Institute for Families in Society at the University of South Carolina

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 SCMHIC TASKFORCE

Innovate, Collaborate, and Elevate: Transforming Maternal Health Together

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SCMHIC LEADERSHIP TEAM

South Carolina Department of Public Health (SCDPH)

KRISTEN SHEALY, MSPH
Principal Investigator

NICHOLAS RESCINITI, PhD, MPH, CPH
Senior Epidemiologist

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

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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!

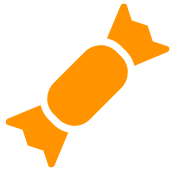
SWEET CONNECTIONS

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

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SC MATERNAL HEALTH INNOVATION COLLABORATIVE (SCMHIC)

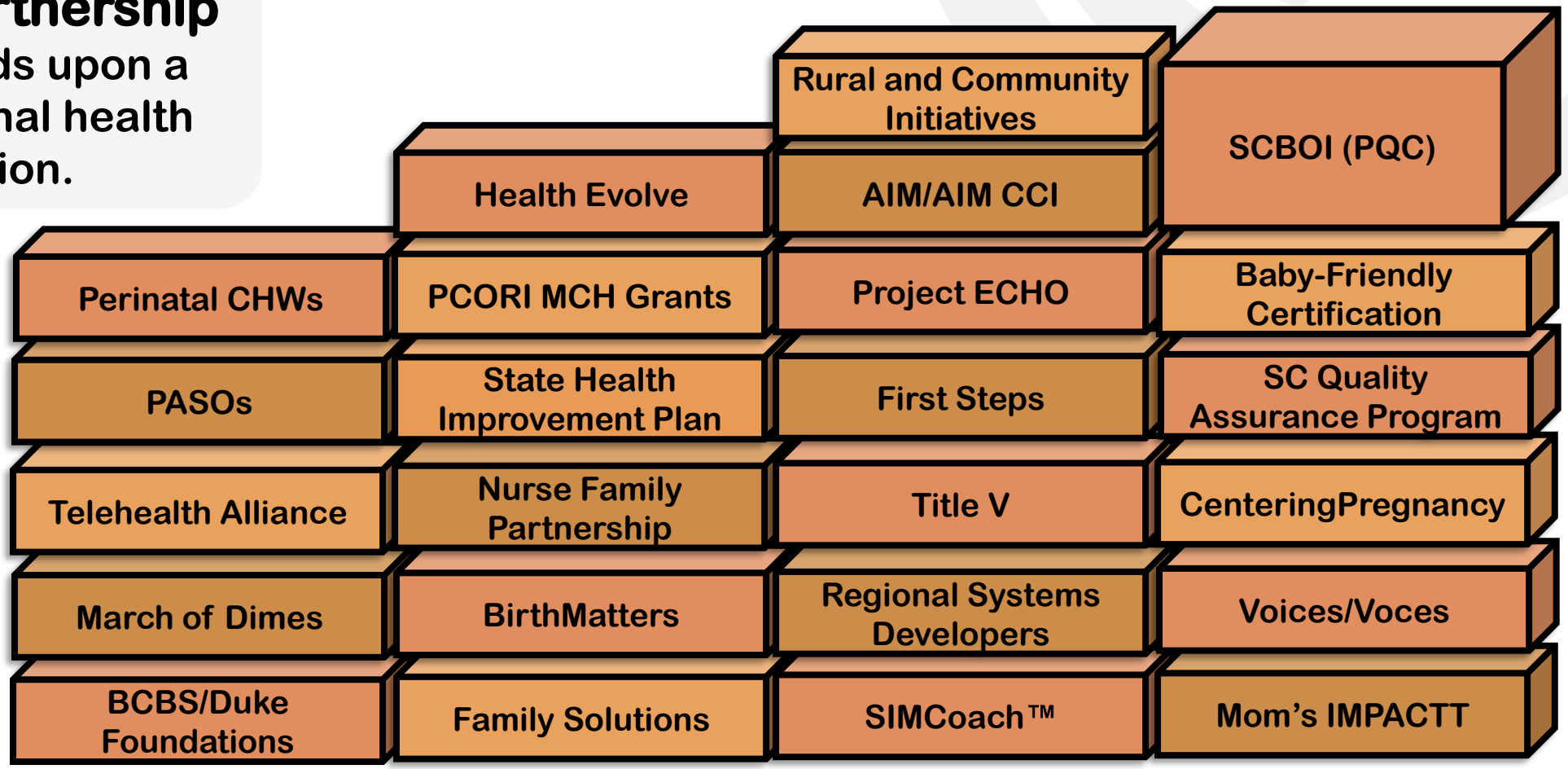
- The State MHI program funds entities such as public health departments and universities to improve maternal health in the United States. See more info here: State Maternal Health Innovation (MHI) Program | MCHB (hrsa.gov).
- Currently, 35 HRSA-funded state MHI programs receive technical assistance from the Maternal Health Learning and Innovation Center (MHLIC) housed at UNC-Chapel Hill.
- SCMHIC'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

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Voices/Voces: Uplifting the Voices of Mothers

ACOG
The American College of Obstetricians and Gynecologists

District IV Film Award Winner!

VoicesVoces
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.

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Join at menti.com | use code 9246 568

Reflections: What is your w
improving maternal health

leader bold creative

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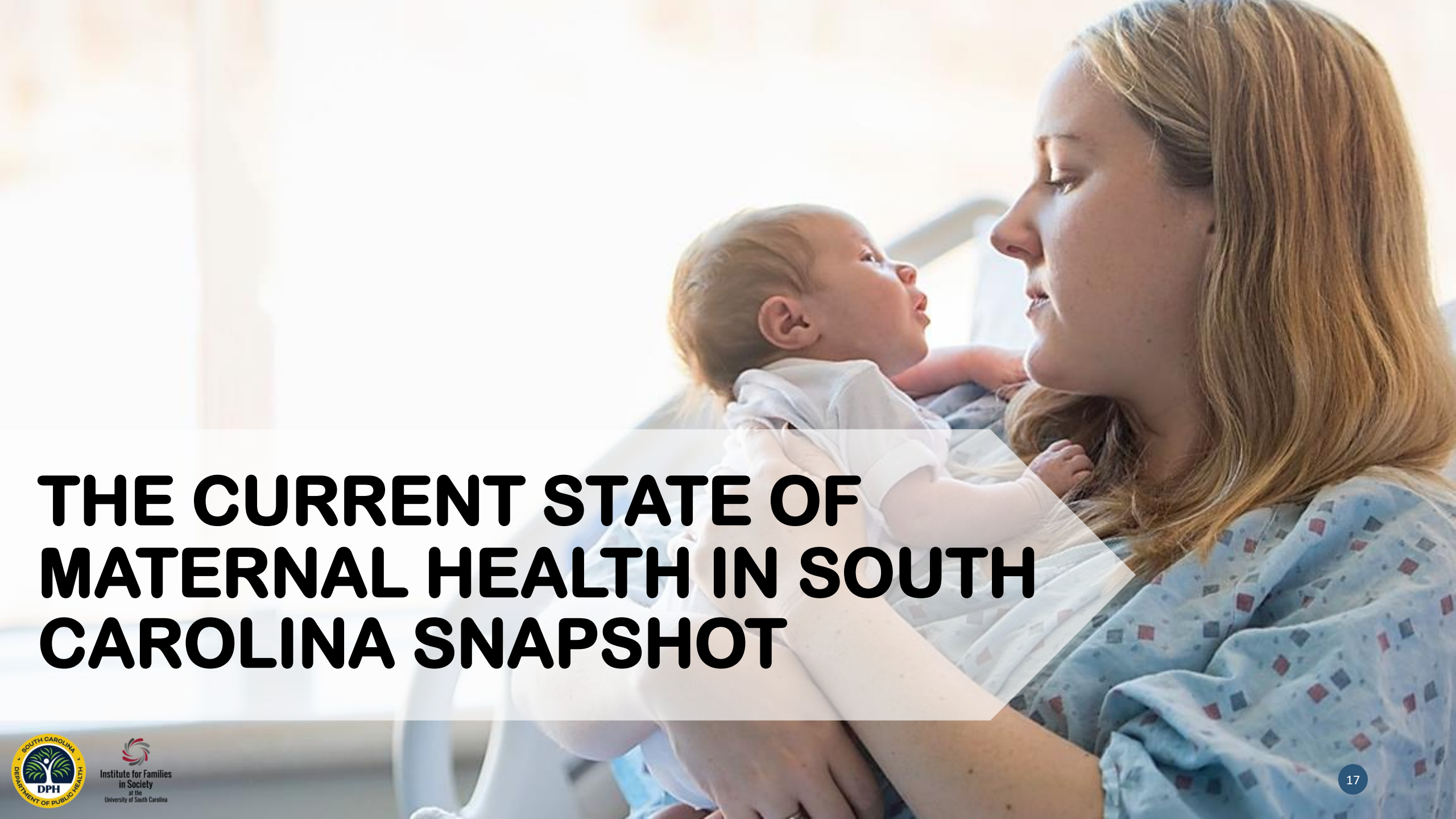
10 MINUTE BREAK

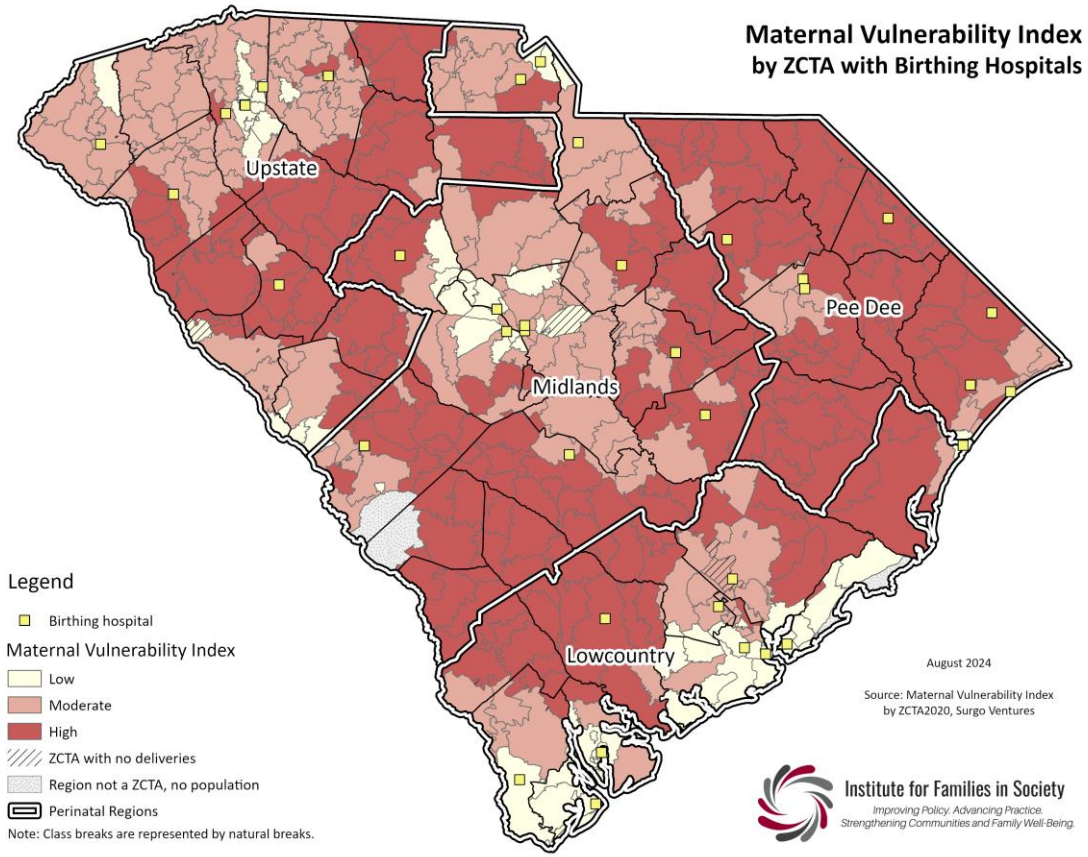


THE CURRENT STATE OF MATERNAL HEALTH IN SOUTH CAROLINA SNAPSHOT

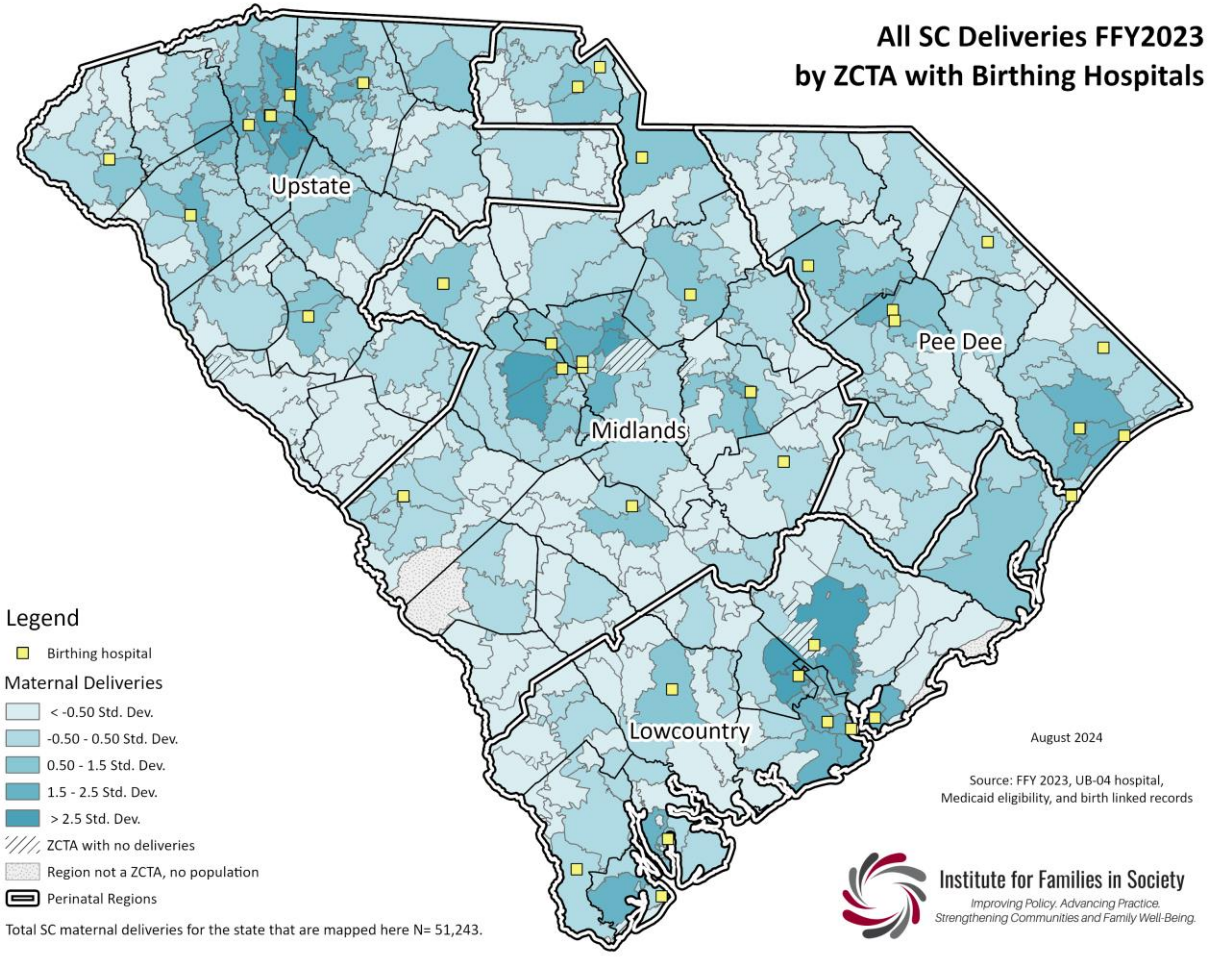
It will take our power in partnership to effectively change the system of care.

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.



DELIVERIES ACROSS COMMUNITIES IN SOUTH CAROLINA



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.

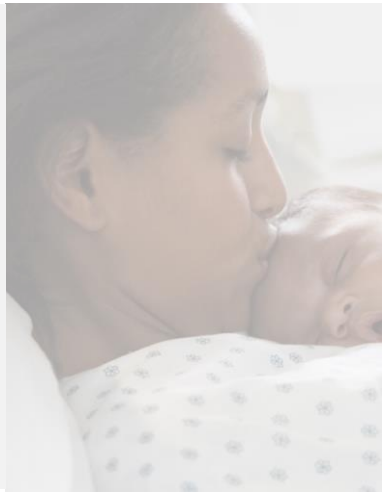
Medicaid paid **71%** of rural deliveries (vs. 61% statewide).

18% had a perinatal mental health diagnosis.

DELIVERY CHARACTERISTICS
(FFY 2023)

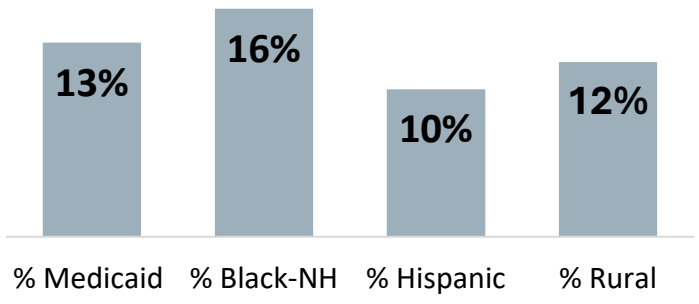
SC QUICK FACTS

- 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.

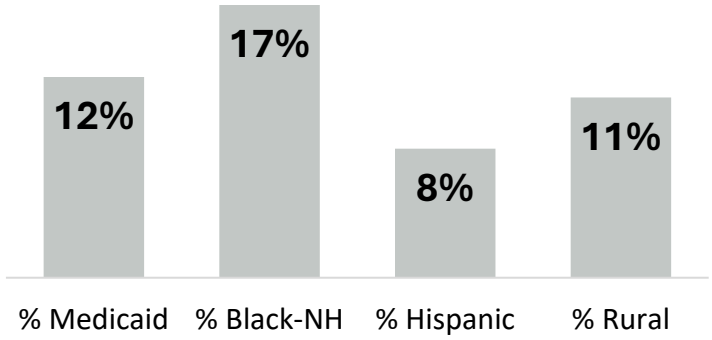


~37% High School/ GED or less

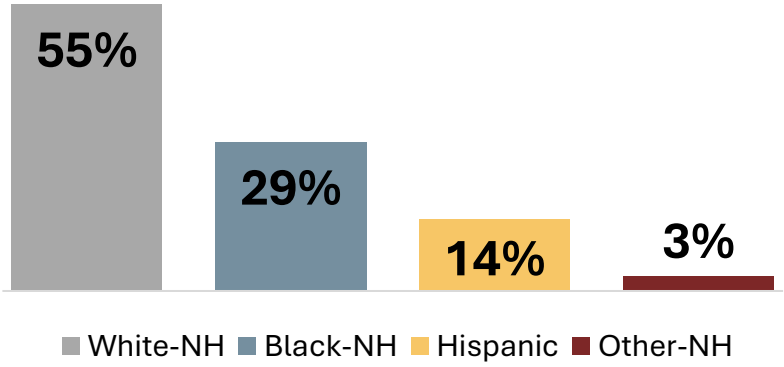
Premature Delivery Disparities



Low Birthweight Delivery Disparities



Race/Ethnicity



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

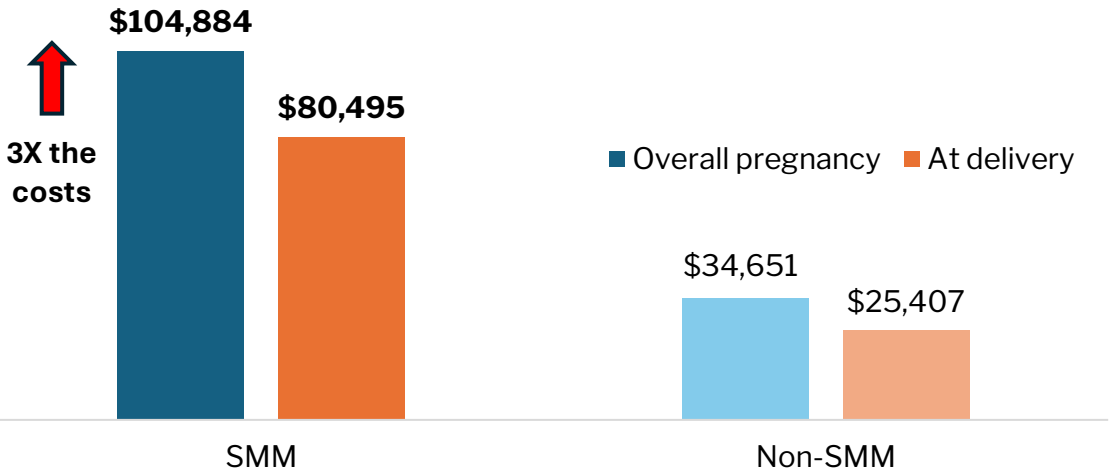
SMM OUTCOMES

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)

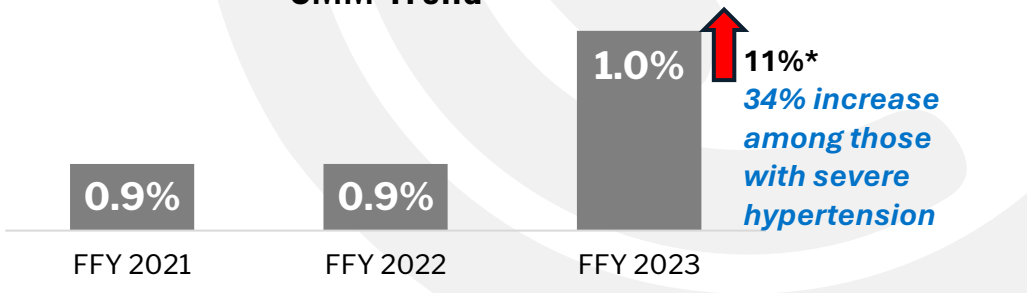
Mean Charges



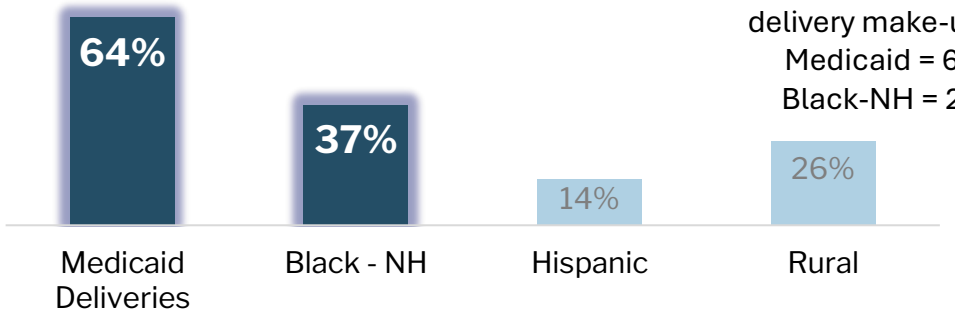
In a 2023 study, SC ranked 6th in the nation for SMM among individuals with Medicaid insurance.

(Admon et al.)

SMM Trend



SMM Delivery Disparities



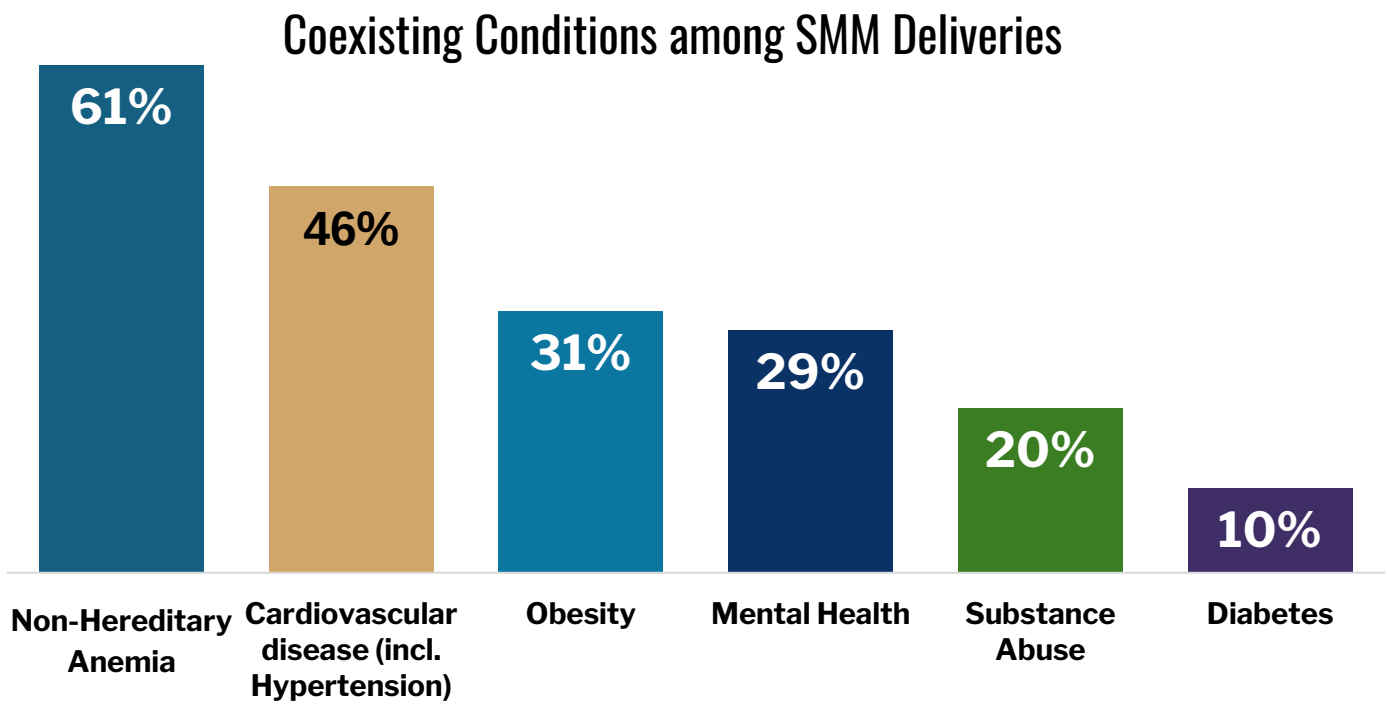
Rates are **higher** than the delivery make-up for:
Medicaid = 61%
Black-NH = 29%

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)



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.**

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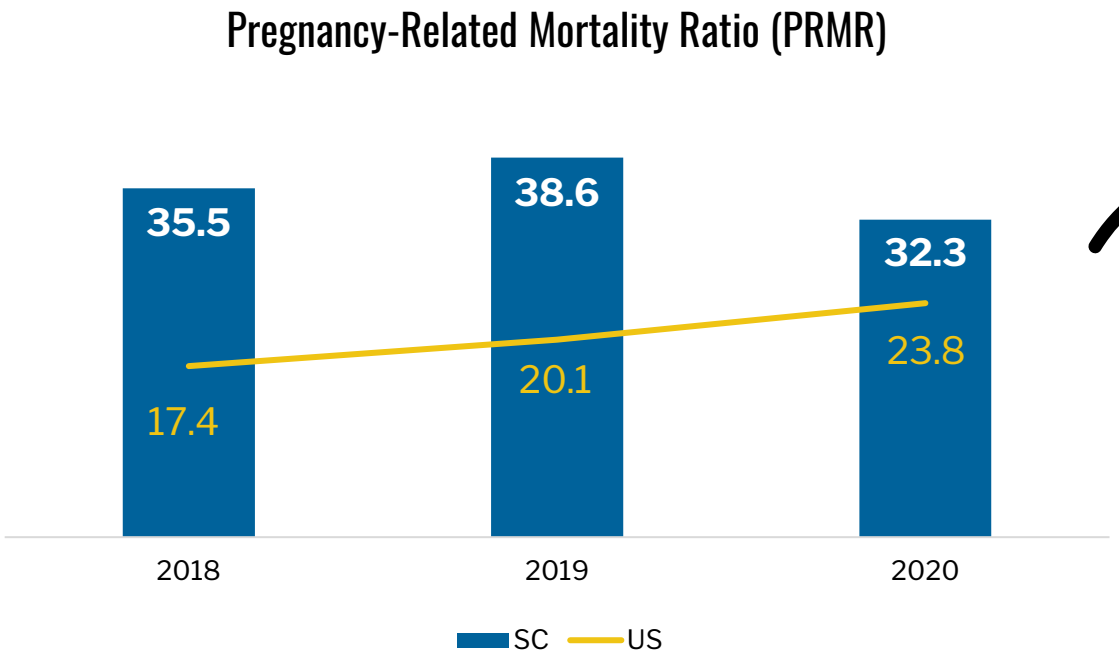
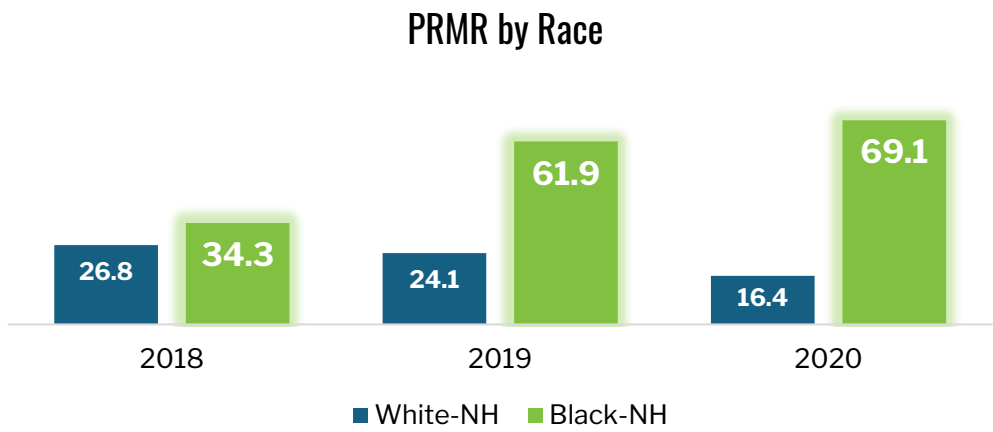
SC MATERNAL MORBIDITY AND MORTALITY REVIEW COMMITTEE (SCMMRC)

DATA FROM CY 2018-2020

PREGNANCY-RELATED MORTALITY RATIO (PRMR)



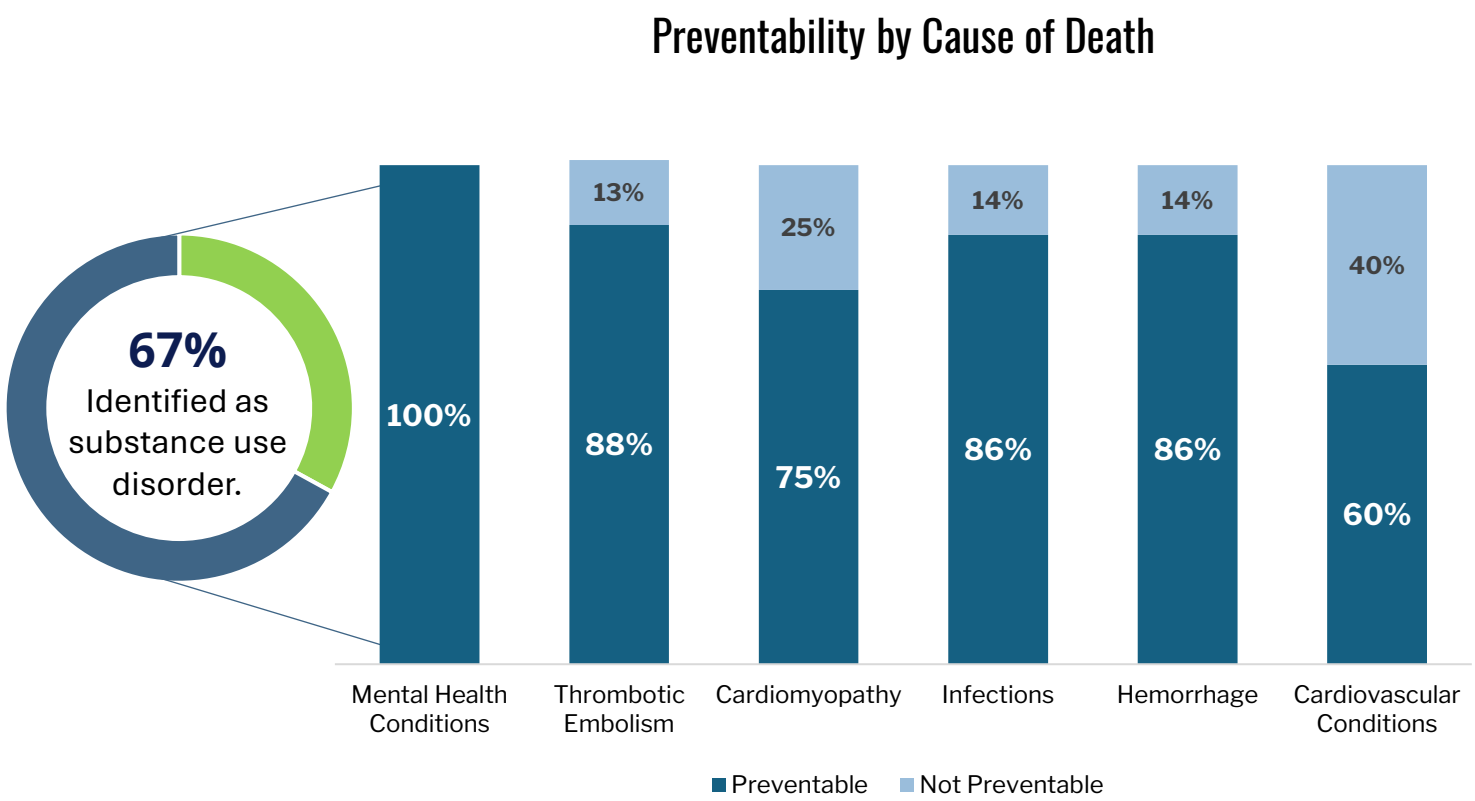


Pregnancy-related deaths, when compared to their White counterparts, were:

- **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
	•Mental Health Conditions •Hemorrhage •Infections	•Thrombotic Embolism •Cardiomyopathy •Hemorrhage

MATERNAL MORTALITY CAUSES



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?

Maternal Health Learning & Innovation Center™

STRATEGIC PLANNING VIA CO-DESIGN

- Over the past 9 months, many of you have been working with SCMHIC 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.**

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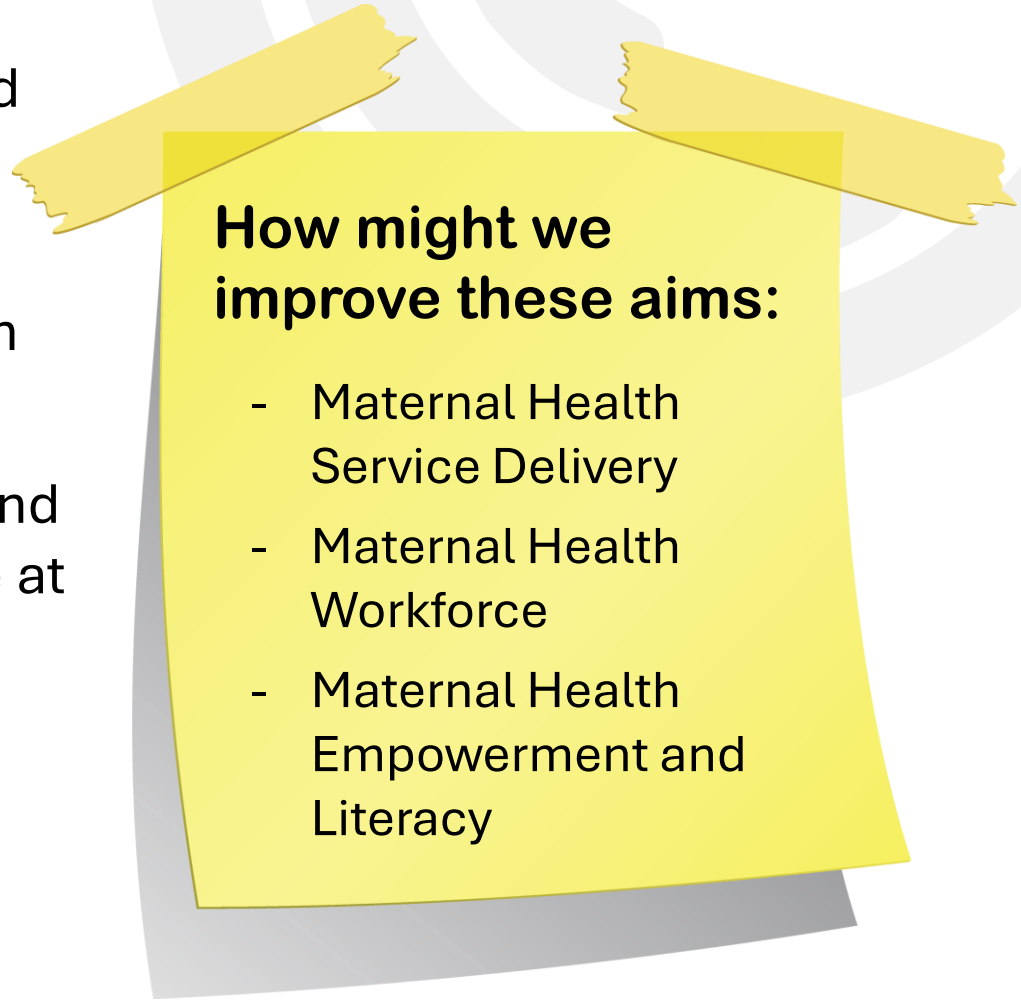
OUR ACTIVITY

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.



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

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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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https://unc.az1.qualtrics.com/jfe/form/SV_9MsJ7ehgK1lHHTg

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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