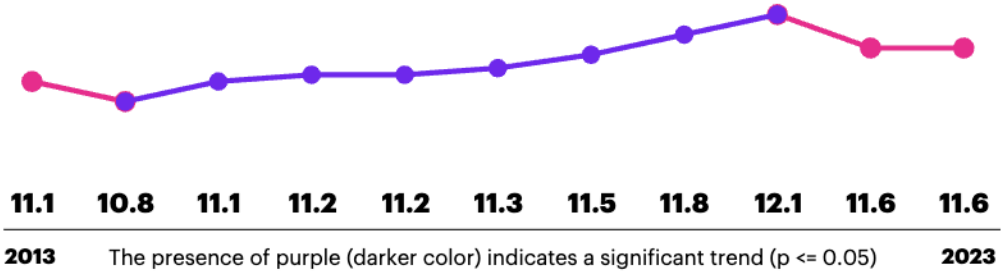
2024 MARCH OF DIMES REPORT CARD
SOUTH CAROLINA

The preterm birth rate in South Carolina was 11.6% in 2023, the same as the rate in 2022

PRETERM BIRTH GRADE **F**

US RATE	SC RATE	SC RANK
10.4	11.6	44

Percentage of live births born preterm

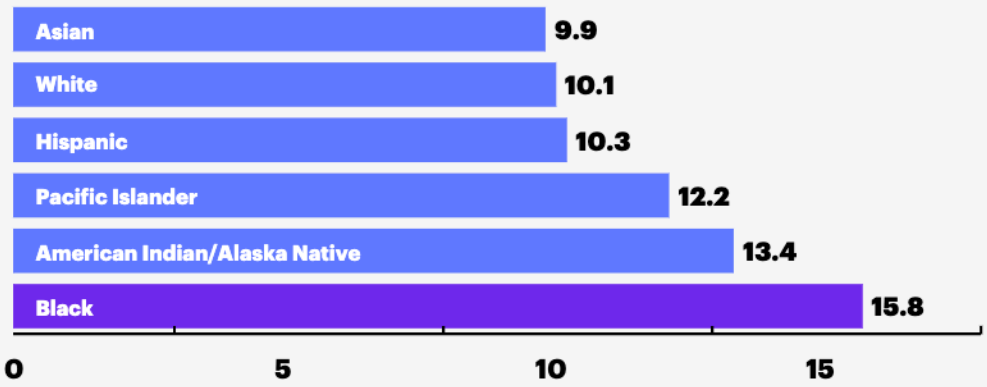


2013										2023
11.1	10.8	11.1	11.2	11.2	11.3	11.5	11.8	12.1	11.6	11.6

The presence of purple (darker color) indicates a significant trend (p <= 0.05)

The preterm birth rate among babies born to Black birthing people is 1.4x higher than the rate among all other babies

Preterm birth rate by race/ethnicity, 2021-2023



DISPARITY RATIO **1.22**

This data is intended to highlight disparities in outcomes related to race/ethnicity and should serve as a starting point for discussions about addressing systemic racism and inequality.

Note: The disparity ratio is a summary measure of the gap between the racial/ethnic group with the lowest rate of preterm birth compared to all others. A value closer to 1 is most desirable, with 1 indicating no disparity. The United States preterm birth disparity ratio is 1.29.

Chronic health conditions make people more likely to have a preterm birth

The tiles display the 2023 preterm birth rate for babies born to birthing people with each chronic condition (in blue) and percentage of all births exposed to each condition (in parentheses).

15.8% **Smoking** (4.3% of all births)

26.4% **Hypertension** (5.0% of all births)

14.2% **Unhealthy weight** (38.4% of all births)

32.5% **Diabetes** (1.5% of all births)

Note: More than one condition can occur at the same time. All conditions occur prior to pregnancy. US preterm birth rates for birthing people with each condition are as follows: smoking: 15.5%; hypertension: 23.3%; unhealthy weight: 12.3%; and diabetes: 28.8%.

Source: National Center for Health Statistics, Natality data, 2013-2023.

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SOUTH CAROLINA

The infant mortality rate decreased in the last decade; In 2022, 391 babies died before their first birthday

INFANT MORTALITY RATE

6.8

US RATE

5.6

SC RANK

40

Rate per 1,000 live births

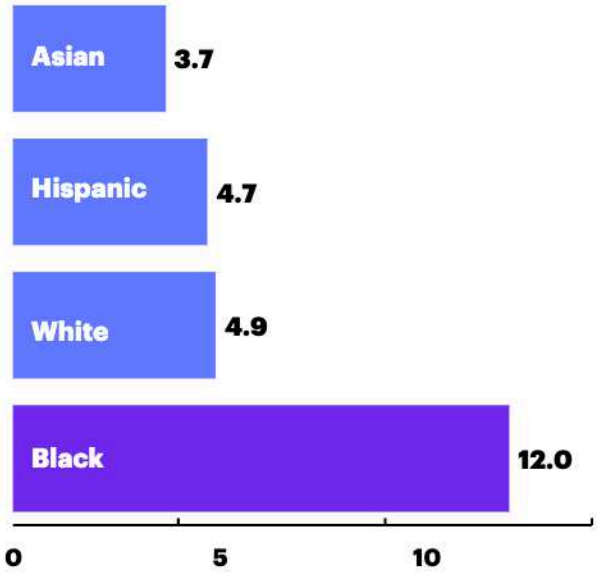
2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
7.5	6.9	6.4	6.9	7.0	6.5	7.1	6.9	6.6	7.3	6.8

The presence of purple (darker color) indicates a significant trend (p <= 0.05)

The infant mortality rate among babies born to Black birthing people is 1.8x the state rate

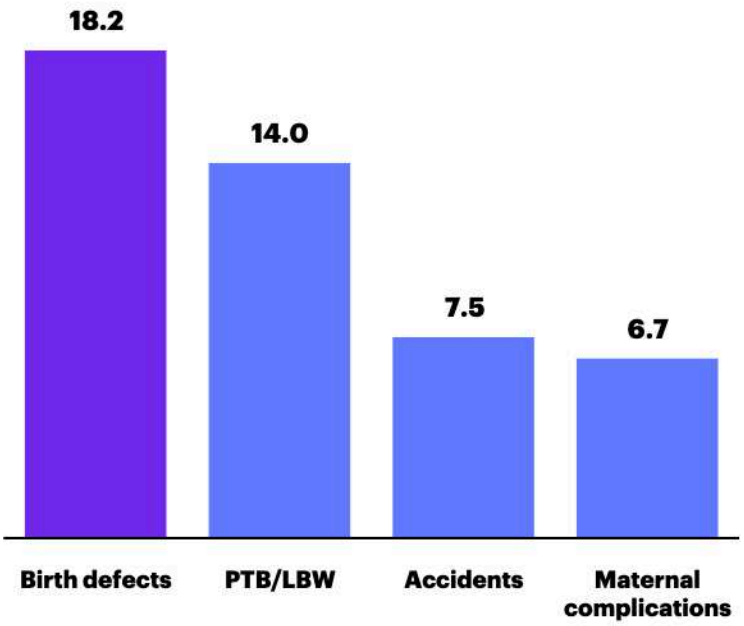
Infant mortality rate

Rate per 1,000 live births by maternal race/ethnicity, 2020-2022



Leading causes of infant death

Percent of total deaths by underlying cause, 2020-2022



Notes: PI = Pacific Islander; AIAN = American Indian/Alaska Native; PTB/LBW = preterm birth and low birth weight; SIDS = sudden infant death syndrome. Other causes account for 53.6% of infant deaths.

Source: National Center for Health Statistics, Period Linked Birth/Infant Death data, 2012-2022.

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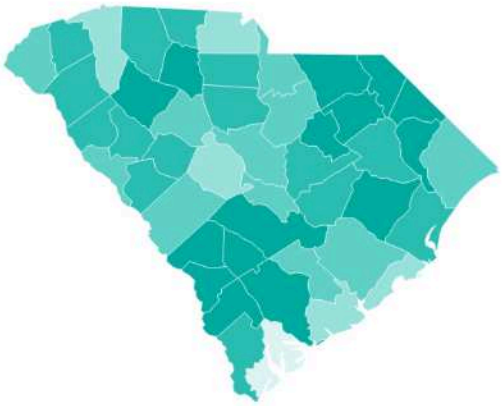
SOUTH CAROLINA

Maternal Vulnerability Index by county



Very Low | Low | Moderate | High | Very High

The Maternal Vulnerability Index is used to understand where and why birthing people may be more likely to have poor health outcomes

Birthing people in South Carolina are most vulnerable to poor outcomes due to the following factors:

Physical health

Socioeconomic determinants

Source: Surgo Health, Maternal Vulnerability Index (MVI), 2024. https://mvi.surgoventures.org/

Exposure to extreme heat or air pollution can increase the risk of poor maternal and infant health outcomes, including preterm birth

Community and individual risk mitigation efforts can help reduce the risk of exposure to extreme heat and poor air quality.

Birthing people can check their local heat risk and air quality at: http://www.cdc.gov/heatrisk

32
DAYS

EXTREME HEAT

This shows the average number of days in the year that birthing people were at risk for exposure to extreme heat.

1
DAY

POOR AIR QUALITY

This shows the average number of days in the year that birthing people were at risk for exposure to poor air quality.

Source: Centers for Disease Control and Prevention National Environmental Public Health Tracking Network, Historical Temperature and Heat Index, 2023; Environmental Protection Agency, Air Quality Statistics by County, 2023. See technical notes for more details.

The measures below are important indicators for how South Carolina is supporting the health of birthing people

32.3
PER 100,000 BIRTHS

23.2

MATERNAL MORTALITY

This shows the death rate of birthing people from complications of pregnancy or childbirth that occur during the pregnancy or within 6 weeks after the pregnancy ends.

25.2
PERCENT

26.6

LOW-RISK CESAREAN BIRTH

This shows Cesarean births for first-time moms, carrying a single baby, positioned head-first, and at least 37 weeks pregnant.

16.1
PERCENT

15.7

INADEQUATE PRENATAL CARE

Percentage of birthing people who initiated care in the fifth month or later or less than 50% of the appropriate number of visits for the infant's gestational age.

Source: National Center for Health Statistics, Mortality data, 2018-2022. National Center for Health Statistics, Natality data, 2023.

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SOUTH CAROLINA

Adoption of the following policies and sufficient funding in South Carolina is critical to improve and sustain maternal and infant healthcare

MIDWIFE POLICY

State has adopted 1 of 4 supportive midwifery policies.

State has adopted policies that support the growth and sustainability of the midwifery workforce.

- ✗ **INDEPENDENT PRACTICE**
- ✓ **PAY PARITY**
- ✗ **PRESCRIPTIVE AUTHORITY**
- ✗ **LICENSURE FOR CERTIFIED MIDWIVES**

MEDICAID EXTENSION

State has extended coverage for women to one year postpartum.

MEDICAID EXPANSION

State has adopted this policy, which allows greater access to preventative care.

MENTAL HEALTH

State Medicaid program requires and reimburses for postpartum mental health screening at well-child visits.

DOULA REIMBURSEMENT

State Medicaid agency is actively reimbursing doula care.

PAID FAMILY LEAVE

State has required employers to provide a paid option while out on parental leave.

COMMITMENT TO PREVENTION

State has a CDC funded maternal mortality review committee and reviews fetal and infant deaths.

Legend

- ✓ State has the indicated funding/policy
- ✓+ State reimburses up to $1,500
- ✗ State does not have the indicated policy/funding

This table is a summary of report card measures.

Refer to each individual section for more info on each measure.

	Preterm birth	Preterm disparity ratio	Infant mortality	Maternal mortality	Low-risk Cesarean	Adequate PNC
Measure	11.6%	1.22	6.8 deaths per 10K births	32.3 deaths per 100K births	25.2%	79.5%
Rank	44th of 52	14th of 47	40th of 52	32nd of 40	23rd of 52	18th of 52
Direction from prior year	No change	Improved	Improved	Improved	Worsened	Improved
HP2030 Target	9.4%	1.00	5.0 deaths per 10k births	15.7 deaths per 100K births	23.6%	80.5%

Note: All policies were assessed on October 15, 2024. Adequate PNC measure differs from inadequate PNC. Adequate is presented here to align with Healthy People 2030 target. Ranks are determined for all states with available data with 1 being the best.

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