP Recommendations*



## A. Background

Pennsylvania is a predominantly rural state with 48 of PA's 67 counties are considered [rural](#) and home to 3.4 million Pennsylvanians. Access to maternity care has decreased in Pennsylvania over the last decade. A study analyzed [the decline in OB care across the United States from 2010 to 2022](#). In that time hospitals in Pennsylvania with OB care declined by 27.7% and that decline was more pronounced in rural areas in PA which saw a 46.2% decrease in hospitals with OB care. A 2023 report from the March of Dimes shows that 5 counties in Pennsylvania are considered maternity care deserts. A maternity care desert is a county that does not have a hospital with labor and delivery services, it does not have any OBGYN's or midwives or providers for obstetric care including family medicine doctors and it has at least some women who do not have health insurance since this report additional counties have become maternity care deserts in Pennsylvania. Since the publication of the March of Dimes report additional hospitals have closed altogether or just their labor and delivery services, including Penn Highlands Elk in Elk County in 2024, UPMC Cole in Potter County in 2025 and Crozer Hospital in Delaware County in 2025.

The Center for Rural Pennsylvania published a report on [access to maternity care in Pennsylvania](#) in July 2025. This report provides data on the location of acute care hospitals and hospitals with labor and delivery services. For counties without a hospital with labor and delivery services the report also provides information on the distance from county seats to the next closest hospital with labor and delivery services to illustrate the distance for the largest population centers in that county to those services. It should be noted that the distance between the county seat and the nearest hospital is an estimated straight-line planar distance. It does not account for road networks or terrain. In some cases, McKean and Potter counties, the closest hospital is in New York State. The farthest distance is from Emporium, 52 miles to the next closest hospital with labor and delivery Penn Highlands DuBois. Contributing to the far distance is a seven-contiguous county area in northwest PA without labor and delivery services that is about the size of Connecticut and home to 29,000 women of childbearing age (15-44 years old). Access to obstetric care affects birth outcomes and infant health.

Maternity care and birth outcome measures highlight critical need in rural areas. Most of the counties with a low percentage of prenatal care in the first trimester are rural counties (Crawford, Jefferson, Indiana, Clinton and Mifflin counties). Additionally, most of the counties in Pennsylvania with the highest rates of [severe maternal morbidity](#) are rural counties (Crawford, McKean, Potter, Armstrong, Huntingdon, Montour, Pike, Schuylkill counties) as well as those with high [social vulnerability index](#) (Crawford, Mercer, Forest, Clearfield, Indiana, Fayette, Potter, Clinton, Fayette, counties). Social vulnerability is defined as the "degree to which a community exhibits certain social conditions, including high poverty, low percentage of vehicle access, or crowded households, may affect that community's ability to prevent human suffering and financial loss in the event of a disaster." SVI is used in this application as a proxy for understanding the social determinants of health within these counties. These data can be used as indicators to identify counties where access to care is low and need is high (Appendix B). While access in rural areas has declined, more than half of the counties with the highest birth rates in Pennsylvania are rural counties (Jefferson, Clinton, Mifflin, Juniata, Perry, Franklin, and Montour counties).

To better understand the needs of rural communities, and work toward solutions the PA Department of Human Services launched [regional rural health summits](#) in June 2025 that are continuing throughout the year. The summits bring together local leaders, healthcare providers, businesses, and community members to identify challenges and find solutions that work. These efforts are meant to help rural communities keep quality healthcare available and support long-term economic growth. This is part of the Shapiro administration's efforts to improve rural health, including funding in the Governor's 2025-26 [state budget proposal](#) that includes funding for rural hospitals, healthcare workforce, and quality improvement.

To better understand the needs of birthing women in rural areas and maternity care deserts, the PA Department of Drug and Alcohol Programs (DDAP) partnered with the PA PQC to conduct an environmental scan of a five-county area in Pennsylvania (Mercer, Venango, Clarion, Forest, Clearfield, Cameron). The environmental scan studied the resources and needs of pregnant and postpartum women with SUD. The scan revealed challenges, such as transportation, as well as opportunities, such as engaging with women during the prenatal period for plans of safe care.

Several efforts have been made to improve access to care in rural areas, including [State Health Centers](#) and mobile clinics. To ensure access to health care, including vaccines, the PA DOH operates state health centers across Pennsylvania. These state health centers provide additional access to care and make referrals to local resources. In January 2025 the department launched a [pilot program](#) with the Clinton County State Health Center to provide maternity care in that community. Clinton County is an ideal location to pilot this effort as it has a high birth rate, a low percentage of prenatal care in the first trimester, high rate of premature birth, and no access to labor and delivery services.

To address access in rural counties many hospitals provide mobile clinics (Appendix A). A survey conducted by the Pennsylvania Department of Health (PA DOH) aimed to capture existing mobile clinics in Pennsylvania. Of those that completed the survey, 9 indicated that they provide maternal or infant care through their mobile clinics, as well as four that provide WIC services. The number of mobile clinics providing any health services per county varied from 1 to 20 with 9 counties without any mobile clinic services (Cameron, Clearfield, Elk, Forest, Jefferson, McKean, Pike, Potter, and Warren).

In addition to mobile clinics there are several other locations for general health care for Pennsylvanians that do not have access to a hospital, including [rural health clinics](#), [federally qualified health centers](#) (FQHC), [state health centers](#), primary care offices, pharmacies, and [birth centers](#). For example, some primary care doctors participate in the [IMPLICIT Network](#), which utilizes well child visits to screen postpartum women for conditions such as postpartum depression and substance use disorders, as well as provide family planning counseling. In addition to these physical spaces, many healthcare organizations provide telehealth services and remote monitoring. While this is not a replacement for in person care with a physician, many states have developed models that utilize a combination of telehealth and in person services, such as those funded through the [Rural Maternity and Obstetrics Management Strategies \(RMOMS\) Program](#). In Pennsylvania, several healthcare organizations provide telehealth and remote monitoring to supplement in person maternity care services (Appendix A).

Communities have also utilized pharmacists to improve access to maternal care. The PA Pharmacist Care Network (PPCN) brings together pharmacists committed to providing high quality, patient-centered care across the state. In May 2025, Highmark Wholecare partnered with PPCN to create [MOMENTUM: Maternal Outreach through Mobile Engagement, Navigation, Testing, and Unified Medicine Initiative](#). MOMENTUM provides pregnant and postpartum individuals with blood pressure screenings, safe medication guidance, social needs assessments, and prenatal nutrition advice. These are provided by pharmacists trained to connect them to additional care, including doulas, postpartum behavioral health support, diaper and milk banks, and home-visiting nurses.

[PA Navigate](#) is another resource to connect Pennsylvanians to care. PA Navigate is an online tool that connects Pennsylvanians with community-based organizations, county and state agencies, and healthcare providers, for referrals to community resources that help them meet their most basic needs such as food, shelter, transportation, and more. PA Navigate also allows individuals to refer themselves for services and facilitates greater connection and communication between healthcare providers and organizations that serve shared populations.

## **B. Actionable Strategies**

The following are actionable strategies to implement the recommendation to leverage existing groups venues and resources to address lack of maternal care access. Each county and community in Pennsylvania is unique, as is their access to maternity care as well as their existing resources. This should be considered when choosing an actionable strategy to improve care in rural counties or maternity care deserts in Pennsylvania.

All the following strategies leverage existing resources within Pennsylvania to improve access to prenatal and postpartum care with the goal of bringing care to the people. Additional recommendations to be addressed in the future by the priority team will consider access to locations for birth.

For the purposes of this document, provider refers to all medical and non-medical providers of care, including but not limited to doctors, nurses, midwives, doulas, and CHWs.

### **1. Education for Patients**

The state should create educational materials summarizing the roles of each member of a care team during pregnancy and postpartum, referred to as The Village, as well as connect them to those resources. Information in these pamphlets or other materials would explain the roles of OBGYNs, midwives, doulas, primary care doctors, pharmacists, and others that care for a pregnant or postpartum person. This is to understand the care that is provided within their community. For example, if there are doulas in their area this information could educate them on the role of a doula and may encourage them to seek support from a doula. Links/QR codes in pamphlets or other education materials can direct pregnant and postpartum people to PA Navigate to find existing resources within their community.

Currently maternity care resources are found under the “sexual and reproductive health” heading of PA Navigate. The portal headings should be updated to make it easier to locate maternal health resources. PA Navigate should create a category for maternal health resources rather than its

current state as a sub-category under sexual and reproductive health. The goal is to limit the number of clicks it takes to access resources and make it as easy as possible for the maternal health resources to be identified.

## **2. Mobile Clinics or Pop-Up Clinics**

Several mobile clinics exist in Pennsylvania to bring care into communities and improve access. Expanding access to maternity care via mobile clinics to communities with low access and high need will help improve birth outcomes. Mobile clinics need to partner with nearby hospitals with labor and delivery services, local EMS, midwives, doulas within the community, family doctors, pharmacists, and community organizations that fill a need for pregnant and postpartum individuals, such as diaper banks, peer support groups, etc.. When choosing a location for a mobile clinic, the clinic should partner with trusted community organizations to build bridges to people within the community, such as local houses of worship, community centers, YMCAs, etc.. It is beneficial to the hospitals to engage with the individuals who will be showing up to their hospitals to give birth and to prevent or control their medical conditions to improve their birth outcomes.

If a mobile clinic is not available, pop-up clinics within existing spaces in the community could provide the same venue for care and collaboration among providers. For example, if an OBGYN from the closest birth hospital could come to a local primary care office or community space on specific days to provide pre-natal care within the community. This could be coupled with telehealth services, as well as remote monitoring.

This partnership with the closest labor and delivery hospital is crucial as this is likely where people from a community without access to prenatal care will go to deliver their babies. In addition to these collaborations within the community to provide direct patient services, these stakeholders should also train together to practice the care provided within the community. For example, training drills for maternal care within the hospital should include the transfer from the community and include community partners, such as EMS, midwives, and doulas. Resources for these types of drills are provided by [Step Up Together Action Collaborative](#), which brings together interdisciplinary teams to strengthen emergency preparedness, build systems and relationships, and create lasting improvements in perinatal care.

## **3. Expand the Pilot with State Health Centers to Additional Counties**

As described in the background section, the PA DOH created a pilot program with the State Health Center in Clinton County to provide maternity care. The pilot program includes a partnership with a nearby hospital as well as community providers. As this pilot is implemented and evaluated, it should be considered for expansion to other high need and low access areas of Pennsylvania. Appendix B provides indicators to help identify another rural county location for this program. This pilot could also be considered at FQHCs in Pennsylvania to add maternity care.

#### 4. Expanding the Role of Pharmacists in Maternity Care

While many communities in Pennsylvania do not have Labor and Delivery Hospitals or OBGYN offices, many have pharmacies. As of 2024, [pharmacists are considered mid-level practitioners](#) under Pennsylvania Medicaid, which allows them to bill for services, and can be further utilized to improve patient care.

As described in the background section, the MOMENTUM provides pregnant and postpartum individuals with blood pressure screenings, safe medication guidance, social needs assessments, and prenatal nutrition advice. These screenings are provided by pharmacists trained to connect them to additional care. As this initiative is implemented and evaluated, programs like it should be considered for replication or expansion to other counties and pharmacies to enhance screening, education, and referral to care via pharmacies and pharmacists. If pharmacists are also screening for mental health or SUD needs, they should be knowledgeable about the Perinatal TiPS program as a resource they can access for consultation, education, and connecting patients to care.

To prompt additional connections, the education materials described in the first actionable strategy could be placed in the pharmacy and near the prenatal vitamins. This could educate and motivate individuals to engage with their pharmacist to improve their prenatal care.

As previously stated, the unique assets and needs of each community need to be considered when choosing a strategy to increase access to maternity care. Some communities in Pennsylvania do not have a pharmacy, and therefore this option would not be viable. The Center for Rural PA recently published [an analysis of pharmacies in Pennsylvania](#) that showed some counties have only one pharmacy (Camrean, Forest and Sullivan counties).

#### 5. Virtual Care Expansion

Partnering with many of the strategies listed above should be the expansion of virtual care services which can be offered to patients in their homes by themselves, in the presence of a visiting nurse, community health worker, or doula, or in a community setting such as a pharmacy, library, or community center. Biometrics assessments such as blood pressure and weight can be collected by the patient with their own devices that are provided to them or with reusable devices held by the care partner. In this way, barriers such as childcare and transportation can be overcome for many visits. Models for this care delivery are abundant throughout the United States, with one example being [OB Nest from Mayo Clinic](#). Most health systems have already implemented virtual care programs and have adaptable documentation in the electronic medical records. The visits can be conducted by physicians as well as advanced practice clinicians, midwives, and even nurses with clinician oversight.

Each community needs to choose the strategy that is right for them based on existing resources. Internet connectivity is varied across Pennsylvania, and an assessment of broadband access should be made prior to choosing this strategy for a community. [The Pennsylvania Broadband Development Authority](#) is working to close this digital divide. [Maps](#) can be accessed on their website to assess a community's access to internet.

### C. Equity

Any education materials created for the public should be at an accessible reading level, offered in multiple languages based on the population, accessible to people with hearing or visual impairments, as well as written using inclusive language.

When implementing these strategies, considerations should be made regarding the communities' current assets. Many people in rural areas do not have access to reliable transportation to get to their appointments. An assessment of residents' ability to get to physical locations, as well as ensuring that people with disabilities can use these locations, should be made before implementing a strategy with physical location. Additionally, an assessment should be made of residents' access to reliable internet should be made prior to implementing a strategy that relies on technology.

Many rural areas that do not have full access to maternity care also border other states. Pennsylvania borders New York, New Jersey, Maryland, West Virginia and Ohio. Collaborations with border states or healthcare organizations in those states serving Pennsylvania residents should be considered.

When considering funding opportunities to implement these recommendations, considerations should be given to the application process to ensure that it is as accessible as possible to allow for organizations with less resources to apply without significant time or effort. The goal of these strategies is to engage communities, and with community organizations. Other considerations or requirements could be included in the funding opportunities to require partnerships with community organizations.

## Appendix A – Existing Programs or Initiatives

1. Mobile Clinics: Below is a list of mobile clinics. *This is not an exhaustive list as additional clinics are indicated in a survey conducted by the PA DOH.*
  - a. [Primary Health Network Mobile Health Clinics](#) – Erie, New Castle and Vanport
  - b. [UPMC Mobile Health Center](#) – Serving Tioga and Potter Counties, potentially expanding to Clinton and Lycoming Counties
  - c. [AHN OBGYN Mobile Clinic](#) - Charleroi, Braddock, Clairton
  - d. [Penn State Lion Mobile Clinic](#) – Centre County
  - e. [Punxsutawney Area Hospital Mobile Wellness Unit](#)
  - f. [Guthrie Maternity Oasis Mobile \(MOM\) Unit](#) (the unit currently services NY, Piloting in PA to begin soon)
  - g. [WIC Mobile Units \(Community Progress Council, Tapestry of Health\)](#)
2. Locations for Care Other Than Hospitals
  - a. Rural Health Clinics: [Rural Health Clinics | Department of Health | Commonwealth of Pennsylvania](#)
  - b. Federally Qualified Health Centers: [Federally Qualified Health Center \(FQHC\) Program | Department of Health | Commonwealth of Pennsylvania](#)
  - c. State Health Centers: [State Health Centers | Department of Health | Commonwealth of Pennsylvania](#)
  - d. Birth Centers: [Birth Centers | Department of Health | Commonwealth of Pennsylvania, Health Care Facility Directory –](#)
  - e. Family Physicians / Primary Care: Examples of work / initiatives, [IMPLICIT Network, Primary Care Office | Department of Health | Commonwealth of Pennsylvania](#)
  - f. Pharmacies: [Pennsylvania Pharmacists Care Network \(PPCN\) | HOME, MOMENTUM: Maternal Outreach through Mobile Engagement, Navigation, Testing, and Unified Medicine](#)
3. Telehealth and Remote Monitoring for Pregnant and Postpartum Women. *This is not an exhaustive list and additional programs may exist.*
  - a. Telehealth
    - i. LVHN [Virtual OB Program](#)
    - ii. UPMC [Women’s Virtual Health Care](#)
    - iii. [Geisinger Clinic Virtual Nursing Care](#)
  - b. Remote Patient Monitoring
    - i. LVHN [Preeclampsia monitoring](#) via [Continuous Ambulatory Remote Engagement Services \(CARES\)](#)
    - ii. [Malama Health](#), remote patient monitoring for gestational diabetes
    - iii. [Penn Medicine Heart Safe Motherhood](#)
4. State Government Initiatives Related to Maternal Health
  - a. [PA Perinatal Quality Collaborative](#)
  - b. Title V Services Block Grant, DOH: [Womens.Maternal Health.pdf, Title V | Department of Health | Commonwealth of Pennsylvania](#)

- c. Regional Maternal Health Coalitions, DOH: [Regional Maternal Health Coalitions | Department of Health | Commonwealth of Pennsylvania](#)
- d. Clinton County State Health Center Maternal Health Pilot, DOH and DHS w/ UPMC: [Shapiro Administration Project to Improve Rural Maternal Health Care | Department of Health | Commonwealth of Pennsylvania](#)
- e. Women's Services Grant Programs, DHS: [Shapiro Administration Announces Grantees for New Women's Service Program to Pro | Department of Human Services | Commonwealth of Pennsylvania](#)
- f. Home Visiting Programs, DOH and [DHS](#)
- g. [Healthy Beginnings Plus](#), DHS
- h. [WIC](#), DOH
- i. Maternal Health Value Based Payment, DHS [Connecticut and Pennsylvania's Approaches to Maternity-Focused Value-Based Payment Models – NASHP](#)
- j. [Medicaid Coverage Extension to 1 year postpartum](#), DHS
- k. [Medicaid Coverage of Doula Services](#), DHS
- l. MYANA - Mothers You Are Not Alone App (in testing phase)
- m. Rural Initiatives
  - i. [Rural Health Convenings](#), DHS
  - ii. [Center for Rural PA](#) and the [Rural Population Revitalization Commission](#)
  - iii. [NASHP Maternity Care Deserts Policy Academy](#)
  - iv. [DDAP Environmental Scan – Rural County Maternal SUD Resources](#)
- n. Behavioral Health and SUD Initiatives
  - i. [PA Perinatal Quality Collaborative: MOMD Initiative](#) (past), [SUD/OUU Initiative](#) (current)
  - ii. [Postpartum Depression](#) Webpage, DOH
  - iii. [Coverage of Postpartum Depression Medication](#), PID
  - iv. [Postpartum Depression Screening](#), Governor's Office
  - v. Perinatal Telephonic Psychiatric Consultation Services (Perinatal TiPS)
  - vi. [DDAP Environmental Scan – Rural County Maternal SUD Resources](#)
  - vii. [Single County Authorities \(SCAs\)](#)
  - viii. [Centers of Excellence \(COEs\)](#)
  - ix. [Prescription Drug Monitoring Program \(PDMP\)](#)
  - x. [Opioid Prescribing Guidelines](#)
  - xi. Opioid Settlement Dollars – [State](#) and [Counties](#)
  - xii. [PA Substance Use Navigation \(PA-SUN\) Program](#)

## Appendix B – County Indicators for Access and Need

<a href="#"><u>High Birth Rates</u></a>	<a href="#"><u>Low % Prenatal Care in First Trimester, 2021-2023</u></a>	<a href="#"><u>High SMM, 2022</u></a>	<a href="#"><u>High % of Premature Birth</u></a>	<a href="#"><u>High SVI</u></a>	<a href="#"><u>March of Dimes Maternity Care Deserts</u></a>	<a href="#"><u>No L&amp;D Services</u></a>	<a href="#"><u>No Mobile Clinics of Any Kind</u></a>
Jefferson	Crawford	Crawford	Juniata	Erie*	Forest	Clarion	Cameron
Clinton	Jefferson	McKean	Lancaster*	Crawford	Cameron	Forest	Clearfield
Mifflin	Indiana	Potter	Mifflin	Mercer	Greene	Elk	Elk
Juniata	Clinton	Armstrong	Philadelphia*	Forest	Wyoming	Cameron	Forest
Perry	Mifflin	Huntingdon	Montour	Clearfield	Sullivan	McKean	Jefferson
Franklin	Lancaster*	Montour	Dauphin*	Indiana	Juniata	Potter	McKean
Montour	Philadelphia*	Pike	Lebanon*	Fayette	Forest	Clinton	Pike
Dauphin*		Schuylkill	Franklin	Potter		Lawrence	Potter
Lebanon*		Lehigh*	Perry	Clinton		Greene	Warren
Lancaster*		Philadelphia*	Delaware*	Fayette		Somerset	
Delaware*			Clinton	Lackawanna*		Bedford	
Philadelphia*			Jefferson	Luzerne*		Fulton	
				Lebanon*		Huntingdon	
				Lancaster*		Juniata	
				Berks*		Perry	
				Lehigh*		Snyder	
				Delaware*		Northumberland	
				Philadelphia*		Susquehanna	
						Wyoming	
						Sullivan	
						Pike	
						Carbon	

\*Indicates an Urban County