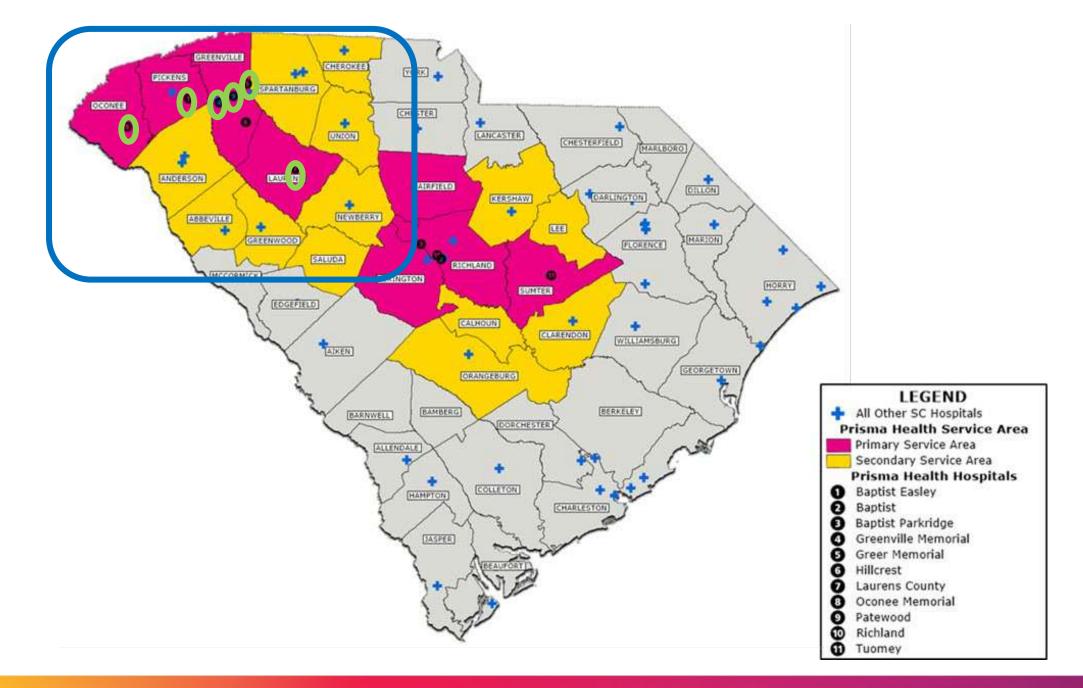
Maternity Services in Rural South Carolina: An In Vivo Case Study

Kacey Eichelberger MD

Professor and Chair, Department of Obstetrics and Gynecology

University of South Carolina School of Medicine Greenville, Prisma Health Upstate





Three big reasons ObGyns are in the Headlines these days ...



Rural Hospitals Are Shuttering Their Maternity Units

Citing costs, many hospitals are closing labor and delivery wards, expanding so-called maternity care deserts.

Rural hospitals are closing maternity wards. People are seeking options to give birth closer to home

AP News, Sept 17, 2023

New York Times, Feb 26, 2023

Driving 100 miles in labor; giving birth in the ER: Fears rise as 3 maternity units prepare to close in Alabama

NBC News, Oct 15, 2023

Minnesota Now with Cathy Wurzer

Two rural Minnesota labor wards are on the brink of closure

Cathy Wurzer and Ellen Finn January 30, 2024 3:17 PM

As hospitals close labor wards, large stretches of California are without maternity care

BY KRISTEN HWANG, ANA B. IBARRA AND ERICA YEE PUBLISHED NOVEMBER 15, 2023

News & Analysis

Medical News & Perspectives

More Than Half of US Rural Hospitals No Longer Offer Birthing Services– Here's Why

Samantha Anderer

ore than 200 hospitals in rural areas of the US have closed up shop on labor and delivery services over the past 10 years, according to a recent report. The result: more than half of

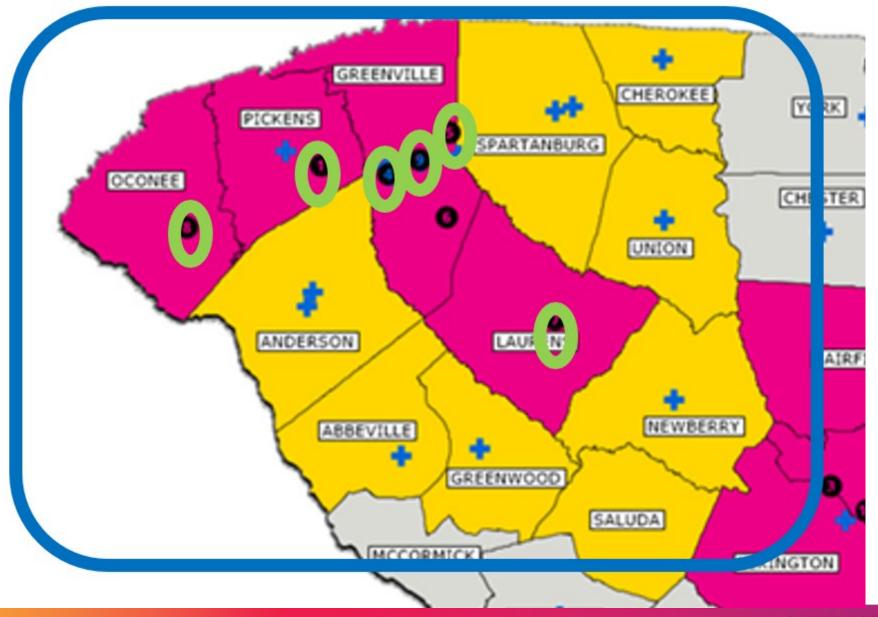
+ Medical News website

rural hospitals no longer offer birthing services. And as

hospital expenses increase, patients in rural areas may face even greater difficulties accessing maternity care, leading some experts to declare a state of crisis.

"The data that we have shows that there are more and more hospitals closing rural maternity care units every year," said Harold Miller, president and chief executive officer of the Center for Healthcare Quality and Payment Reform



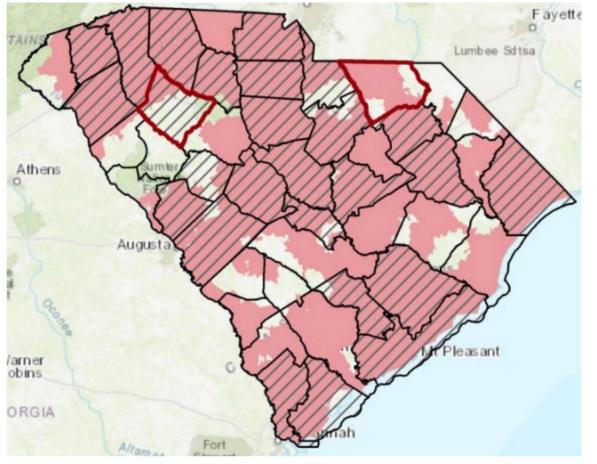


The Case Study.



PRISMA HEALTH_M

What exactly defines a rural county?

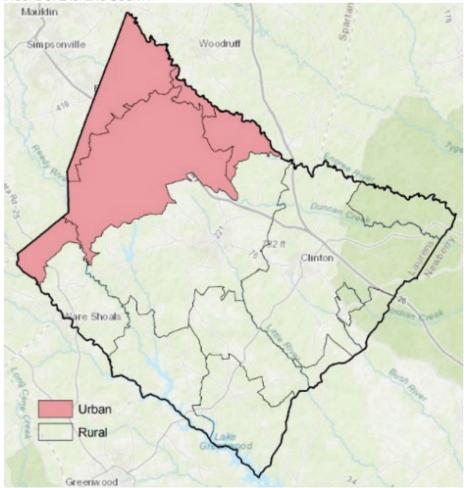


- Pink areas = URBAN by the Zip Code Tabulated Areas methodology ("ZCTA"), Rural-Urban Commuting Area Code ("RUCA")
- Hatched areas =URBAN by the Rural-Urban Continuum Code ("RUCC;" USDA)

Ranaud S, Bennett, K. https://sc.edu/study/colleges_schools/medicine/documents/rural_definitions_whitepaper_final.pdf

What exactly defines a rural county?

FIGURE 3. LAURENS COUNTY



"Laurens County - an outlying county in the northwest area of the state - is designated metropolitan according to the RUCC, UIC, and CBSAs (based on population and percent commuting to the larger counties of Greenville, Anderson, and Maudlin). However, as shown in Figure 3, the majority of the ZCTAs are rural. Laurens county is not eligible for many rural funding opportunities based strictly on their county urban status."



Situation, Background



Designated

Center +

Maternity

- LCMH has a 5 bed Labor and Delivery unit
- Delivered 54.2 babies per bed in FY22
- Two independent providers stopped offering Ob services
- Carolina Women's then the sole ObGyn practice delivering at the facility
- LCMH has been awarded a Newsweek/Leapfrog Best Maternity Hospital designation, driven in large part by their low primary cesarean delivery rate.



Situation, Background



- 4 person CWC group dropped to 3, then 2, then 1
- Prisma's Dept of ObGyn provided
 - 42.5 full days of clinic coverage
 - 45 full days of on-site hospital coverage
- In May 2023, Prisma stopped providing acute care ObGyn services at LCMH.



Assessment

	Contributing Factors
Providers	 Retirement of providers committed to lower volume rural practices.
	2. Undesirable call frequency
	3. Undesirable lower work volume
In-county deliveries	Patient/consumer choice**
Quality indices	
Investment in service	Reimbursement models unsustainable
Broader ethical considerations	Scarcity of resources; resource allocation

Recommendations

Contributing Factors	Recommendations
Providers	 Commitment to maintain high quality, ready access ambulatory clinic Highly coordinated transfer systems Cross-training EM, FM, Gen Surg colleagues Alternative compensation models
Patient/consumer choice**	Leaders leading**
Reimbursement models	Paradigm shift – reimbursement for days open
Scarcity of resources; resource allocation	Upstream workforce development** Rural health tracks in GME programming



South Carolina Maternal Morbidity and Mortality Review Committee



2024 LEGISLATIVE BRIEF

South Carolina Maternal Morbidity and Mortality Review Committee (SCMMMRC) reviews all maternal deaths that occur during pregnancy and up to 365 days following the end of the pregnancy regardless of the cause of death. Each death is reviewed using a standardized approach that includes investigating underlying causes of death, pregnancy-relatedness, preventability, circumstances and contributing factors surrounding the death.

Goals

Determine the annual number of pregnancy-associated deaths that are pregnancy-related.

A Identify trends and risk factors among preventable pregnancyrelated deaths in SC.

Develop actionable recommendations for prevention and intervention.

> PRISMA HEALTH M https://scdhec.gov/sites/default/files/Library/CR-013357.pdf

South Carolina Maternal Mor and Mortality Review Commi

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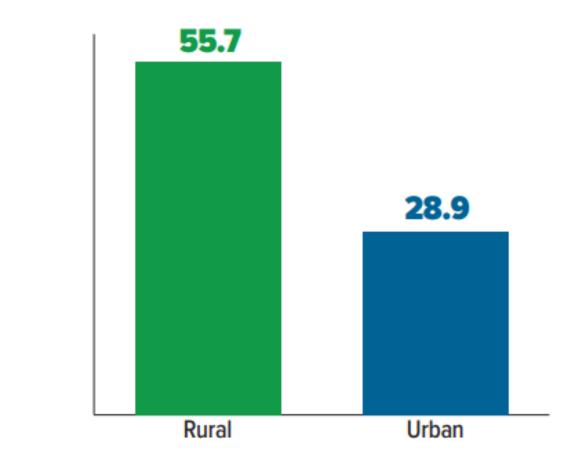
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Pregnancy-Related Mortality Rate, by Rurality

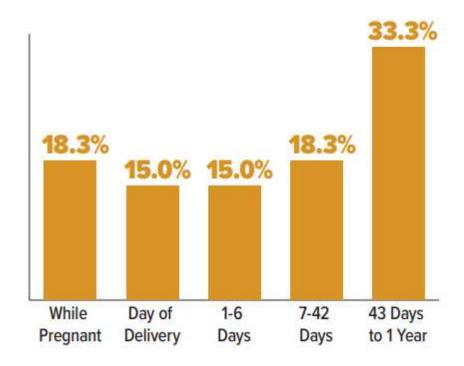
Rate per 100,000 live births; 2018-2021



https://scdhec.gov/sites/default/files/Library/CR-013357.pdf

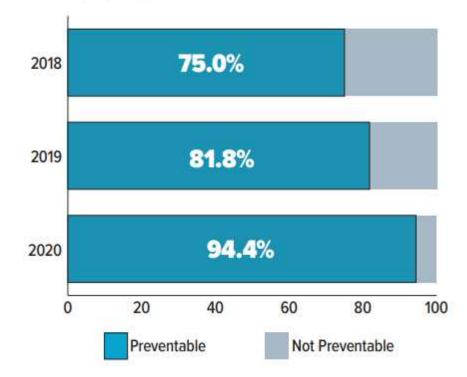
Timing of Pregnancy-Related Deaths

Percent of pregnancy-related deaths; 2018-2020



Preventability of Pregnancy-Related Deaths

Percent of pregnancy-related deaths; 2018-2020



Current State

- APP led ambulatory clinic model (5 days/week) 3 providers (One APP just accepted to one-year MFM fellowship)
- Support from SCCRPH retention stipend grants
- MFM providing all imaging services
- Deliveries and surgeries at Patewood and Greenville Memorial

Thank you! Other suggestions?

Kacey.Eichelberger@prismahealth.org

