

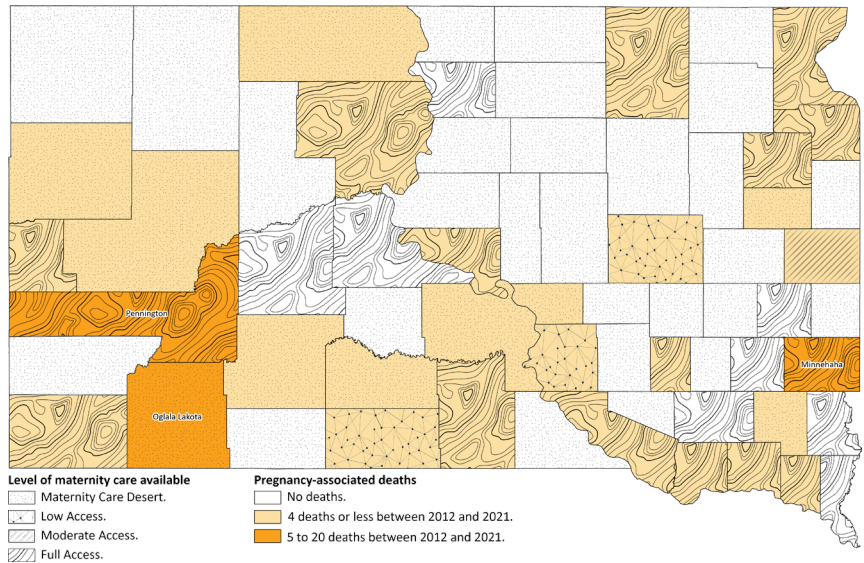
# Maternal Mortality in South Dakota



South Dakota is very unique, and some of its characteristics create particular challenges to the maternal and child health and wellbeing.

Accessing adequate maternal healthcare is challenging due to South Dakota's rural and frontier nature. Of the 66 counties in the state, 42 counties are considered completely rural (63.6%), with less than 2500 inhabitants. Living in a rural county creates challenges to access health care – for instance, women must travel long distances to visit with a provider.

Moreover, rural and frontier counties are much less likely to have hospitals or birth centers that provide obstetric care, or specialized healthcare providers, such as OB/GYN or certified nurse midwives. In South Dakota, 56.1 percent of counties are defined as maternity care deserts compared to 32.6 percent in the U.S.



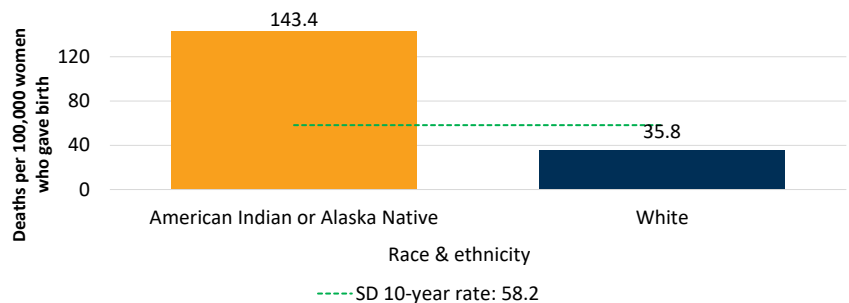
Map created by the Office of Child and Family Services

**23.7%**  
of SD women had  
no birthing hospital  
within 30 minutes  
compared to  
**9.7%** in the U.S.

Inequities in maternal deaths in South Dakota affect different populations when compared to the US. In the US, maternal deaths disproportionately and markedly affect Black and African Americans. In South Dakota, American Indians are the most affected group. A review of pregnancy-associated deaths by race from 2012-2021 revealed that 44.1% were American Indian or Alaska Native (AI/AN) although AI/AN make up only 10.5% of SD's population and about 20.2% of live births. Moreover, the rate of pregnancy-associated deaths among Native Americans in SD was 4 times higher than the rate among White women in the same period.

South Dakota is taking significant steps to address maternal mortality and improve pregnancy outcomes. In 2021, the Department of Health established the Maternal Mortality Review Committee (MMRC), which meets regularly to examine pregnancy-associated and pregnancy-related deaths. Thanks to the MMRC's insights, our Maternal Child Health team, working closely with

**Rates of pregnancy-associated death among American Indians were 4 times higher than among White women<sup>†</sup>. South Dakota, 2012-2021.**



Source: Birth and Death records. Office of Health Statistics, Department of Health

Community Health Nurses, has implemented several vital interventions. These include increasing post-partum visits for pregnancy care clients and providing depression screenings for pregnant and post-partum individuals.

Furthermore, we've forged a partnership with South Dakota Medicaid to establish a pregnancy medical home, fostering greater collaboration among medical providers, Medicaid, and the Department of Health. This collaboration seeks to address health issues and social determinants of health to enhance pregnancy outcomes and reduce maternal mortality rates.

We're proud to share that South Dakota was awarded the CDC's Preventing Maternal Mortality grant, enabling us to further strengthen our efforts. With this grant, we're bolstering the MMRC's work, conducting more reviews of pregnancy-associated deaths, refining our data collection processes, and identifying associated risk factors. Our ultimate goal is to develop actionable recommendations that will help prevent maternal deaths and ensure safer pregnancies for all South Dakota residents.

For the full report, please access <https://doh.sd.gov/health-data-reports/maternal-child-health/>