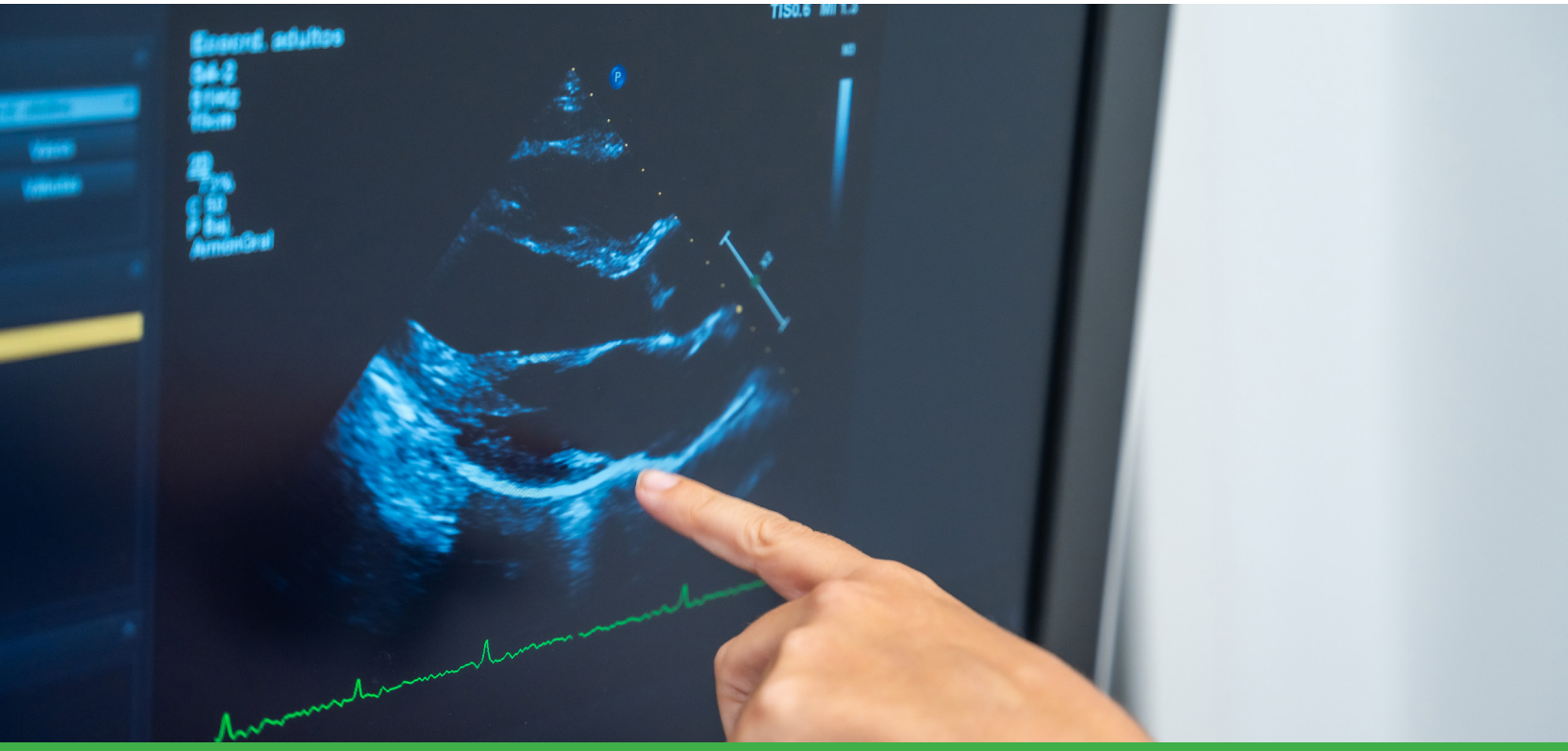
SOUTH CAROLINA
COMMISSION FOR COMMUNITY
ADVANCEMENT AND ENGAGEMENT

Breaking the Silence: Data-Driven Insights and Awareness into Maternal Health in South Carolina's Lowcountry

Quarterly Research Report



PREPARED BY:
Alicia Paige
apaige@cma.sc.gov

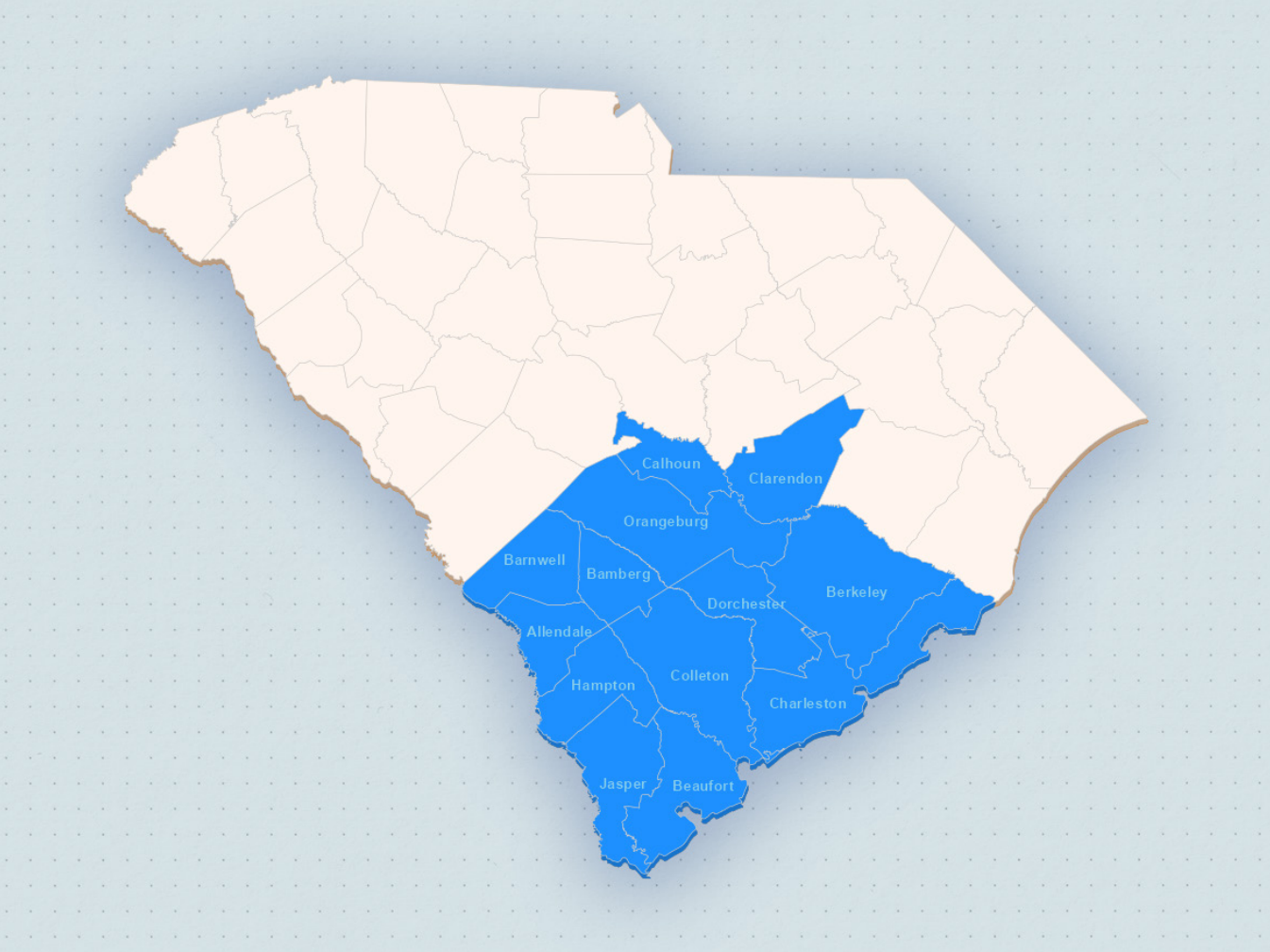
ISSUE:
October 2025

MORE INFORMATION:
info@cma.sc.gov
https://cma.sc.gov/

Dedication

One of 14 siblings and a lifelong resident of Charleston, South Carolina, the late Evette Green was born and raised in the Cocker's Fairy community. In 1993, while six months pregnant, she was diagnosed with HIV and told her baby would not survive. Defying that prognosis with medical care and strong community support, she gave birth to a healthy, HIV-negative daughter that June. Her daughter, now a mother of two, remains in good health. Evette's experience became the foundation of her commitment to helping other mothers. Drawing strength from her journey, she evolved her quiet nature into a powerful voice for those facing similar challenges. Serving as an HIV Peer Advocate and Doula, Evette supported individuals and families throughout South Carolina. Her actions extended beyond advocacy, providing clothes, diapers, groceries, meals, and even household assistance. She would often deliver these essentials directly through home visits. Evette Green's story illustrates the power of lived experience in shaping public health solutions. It emphasizes the critical role of peer advocacy and community-rooted care in improving maternal health and fostering awareness throughout the Lowcountry and beyond.

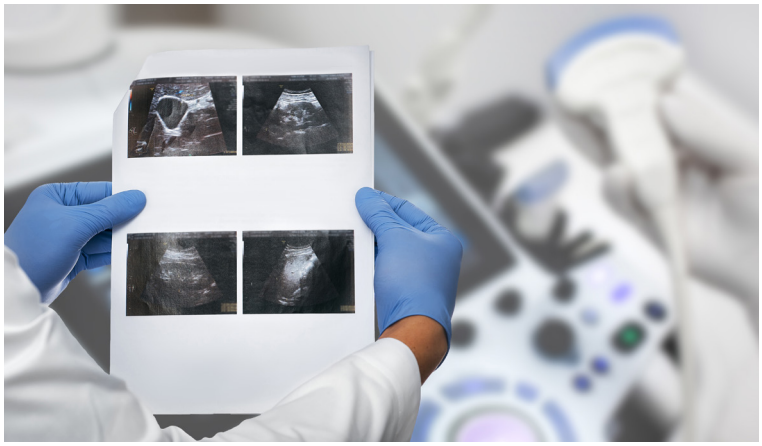
Introduction



Black and Indigenous people have deep-rooted cultural, historical, and ancestral ties to South Carolina, particularly in the state's Lowcountry. These communities have endured generations of structural inequality, yet they continue to shape and enrich the state's identity in influential ways. Despite this resilience, women in these communities continue to face severe disparities in maternal health outcomes. Most outcomes being driven by increased chronic illnesses, limited access to maternal and postpartum care, and other barriers. This brief explores how doulas and midwives can play a critical role in addressing and reducing maternity care gaps in the Lowcountry region of South Carolina. Drawing on data analysis from health care and support professionals, it examines the intersection of race, reproductive health, and healthcare access to highlight the value of culturally responsive, community-based care. Together the findings highlight an urgent need for targeted investment in maternal health and community-based care to ensure that all women, especially those in the Lowcountry, receive the comprehensively compassionate treatment they deserve.

State Statistics and Doula Community-based Care

DONA International defines a doula as a trained professional who provides continuous physical, emotional, and informational support to their client before, during, and shortly after birth. (DONA International 2025). For most, care extends beyond emotional and involves mental health support as well. In 2020, the United States' Surgeon General made a call for action to extend the coverage of Doulas through Medicaid. With the urgency for Medicaid eligible doulas in the United States growing, only 16 states and Washington D.C. answered the call: including research scientist Dr. April Falconi and her colleagues1. In 2024, research was conducted exploring the benefits of doulas throughout different regions of the United States. Three primary approaches to distributing doula services were established: self-knowledge and request, referral by a care management team due to high risk, and community outreach. The study identified 1,094,874 pregnancies from 9 states in different regions that were insured through a Medicaid Plan between January 2014 and June 2023. Of those pregnancies, 869 had doula care, 69% being documented between 2020 and 2023 due to Medicaid reimbursement taking into effect. California, New Jersey, Missouri, Texas, and Wisconsin were among the 9 states, while four couldn't be specified due to their compliance rules and regulations limiting identification without approval. Sixty-two percent of the participants lived in Urban areas with the average age being 28 years old. A large portion of the mothers who delivered with doulas lived in counties with scarce hospital obstetric units. The results revealed that mothers with doulas had lower rates of gestational diabetes at 6.4% and substance abuse at 5.1% compared to those without at 10.3% for both. Doulas were also able to lower preterm births by 29% and a 47% lower risk of cesarean delivery. Making them 116% more likely to have a vaginal birth despite the previous birth being cesarean.



Despite 74% of the country, 37 states and Washington, DC, conforming to Medicaid expansion and Doula coverage, South Carolina currently lacks legislative support despite the state's rising maternal and infant morbidity and mortality rates. Nevertheless, many doulas continue to go above and beyond, working outside the bounds of policy to support families in need. When addressing the broader crisis, South Carolina must prioritize the expansion of healthcare access; including prenatal care, postpartum screenings, and integrative community-based care. Public health initiatives aimed at reducing diabetes, hypertension, and unhealthy weight must also be emphasized. The reason is because, the timing and accessibility of prenatal care plays a critical role in preventing complications like gestational diabetes, hypertension, and preterm births. The first trimester is the most critical time for both the mother and infant because approximately 80% of miscarriages occur during this time. Yet roughly 24% of women in South Carolina do not receive any prenatal care, increasing the risk of complications. Doulas play a key role in helping pregnant women begin care sooner by providing education, advocacy, and logistical support (transportation and appointment reminders). Doulas have helped reduce delays in care, particularly among those navigating chronic conditions or socioeconomic barriers, increasing their success rate during the first trimester.

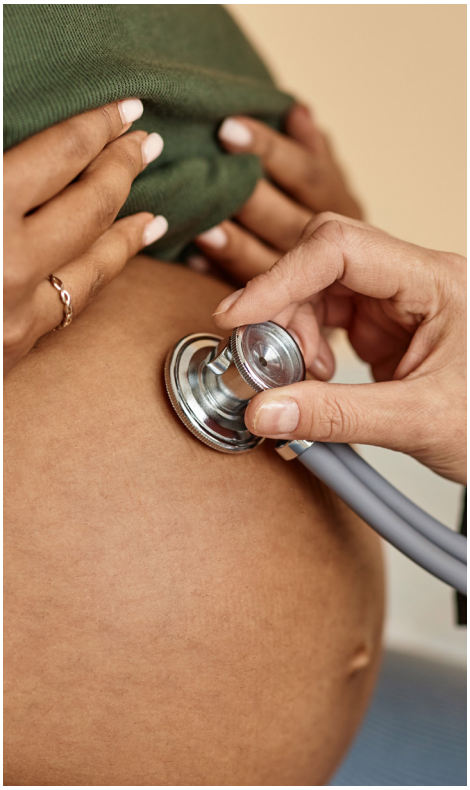
According to the CDC WONDER Dashboard, prenatal care access varies significantly among women with and without gestational diabetes. Among the 946 women reported as diagnosed with gestational diabetes; 1.41% received care in the first trimester, while only 2% began in the second trimester, and just 0.03% in the third. Unfortunately, data on those who received no prenatal care or whose care status was unknown was unavailable. Comparably, among the 10,874 women without gestational diabetes; 14.52% received care in the first trimester, 3.11% in the second, and 0.87% in the third. Alarmingly, 29% received no prenatal care, with an additional 0.05% having unknown or unbegun care. These results reinforce the urgency of expanding access to care in high-risk communities. Doula programs have proven to be a responsive intervention, particularly for Black and Indigenous women in these circumstances. They are trained to identify early warning signs, provide nutrition and stress-reduction guidance, and assist clients navigating Medicaid plans and charity-based care. Doula presence has also correlated with higher prenatal visit attendance and fewer preterm births. In areas where traditional health care systems have failed, doulas are increasingly being seen as an irreplaceable part of the maternal health ecosystem. Despite the finite regulations, physicians and academics still fight to produce supporting evidence to expand doula coverage.

Maternal Vulnerability in South Carolina

The Maternal Vulnerability Index (MVI) Report released in 2023, highlighted alarmingly high rates of poor maternal outcomes in rural areas of South Carolina's Lowcountry, Pee Dee, and Upstate regions. Contrarily, more established counties reported significantly lower rates. Currently the six leading factors contributing to maternal vulnerability are: limited access to general healthcare (42%), access to reproductive healthcare (46%), socioeconomic determinants (46%), mental and substance abuse (78%), physical environment (84%), and poor physical health (92%). In the 2024 report only two factors, physical health and socioeconomic determinants, were included.

For more current context, the 2025 South Carolina Maternal Morbidity and Mortality Review Committee Legislative Brief identified the following leading factors to poor or fatal outcomes:

- Physical health conditions such as Obesity, Diabetes, and other ailments (35.6%)
- Discrimination (28.9%)
- Substance use disorders (23%)
- Mental health disorders (21.8%)



Diabetes (32.5%) and hypertension (26.4%) stood out as the most significant among the primary contributors to preterm births in South Carolina. Both exceeded the national averages of 28.8% and 23.3%. Smoking (15.8%) and unhealthy weight (14.2%) are also highlighted risk factors surpassing national averages. These preventable health challenges highlight the urgent need for culturally competent community-level care. Despite the lack of current support, community-based organizations continuously provide essential services addressing these risk factors. Doulas having direct engagement with vulnerable communities offers preventive care, nutritional and emotional guidance, and continuous support that traditional health systems often fail to deliver. In the 2023 South Carolina State Health Assessment Report it was determined that 50% of counties were rated medium-high or high for social vulnerability. Additional, 13% of South Carolina counties defined as maternity care deserts compared to 32.6% of counties throughout the United States. Because of the limited access to prenatal care, early screenings, and support services, these desert areas have an increased likelihood of complications and poor maternal outcomes.

Two critical barriers contributing to the vulnerability were lack of transportation and limited internet access. These barriers directly affect not only mother's economic stability, but also her access to healthcare, particularly in rural and disadvantaged communities. The financial burden of childbirth clearly illustrates these challenges. Nationally, the current median charge for a vaginal delivery with insurance coverage is $15,178.56 and in South Carolina $13,865.60. However, without insurance or when delivering at an out-of-network facility, costs more than double costing $31,117.28 nationally and $25,849.35 in South Carolina. For cesarean deliveries the disparity is even more noticeable. The national median charge with insurance is $19,292.74, while South Carolina is approximately $361 higher than the national figure at $19,653.79. Without coverage or in out-of-network situations, the median cost rises drastically to $44,432.14 nationally anZd $42,525.61 in South Carolina. These amounts include both inpatient and outpatient facility and professional costs. Services factored into these totals include the delivery itself (pharmacy, nursery, labor and delivery room, medical and surgical supplies, and room and board for the mother), anesthesia, fetal nonstress tests, ultrasounds, laboratory work, and breast pumps. Medical intervention practices addressing high risk pregnancy complications are not included. Among American Indian and Alaska Native (AIAN) populations, 28.6% delayed medical care due to cost, exposing the reality of not having Medicaid expansion and adequate health insurance. Examples of this issue are reflected in the SCMMMR Legislative Brief:

- 65% of individuals who died were covered by Medicaid
- 27% had private insurance
- 5% paid out of pocket
- 3% had other types of public or private coverage.

The Cost of Maternal Health Care

While nonprofit doula programs help close critical care gaps for mothers with little to no coverage, they are often sustained through grants, private donations, and fundraising efforts, making them vulnerable to funding limitations. On the other hand, private doulas rely solely on direct payment from their patients. For example, The Pink Nest offers four distinct packages with services ranging from basic hands-on birth support beginning at $1,500 to in-depth hands-on care valued at $3,500. Without reimbursement coverage and reliable funding, these costs place doula care out of reach for many women. By expanding Medicaid, educating policymakers, and implementing doula reimbursement, South Carolina would provide underprivileged mothers in vulnerable areas with access to the same quality of care wealthier families can readily afford. Ultimately reducing disparities in maternal health outcomes.

Image 1. The Pink Nest Table

PACKAGE	FOCUS	PRENATAL SUPPORT	LABOR & BIRTH SUPPORT	POSTPARTUM SUPPORT	VIRTUAL/EXTRA SUPPORT
NESTING ESSENTIALS	Basic, essential support	1 prenatal visit (birth plan, preferences, confidence building)	On-call after 37 weeks; active labor support, emotional + physical	Immediate care at birthing facility; 1 postpartum visit in first week (healing tips, newborn care, emotional support)	4 weeks of virtual support (email, text, phone)
BLOOMING BIRTH & POSTPARTUM	Full spectrum (pregnancy through healing)	3 prenatal visits (nutrition, education, comfort, postpartum planning, emotional wellness)	Continuous hands-on labor support, advocacy, emotional & physical guidance	3 postpartum visits (in-home or virtual); newbom care, lactation, healing, emotional wellness	6 weeks unlimited virtual support (email, text, phone)
RECLAIM YOUR PINK POSTPARTUM	Healing-focused postpartum only	None (postpartum only package)	None	6 in-person postpartum visits (bealing, newbom care, lactation, emotional wellness, self-care); personalized postpartum plan + healing resources	8-10 weeks of ongoing virtual support (email, text check-ins)
PINK NEST VIP	Premium, all-inclusive birth & postpartum journey	§ private prenatal sessions (customized care, wellness, prep, planning) + personalized birth de postpartum plan	Elite continuous labor + birth support (advocacy, comfort techniques, emotional guidance)	5 postpartum healing sessions (in-home or virtual; newbom guidance, lactation, emotional wellness); VIP self-care & recovery kit	24/7 priority access throughout pregnancy & postpartum; & weeks luxury support with weekly check-ins, wellness tips, meals, hydration, holistic healing

Medicaid extension also plays a vital role in healthier postpartum outcomes. In 2021 there was an increase in pregnancy-related deaths in the late postpartum period (7-365 days post birth). Accounting for two-thirds of deaths. The three leading causes of death during the late postpartum period were infections, cardiomyopathy, mental health disorders, and substance use disorders. From 2019 to 2021, 6.5% of SC women surveyed reported prescription opioid use during pregnancy. However, data from the Medical University of South Carolina (MUSC) suggests that approximately 15-20% of pregnant women are prescribed opioid medications during pregnancy, with a fourfold increase in daily use in the past decade.

Currently, there are three medication-assisted treatments (MAT) for substance use disorder, and out of those three only one is safe for pregnant and nursing mothers. Methadone has been commonly used for decades to help prevent withdrawal symptoms that would lead to the uterus contracting bringing on miscarriage or a premature birth. Despite the frequent prescription of opioids, their use during pregnancy continues to pose serious risks. Some of the potential complications of opioid and substance abuse include:

- **Placental abruption** - A condition in which the placenta separates from the wall of the uterus (womb) before birth. If this happens, the baby may not get enough oxygen and nutrients in the womb, and the mother may experience serious bleeding.
- **Preeclampsia** - A condition that can happen after the 20th week of pregnancy or right after pregnancy. It's when a pregnant woman has high blood pressure and signs that some of her organs, like her kidneys and liver, may not be working properly.
- **Preterm labor and birth** - This is labor and birth that happen too early, before 37 weeks of pregnancy.
- **Miscarriage or stillbirth** - Miscarriage is the death of a baby in the womb before 20 weeks of pregnancy. Stillbirth is the death of a baby in the womb after 20 weeks of pregnancy.

During family planning or at the first prenatal care checkup, it is imperative that the mother discloses any recreational and/or prescription substance use. Full transparency allows the doctor to offer safer alternative medications for managing chronic ailments. Safety education is also provided for prescribed opioids. Community-based doulas often serve as trusted mediators in these early discussions. Encouraging honesty and helping expectant mothers navigate stigmas around substance use without fear of judgment or loss of autonomy, ultimately reducing birth defects and complications.

Infectious Diseases: Perinatal HIV Prevention Systems in South Carolina

Infectious diseases also led higher mortality rates during the late postpartum period. In December 2022, there were approximately 20,016 South Carolina residents living with HIV/AIDS. Of those, 5,609 were women. Among those women who were recently diagnosed, 58% were African American and 22% White, 9% Hispanic, and 11% Other. That same year, the Lowcountry had 4,611 residents diagnosed with HIV/AIDs, 1,299 being women. This represented for roughly 23% of South Carolina cases in women. Among the 1,299 cases 51% were African American, 19% White, 8% Hispanic, and 22% Other. A baby is defined as an HIV-exposed infant or fetus at less than or equal to 24 weeks gestation and under 24 months of age. Cases are prioritized based on indicators of missed HIV prevention or treatment opportunities:

- HIV-infected infant
- Late maternal HIV diagnosis
- Inadequate prenatal care
- Lack of maternal antiretroviral therapy (ART) or poor viral suppression
- No antiretroviral prophylaxis during labor and delivery
- Maternal history of mental health or substance use disorder

Community-based doulas and the Medical University of South Carolina's HIV Peer Advocacy Program work alongside clinicians through initiatives like the South Carolina Fetal Infant Mortality/Morbidity Review/ Human Immunodeficiency Virus (FIMR/HIV) Program. The program was designed to improve perinatal HIV prevention systems for women, infants, and families. The FIMR/ HIV Program utilizes the Case Review Team (CRT), comprised of community members and healthcare providers, to develop system-level recommendations.

The recommendations are then reviewed and prioritized by the Community Action Team (CAT) to drive targeted improvements in perinatal HIV prevention and care. Each year, up to 12 de-identified cases are reviewed to gather insights from mothers about their antepartum, intrapartum, and postpartum care experiences. Including peer advocates and doulas in these conversations help identify social and emotional barriers that can undermine viral suppression and consistent care. Resulting more effective community-level actions. MUSC's HIV Peer Advocacy Program continues to complement the programs mission through peer advocates.

Through one-on-one support and coordinating with community organizations, peer advocates combine clinical guidance with culturally responsive trust-based support. A few of the treatment strategies promoted through the program include:

- Early HIV testing
- Consistent antiretroviral therapy (ART) throughout pregnancy
- Viral load monitoring
- Administration of ART during labor and delivery
- Postnatal prophylaxis for infants

When measures are followed, the risk of mother-to-child HIV transmission can be reduced to less than 1%. Pairing these protocols with continuous support from MUSC's peer advocates and community-based doulas strengthens adherence and improves outcomes for both mother and child.

Conclusion: A Call to Action for Justice in Maternal Health

The data and lived experiences presented in this brief illuminate a powerful truth: Black and Indigenous birthing women in South Carolina's Lowcountry are navigating pregnancies and postpartum journeys within systems not built with them in mind. Community-based non-profit initiatives comparable to The Bee Collective, MUSC ReBIRTHed, and the Black Doulas of Columbia, along with for-profit organizations like The Pink Nest, continue to lead the way connecting families with culturally aligned services while leveraging community-based outreach and strong networking systems to improve maternal health outcomes across the state. While funding and accessibility remain challenges, community outreach programs, grant-funded initiatives, and private programs have helped create alternative pathways to care for those with limited resources. Additionally, clinics such as the Shifa Clinic and clinical initiatives like Mom's IMPACTT offer referrals and essential maternal health resources.

Despite the resilience and cultural knowledge, too many are still forced to fight for the most basic elements of care,timely prenatal visits, culturally competent providers, postpartum support, and freedom from discrimination in clinical settings. We must move beyond simply identifying disparities to actively dismantling them. The consistent lack of investment in the maternal health infrastructure must be addressed with urgency and compassion. Community-based models like those led by MUSC are not only effective,they are essential blueprints for justice and improved outcomes. It is no longer acceptable to treat poor maternal outcomes as isolated tragedies. These are failures; and failures demand solutions.

As a community, call on policymakers to fully support House Bill H.3108 and ensure doula services are not a luxury, but a right. Urge healthcare systems to invest in culturally grounded, trauma-informed training, and advocate for South Carolina's tribal communities to be state and federally recognized so that maternal care is no longer contingent on status, zip code, or policies. To every stakeholder reading this, whether provider, advocate, legislator, or community member, your role in this work matters. The lives of Black and Indigenous mothers and babies depend on it. Let this not be just another brief. Let it be a roadmap toward collective accountability, community healing, and a future where every mother in South Carolina can give birth safely with their dignity and power intact.

Birth-Work and Maternal Health Advocates in the Lowcountry

Image sourced from https://en.wikipedia.org/wiki/Maude_E._Callen#/media/File:Maude_E._Callen.jpg

During the gathering phase of my research, I was able to interview and converse with women across South Carolina's Lowcountry who are both establishing and established themselves in Birth Work. Midwifery and Doula work is not a new profession seen in the Lowcountry. It's been around since the 1800s, using the understanding of both root medicine and spiritual knowledge to assist births and treat any pregnancy, birth, and or postpartum ailments.

Maude Callen's Legacy and Lowcountry Birth-work

Maude E. Callen was born in Quincy, Florida and graduated from Florida A&M University in 1922 while also completing her nursing course at Tuskegee Institute in Alabama. Upon graduating, she relocated to Pineville, South Carolina in 1923 and became the 9th nurse-midwife in the area. Operating a community clinic from her home, she served rural communities across 400 square miles, frequently navigating muddy roads to provide in-home care. Known for fulfilling multiple roles,doctor, dietitian, counselor, and advocate,she delivered an estimated 600–800 babies and trained the women in the community in midwifery. Callen's passionate work gained the attention of W. Eugene Smith from Life Magazine in 1951. This led to over $20,000 in donations resulting in the opening of the Maude E. Callen Clinic in 1953. She served Berkley County for over 60 years and retired in 1971 receiving the South Carolina Hall of Fame and the Order of the Palmetto. Despite her death on January 23, 1990, her lasting contributions to maternal and public health in South Carolina's Lowcountry are still prevalent today.

Evette Green's Commitment ReBIRTHed

For 30 years, Evette Green's work was rooted in a nurturing spirit and influenced by her grandmother, who was also a midwife. She worked with MUSC, and for a period served at the Peed's OPAC Clinic. As a certified doula with two years of formal training and nearly three decades of lived experience, Evette supported HIV positive women before conception, during pregnancy, and after birth. Despite primarily serving Black mothers, she noted that Hispanic mothers were also included in her caseload. Ms. Green offered both practical and emotional support through home visits across the state providing clothing, groceries, diapers, home-cooked meals, and household assistance. However, despite the continued challenges faced by many women, including lack of transportation, financial hardship, and limited support systems, her unwavering commitment was evident. She shared that the most meaningful part of her work was seeing children grow up healthy and hearing mothers recall her presence during their deliveries.

Green's legacy of compassionate, community-based care lives on through MUSC's newly developed doula training program, ReBIRTHed. The Doula Training Program was created through the Women's Reproductive and Behavioral Health Care Department as part of their broader maternal health initiative, Mom's IMPACTT. The program was created in response to unmet needs in perinatal mental health and substance use recovery, particularly among Black and Brown mothers. The doulas in training must maintain documented sobriety for at least one consecutive year and complete a Peer Advocacy Certification. Sister programs like Listening to Women, a mental health screening tool using text communication, and the Peer Recovery Doula Initiative, which trains mothers in recovery from substance use disorder, reflect the program's deeply personal and trauma-informed approach to maternal care. Training doulas to understand both technical procedures and the cultural aspects of birth work is highly important. The training balances emotional intelligence with clinical skills, equipping doulas to meet mothers where they are.

Image sourced from https://medicine.musc.edu/-/sm/medicine/departments/psychiatry/divisions-and-programs/addiction-sciences/echo-oud/f/free-peer-recovery-doula-services.pdf

Now in its fourth full cohort, ReBIRTHed partners with BirthMatters, a community-based doula organization focused on supporting Black and Brown mothers aged 25 and younger. Trainings are held throughout the state with immediate and long-term goals in mind: to improve maternal and fetal outcomes while also strengthening the network of maternal health advocates and organizations. Kathrine Wallace, a social work partner and lead on the program's research side, ensures the patients remain connected to resources including appointments, surveys, and mental health screenings. She also monitors all evaluation materials ensuring they are in place to support future grant applications. Cultural and community relevance also remains central, intentionally addressing the unique needs of Black, Indigenous, and other identifying women of color. It creates space for discussions around historical trauma, racism, and disparities in maternal care. Through She Matters Cultural Competency Training, doulas are taught to manage personal biases, engage in patient-led conversations, and provide culturally competent care. Trainers from BirthMatters also bring lived experience and knowledge of the Black maternal health reality. Indigenous representation is also included through active participation from Catawba Nation stakeholders, who guide culturally sensitive practices and ceremonial birth traditions within the training.

The team identified the following possible sustainability challenges: engaging external healthcare providers, reducing stigma concerning substance use in pregnancy, and integrating alternative healing practices. The vision to expand doula access, strengthen community-rooted care models, and reshape maternal health outcomes in South Carolina remains strong. To expand this vision and make doula care more accessible for working-class and low-income families, South Carolina residents must rally behind House Bill H.3108. This bill requires both private insurance companies and Medicaid to cover doula services while also establishing a framework for doula certification, scope of practice, and reporting regulations.

Maternal Health in the Edisto Natchez-Kusso Tribe of South Carolina

Edisto Indian Free Clinic Logo – The Edisto Indian Free Clinic in the Four Holes Indian Community is open to anyone, including those who are not enrolled in the Edisto Natchez-Kusso Tribe of SC. (2024). Edistoindianfreeclinic.com. https://edistoindianfreeclin

The Edisto Natchez-Kusso Tribe faces layered challenges in protecting and advancing maternal health for its women and families. Rooted in a rich cultural legacy shaped by colonization, dispossession, and survival, maternal care today is shaped as much by this history as by current gaps in access and recognition. From early colonial land seizures, such as the forced sale of 12,000 acres by Kusso women and men in 1675, to their eventual establishment in Creeltown and Four Holes Swamp in the 19th century, the tribe has persisted despite systemic erasure. For much of South Carolina's history, Edisto tribal members were denied the right to claim their Native identity on official records,a struggle that continues to reverbera$_t$e in health care access and representation. Despite these challenges, faith remains a pillar in the tribe's healing tradition. Like Maude in Berkley, historically, Edisto women turned to tribal midwives like Ida Hudsen to deliver their children in homes or small clinics when formal health systems excluded them.

The Edisto Indian Free Clinic was founded in 1990 by Dr. Baggett and now operated by Chief Creel. The clinic offers primary care but lacks the capacity to deliver maternal services on-site. Once a pregnancy is confirmed, mothers are referred to hospitals in Colleton, Summerville, or Charleston; each 30 to 60 minutes away. Transportation is a critical barrier, compounded by the lack of federally funded health infrastructure. Despite these constraints, the clinic partners with outside institutions for postpartum mental health (e.g., MUSC's pilot program) and low-cost medications (e.g., Americare and Wellvista pharmacies). While state recognition of the tribe was achieved in 2010, the lack of federal acknowledgment continues to deny access to critical funding streams, tribal housing, and Indian Health Service resources that could transform maternal care access.

Image of the Edisto Indian Free Clinic – The Edisto Indian Free Clinic in the Four Holes Indian Community is open to anyone, including those who are not enrolled in the Edisto Natchez-Kusso Tribe of SC. (2024). Image sourced from https://www.facebook.com/edistoindianfreeclinic/photos

Chief John Glenn Creel serves not only as chief, but also as pastor and physician, integrating prayer and spiritual care into his practice. Traditional customs also persist, such as reverence for the powwow drum. The drum and waves of sound that resonates symbolizes the heartbeat of both mother and her unborn child and they should never be played by women during pregnancy or certain ceremonies.

Bibliography

References

- April M. Falconi, Leah Ramirez, Rebecca Cobb, Carrie Levin, Michelle Nguyen, and Tiffany Inglis: Role of Doulas in Improving Maternal Health and Health Equity Among Medicaid Enrollees, 2014 2023 American Journal of Public Health 114, 1275_1285, https://doi.org/10.2105/AJPH.2024.307805
- African American Registry. (n.d.). Maude E. Callen, nurse-midwife born. https://aaregistry.org/story/maude-e-callen-nurse-midwife-born/
- BabyCenter. (n.d.). HIV/AIDS during pregnancy. https://www.babycenter.com/pregnancy/health-and-safety/hiv-aids-during-pregnancy_1427384
- Centers for Disease Control and Prevention. (n.d.). Natality data: Expanded, 2021–present. CDC WONDER. https://wonder.cdc.gov/natality-expanded-current.html
- Edisto Indian Free Clinic – The Edisto Indian Free Clinic in the Four Holes Indian Community is open to anyone, including those who are not enrolled in the Edisto Natchez-Kusso Tribe of SC. (2024). Edistoindianfreeclinic.com. https://edistoindianfreeclinic.com/
- FH Trackers: Cost of Giving Birth. (n.d.). Www.fairhealth.org. https://www.fairhealth.org/fh-trackers/cost-of-giving-birth
- Just Plain Killers. (2023). Vulnerability assessment report and jurisdictional plan (2022). https://justplainkillers.com/wp-content/uploads/2023/04/Vulnerability-Assessment-Report-and-Jurisdictional-Plan_2022.pdf
- March of Dimes. (2023). 2023 South Carolina report card. https://www.marchofdimes.org/peristats/reports/south-carolina/report-card
- MUSC Health. (n.d.). Maternal mental health & opioids. https://muschealth.org/medical-services/womens/reproductive-behavioral-health/maternal-mental-health/opioids
- Rebirthed | Community Health Alignment. (2024). Communityhealthalignment.org. https://communityhealthalignment.org/rebirthed/?utm_source=social%20media&utm_medium=social%20media&utm_campaign=REBIRTHED
- Sobczak, A., Taylor, L., Solomon, S., Ho, J., Kemper, S., Phillips, B., Jacobson, K., Castellano, C., Ring, A., Castellano, B., & Jacobs, R. J. (2023). The Effect of Doulas on Maternal and Birth Outcomes: A Scoping Review. Cureus, 15(5), e39451. https://doi.org/10.7759/cureus.39451
- South Carolina Department of Public Health. (2023). Epidemiologic profile summary: Lowcountry region. https://dph.sc.gov/sites/scdph/files/2024-11/Epi_Profile_Summary_Lowcountry_2023.pdf
- South Carolina Department of Public Health. (2023). Epidemiologic profile summary: Statewide. https://dph.sc.gov/sites/scdph/files/2024-11/Epi_Profile_Summary_Statewide_2023.pdf
- South Carolina Department of Public Health. (2024, May 21). State health assessment report. https://dph.sc.gov/sites/scdph/files/media/document/New%20PDFs/SHA-Report-20240521.pdf
- South Carolina Department of Public Health. (n.d.). Perinatal HIV in South Carolina. https://dph.sc.gov/diseases-conditions/infectious-diseases/hivaids/fimrhiv-south-carolina#:~:text=About%20Perinatal%20HIV&text=Not%20all%20babies%20who%20are,per%20year%20in%20South%20Carolina
- South Carolina Legislature. (2025). H.3108: Maude E. Callen Maternal and Infant Mortality Review Act. https://www.scstatehouse.gov/sess126_2025-2026/bills/3108.htm
- South Carolina Maternal Morbidity and Mortality Review Committee. (2025). Legislative report 2025. South Carolina Legislature. https://www.scstatehouse.gov/reports/DeptofPublicHealth/SCMMMRC%20Legislative%20Report%202025.pdf
- South Carolina Hall of Fame. (n.d.). Maude E. Callen. http://www.theofficialschalloffame.com/directlink.html?id=10
- University of Arkansas for Medical Sciences. (n.d.). What is methadone? UAMS Psychiatric Research Institute. https://psychiatry.uams.edu/clinical-care/outpatient-care/cast/what-is-methadone/

Image Attributions

- dolgachov. “Pregnant Woman with Bills and Money at Home,” Envato, elements.envato.com/pregnant-woman-with-bills-and-money-at-home-P237NNB. Accessed 2 Oct. 2025.
- “Edisto Indian Free Clinic... - Edisto Indian Free Clinic.” Facebook.com, Edisto Indian Free Clinic, 2022, www.facebook.com/edistoindianfreeclinic/photos/pb.100057504525416.-2207520000/1897667153627203/?type=3. Accessed 2 Oct. 2025.
- “Free Peer Recovery Doula Services.” Medicine.musc.edu/, medicine.musc.edu/-/sm/medicine/departments/psychiatry/divisions-and-programs/addiction-sciences/echo-oud/f/free-peer-recovery-doula-services.pdf.
- LightFieldStudios. “Cropped View of Doctor Holding Red Ribbon Isolated on Grey,” Envato, elements.envato.com/cropped-view-of-doctor-holding-red-ribbon-isolated-YEPHZUA. Accessed 2 Oct. 2025.
- Peakstock. “Result of Ultrasound of the Gallbladder and Internal Organs. Diagnosis of Diseases of The,” Envato, elements.envato.com/result-of-ultrasound-of-the-gallbladder-and-intern-4JH3KPG. Accessed 2 Oct. 2025.
- Pressmaster. “Smiling Pregnant Woman Holding Belly,” Envato, elements.envato.com/smiling-pregnant-woman-holding-belly-USZAVD3. Accessed 2 Oct. 2025.
- seventyfourimages. “Doctors Hand Checking Baby Sounds with Stethoscope,” Envato, elements.envato.com/doctors-hand-checking-baby-sounds-with-stethoscope-6W2AULK. Accessed 2 Oct. 2025.
- Unai82. “Cardiology Clinic with a New Ultrasound Machine for Echocardiogram Exams to Clients,” Envato, elements.envato.com/cardiology-clinic-with-a-new-ultrasound-machine-fo-APRKGUC. Accessed 2 Oct. 2025.
- wirestock. “Hand in Glove Holding Positive HIV Blood Specimen on Test Tube in the Laboratory,” Envato, elements.envato.com/hand-in-glove-holding-positive-hiv-blood-specimen--MUQ94BP. Accessed 2 Oct. 2025.
- Wikipedia Contributors. “Maude E. Callen.” Wikipedia, Wikimedia Foundation, 17 July 2024, en.wikipedia.org/wiki/Maude_E._Callen#/media/File:Maude_E._Callen.jpg.