

## Hospital Quick Tips for Improvement

# Prematurity & Low Birthweight

## Prematurity

Prematurity is a leading cause of infant mortality in South Carolina.<sup>1</sup>



SCDHEC provides evidence-based practices for health care providers in their [SC plan](#) to reduce infant mortality and premature births.<sup>2</sup>



The SCBOI Newborn Care Coordination Workgroup meets monthly to discuss this and other issues impacting SC newborns. Meeting information can be found [here](#).

Implementing or sustaining a CenteringPregnancy group at your facility is one strategy that may reduce your hospital's prematurity rates.<sup>3</sup> For this reason, the SC Hospital Association considers CenteringPregnancy a best practice.<sup>4</sup>



Get more information [here](#) about insurance coverage for CenteringPregnancy in SC.



To learn more about the benefits of implementing a CenteringPregnancy group at your hospital, watch this short [video](#) developed by MUSC Health.

## Low Birthweight

Babies born LBW (< 2,500 grams) commonly have immediate health problems and may be at greater risk for developmental delays and later chronic disease.<sup>5</sup>

Offering doula, smoking cessation, and nutrition services and providing referrals to community-based agencies to address mother's holistic needs may be beneficial.<sup>6,7</sup>



Encourage your obstetric providers to participate in the [SC Screening, Brief Intervention, and Referral to Treatment \(SBIRT\) initiative](#) to identify some early risk factors for low birthweight, such as domestic violence, mental health stress, and substance use.<sup>8</sup>



Learn more about SBIRT by attending the SCBOI Behavioral Health Workgroup [monthly meetings](#).



To better understand the process and benefits of implementing SBIRT, watch this [video](#) developed by the Florida Perinatal Quality Collaborative which provides an example of a clinician conducting a SBIRT assessment with a pregnant woman.

## SOURCES

- 1 SCDHEC (2022). Infant mortality and selected birth characteristics: 2020 South Carolina residence data. [Retrieved from DHEC Infant Mortality and Selected Birth Characteristics 2022-01.pdf \(sc.gov\)](#).
- 2 SCDHEC. (2013). Healthy mothers, healthy babies: South Carolina's plan to reduce infant mortality & premature births. Retrieved from <https://scdhec.gov/sites/default/files/Library/CR-010842.pdf>.
- 3 Gareau, S., López-De Fede, A., Loudermilk, B.L. et al. (2016). Group prenatal care results in Medicaid savings with better outcomes: A propensity score analysis of CenteringPregnancy participation in South Carolina. *Maternal & Child Health Journal*. 20(7):1,384. <https://doi.org/10.1007/s10995-016-1935-y>.
- 4 SC Hospital Association. Best Practices: CenteringPregnancy. Retrieved from <https://scha.org/best-practices/centeringpregnancy/>.
- 5 March of Dimes. (2021). Low Birthweight Key Points. Retrieved from [Low Birthweight \(marchofdimes.org\)](https://www.marchofdimes.org).
- 6 Highmark Foundation. (2015.) Two organizations working to reduce low birth weight: Different methods, comparable results. Retrieved from <https://www.highmarkfoundation.org/pdf/lowBirthWeightWhitePaper.pdf>.
- 7 March of Dimes. (2022). Doulas can improve care before, during and after delivery. Retrieved from [Doulas can improve care before, during and after childbirth - News Moms Need \(marchofdimes.org\)](#).
- 8 SCDHHS. (2018). Screening, Brief Intervention and Referral to Treatment (SBIRT). Retrieved from <https://www.scdhhs.gov/organizations/screening-brief-intervention-and-referral-treatment-sbirt>.