

Canton-Potsdam Hospital, Rochester Regional Health | Potsdam, New York

A System's Approach for Extending Maternal Care in Rural New York

The Landscape

Canton-Potsdam Hospital (CPH), an affiliate of Rochester Regional Health (RRH), serves St. Lawrence County, N.Y. — the largest and most geographically isolated county in the health system's 22-county service area and in New York state. Located more than three hours from RRH's main campus, the county faces many of the challenges common to rural healthcare: long travel distances, harsh winters, limited transportation and scarce access to specialty care.

The communities CPH serves vary widely. Amish families, the Akwesasne community of the Mohawk tribe, and patients seeking low-intervention or home birth experiences bring distinct values and preferences around pregnancy and childbirth.

As regional labor and delivery access has changed, CPH rural birthing centers became increasingly important for maternal care. Health system leaders viewed maintaining these services as essential for supporting the long-term vitality of the North Country. Access to high-quality women's health services influences whether families choose to live, work and raise children in the region. "Women's health is mission-critical, even if it is not financially profitable," said Sinéad Ingersoll, chief operating officer of CPH/St. Lawrence Region. "We want to keep care as local as possible."

Rather than scaling back services, leaders asked a different question: How could their affiliation with RRH help them redesign maternal care to better serve rural communities?



At a Glance

- **Health System:** Rochester Regional Health
- **Hospital:** Canton-Potsdam Hospital
- **Beds:** 94
- **Counties served:** 22
- **Annual births:** 600
- **Unique Factor:** Hub for women's services

Leveraging Health System Strength to Preserve Local Access

Since affiliating with RRH in 2021, CPH has leveraged the infrastructure of an integrated health system to strengthen access to high-quality maternal care in the rural North Country area of New York. RRH designed its maternal care model to keep services as local as possible while also connecting patients to the expertise of a larger health system. The affiliation provides rural clinicians with access to

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shared expertise, technology, workforce development, recruitment support, capital investment and systemwide quality improvement resources that would have been difficult to sustain independently. Telehealth, specialty consultation, standardized onboarding programs and unified electronic health records are among the capabilities that allow CPH to deliver local care backed by system-level support.

Reliable care in rural communities

CPH has integrated midwives into a coordinated care team alongside obstetricians, advanced practice providers and nurses. For many women, the relationship begins with a midwife or outpatient provider who understands their preferences and values, helping hospital staff become trusted members of a care team already aligned on the patient's care plan. This coordinated approach strengthens continuity of care, builds trust and is particularly important for communities that have historically been hesitant to seek hospital-based care, Amish families who may seek care only when concerns arise and others who prefer lower-intervention births.

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When a pregnant woman seeks care at any RRH birthing unit, whether rural or urban, care teams follow the same evidence-based standards. "Standardization is foundational, not restrictive. Teach them the standard, get everybody engaged in it, and then be consistent in your conversation around it," said Elizabeth Bostock, M.D., former executive medical director at RRH.

To achieve this, RRH aligned inpatient and ambulatory teams through a systemwide Women's Health System Council, establishing shared clinical protocols, simulation training, quality reviews and communication pathways across all sites. The goal was not just consistency but also high-quality care regardless of where a patient entered the health system.

Leaders challenged the notion that rural hospitals should operate under different standards because of geography or resource constraints. Instead, they paired standardized expectations with ongoing coaching and support, enabling rural teams to deliver the same level of clinical excellence as their urban counterparts. "Women in rural communities should expect the same level of care that women in urban areas receive," Ingersoll emphasized.

Standardization also strengthened emergency preparedness. Through shared protocols, simulation training and systemwide collaboration, even RRH's most remote birthing units are equipped to respond to obstetric emergencies, including hemorrhage, shoulder dystocia and hypertensive crises, using the same evidence-based approach adopted across the health system.

Local care supported by the health system

RRH supports rural maternal providers and patients through a growing network of virtual services. These include the state's first OB-GYN urgent care telehealth service, maternal-fetal medicine telehealth for high-risk pregnancies, remote patient monitoring, virtual postpartum follow-up, behavioral health services and community support groups.

Together, these services help patients access care closer to home throughout pregnancy and postpartum. Telehealth further extends that model by bringing specialty care into rural communities. High-risk patients can begin prenatal care locally and connect virtually with maternal-fetal medicine specialists, while local clinicians coordinate ultrasounds and other services. Remote patient monitoring can help identify complications early, and virtual postpartum and behavioral health services help families remain connected to care after delivery.

Building the workforce

Like many rural communities, CPH faces persistent

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workforce shortages, including an aging clinician population and ongoing recruitment challenges. Recognizing that no rural hospital can solve these issues alone, RRH has leveraged its scale and partnerships to strengthen recruitment, training and retention across the system.

RRH created systemwide onboarding cohorts for advanced practice providers to help build the workforce pipeline, pairing standardized training with mentorship, case reviews and professional networking. These programs help clinicians build confidence, reduce the professional isolation often associated with rural practice and create stronger connections across the health system.

System affiliation also expanded recruitment opportunities. After a two-year search for an OB-GYN in the St. Lawrence Region, RRH used grant funding to recruit locum, or temporary providers who were integrated into the local care team. Several ultimately accepted permanent positions, improving continuity and stabilizing coverage. The health system is now applying similar shared workforce models — including a regional labor "A-Team" float pool — to support staffing across multiple hospitals while reducing burnout and reliance on external staffing agencies.

RRH continues to invest in the future workforce through partnerships with academic institutions, including plans to explore a women's health fellowship track with Clarkson University's physician assistant program.



Another [innovative program] includes prenatal and postpartum education, which CPH offers through its partnership with the North Country Children's Museum, along with support groups where parents can build relationships and community while their children play.

Designing care with the community

For RRH, expanding access to maternal care across the system required a deep understanding of the communities it served. Leaders recognized that a one-size-fits-all approach to maternal care would not meet the needs of every family. "Solutions are often within the community rather than within the hospital walls," said Dr. Bostock.

Before redesigning maternal services, Dr. Bostock spent months meeting with providers, community organizations, doulas, midwives and residents across the region. Those conversations revealed that while families expected high-quality, evidence-based care, they also wanted care that reflected their values, including greater support for midwifery, lower-intervention birth options and stronger relationships with their care teams. Rather than changing clinical standards, RRH adapted how those standards were delivered.

The health system also looked beyond the hospital to identify community assets that could support mothers and families. Universities, behavioral health organizations, doulas, community benefit coalitions and the North Country Children's Museum became partners in designing services that support women and families throughout pregnancy, postpartum and beyond.

These partnerships led to innovative programs, including a maternal wraparound program that provides up to one year of postpartum support for women with substance use disorders. Another

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example includes prenatal and postpartum education, which CPH offers through its partnership with the North Country Children's Museum, along with support groups where parents can build relationships and community while their children play.

Improving Trust and Outcomes

Together, these clinical and community strategies produced measurable improvements while driving a broader cultural transformation across RRH's network. "Trust is the invisible infrastructure holding the entire model together. All of this success would not happen if you don't have the fundamental trust," said Ingersoll.

That trust translated into better outcomes for both patients and providers in St. Lawrence County. With the rollout of standardized care models across the system, cesarean section rates decline from 35% in 2023 to 24.8% in 2026, while postpartum visit attendance increased from 30% to nearly 90%. Telehealth services expanded across all 22 counties served by RRH, increasing access to urgent obstetric care, reducing unnecessary emergency department visits and growing telehealth utilization in the St. Lawrence region from zero to 7%.

The workforce also became more stable. As locum, or temporary, clinicians transitioned into permanent roles, CPH achieved its most consistent labor and delivery staffing in years. Just as importantly, leaders described a shift in culture: stronger collaboration across sites, clearer communication among care teams and a shared commitment to delivering the same high-quality maternal care regardless of where a patient entered the health system.

Beyond One Hospital

CPH's experience demonstrates that sustaining rural maternal care requires more than a single program or intervention. It requires coordinated transformation built on trust, partnership and a willingness to rethink how care is designed and delivered.

That work continues. RRH is expanding year-long postpartum care models, broadening remote patient monitoring, strengthening partnerships with pediatric and community organizations, addressing transportation barriers that telehealth alone cannot solve and exploring new workforce and financing models to sustain essential maternal services.

RRH is focused on bringing the capabilities of an integrated health system closer to where families live. By pairing systemwide expertise and infrastructure with trusted local relationships, the organization has demonstrated that rural hospitals do not have to choose between local access and high-quality care.

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Explore the **Keeping Care Close to Home: A Rural Maternal Health Toolkit** and more case studies at **www.aha.org/ruralmaternal**

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