



**ALLIANCE FOR A HEALTHIER  
SOUTH CAROLINA**

## South Carolina Birth Outcomes Initiative

A BETTER START MEANS HEALTHIER MOMS AND BABIES

Alliance member leading this initiative:

SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES

**Healthy Connections**  
MEDICAID



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This series is dedicated to recognizing the South Carolina coalitions that are leading the way in the improvement of health outcomes for ALL people in South Carolina.

Coalitions highlighted in the “Coalitions’ Work Series” are actively working to improve outcomes in the five priority areas of the Alliance: Improve the health of babies, improve the health of children, prevent chronic disease, improve access to high quality primary care, and improve access to behavioral health services.

*To share your coalition’s work in support of Alliance Goals contact [agallego@scha.org](mailto:agallego@scha.org)*

# SOUTH CAROLINA BIRTH OUTCOMES INITIATIVE (SCBOI)

## A BETTER START MEANS HEALTHIER MOMS AND BABIES

### ABOUT THE INITIATIVE

South Carolina Birth Outcomes Initiative (SCBOI) is an effort by the South Carolina Department of Health and Human Services (SCDHHS), South Carolina Hospital Association (SCHA), March of Dimes, Blue Cross Blue Shield of South Carolina (BCBSSC), the South Carolina Department of Health and Environmental Control (DHEC) and over 100 additional stakeholders to improve the health outcomes for newborns not only in the Medicaid program but throughout the state's population.

Over the course of the last four years SCBOI has substantially improved the health of moms and babies in our state to a point that the state is recognized as a national leader and model in birth outcomes.

### HOW DOES SCBOI WORK?

SCBOI has met for 50 consecutive months and continues to do so with an average of 125 people attending each time. Participants are engaged in one of the following workgroups:

- Quality and Safety
- Behavioral Health
- Care Coordination
- Health Disparities
- Baby Friendly
- Data

The Vision Team, comprised of a select group of clinicians and other health leaders, meets after each monthly session to debrief on the meeting, support workgroup efforts and plan ahead.

### SUCCESS STORY

In August 2011, SCDHHS successfully secured a SCBOI-sponsored signed commitment from all birthing hospitals in the state to end non-medically necessary inductions between 37-39 weeks gestational age. In 2013, both SCDHHS and BCBSSC partnered to change the policy and stop reimbursement to hospitals and physicians for these early elective deliveries (EEDs).

Since the implementation of this initiative, an annual report compiled by the University of South Carolina Institute for Families in Society shows non-medically necessary early elective inductions in our state have been reduced by 50 percent from 2011 to 2013 with 60 percent of all birthing hospitals boasting a rate of zero percent for EEDs between 37 and 38 weeks. More current data through December 2014 now indicate a 73 percent reduction in non-medically necessary EEDs statewide.

In addition, South Carolina became the first state in the nation in which the Medicaid agency and a commercial insurer have joined forces to establish a policy of nonpayment. Together, BCBSSC and Healthy Connections Medicaid pay for 85 percent of all births in the state.

*Building on the success of the EED initiative, SCBOI has expanded efforts to improve the outcomes and quality of health care for pregnant women and infants in South Carolina.*

In 2012, the agency began incentivizing doctors to screen pregnant women for risk factors such as substance abuse, domestic violence and depression.

That same year SCDHHS increased postpartum access to birth control by changing their policy to allow for the immediate inpatient insertion of long-acting reversible contraceptives (LARCs) with the reimbursement for the device being fully covered to the hospitals outside the DRG. South Carolina became the first state in the nation to enact such a policy. Since then, several other states including New Mexico and Colorado have since adopted a similar policy.

In 2013, SCDHHS implemented Centering Pregnancy, a group model of prenatal care shown to decrease pre-term birth and neonatal intensive care unit (NICU) admissions, and "Race to the Date," a program providing a one-time financial incentive payment to hospitals who achieved the certification of "Baby-Friendly" by September 2013. "Race to the Date" resulted in four hospitals achieving this prestigious status. As of July 2015, this number has increased and there are now eight certified hospitals. Thus, 29 percent of all babies in South Carolina are born in a Baby-Friendly facility.

### PLANS FOR THE FUTURE

As a second phase of the EED initiative, SCDHHS is working with SCBOI stakeholders on the Supporting Vaginal Birth (SVB) program to reduce the number of C-sections performed on first-time, low risk moms in South Carolina through a signed commitment from all birthing hospitals in the state, as well as provider and patient education.

To support the education component, SCBOI piloted a mobile simulation program to labor and delivery nurses and physicians at five hospitals across the state through the SimCOACH™ in late 2014 and early 2015. Due to the overwhelming positive response of this program, SCDHHS initiated and signed a two-year, \$1.1 million agreement with Palmetto Health/University of South Carolina School of Medicine to provide simulation education to OB/GYN physicians and perinatal nurses at each of the 45 birthing hospitals in the state. SimCoach™ is the first mobile simulation laboratory in South Carolina and one of several in the nation. This program launched January 1, 2015.

### CONNECT

For more information on the South Carolina Birth Outcomes Initiative, contact  
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You can also visit [www.scdhhs.gov/boi](http://www.scdhhs.gov/boi)

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