

Community Conversation: Maternal & Child Health



May 27, 2026





We hear you.

**Our priority is
patient safety.**

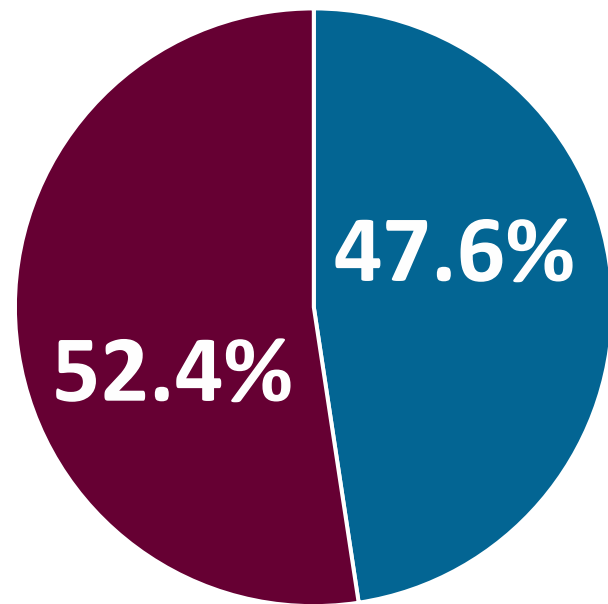


Who We Are

- Not-for-profit community hospital, classified as Critical Access
- Not supported by tax dollars
- Donations stay local
- Decisions made with the sole interest of supporting area residents
- Governed by a 5-member Board of Trustees appointed by Winfield City Commission

The Rural Healthcare Landscape

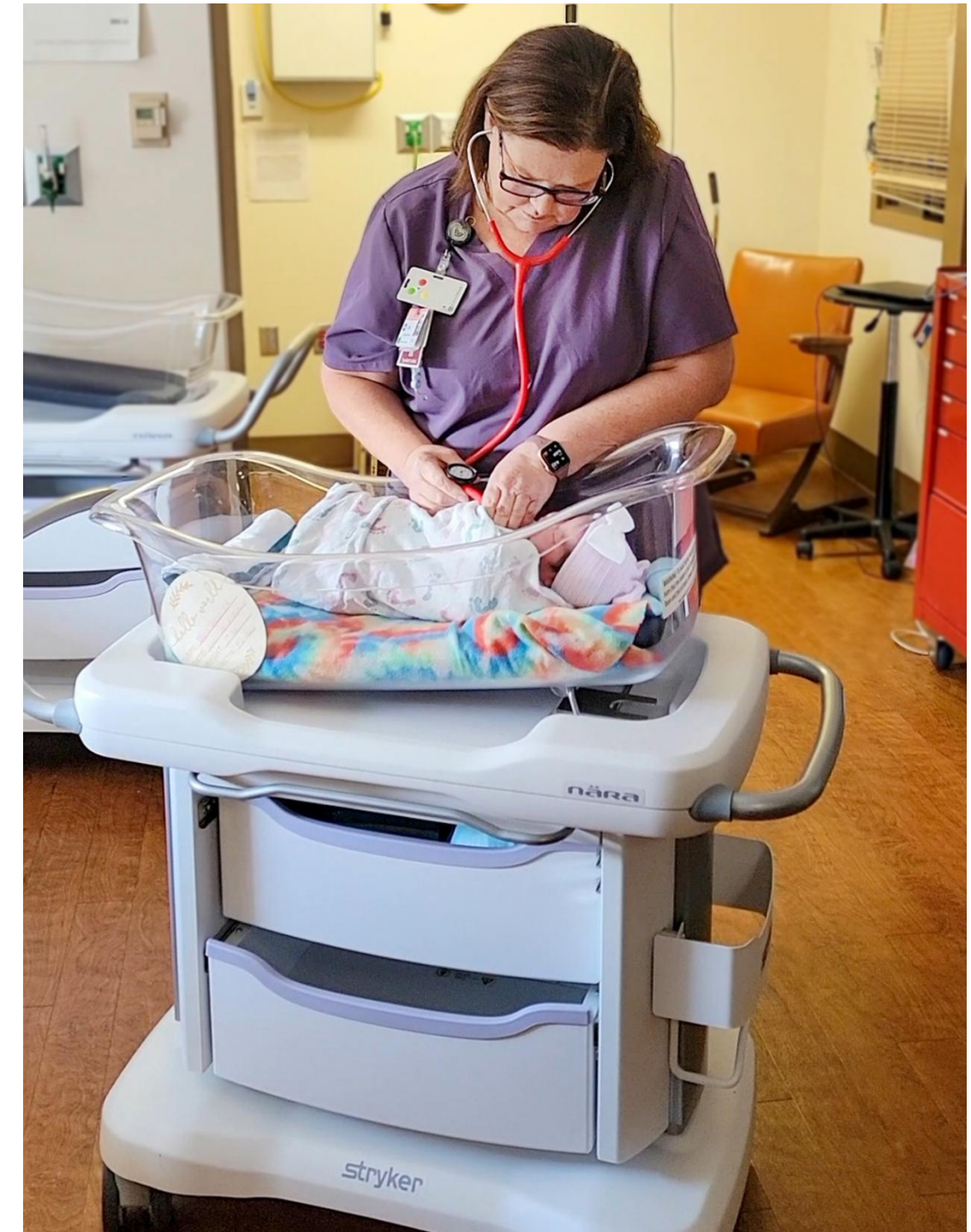
% Rural U.S. Hospitals



- Have OB
- Do NOT Have OB

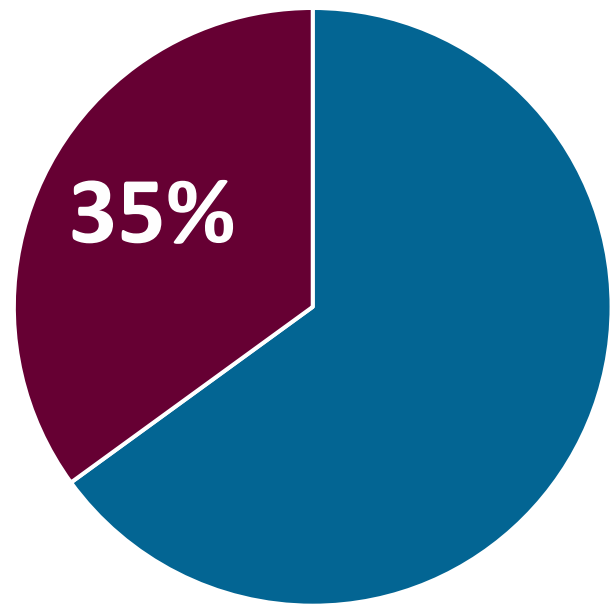
230

Rural Maternity Units Closed
From 2010 to 2022



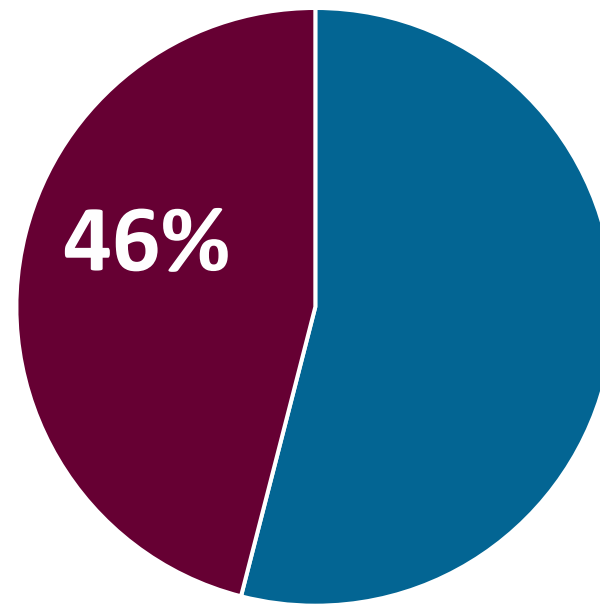
The Rural Healthcare Landscape

% All U.S. Counties



■ Classified as a Maternity Care Desert

% All Kansas Counties



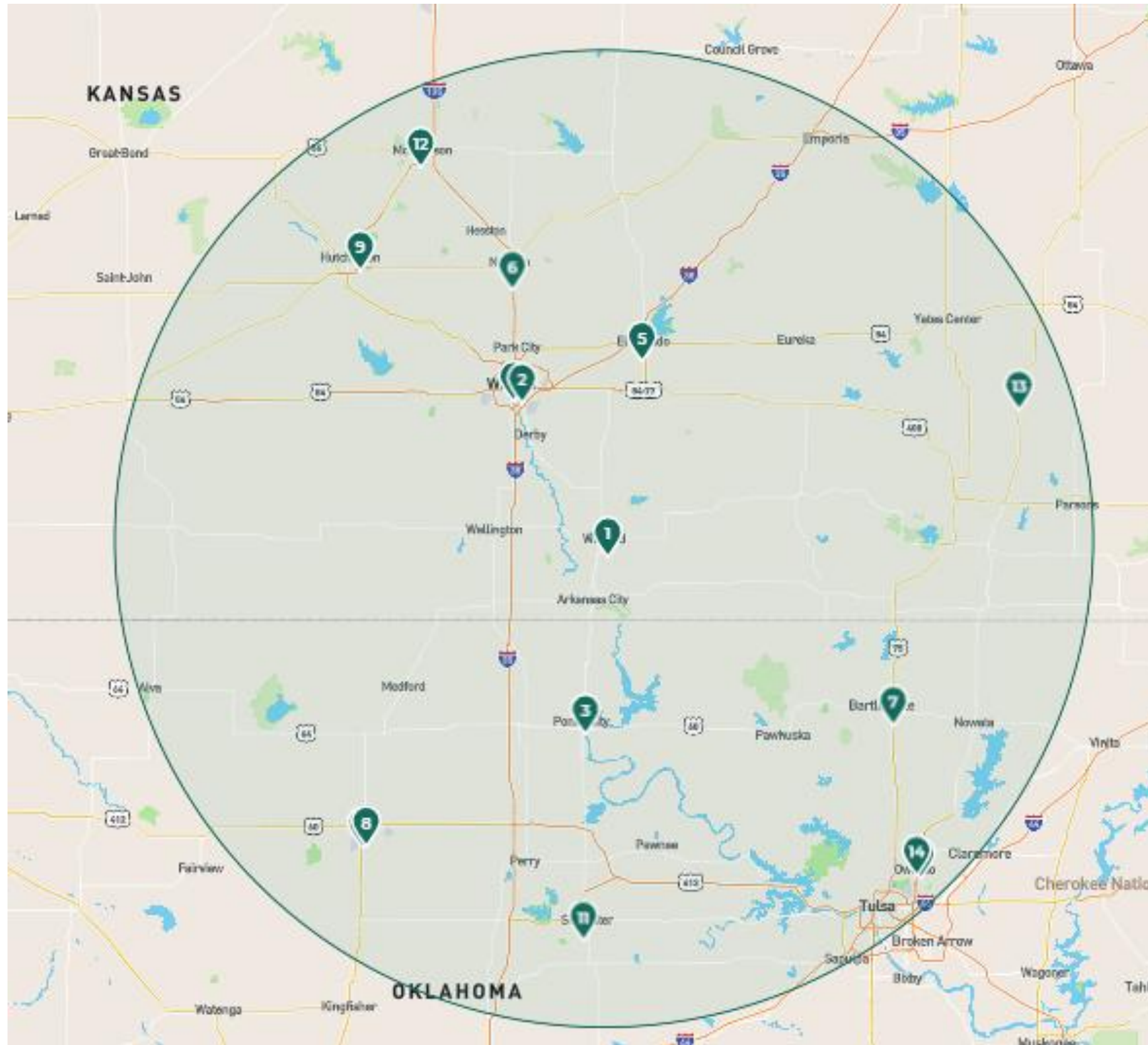
■ Classified as a Maternity Care Desert

61.4% of Rural Kansas Counties, families have ZERO access to an OB/GYN

2024 March of Dimes National Report, Nowhere to Go: Maternity Care Deserts Across the US; 2022 Baseline JAMA Study



LABOR & DELIVERY CARE IN OUR REGION

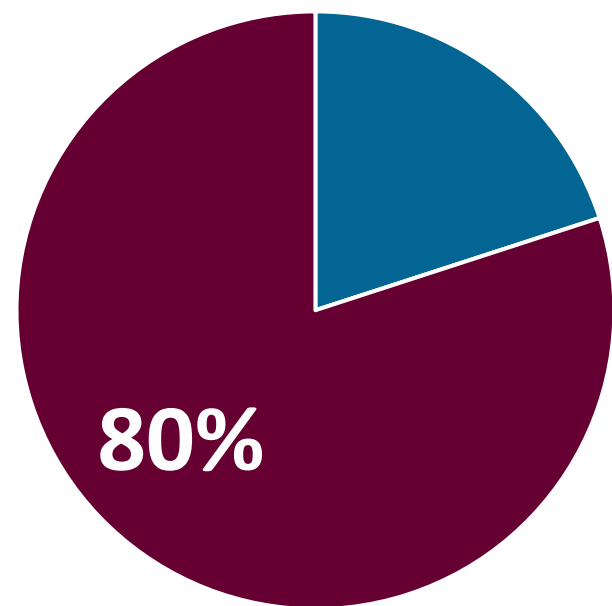


Hospitals within 100 Miles: Closest 15 to 67156
Birth-friendly status only 

1. William Newton Hospital, Winfield
2. Wesley Medical Center, Wichita
3. Integris Health Ponca City, Ponca City, OK
4. Ascension via Christi – St. Francis, Wichita
5. Susan B Allen Memorial Hospital, El Dorado
6. NMC Health, Newton
7. Ascension St. John Jane Phillips, Bartlesville, OK
8. St. Mary's Regional Medical Center, Enid, OK
9. Hutchinson Regional Medical Center, Hutchinson
10. Integris Health Enid Hospital, Enid, OK
11. Stillwater Medical Center, Stillwater, OK
12. McPherson Hospital, McPherson
13. Neosho Memorial Regional Medical Center, Chanute
14. Bailey Medical Center, Owasso, OK
15. St. John Owasso, Owasso, OK

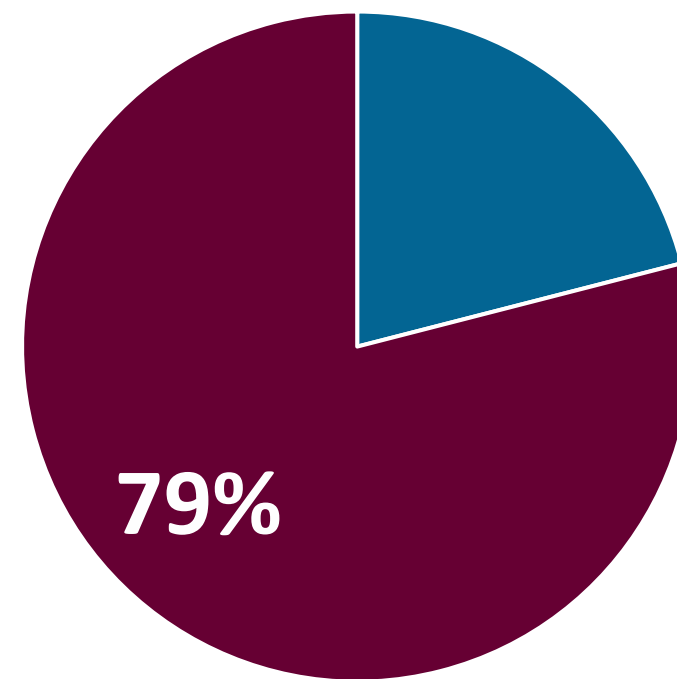
The Rural Healthcare Landscape

% Medical Facilities



■ Active Shortage of Anesthesia Providers

% Rural Kansas Hospitals



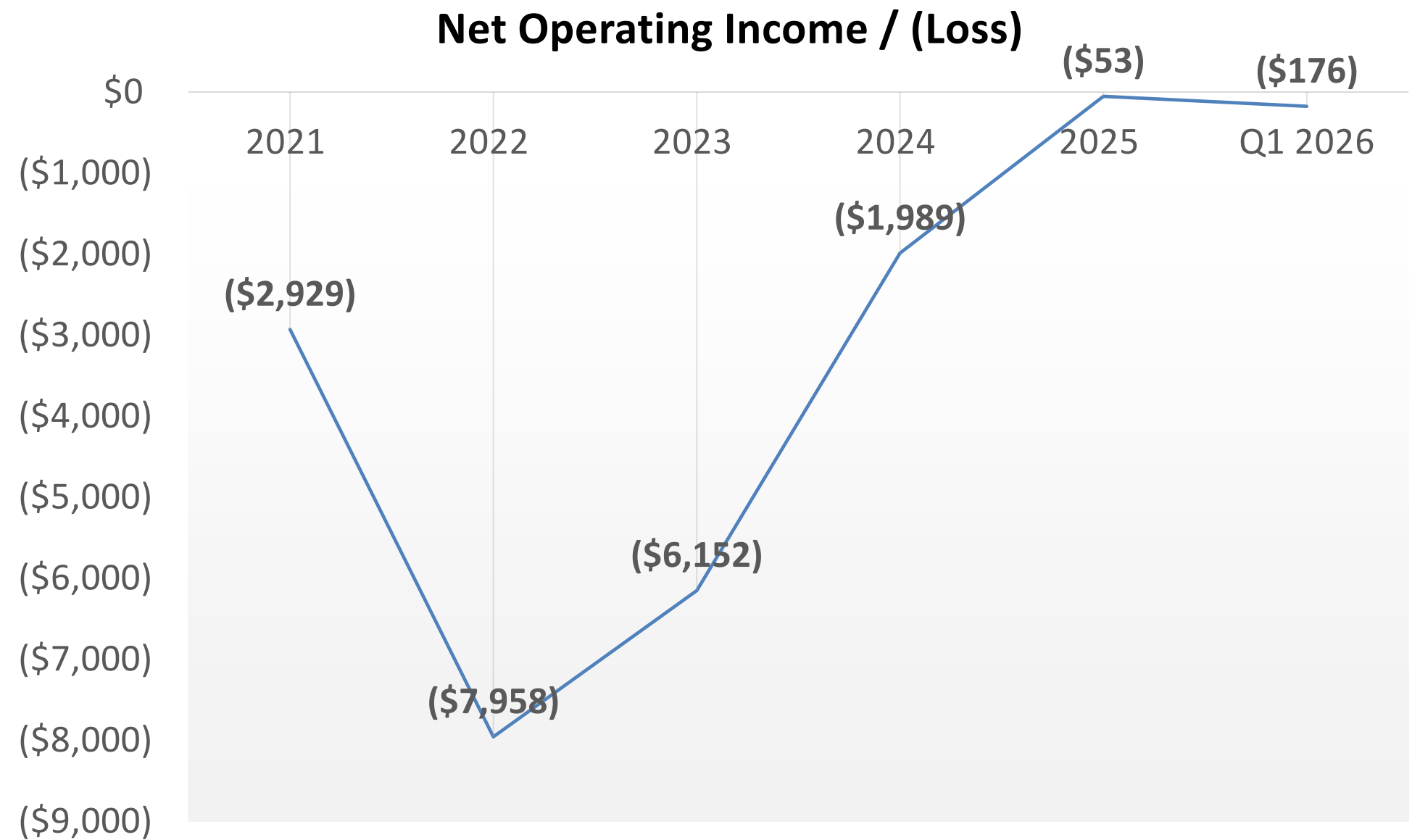
■ Operating at a Financial Loss



Net Income						
	2021	2022	2023	2024	2025	Q1 2026
Net Operating Revenue	\$44,307	\$42,852	\$44,798	\$49,186	\$51,047	\$13,460
Operating Expenses	\$47,236	\$50,810	\$50,950	\$51,175	\$51,100	\$13,636
Net-Operating Income / (Loss)	(\$2,929)	(\$7,958)	(\$6,152)	(\$1,989)	(\$53)	(\$176)
Other Non-Operating Income	\$5,919	\$3,080	\$949	\$668	\$1,318	\$696
Net Income / (Loss)	\$2,990	(\$4,878)	(\$5,203)	(\$1,321)	\$1,265	\$520

**amounts in thousands

WNH Financial Performance



WNH is Getting Stronger

1. Financial Stability
2. Emergency Department Expansion
3. Recruitment of Providers (OB/GYN, Anesthesia, Orthopedics, and more)



Your Safety Net

24 Hours a Day / 7 Days a Week / 365 Days a Year Access

100%
of the time

Emergency Department

100%
of walk-in ER
patients

Medical Screening Exam

Offered to 100% of walk-in patients to the emergency room. This ensures immediate clinical access is available to everyone who comes through our doors, regardless of diversion status.

100%
of the time

OB-Trained Nursing

Specialized OB nursing staff are consistently on-site or on-call to assist with emergency presentations.



Steps of a Labor Evaluation

What happens when a pregnant mother walks into the Emergency Department?

1

Immediate Triage & Screening

Vital signs checked, symptoms documented, and a Medical Screening Exam initiated.

2

Maternal & Fetal Evaluation

Clinical assessment of presenting concerns or symptoms, monitoring of contractions, fetal heart monitoring, and cervical checks if indicated.

3

The Care Decision

A data-driven determination by the provider.

Safe Admission + Local Delivery

If a transfer is required for safety, & there is time to enact a safe transfer:

Coordinated Regional Transfer to a facility with obstetric services

