



South Carolina Institute of  
Medicine & Public Health



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# Improving Maternal and Infant Health: Increasing Access to Care in Rural South Carolina

# Executive Summary

In 2022, 2023, and 2024, South Carolina earned a grade of F from the March of Dimes for its preterm birth rate.<sup>1</sup> The state also fares poorly on maternal health measures, ranking among the five states with the highest maternal vulnerability rates in the country and ranking 8th in maternal mortality, with statistics worsening in recent years.<sup>2</sup> According to the South Carolina Maternal Morbidity and Mortality Review Committee's 2025 Legislative Report, in 2021 "the SC Pregnancy-Related Mortality Rate (PRMR) was 47.2 Pregnancy-Related deaths per 100,000 live births, a 46.2% increase from 32.3 in 2020."<sup>3, a</sup> **Nearly 90% (88.9%) of those deaths were found to be preventable.**<sup>4</sup>

Poor maternal and infant health outcomes in South Carolina are not only dangerous for moms and babies, they are also costly for the state. In 2023 the estimated average hospital charge for deliveries involving severe maternal morbidity (SMM) was \$109,240 compared to \$35,309 for non-SMM deliveries.<sup>5, b, c</sup>

Based on a Commonwealth Fund financial analysis of maternal morbidity's impact on national costs, South Carolina economists projected estimated costs for South Carolina in 2019 as follows:

- Direct Medical Costs: ~ **\$16 million**
- Decreased Workforce Productivity: ~ **\$106 million**
- Increased Reliance on Public Assistance: ~ **\$3.8 million**
- Increased Medicaid costs, reliance on emergency services, and increased medical needs of children: ~ **\$357 million**<sup>6, d</sup>

*According to a recent analysis conducted by the Institute for Families in Society (IFS) at the University of South Carolina, **13 labor and delivery units have closed in South Carolina since 2021. Of the remaining hospitals, one in four (25%) do not provide birthing services.** Over half of the counties across the state have been designated as a medically underserved area (MUA), with approximately **two in five (40%) counties having no or restricted access to maternity care.***<sup>e</sup>



<sup>a</sup> According to the South Carolina Maternal Morbidity and Mortality Review Committee's 2025 Legislative Report, "COVID-19 accounted for 13.8% of all pregnancy-related deaths from 2018-2021."

<sup>b</sup> Severe maternal morbidity is one or more unexpected outcomes of labor and delivery that result in significant short- or long-term consequences to a woman's health, according to the US Centers for Disease Control and Prevention.

<sup>c</sup> These calculations use medical charges data, a commonly utilized way to calculate health costs in the literature.

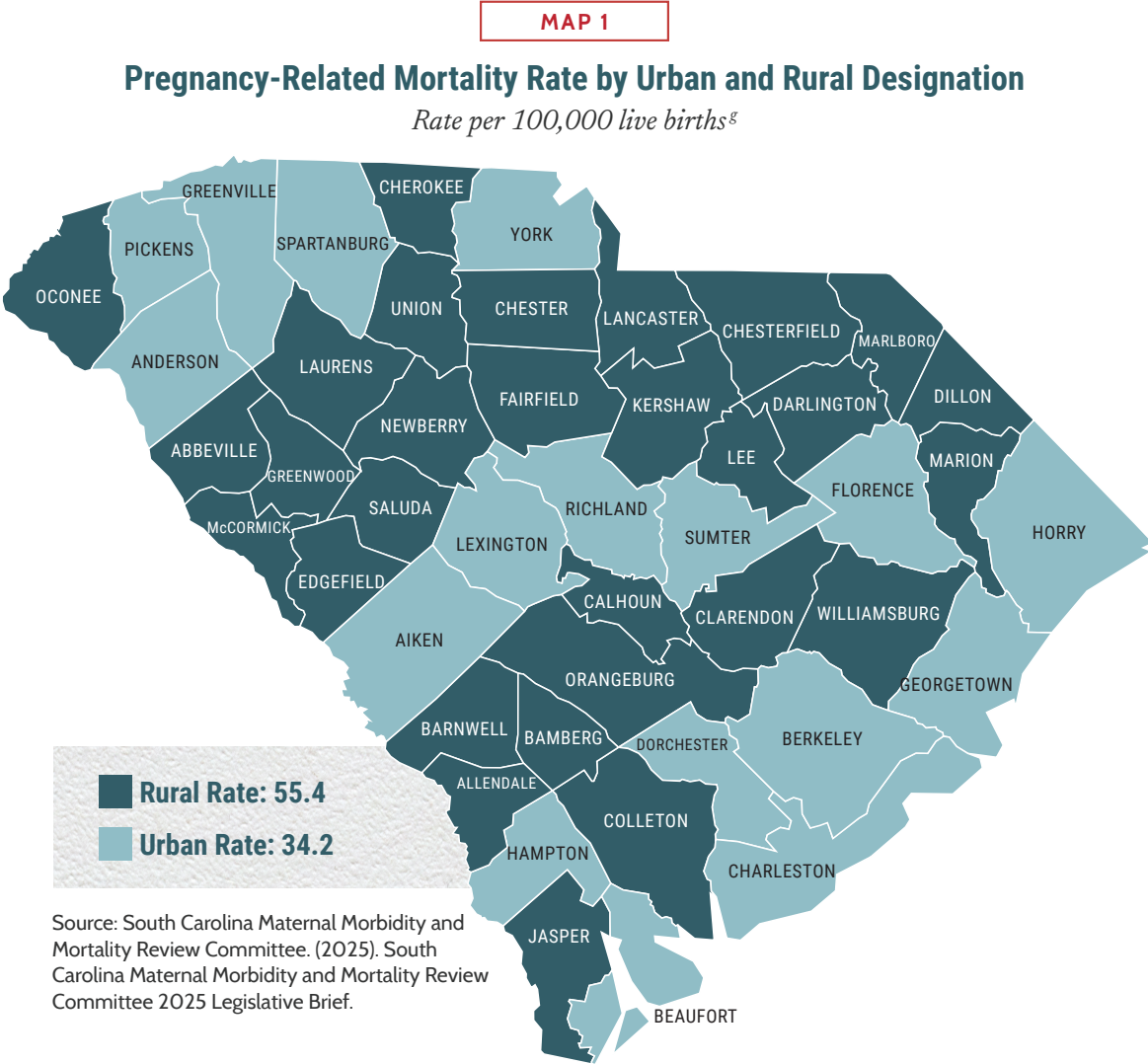
<sup>d</sup> Economists multiplied the national costs by 1.6, which is the share of South Carolina births as a share of births nationally in 2021.

<sup>e</sup> Presenter, S. Gareau, DrPH, MEd, MCHES (2025, January 13). South Carolina Maternal and Infant Health Data Snapshot. Verbal and PowerPoint Presentation. Presented at the South Carolina Institute of Medicine & Public Health 2025 Health Policy Summit.

The economic burden of adverse maternal health outcomes is also evident in workforce participation and productivity. Maternal health complications can lead to prolonged absences from work or complete withdrawal from the labor force.<sup>8</sup> The Joint Economic Committee of the US Senate estimated that productivity losses due to maternal morbidity amounted to \$6.6 billion nationally over a five-year period.<sup>9, e</sup>

One in five women received inadequate prenatal care in South Carolina in 2023; however, “national data indicates that every dollar invested in prenatal care saves \$3 to \$6 by preventing complications, underscoring the importance of early intervention.”<sup>10</sup>

Women in rural areas of the state often suffer poor health outcomes disproportionately to their urban counterparts. In 2021, women in rural South Carolina died at a rate of 55.4 per 100,000 live births compared to 34.2 in urban areas, according to the South Carolina Maternal Morbidity and Mortality Review Committee’s 2025 Legislative Brief.<sup>11, f</sup>



According to the South Carolina Maternal Morbidity and Mortality Review Committee’s 2025 Legislative Brief, the leading causes of pregnancy-related deaths include infections, mental health conditions/substance use disorders, embolism, cardiomyopathy, hemorrhage, and cardiovascular conditions.<sup>12</sup> Concurrently, the leading causes of infant death include birth defects, preterm birth/low birth weight, accidents, and maternal complications.<sup>13</sup>

<sup>e</sup> According to the National Institutes of Health, maternal morbidity is, “any short - or long-term health problems that result from being pregnant and giving birth.”  
<sup>f</sup> These rates are per 100,000 live births.  
<sup>g</sup> For more information about the data used to develop this map please see the original source: <https://www.scstatehouse.gov/reports/DeptofPublicHealth/SCMMRC%20Legislative%20Report%202025.pdf>

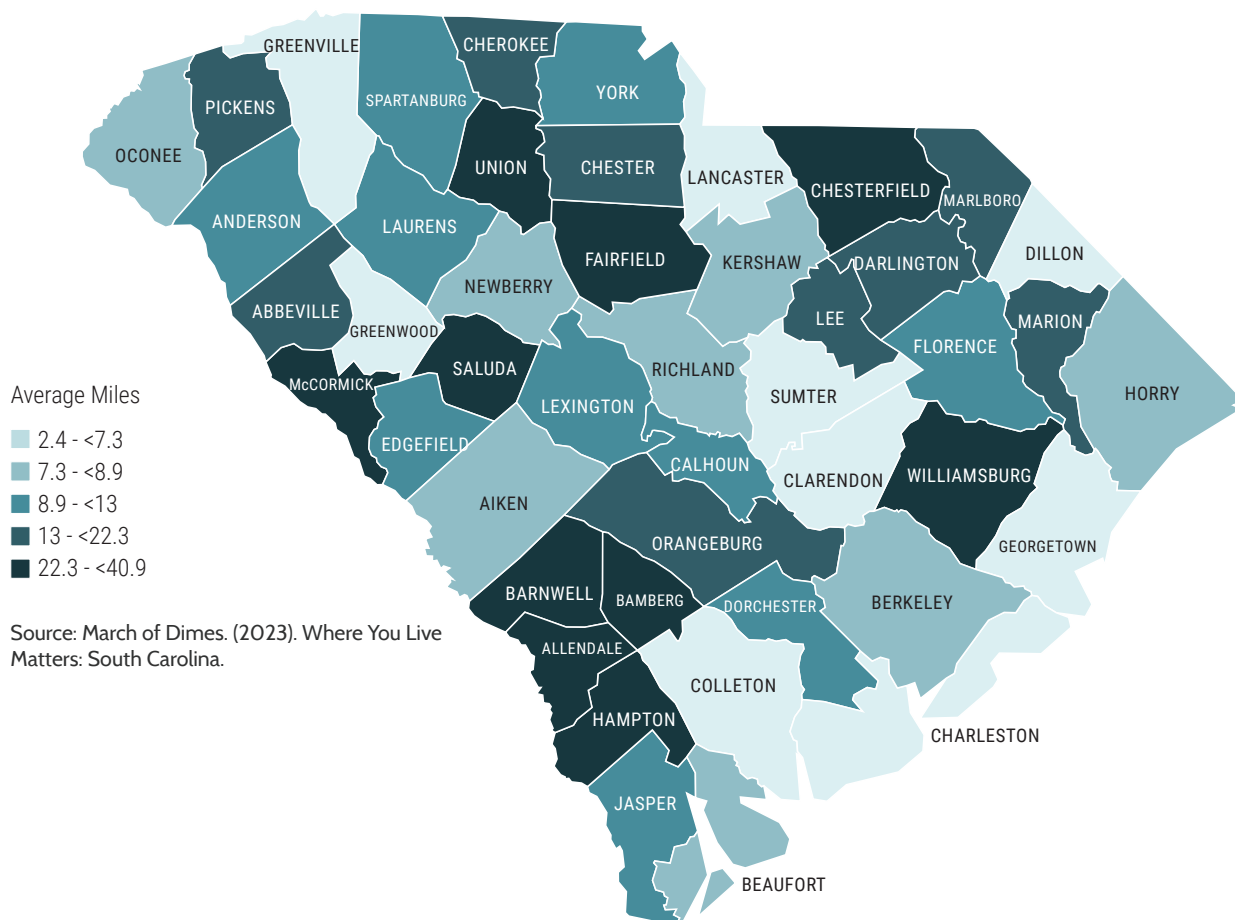


Nationally, by 2030, the “anticipated supply of OB/GYNs is expected to meet only about 50% of the demand in rural areas.”<sup>14</sup> The closure of rural hospitals and reduction of hospital-based obstetric care have been “associated with increases in pre-term births and distance traveled for obstetric care, which may contribute to poor maternal and adverse infant health outcomes.”<sup>15</sup> According to a 2023 report by the March of Dimes,

“[South Carolina women traveled] **9.7 miles and 15.9 minutes**, on average, to reach the closest “birthing hospital”.<sup>h</sup> Those living in counties with the highest travel times (top 20%) could travel up to 40.9 miles and 50.1 minutes, on average, to reach their nearest birthing hospital. Overall, 8.7% of women in South Carolina have no birthing hospital within 30 minutes of where they reside. In rural areas, 100% of women live more than 30 minutes from a birthing hospital, compared to 8.5% of women living in urban areas. Women living in counties without hospitals or birth centers offering obstetric care and no obstetric providers **traveled 2.1 times farther** than women living in areas with full access to maternity care in South Carolina.”<sup>16</sup>

MAP 2

### Distance to Birthing Hospital by County in South Carolina<sup>i</sup>



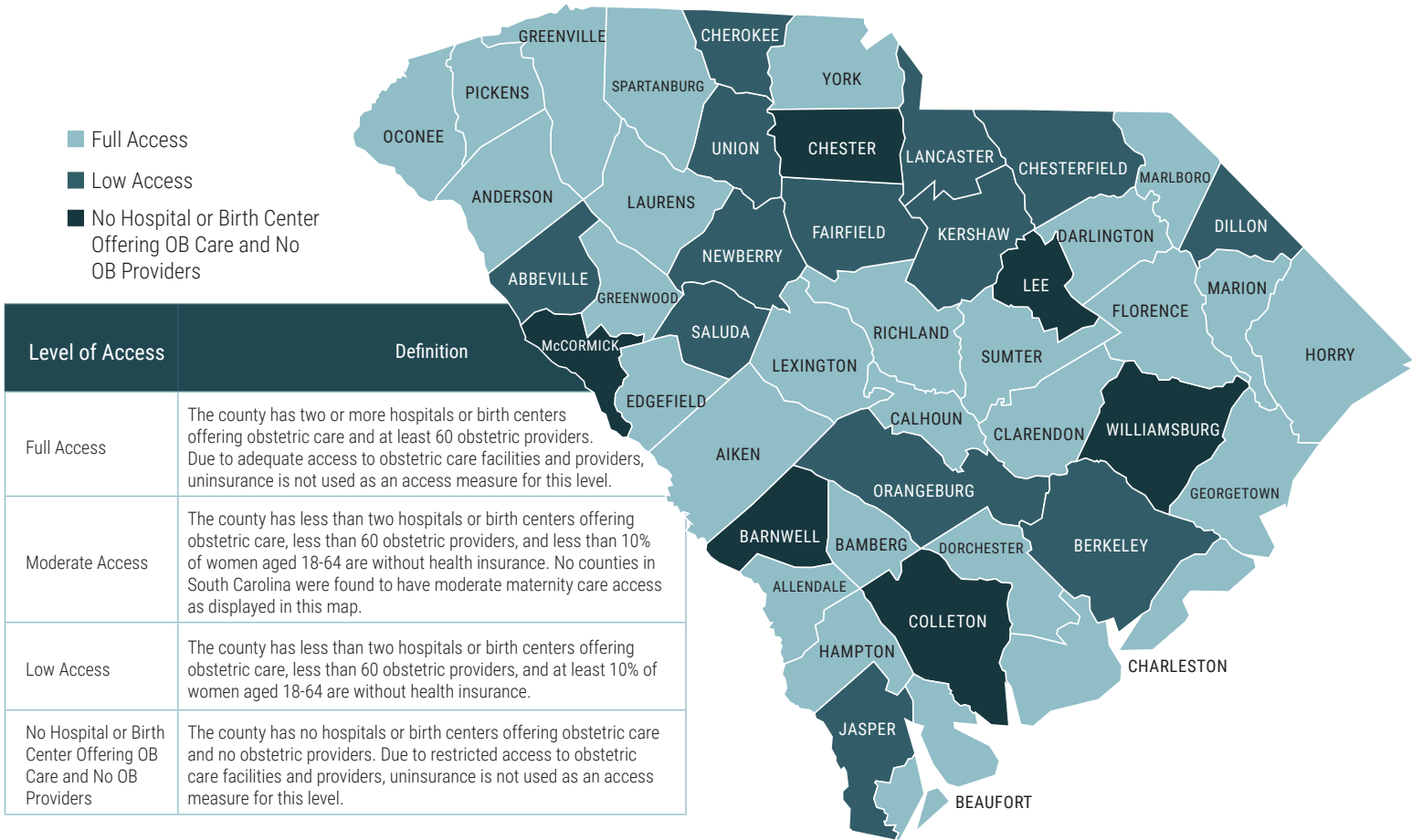
<sup>h</sup> This average includes women in urban areas of the state.

<sup>i</sup> For more information about the data used to develop this map please see the original source: <https://www.marchofdimes.org/peristats/assets/s3/reports/mcd/Maternity-Care-Report-SouthCarolina.pdf>

The reasons for poor maternal and infant health outcomes, which are exacerbated in rural areas of the state, are varied. These include the health of the mother at the time of pregnancy, the distance to and quality of mental and physical care, and access to transportation, healthy food, education, and other services. Additional factors such as maternal and infant provider maldistribution, the closure of labor and delivery units and hospitals, transportation challenges, lack of insurance coverage or low provider reimbursement rates, lower household incomes, inadequate care coordination, and limited education and health literacy can negatively impact maternal and infant health outcomes.<sup>17</sup>

MAP 3

Maternity Care Access by South Carolina County<sup>1</sup>



Source: March of Dimes. (2024). Where You Live Matters: South Carolina.

In recognition of these factors, IMPH convened this taskforce composed of subject matter experts from a range of industries, including community organizations, state agency leadership, data experts, moms from rural areas of the state, medical practitioners, and stakeholders from other fields. Taskforce members engaged in shared learning, data reviews, brainstorming, and innovative collaboration. In examining the most significant access barriers to improving outcomes for moms and babies in rural areas of South Carolina, the resulting recommendations fall into four categories: care delivery, workforce, training and education, and nonmedical drivers of health.

Taskforce members developed 12 recommendations aimed at improving access to maternal and infant health care in rural South Carolina by addressing the contributing factors to poor maternal and infant health outcomes related to access to care. Each recommendation includes context describing the need for the recommendation, action steps, and a timeline detailing how to implement the recommendation. Below, we have included a brief snapshot of each recommendation. Scan the QR code to read the full report, or navigate to the report here: <https://imph.org/wp-content/uploads/Maternal-and-Infant-Health-Report-2025.pdf>.



<sup>1</sup> For more information about the data used to develop this map please see the original source: <https://www.marchofdimes.org/peristats/assets/s3/reports/mcd/Maternity-Care-Report-SouthCarolina.pdf>





#### RECOMMENDATION:

### *Care Delivery #1*

Ensure all women in South Carolina's rural communities have access to affordable and convenient prenatal and postpartum care by 1) providing mobile care to moms and infants in rural South Carolina, 2) leveraging advances in telehealth through mass adoption of remote monitoring equipment, and 3) expanding and supporting successful group prenatal education and care models.

The primary goal of Recommendation CD1 is to ensure that all women have access to prenatal and postpartum care within 30 miles of their home or place of work. The taskforce extensively discussed the need for women to be more geographically proximate to their care.

#### RECOMMENDATION:

### *Care Delivery #2*

Establish state-sanctioned and funded maternal care facilities to provide access to birthing services within 60 miles of each pregnant woman's home or workplace. Along with existing health care services, fully develop a hub-and-spoke model to better connect rural community-based prenatal, postpartum, and infant providers with hospital-based providers.

#### RECOMMENDATION:

### *Care Delivery #3*

Encourage medical providers who traditionally take care of infants (pediatricians, family medicine physicians, etc.) to participate in a pilot program to evaluate the health outcomes and cost savings associated with educating and screening postpartum moms for health conditions. Explore billing for dyadic services to better address the health needs of moms and babies.

#### RECOMMENDATION:

### *Care Delivery #4*

The South Carolina Department of Public Health will explore the demand for and ability of local health departments to offer physical space for a partner medical entity to offer prenatal services, prioritizing high-need counties.



**RECOMMENDATION:**

## *Workforce #1*

Expand and empower essential members of the prenatal and postpartum workforce who provide care to moms and infants in rural areas of South Carolina and promote more team-based care. This includes adequate pay, ensuring rural providers are paid equally to their urban counterparts, and subsidizing malpractice insurance for rural providers.

**RECOMMENDATION:**

## *Workforce #2*

Utilize a framework similar to the Center for Community Health Alignment model to establish a similar organization and governance board for community doulas and peer support specialists.

**RECOMMENDATION:**

## *Workforce #3*

To increase the accuracy and availability of workforce data on maternal care providers in rural areas of the state, the South Carolina Revenue and Fiscal Affairs Office will work with the South Carolina Board of Nursing and the South Carolina Board of Medical Examiners to ask the following questions on licensure applications and renewals:

- Do you deliver babies as a routine part of your practice? (yes/no)
- Do you provide prenatal care as a routine part of your practice? (yes/no)

**RECOMMENDATION:**

## *Workforce #4*

Enhance collaborative care by removing financial barriers for Advanced Practice Registered Nurses (APRNs) supporting their full scope of practice.

**RECOMMENDATION:**

## *Training and Education #1*

Increase the support available to rural pregnant and postpartum women who are experiencing or have a history of substance use disorders, mental health issues, trauma, and/or intimate partner violence by implementing evidence-based or evidence-informed training like Mom's IMPACTT (IMProving Access to Maternal Mental Health and Substance Use Disorder Care Through Telemedicine and Tele-Mentoring) or Postpartum Support International (PSI), broadly within the prenatal and postpartum workforce.

**RECOMMENDATION:**

## *Training and Education #2*

Increase literacy of maternal and infant health among parents and families in rural areas of South Carolina to expand knowledge and awareness of resources available to meet prenatal, postpartum, and infant needs.

**RECOMMENDATION:**

## *Nonmedical Drivers of Health #1*

Implement transportation models that work for high-risk and high-need moms and babies and replicate them in rural areas across the state. Address transportation challenges that create barriers for rural prenatal and postpartum moms and their babies who need care, which may result in limited utilization of community-based referral networks and faith-based health organizations.

**RECOMMENDATION:**

## *Nonmedical Drivers of Health #2*

Leverage the South Carolina Roadmap initiative, "a collaborative effort to understand and address social drivers of health in South Carolina" to address the nonmedical needs of perinatal women and babies in rural areas.<sup>18</sup>



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The South Carolina Institute of Medicine & Public Health (IMPH) is a nonpartisan, nonprofit organization working to collectively inform policy to improve health and health care in South Carolina. In conducting its work, IMPH takes a comprehensive approach to advancing health issues through data analysis and translation and collaborative engagement. The work of IMPH is supported by a diverse array of public and private sources. The Improving Maternal and Infant Health: Increasing Access to Care in Rural South Carolina Taskforce and this report were supported by the BlueCross® BlueShield® of South Carolina Foundation, The Duke Endowment, Absolute Total Care, the Medical University of South Carolina, Prisma Health, Clemson University School of Health Research, the South Carolina Office of Rural Health, the University of South Carolina School of Medicine Greenville, and the South Carolina Area Health Education Consortium.

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