



SOUTH CAROLINA

“If we are to continue the progress of our Southern region, we must embrace prenatal and infant care as a fiscal imperative, assigning it a priority at the top of our state agendas.”

–Governor Richard Riley, Lead Governor

Southern Regional Task Force on Infant Mortality, February 24, 1985

South Carolina’s pregnant women and children face a variety of challenges. Both pregnancy and infancy represent critical points in life in terms of quality of life and economic consequences. South Carolina could save an estimated \$34 million by reducing low weight births from the current 9.3 percent (2002) to the national average of 7 percent. In addition, for every one dollar spent on providing adequate prenatal care to low-income women, \$3.38 could be saved from avoided direct medical care for a low birth weight baby during its first year of life.⁵²

There has been an overall decreasing trend in the number of live births to South Carolinians from 1990 to 2000 (a 4.2 percent drop during this 10-year period). However, live births began to increase in 1996, and the state has seen a 9.5 percent increase over the five-year period. This increase occurred the same time as the increase in the percentage of women who reported using no contraception. The unintended live birth rate for 1998 was 45.8 percent of all live births. Of those unintended births, 75.8 percent were to women less than age 20; 74.1 percent were to unmarried women; 67.4 percent were to women with less than a high school education; and 63.3 percent were to women enrolled in Medicaid. In 2002, the percent of mothers beginning prenatal care in the first trimester was 78.4, a drop from 80.7 in 1999. This declining trend may be linked to the increasing rates of low birth weight infants from 1998-2001. The counties having the lowest first trimester entry rates for the 1996-1998 combined periods were Allendale, Dillon, Fairfield, and Hampton.⁵³

The above indicators play major roles in contributing to the state’s rising infant mortality rate. Despite many downward trends, South Carolina has made great strides in reaching out to the communities to find individuals or families who need help getting into a system of healthcare. The Department of Health and Environmental Control (DHEC) has implemented several initiatives and programs to assist individuals and families in not only accessing healthcare, but in using available care appropriately.

State Facts 2001*

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| Infant Mortality Rate | 8.9 |
| Preterm Birth Rate | 13.9 |
| Low Birth Weight Infants | 9.6 |
| Prenatal Care in First Trimester | 79.2 |
| Pregnancy/Maternal Smoking | 12.8 |
| Teenage Birth Rate (age 15-19) | 57.4 |
| Birth Rate to Unmarried Women (age 15-44) | 40.1 |

*Rates are calculated per 1,000 live births, except for low birth weight, prenatal care, and maternal smoking, which are calculated in percent.

In 1997, the DHEC entered into a unique partnership with the Department of Health and Human Services to expand traditional outreach efforts. The DHEC assumed the responsibility of assisting the state Medicaid agency in identifying and recruiting potentially eligible individuals into the appropriate Medicaid program and increasing the number of primary care services providers (or medical home) by recruiting physician practices willing to enroll in the Medicaid program as providers. This served the Medicaid agency by increasing their network of providers. Most importantly, this arrangement benefited the clients by providing increased access to care provided through a partnership of medical and public health professionals.

As the result of this collaborative arrangement, the Medicaid agency has added more than 100,000 children to its expanded Children’s Health Insurance Program. This effort received national recognition for its strong partnership among the private medical community, public health agency, and the Medicaid agency. Private/public partnerships promoting medical homes for children have grown from four in 1993, to 54 in 1997, to 90 in 2000. More than 100 new physicians have become providers under Medicaid. The percent of Medicaid children from birth to age 3 who have seen a primary care provider in the last year also has increased from 45 percent in 1990, to over 84 percent in 1998.

Education has been a focus of prevention in South Carolina, especially targeted toward families with children. Based on the *1999 Youth Risk*



Behavior Survey, two out of every three high school students (58 percent) have had sexual intercourse, and one out of every four (22 percent) students has had sexual intercourse with four or more people. These high frequencies leave teenagers at high risk for teen pregnancy, HIV infection, and other sexually transmitted diseases. In 1998, the DHEC family planning clinics revealed 12.1 percent of 1,000 teenage girls between the ages 15-19 were infected with Chlamydia. Importantly, the rates for teenage pregnancy have declined in the last decade. This may be due, in part, to many available programs that address teen pregnancy prevention. Many education programs throughout the state cover a range of topics from abstinence, STD/HIV prevention programs, parenting programs, and programs that promote maternal and infant health.

The DHEC, through its Bureau of Maternal and Child Health, promotes the health of women, children, and their families in all 46 counties of South Carolina. Personal and preventative health services are provided by county health departments statewide. These hands-on services are provided to maintain and improve health outcomes for children and adults.

Partners for Healthy Children Program: authorized under Title XXI of the Social Security Act, provides Medicaid coverage for children whose families' incomes are at or below 150 percent of the federal poverty level.

Katie Beckett-TEFRA Children Program: created January 1, 1995, under Section 143 of the Tax Equity and Fiscal Responsibility Act of 1982, which allowed South Carolina to make Medicaid benefits available to disabled children under age 18 who would not ordinarily be eligible for Supplemental Security Income (SSI) benefits because of their parents' incomes or resources. This program is operated under the Bureau of Beneficiary and Systems Support.

Postpartum Newborn Home Visitation Program: provides home visits to newborn babies and their mothers 48 to 72 hours after hospital discharge. Services include a comprehensive head-to-toe physical assessment of the newborn, a partial physical assessment of the mother, an environment assessment, and education regarding safety, feeding, routine bathing, and infant stimulation to promote brain and cognitive development.

Children with Special Health Care Needs Division: administered by the Bureau of Maternal and Child Health, operates a variety of programs

for individuals with disabilities, chronic illnesses, or severe developmental delays. The *Children's Rehabilitation Services* serves children and young adults from birth to 21 years of age for a variety of medical conditions. *BabyNet* serves children from birth to age 3 with developmental delays. The *Orthodontia* program assists children under age 21 with services for craniofacial anomalies. The *Hearing Aid* program provides batteries for hearing aid devices for children from birth to age 21 who are Medicaid eligible or are below 100 percent of federal poverty guidelines. *First Sound*, the universal newborn hearing screening and intervention program, ensures that all infants are screened at birth and prior to hospital discharge to identify any hearing problems.

Care Line (1-800-868-0404): provides assistance, support, and information to callers about prenatal care, infant and child healthcare, transportation to medical appointments, family planning, well child check-ups, immunizations, services for children with special healthcare needs, and BabyNet.

SC BIBS Program (South Carolina Black Infants Better Survival): dedicated to reducing the infant mortality rate among the black communities by helping parents access information and resources to ensure better health outcomes for their children. SC BIBS is operated under the Bureau of Maternal and Child Health.

Perinatal Regionalization: administered by the Bureau of Maternal and Child Health as a comprehensive, coordinated, and geographically structured approach used to assure risk-appropriate care for all mothers and infants with a goal of improving perinatal outcomes and reducing infant mortality. Key elements of the system include early-risk assessment and referral to appropriate care; designation of care as Basic (level I), Specialty (level II and IIE), and Subspecialty (level III); coordination and communication between hospitals and community providers; monitoring of systems through data; and assuring access to services from preconception through the baby's first year of life.

Family Support Services: available through the local public health departments to enhance and support primary medical care and preventative health behaviors. Service teams include public health nurses, licensed social workers, registered dietitians and nutritionists, health educators, and public health assistants.



Maternity/Prenatal Care Services: available in all 46 counties and 100 clinic sites. These services are provided as a continuing effort to improve pregnancy outcomes. Several levels of care are available depending on the client's request for services, her risk status (i.e., diabetes, high blood pressure, STDs, etc.), and arrangements for provision of services within each county. The county health department acts as the client's advocate to see that all pregnant women who apply for services receive risk-appropriate care. It provides both supportive services and complete services to women. Supportive services are for those women who receive their prenatal care elsewhere and only come to the health department for WIC. Private physicians (obstetricians or family practitioners) provide the actual medical care. Complete services are provided for those women who receive their prenatal care and postpartum services at the health department. Currently, only two counties in South Carolina (Lee and Pickens) provide complete prenatal care. All other counties in the state have been able to partner with private physicians for the medical care.

Migrant Health Program (MHP): established in 1977, ensures the provision of culturally competent healthcare and health-related services to migrant and seasonal farm workers and their families. Program services are provided directly, or through contractual arrangements, and are targeted to areas with large concentrations of farm workers, or where there are no community health center sites. MHP services and activities include provision of primary care; dental and pharmacy services; specialty referrals; outreach services; health screening; health education; translation and interpretation; transportation; and case management. Staffing includes the administrative management team, a part-time clinical director/M.D., part-time seasonal nurses, outreach workers, and lay health promoters. MHP is administered by the Office of Minority Health.

Good Health Begins With You Campaign: operated under the Office of Minority Health, promotes healthy behaviors and lifestyles among South Carolina's communities of color. The campaign makes use of radio and print media outlets, and promotional items such as the annual "*Good Health Begins With You Calendar*," to support the effective promotion of health among South Carolina's minorities.

