

March 11, 2015
FOR IMMEDIATE RELEASE

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Initiative to Prevent Early Elective Deliveries Continues Success Story

Columbia, SC – An [annual report](#) released today highlights how the South Carolina Birth Outcomes Initiative (SCBOI), a multi-stakeholder collaborative led by the South Carolina Department of Health and Human Services (SCDHHS) focused on improving birth outcomes, has successfully reduced non-medically necessary early-elective inductions by 50 percent from 2011 to 2013 with 60 percent of all birthing hospitals in our state boasting a rate of zero percent for early elective inductions between 37 and 38 weeks.

The annual report, compiled by the University of South Carolina Institute for Families in Society, highlights several areas of SCBOI success.

“The Birth Outcomes Initiative is a wonderful example of leaders in the health community working together as a team,” said South Carolina Governor Nikki Haley. “Using these strategies allows us to make great strides in improving the health of moms and babies in South Carolina, ultimately driving down infant mortality and saving lives.”

“Early elective deliveries result in poorer health outcomes for infants and higher health care costs,” said Christian L. Soura, director of SCDHHS. “Through the SCBOI, our state has been able to significantly reduce these non-medically necessary inductions over a two year period, and we only expect this number to improve.”

With the mindset that infant mortality and low birth weight babies are two of the state’s most pressing health problems, SCDHHS, SCHA and the South Carolina Chapter of the March of Dimes joined with other community partners to create the now nationally recognized SCBOI. In August 2011, SCBOI successfully secured a BOI-sponsored commitment from all 43 birthing hospitals in the state to end non-medically necessary inductions by 39 weeks with a specific focus on preventing early term births, delivered at 37 and 38 weeks. In 2013, SCDHHS and BlueCross BlueShield of South Carolina (BCBSSC) strengthened the effort by stopping reimbursement to hospitals and physicians for elective inductions or non-medically indicated deliveries prior to 39 weeks gestational age. This collaborative approach made South Carolina 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 births in the state.

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“The statewide partnership aiming to reduce early inductions has really paid off,” said Thornton Kirby, president and CEO of the South Carolina Hospital Association. “We are ecstatic about the reduction rate, and SCHA looks forward to the ongoing collaboration with the Birth Outcomes Initiative to continue this trend with the best interest of moms and babies in mind.”

Building on the success of the early elective deliveries 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. In 2013, SCDHHS implemented CenteringPregnancy, a group model of prenatal care shown to decrease pre-term birth, and “Race to the Date,” a program providing financial incentive payments to hospitals who achieved the certification of “Baby Friendly” by September 2013. As a second phase of the early elective delivery initiative, SCDHHS is also working with SCBOI stakeholders 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, simulation education training, webinars and provider education materials.

For more information on South Carolina’s Birth Outcomes Initiative, visit www.scdhhs.gov/boi.

About the South Carolina Department of Health and Human Services

The South Carolina Department of Health and Human Services provides health care benefits to more than one million South Carolinians. Its mission is to purchase the most health for our citizens in need at the least possible cost to the taxpayer.

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