

THE SCBOI
INTERACTIVE DASHBOARD

The Open Door to South Carolina Birth Outcomes Data

boi.ifsreports.com



The South Carolina Birth Outcomes Initiative Interactive Dashboard empowers healthcare providers, community members, and policy makers to identify trends and areas of maternal and child health that need most attention. Tracking data linkages across multiple sources, the dashboard offers insights needed to craft strategic interventions and monitor data over time at statewide to hospital facility level. Ultimately, it's a resource for informed clinical and policy decisions that support healthier South Carolina mothers and infants and better birth outcomes.

Ways To Use This **FREE** Interactive Data Visualization Resource

- **Collaborate:** Facilitate collaboration between healthcare providers, researchers, and policymakers.
- **Improve quality:** Identify where healthcare practices can be optimized to improve birth outcomes.
- **Monitor trends:** Track changes over time to assess interventions and identify emerging issues.
- **Build community awareness:** Raise awareness about factors impacting birth outcomes by sharing the data.
- **Inform research studies & policy development:** Provide a comprehensive picture of birth outcomes across a population or area of focus.
- **Identify opportunities to improve access to care:** Help target interventions for those at greater risk for poor outcomes.



Click or scan to learn more and get user tips.

Contact us with any questions:
ifsreports@mailbox.sc.edu

Advantages of the SCBOI Dashboard

- ✓ Medicaid eligibility is verified through enrollment files.
- ✓ Through self-reported data, it offers a more accurate view of Race/Ethnicity for the delivery population.
- ✓ The ability to monitor adverse outcome trends supports identifying and targeting improvement efforts for your hospital or facility.

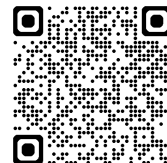
AIM Champions

Since 2019, statewide and hospital data have been on the dashboard, allowing birthing facilities to view their newborn and maternal health data and outcome measures, filter by Mother's Age Group, Mother's Race, and Rural/Urban ZIP Codes, see how they compare within their perinatal level and statewide, explore improvement tips by measure, and view Alliance for Innovation on Maternal Health (AIM) specific measures.



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Monitor Trends and Know Which Maternal and Infant Outcomes to Target for Quality Improvement

Hospitals can monitor their rates of maternal and infant health outcomes at the facility level and compare across time to better direct improvement efforts.

In this example, a hospital is tracking the rates of severe maternal morbidity (SMM) among those who had a maternal hemorrhage versus those who had a severe hypertension event. Based on the data, the hospital should focus on addressing their slightly increasing rate of severe hypertension as it is above the perinatal and state level for the last quarter assessed.

HOSPITAL RESULTS

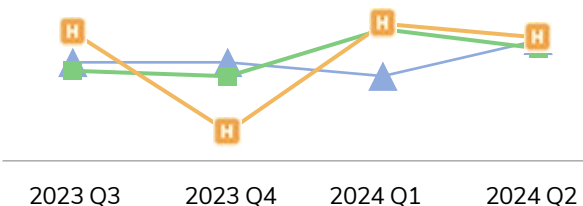
HOSPITAL 1

SMM/Maternal Hemorrhage

Relative Change %

SFY 2024

-2.3%

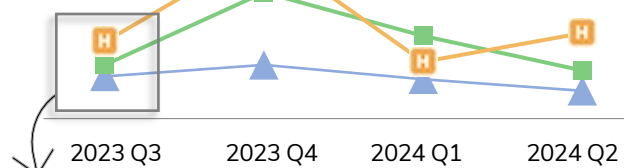


SMM/Severe Hypertension

Relative Change %

SFY 2024

+3.4%



The dashboard's visualizations show facility-level data (H) alongside the average for the perinatal level (■) and the state (▲).

Easily Share Outcomes Data

The dashboard allows you to generate comparisons across characteristics and export the resulting tables. This example shows portions of two tables—a hospital's primary c-section and preterm birth rates. This hospital saw a record high rate of primary c-sections in mid- 2021, likely a reflection of the COVID-19 pandemic, and this has drastically increased in 2024. On the contrary, preterm birth rates for this same hospital have slightly decreased.



Look for this icon.

Data tables generated through the dashboard can be easily exported and shared.

Primary C-Section (TJC PC-02, NTSV)

Preterm (<37 weeks)

Year	Qtr	Hospital %	Hospital %
2021	Q3	26.7	22.6
2021	Q4	25.5	21.6
2022	Q1	19.1	22.1
2022	Q2	21.8	18.8
2022	Q3	21.4	20.0
2022	Q4	19.0	20.1
2023	Q1	23.2	18.5
2023	Q2	22.2	19.6
2023	Q3	19.7	19.9
2023	Q4	20.1	20.1
2024	Q1	26.4	21.1
2024	Q2	27.2	19.5



For those managing multiple hospitals, the dashboard allows comparison of outcomes across hospitals within the same system, helping identify which need additional training support or incentives.

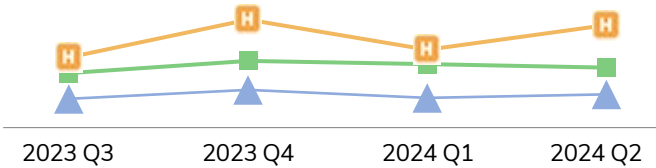
In this example, one hospital experienced an increase of severe hypertension cases at 30.5% compared to a second that decreased over time. This, alongside the maternal health care improvement tips provided, can help optimize and improve these birth outcomes.

HOSPITAL COMPARISONS

SFY 2024
Severe Hypertension

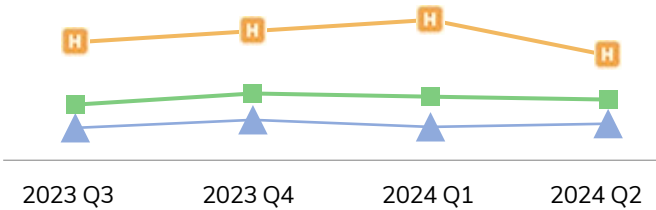
HOSPITAL 1

Relative Change %
SFY2024: 30.5



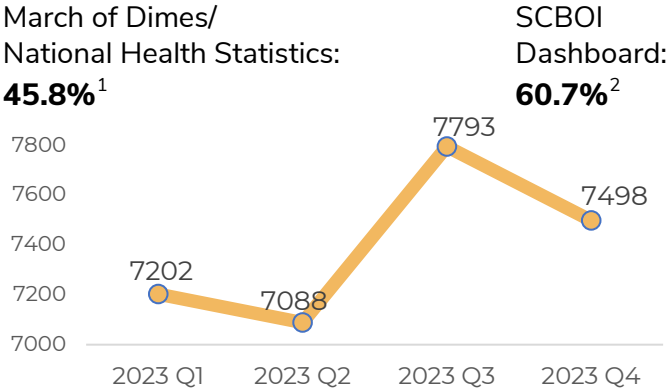
HOSPITAL 2

Relative Change %
SFY2024: -9.1



The expected rate of Medicaid among SC deliveries is available through the National Center for Health Statistics birth records data, a source that has been shown to underestimate the true rate. The SCBOI Dashboard presents a more accurate rate as it verifies Medicaid final payment via eligibility records.

2023 Medicaid Rate



1 National Center for Health statistics, final natality data. Retrieved April 10, 2025, from www.marchofdimes.org/peristats.
2 The numerator is the sum of Medicaid 2023 Q1-Q4 deliveries (29,581) divided by all Q1-Q4 deliveries (48,733).



Through its data filters, the SCBOI dashboard can help users target interventions for those populations facing some of the greatest health challenges. Notably, users registered through their respective health care organizations have access to generate visualizations that combine more than one filter, such as rurality of residence and payer source, among others, for a more nuanced view of populations and health outcomes of particular focus.

Labor & Delivery

South Carolina

Select a Measure Using the Dropdown

Total C-Section

Filter Data

Time Period

☐ 2021 Q2 - 2021 Q4 ☐ 2022 Q1 - 2022 Q4 ☐ 2023 Q1 - 2024 Q1

Residence

☒ Rural ☐ Urban

Payer Source

☒ Medicaid ☐ Private ☐ Other

There are currently 11 filter types and a total of 53 unique data filters. Data filters are available on all five dashboard reports.



For hospital deliveries, race is captured either via the billing record or the birth record. Of these two, the dashboard uses the birth record as the primary source as this is self-identified and best represents the population. Shown is an example of how, when not considering self-identified race, rates are underrepresented.

HOSPITAL 1		Using Birth Record Race as Primary Source		Using Billing Record Only	
YQTR	All Races	Hispanic #	Hispanic %	Hispanic #	Hispanic %
2023 Q1	685	55	8.0%	33	4.8%
2023 Q2	783	51	6.5%	35	4.5%
2023 Q3	853	73	8.6%	52	6.1%
2023 Q4	760	56	7.4%	41	5.4%
Grand Total	3081	235	7.6%	161	5.2%

2.4% Higher With Self-identified Race