



# **The South Carolina Maternal Health Innovation Collaborative (SCMHIC)**

Maternal Health Task Force Kickoff Meeting  
August 22, 2024

# HOUSEKEEPING

## Pictures

We will take discrete pictures to capture our work together at this meeting. The images will only reflect attendance and participation at this event and will be limited to reporting to funders, the website, or social media. A consent form is to be left at the sign-in table. If you do not want your picture shared, we will honor your preference as indicated by a non-signed form.

## Location of Facilities/Bathrooms

**Please Turn OFF Your Telephone and Device Ringers During the Meeting**

# AGENDA

- ❖ Welcome (5 min.)
- ❖ Icebreaker (10 min.)
- ❖ What is the State Maternal Health Innovation Collaborative (SCMHIC)? (10 min.)
- ❖ Call to Action: The VOICES of Birthing Persons “ I GOT YOU” – Video and Reflections (10 min.)
- ❖ Break (10 min.)
- ❖ The Current State of Maternal Health in South Carolina Snapshot (20 min.)
- ❖ Strategic Planning Activity: Working Together For Change (35 min.)
- ❖ Next Steps (5 min.)



# WELCOME SCMHC TASKFORCE

Innovate, Collaborate, and Elevate: Transforming Maternal Health Together





# SCMHIC LEADERSHIP TEAM

South Carolina Department of Public Health (SCDPH)



**KRISTEN SHEALY, MSPH**  
Principal Investigator



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Core Implementation and Evaluation Partner:  
University of South Carolina  
Institute for Families in Society



**ANA LÓPEZ – DE FEDE, PhD**  
Co-Principal Investigator  
Distinguished Research  
Professor Emerita



**SARAH GAREAU, DrPH,  
MEd, MCHES**  
Co-Principal Investigator  
Assistant Professor



# ICEBREAKER





# **SWEET CONNECTIONS**

## **Instructions**

Grab a candy, note its color, and answer the corresponding question in small groups.

*Let's get to know each other better and have some fun!*

# SWEET CONNECTIONS



**Red**

*If you could have dinner with any historical figure, who would it be and why?*



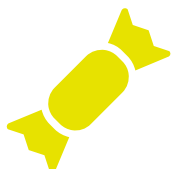
**Pink**

*What's a childhood belief you held that made you laugh when you found out it wasn't true?*



**Orange**

*If you could have any superpower, what would it be and how would you use it?*



**Yellow**

*What's a hobby or activity you've always wanted to try but haven't had the chance to yet?*





# STATE MATERNAL HEALTH INNOVATION COLLABORATIVE

# SC MATERNAL HEALTH INNOVATION COLLABORATIVE (SCMHIC)

- The State MHI program funds entities such as public health departments and universities to improve maternal health in the United States. See more info here: [State Maternal Health Innovation \(MHI\) Program | MCHB \(hrsa.gov\)](#).
- Currently, 35 HRSA-funded state MHI programs receive technical assistance from the Maternal Health Learning and Innovation Center (MHLIC) housed at UNC-Chapel Hill.
- SCMHC's representative/grantee organization is the SC Department of Public Health (SCDPH).
- The Core Implementation and Evaluation Partner is the University of South Carolina, Institute for Families in Society.

## SCMHIC Funded Efforts Required Activities

Establish a **maternal health task force** in alignment with SC's Title V needs assessment.

Improve access to maternal care services and identify and address workforce needs.

Enable SCDPH to improve the collection, analysis, and application of state-level data on severe maternal morbidity (SMM) and maternal mortality.

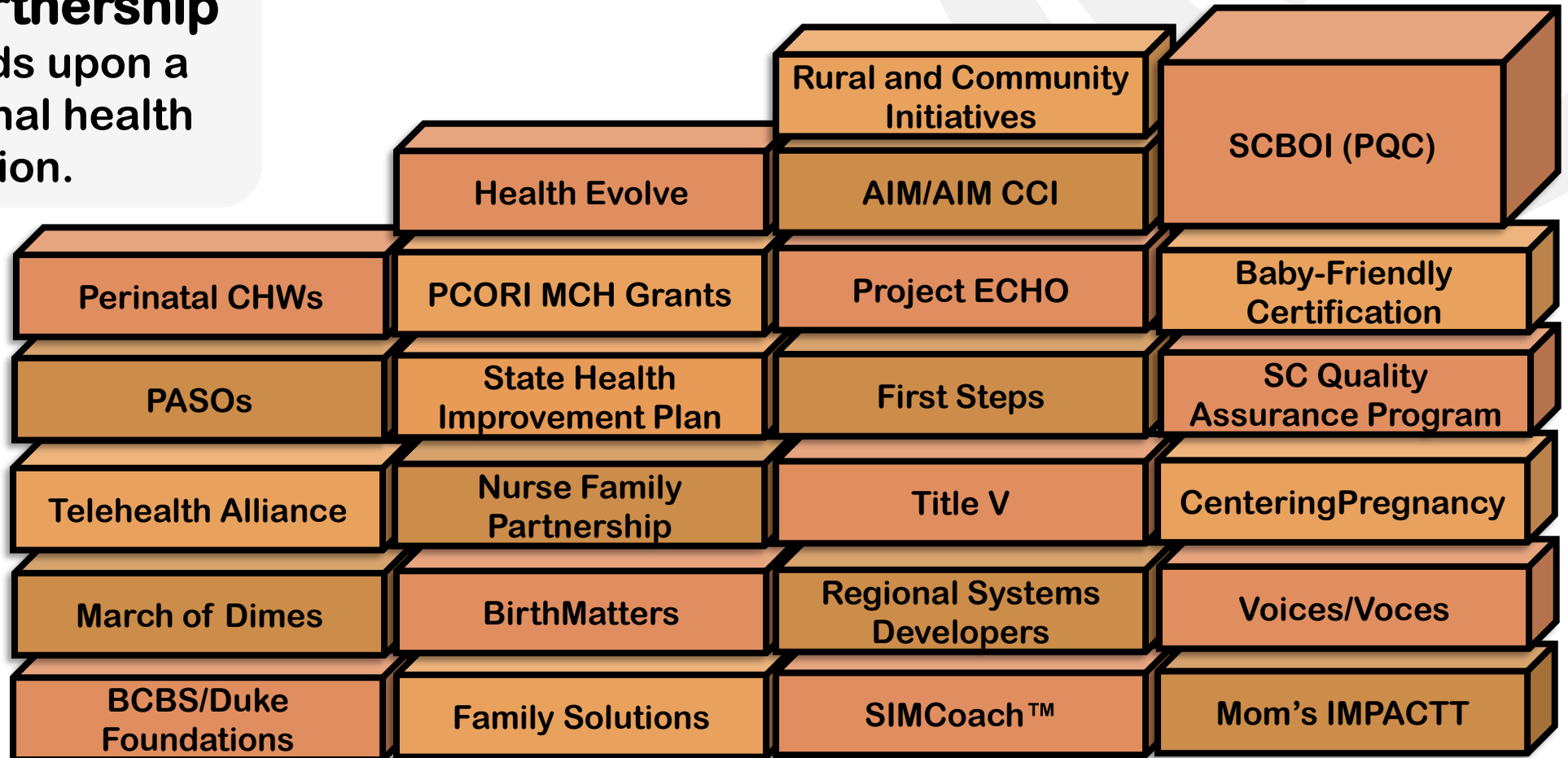
Provide access to culturally responsive and linguistically appropriate resources and applications that enhance maternal health literacy.



# SCMHIC - INNOVATE, COLLABORATE & ELEVATE: TRANSFORMING MATERNAL HEALTH TOGETHER

## Power in Partnership

SCMHIC builds upon a strong maternal health foundation.



*And many more...*

# SCMHIC SEEKS TO ENHANCE BUT NOT DUPLICATE THESE EXISTING EFFORTS

The SCMHIC aims to improve maternal health outcomes by collaborating and promoting innovation in maternal health to advance informed solutions and community-driven (or community-based) strategies that achieve a measurable impact. With a five-year implementation timeline, SCMHIC seeks to carry out activities that accomplish the following aims:

## SCMHIC AIMS



1. Data collection and analysis



2. Maternal health service delivery



3. SC's maternal health workforce



4. Maternal health empowerment and literacy

Diverse community partners/persons with living expertise involved in all aims.





# **CALL TO ACTION: THE VOICES OF BIRTHING PERSONS “I GOT YOU”– VIDEO AND REFLECTIONS**

# Voices/Voces: Uplifting the Voices of Mothers



**District IV  
Film Award  
Winner!**

**Voices|Voces**  
Moving forward to address pregnancy and birth inequities

Click above to view the initiative in its entirety and to access the accompanying learning toolkit.



If playback issues arise, click here to access the video via YouTube.



Join at menti.com | use code 9246 568

# Reflections: What is your work about? improving maternal health outcomes



leader  
creative  
bold



Account



Content



Design



Settings



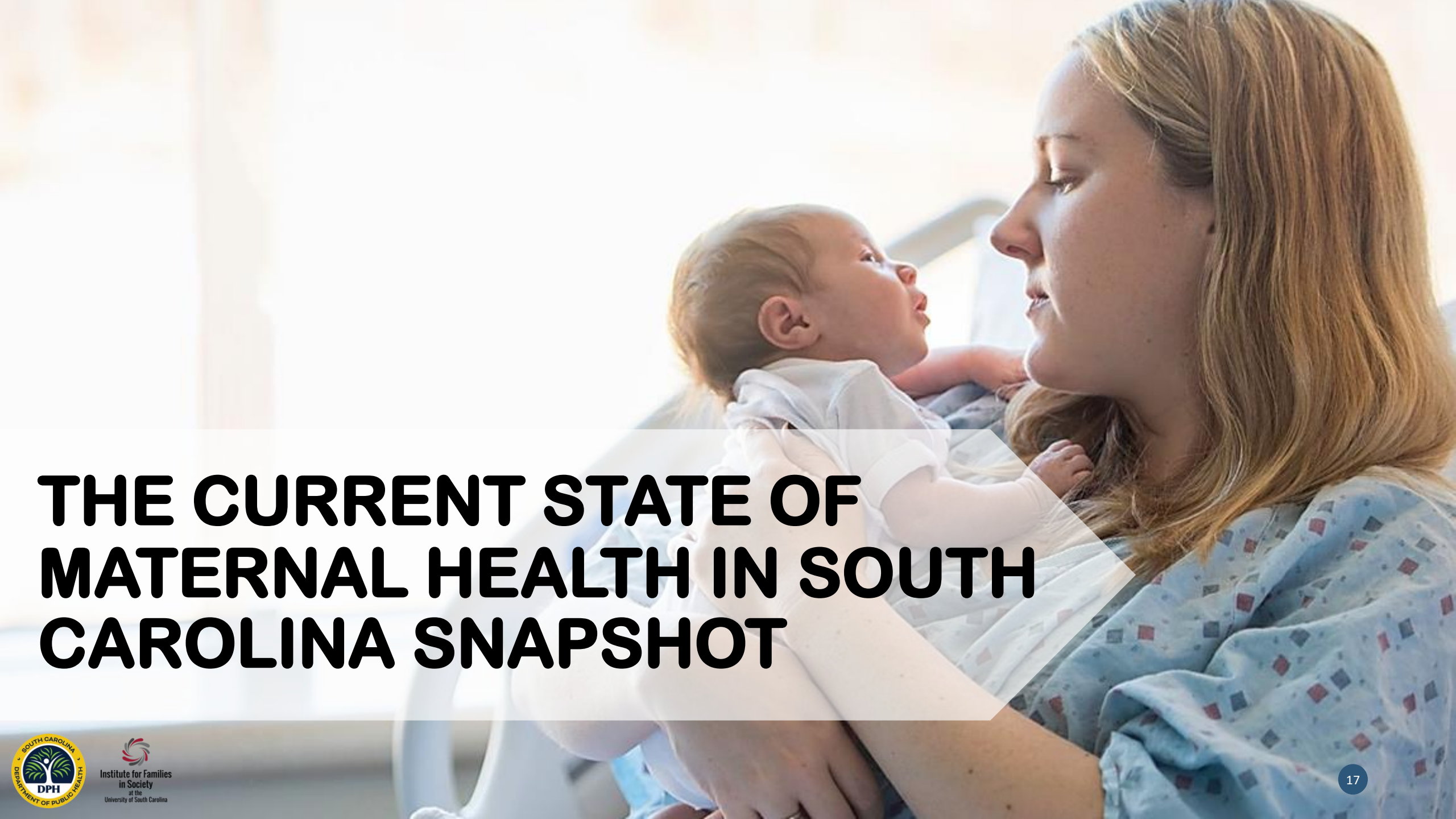
Help &  
Feedback



# 10 MINUTE BREAK





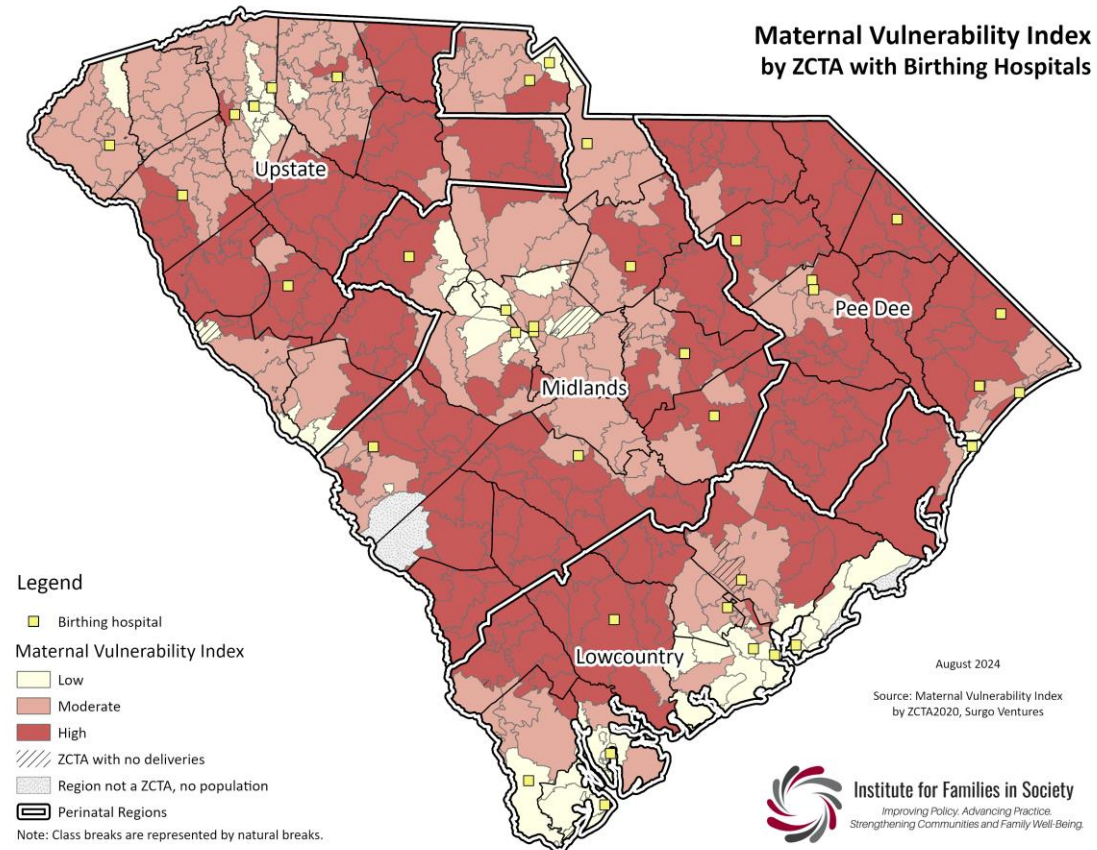


# THE CURRENT STATE OF MATERNAL HEALTH IN SOUTH CAROLINA SNAPSHOT

# SC MATERNAL HEALTH LANDSCAPE

- Since 2012, **13** labor and delivery units have closed.
- Over half of counties in SC represent a medically underserved area (MUA).
  - Nearly 1 in 5 counties in SC had low access to maternity care or were a **maternity care desert** (March of Dimes, 2023).
- SC has one of the **top 5 highest maternal vulnerability** rates in the nation driven by high physical health and SES needs. Many high MVI areas have no birthing facility.
- Among publicly reported states, **SC ranks 8th nationally** in maternal mortality.
- Results of a recent SC AIM survey administered by IFS with the support of SCDHHS, in which 76% of birthing facilities responded (January-February 2024), report lack of **ED provider training, low staffing, limited resources, and physician buy-in** as barriers to care.

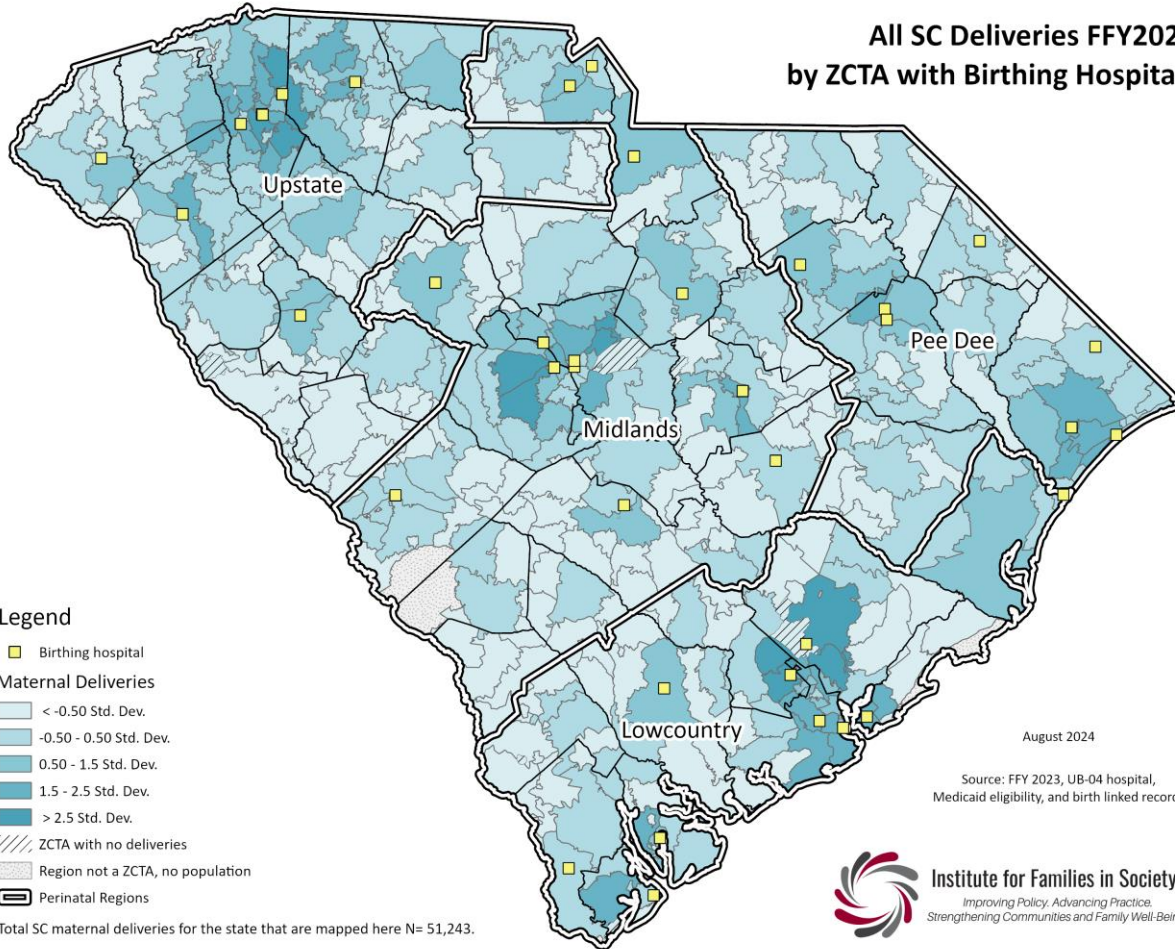
It will take our power in partnership to effectively change the system of care.





# DELIVERIES ACROSS COMMUNITIES IN SOUTH CAROLINA

All SC Deliveries FFY2023  
by ZCTA with Birthing Hospitals



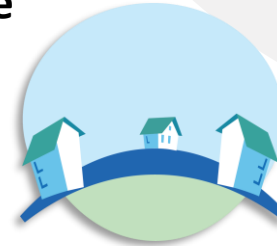
## RURAL HEALTH TAKEAWAY

Urban areas and higher designation hospitals see the greatest volume of deliveries. Key facts regarding birthing persons residing in rural areas include:

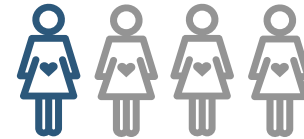
### Residence

Urban: 73%

Rural: 26%



Birthing persons of color comprised roughly **40%** of deliveries among rural residents.



Represented 1 in 4 severe maternal morbidity events.

**1,775** 

Babies born prematurely to mothers in rural areas.



Medicaid paid **71%** of rural deliveries (vs. 61% statewide).

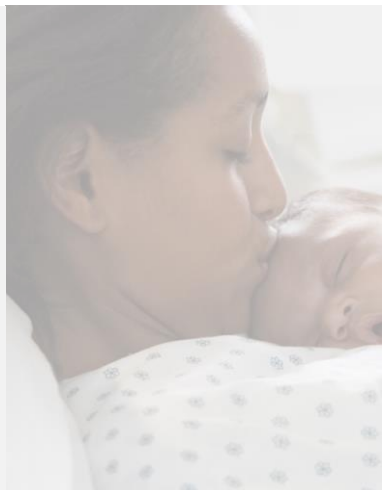
**18%** had a perinatal mental health diagnosis.

# DELIVERY CHARACTERISTICS

(FFY 2023)

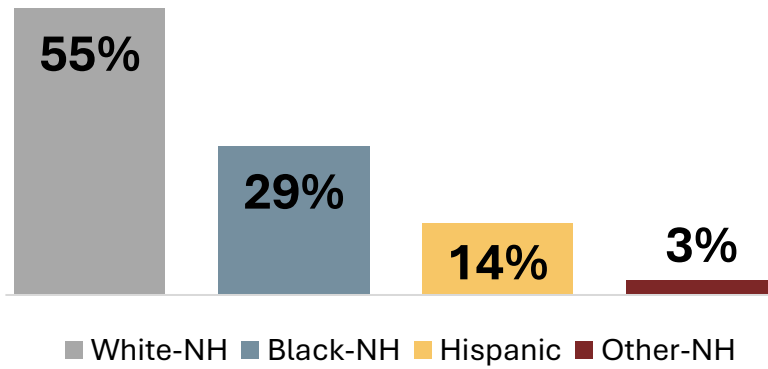
## SC QUICK FACTS

- 3 out of every 5 deliveries was paid for by Medicaid.
- 1 in 5 birthing persons received inadequate prenatal care.
- Approximately 1 in 10 birthing persons delivered premature or had a low birthweight baby.
- Roughly 1 in 4 had a potentially avoidable cesarean.
- Nearly 1 in 5 were ages 35 or older.

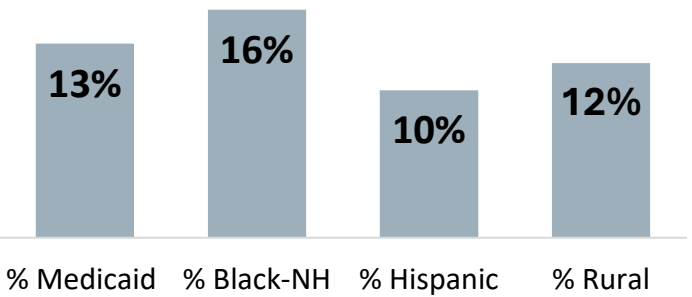


**~37% High School/  
GED or less**

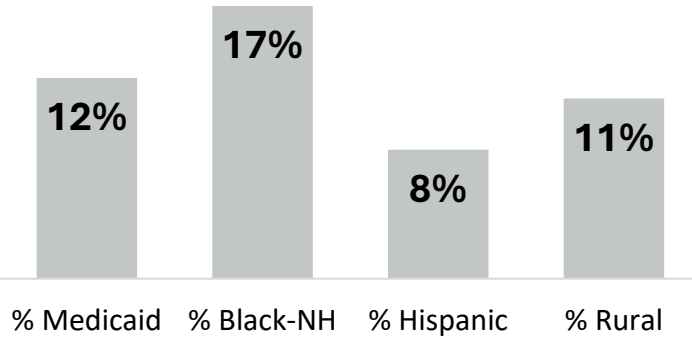
### Race/Ethnicity



### Premature Delivery Disparities



### Low Birthweight Delivery Disparities



Disparities in premature and low birthweight deliveries were predominantly seen among Black-NH, Hispanic, and Medicaid beneficiary patients.





# SMM OUTCOMES

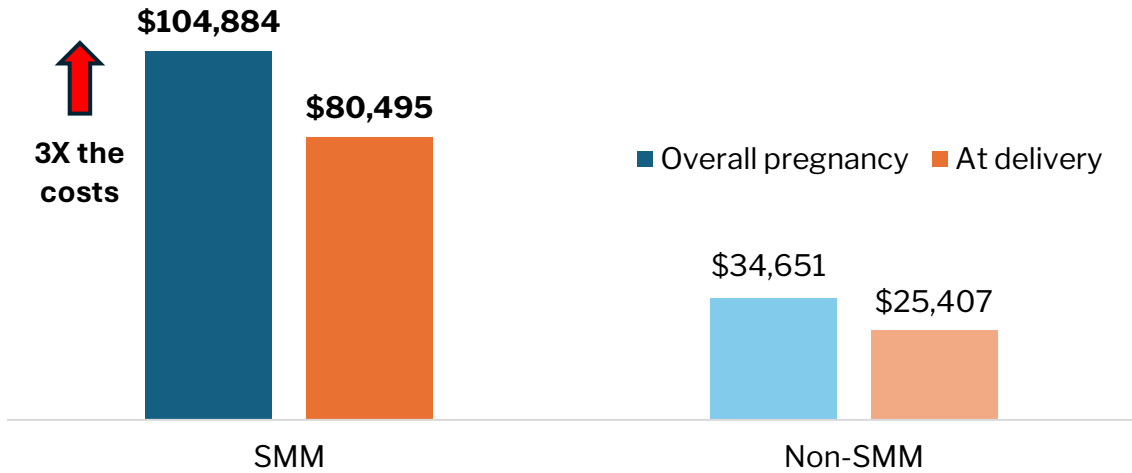
DATA FROM FFY 2023

Severe Maternal Morbidity (SMM) represents unexpected outcomes of labor and delivery that can result in short or long-term consequences. It reflects 20 conditions of severity and near missed events as defined by the Alliance for Innovation on Maternal Health (AIM).

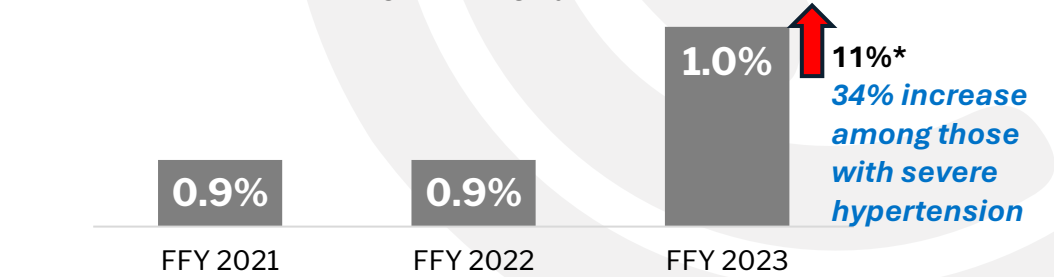
# SMM VS. NON-SMM CHARACTERISTICS

## (FFY 2023)

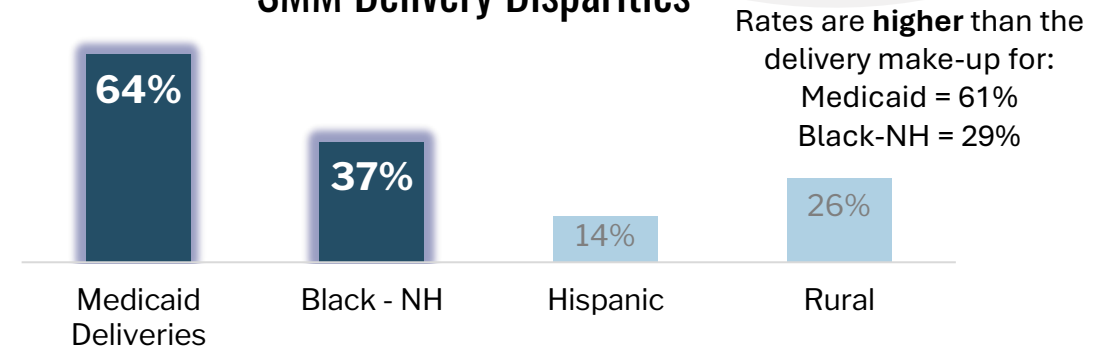
### Mean Charges



### SMM Trend



### SMM Delivery Disparities



In a 2023 study, SC ranked 6<sup>th</sup> in the nation for SMM among individuals with Medicaid insurance.

(Admon et al.)

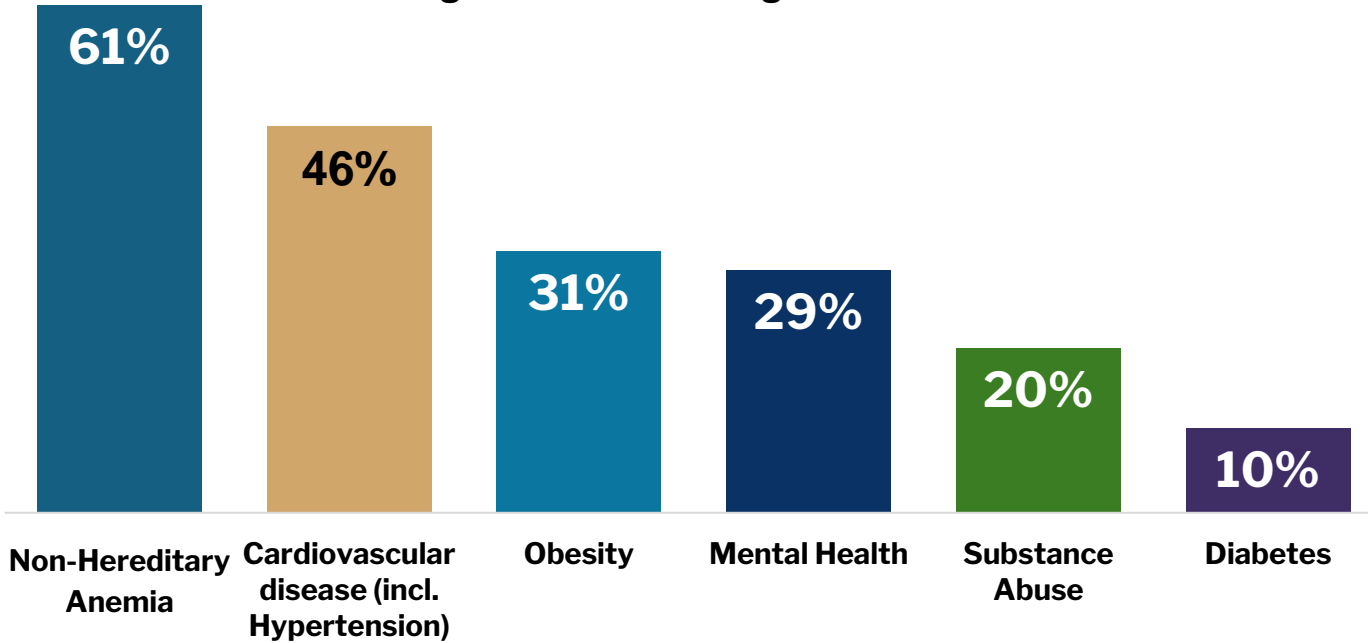
SMM deliveries are seen at a higher rate among Black-NH patients, those 35-54 years old, Medicaid beneficiaries, and those with co-existing physical and behavioral health conditions.

# CLINICAL DRIVERS OF SMM

DIAGNOSED DURING AN ED OR IP VISIT

(FFY 2023)

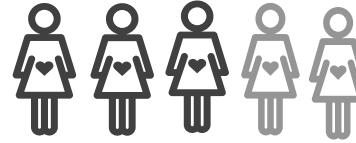
Coexisting Conditions among SMM Deliveries



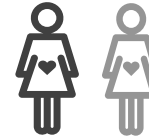
Even though the statewide SMM rate was 1%, the rate among CVD patients was 4%, among diabetics was 3%, and among anemia patients was 2%.

## AMONG SMM DELIVERIES:

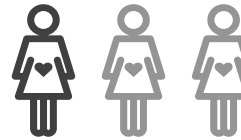
About 3 in 5 had **non-hereditary anemia**.



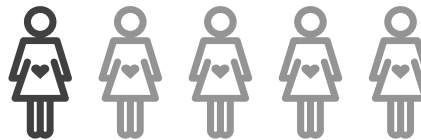
Nearly 1 in 2 had **cardiovascular disease**.



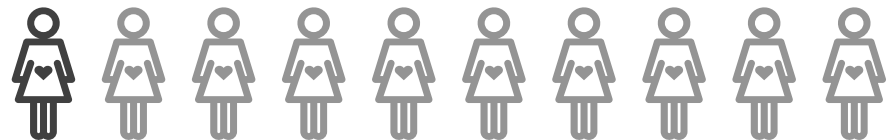
About 1 in 3 had **obesity** or a **mental health condition**.




About 1 in 5 had **substance use disorder**.



Just over 1 in 10 had **diabetes**.







# SC MATERNAL MORBIDITY AND MORTALITY REVIEW COMMITTEE (SCMMRC)

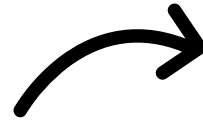
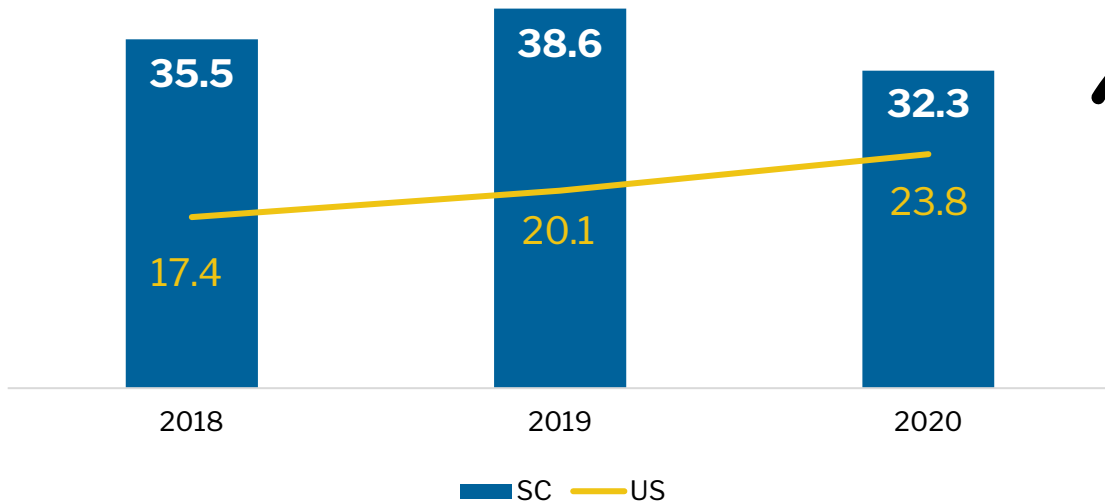
DATA FROM CY 2018-2020



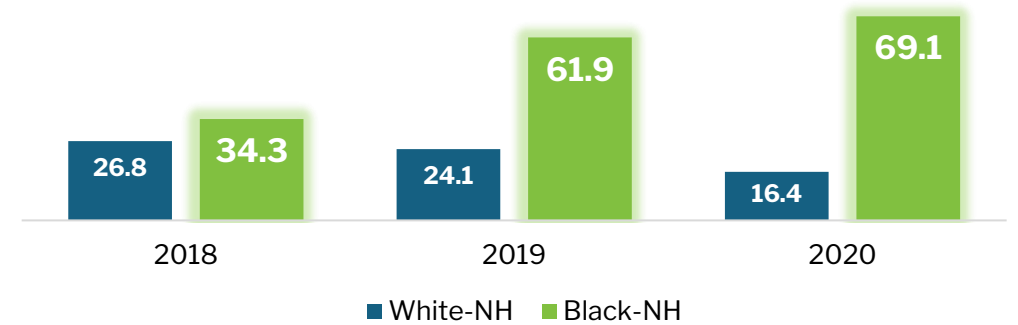
# PREGNANCY-RELATED MORTALITY RATIO (PRMR)



Pregnancy-Related Mortality Ratio (PRMR)



PRMR by Race



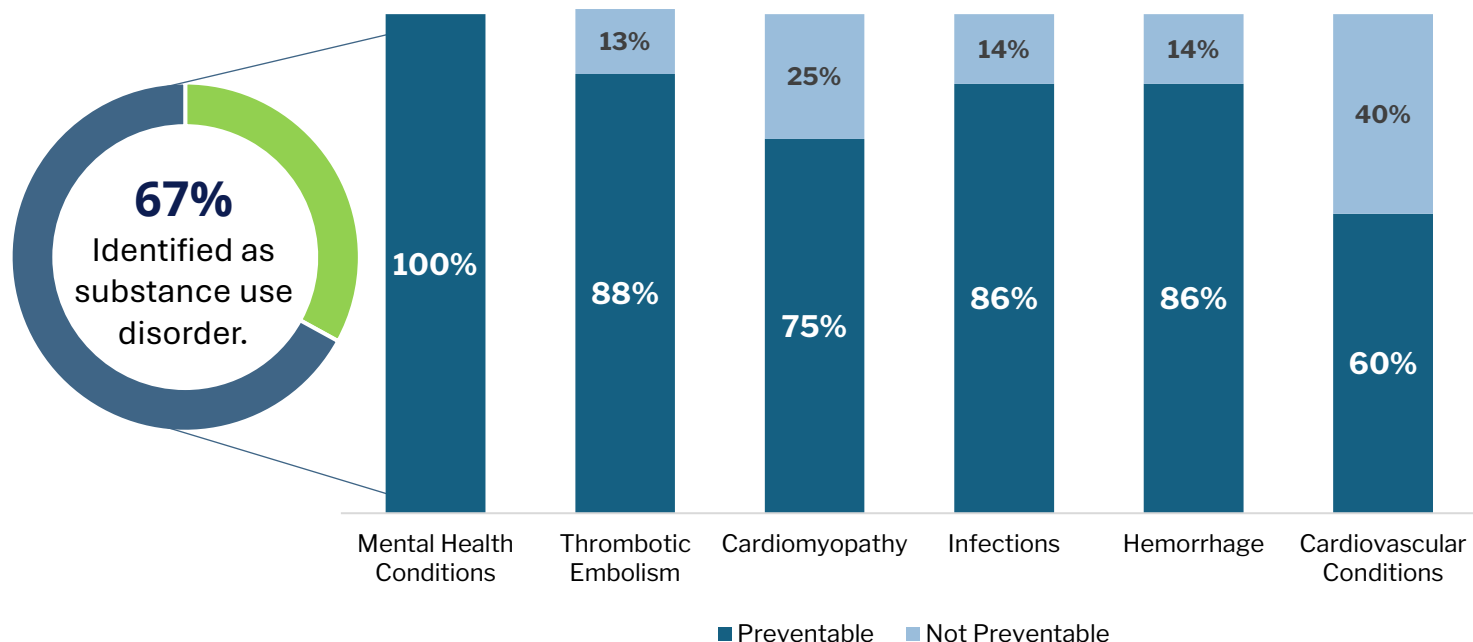
Pregnancy-related deaths, when compared to their White counterparts, were:

- **4.2x** more likely among **Black-NH**.
- **2.5x** more likely among **rural Black-NH**.
- **5.5x** more likely among **obese Black-NH**.

Top 3 Leading Causes of Death	White	Black-NH
	<ul style="list-style-type: none"> <li>•Mental Health Conditions</li> <li>•Hemorrhage</li> <li>•Infections</li> </ul>	<ul style="list-style-type: none"> <li>•Thrombotic Embolism</li> <li>•Cardiomyopathy</li> <li>•Hemorrhage</li> </ul>

# MATERNAL MORTALITY CAUSES

Preventability by Cause of Death



## Highlight: Discrimination as a Driver of Pregnancy-Related Deaths



Of deaths reviewed from 2018-2020, **discrimination** was recognized as a **contributing factor for roughly 1 in 3.**

**Note:** In a recent SC AIM survey, hospital staff were often unaware whether OB providers had completed equity education centered on respectful care.





# KEY FINDINGS: OUR CHALLENGE TRANSFORMING DATA TO ACTION



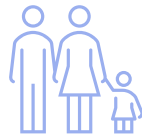
Improve access in rural areas.



Increase care coordination for mental health and SUD.



Regular training on recognition and readiness to clinical causes of death.



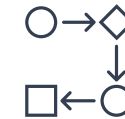
Education for postpartum individuals and their families on maternal urgent warning signs.



Scheduling and attendance at postpartum appointments.



Mandated cultural competency training.



Facility deep vein thrombosis (DVT) prevention protocol.



Primary care provider referrals.



Compliant autopsies.

# STRATEGIC PLANNING ACTIVITY

Setting the vision for the future:  
How can we address these  
aims together?



# STRATEGIC PLANNING VIA CO-DESIGN



- Over the past 9 months, many of you have been working with SCMHC to provide ideas, feedback, input, and more regarding **How to improve Maternal Health in South Carolina.**
- Today, we will continue to build actionable ideas and strategies to **Improve Maternal Health in South Carolina.**



# OUR ACTIVITY

1. On the flip charts around the room are the identified **aims** for this initiative.
2. Spend several minutes at each aim. With other members, answer “how might we improve” said aim on a post it. Share/group your ideas.
3. Have one person gather all post its from the table and place them on the designated flip chart. Participate at all tables/aims.

## How might we improve these aims:

- Maternal Health Service Delivery
- Maternal Health Workforce
- Maternal Health Empowerment and Literacy



# WHAT IS YOUR WHY?

## CONSIDERATIONS

- How will we do this?
- Who should be involved with this work?
- What do we need to make this happen?
- What projects/ programs are working in this area?
- Who is missing from our table to ensure this work happens?
- What communities must be engaged?
- How are we reaching the most impacted populations?
- How are we reaching across the state, including both rural and urban areas?

## REMEMBER:

- Center **Engaging diverse community partners and persons with living experience**
- Center equity in your ideas
- Be brave
- Be creative
- Be aspirational
- Think outside of the box
- There are no bad ideas

# NEXT STEPS



# NEXT STEPS



Soliciting feedback on draft workplan



Upcoming data walk



Development of workgroups



Scheduling of upcoming meetings



Suggesting additional taskforce members

## Maternal Health Taskforce Next Steps Survey



<https://redcap.link/scmhtf>



# Let's Connect

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**Maternal Health**  
Learning & Innovation Center™

[https://unc.az1.qualtrics.com/jfe/form/SV\\_9MsJ7ehgK1IHHTg](https://unc.az1.qualtrics.com/jfe/form/SV_9MsJ7ehgK1IHHTg)



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# THANK YOU!



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For more information on the acronyms, key terms, and data:

1. [SC Title V Acronyms](#)
2. [MCH Data Key Terms](#)
3. [SCBOI About the Data PDF](#)