



South Carolina Institute of
Medicine & Public Health

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

APRIL 2025

In 2024, the South Carolina Institute of Medicine and Public Health (IMPH) convened a statewide taskforce to develop recommendations aimed at improving health outcomes for prenatal and postpartum moms and babies in rural South Carolina by improving access to care. This is what the taskforce uncovered:

Poor health outcomes for prenatal and postpartum mothers and babies in South Carolina are expensive.

In 2023 the estimated average hospital charge for deliveries involving severe maternal morbidity (SMM) in South Carolina was \$109,240 compared to \$35,309 for non-SMM deliveries.^{1, a, b}

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

- Direct Medical Costs: **~ \$16 million**
- Increased Medicaid costs, reliance on emergency services, and increased medical needs of children: **~ \$357 million**
- Decreased Workforce Productivity: **~ \$106 million**
- Increased Reliance on Public Assistance: **~ \$3.8 million^{2, 3, c}**

Improving maternal and infant health outcomes shows a significant return on investment. For example, "national data indicates that every dollar invested in prenatal care saves \$3 to \$6 by preventing complications, underscoring the importance of early intervention."⁴ One in five women received inadequate prenatal care in South Carolina in 2023.⁵

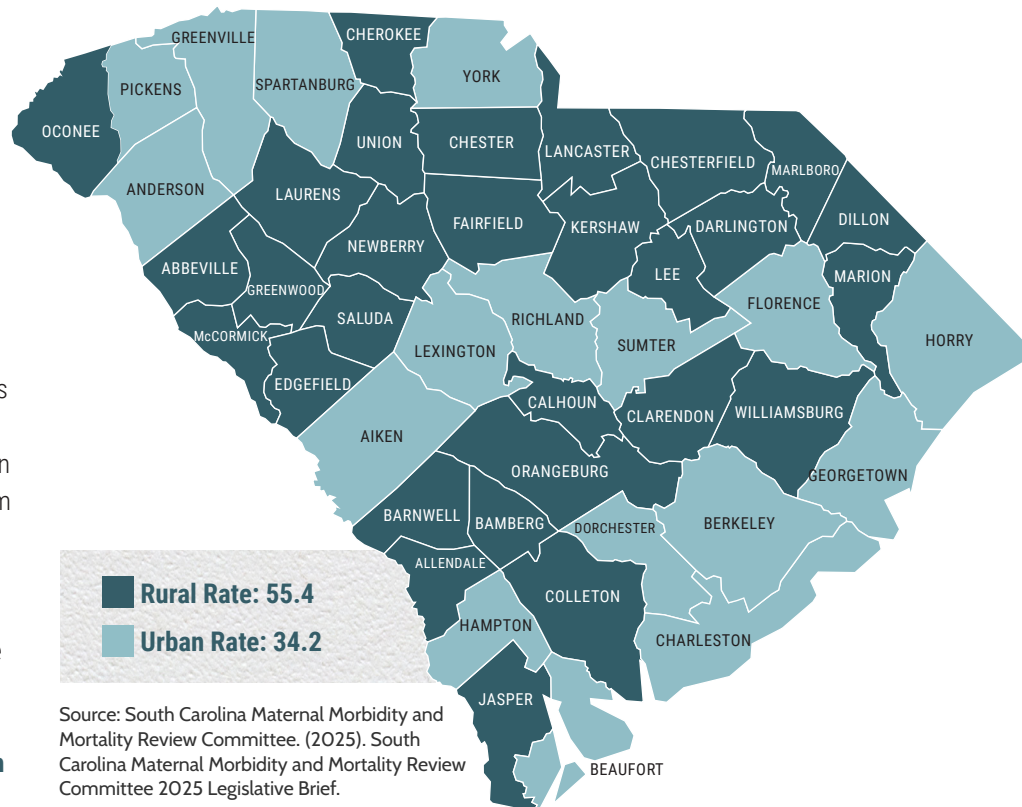
South Carolina has Opportunities for Improved Access to Care, Especially in Rural Areas

Since 2012, 13 labor and delivery units have closed in South Carolina, and one in four hospitals in the state do not provide obstetric care today.^{6, 7} In 2022, 2023, and 2024, South Carolina earned an F on its March of Dimes report card for its preterm birth rate.⁸ Additionally, South Carolina ranks among the five states with the highest maternal vulnerability rates in the country and ranks 8th nationally in maternal mortality.⁹ According to the South Carolina Maternal Morbidity and Mortality Review Committee's 2025 Legislative Report, **almost 90% (88.9%) of maternal deaths in South Carolina were found to be preventable in 2021** (the most recent year data is available).¹⁰



Pregnancy-Related Mortality Rate by Urban and Rural Designation

Rate per 100,000 live births^d



Source: South Carolina Maternal Morbidity and Mortality Review Committee. (2025). South Carolina Maternal Morbidity and Mortality Review Committee 2025 Legislative Brief.

^a These calculations use medical charges data, a commonly utilized way to calculate health costs in the literature.

^b 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.

^c Economists multiplied the national costs by 1.6%, which is the share of South Carolina births compared to the total number of births in the US in 2021.

^d 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>

Taskforce Recommendations

The taskforce developed 12 recommendations to improve maternal and infant health outcomes, save lives, and strengthen South Carolina families through improved access to care and services. Each recommendation is listed below. Use the QR code to read the full report, or see it on our website:

<https://imph.org/wp-content/uploads/Maternal-and-Infant-Health-Report-2025.pdf>



Care Delivery

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.

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.

Nonmedical Drivers of Health

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.

Workforce

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.

Training and Education

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.

References

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2. Öztürk, O. D., Woodworth, L., & Shoulders, A. (2025). Analysis of economic costs of inadequate maternal health care in South Carolina. Department of Economics, University of South Carolina.
3. The Commonwealth Fund. (2021). The High Costs of Maternal Morbidity Show Why We Need Greater Investment in Maternal Health. <https://www.commonwealthfund.org/publications/issue-briefs/2021/nov/high-costs-maternal-morbidity-need-investment-maternal-health>.
4. Gareau, S., López-De Fede, A., Rodriguez Ramos, C., Kotagiri, M., Addo, P., Kneece, A., Bell, N., & Edwards, J. (2024, October). How data drives action: South Carolina maternal health data snapshot [PowerPoint slides]. Institute for Families in Society, University of South Carolina. <https://img1.scdhhs.gov/presentations/SC%20Maternal%20Health%20Health%20Data%20Snapshot%20%20SCBO.pdf>.
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About the South Carolina Institute of Medicine and Public Health

The South Carolina Institute of Medicine and Public Health (IMPH) is an independent, nonprofit organization working to collectively inform policy to improve health and health care in South Carolina. IMPH provides nonpartisan, evidence-based information to guide policymakers in making impactful health policy decisions. For more information on IMPH publications, initiatives, and events, please visit www.imph.org.

1301 Gervais Street
Suite 1710
Columbia, SC 29201
imph.org

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IMPH takes a comprehensive approach to advancing health issues through data analysis, data translation, and collaborative engagement. We encourage the sharing of our data, graphics, and reports to help us improve health and health care in South Carolina.

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