



Maternal Mental Health

South Dakota — PRAMS, 2017

Background

Depression is a serious mood disorder that may last for weeks or months at a time. Postpartum depression is depression that occurs after having a baby. Feelings of postpartum depression are more intense and last longer than those of “baby blues,” a term used to describe the worry, sadness, and tiredness many women experience after having a baby.¹

Pregnancy Risk Assessment Monitoring System (PRAMS)

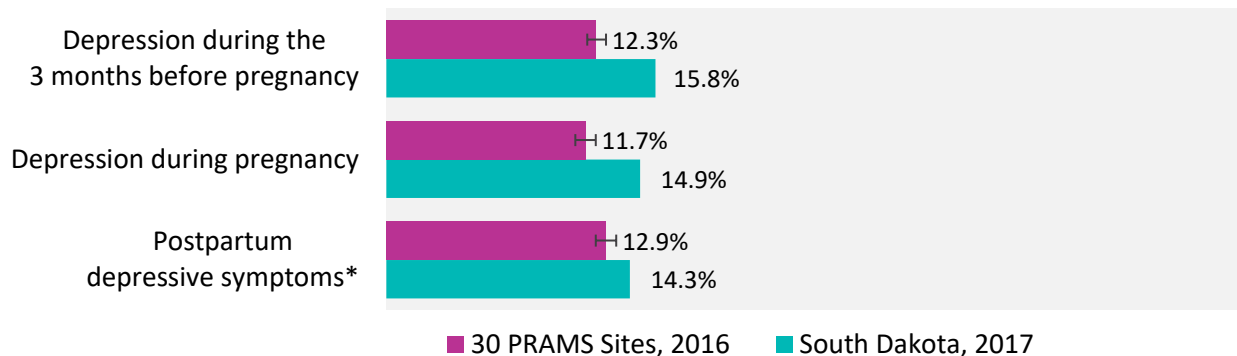
PRAMS collects site-specific, population-based data on maternal attitudes and experiences before, during, and shortly after delivery. PRAMS surveys are typically completed 3 to 6 months after delivery. PRAMS sites that met or exceeded the response rate thresholds for 2016 (55%) are included in overall estimates and the South Dakota weighted response rate was 67%. Results presented in this report include responses to “Core” questions (asked by all PRAMS sites).

Maternal Mental Health National Goal

Healthy People
2020 Objective²

MICH-34 – (Developmental) Decrease the proportion of women delivering a live birth who experience postpartum depressive symptoms

Maternal Depression Before, During, and After Pregnancy



*Defined as “always” or “often” feeling down, depressed, or hopeless or having little interest or little pleasure in doing things she usually enjoyed since delivery. Note: Bars display 95% Confidence Intervals

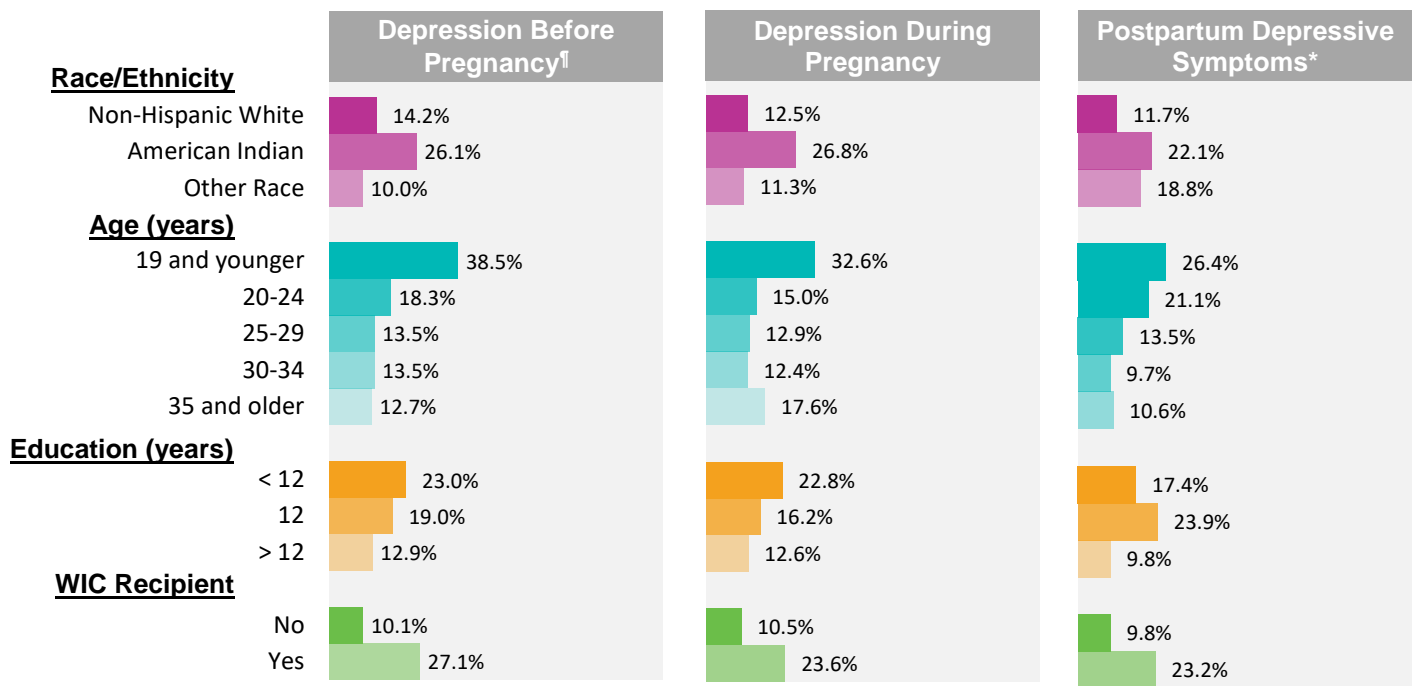
Screening for Depression Among Women Who Had Health Care Visits

| PRAMS Indicator | South Dakota 2017† | 30 PRAMS Sites 2016† |
|--|--------------------|----------------------|
| Asked by a health care worker in the 12 months before pregnancy if feeling down or depressed | 60.2 (56.1 – 64.3) | 47.1 (46.1 – 48.1) |
| Asked by a health care worker during a prenatal care visit if feeling down or depressed | 88.0 (85.8 – 90.2) | 74.3 (73.5 – 75.1) |
| Asked by a healthcare worker during the postpartum checkup if feeling down or depressed | 92.0 (90.5 – 93.9) | 82.4 (81.6 – 83.0) |

† Weighted Percentage (95% Confidence Interval)

South Dakota PRAMS: Maternal Mental Health

Women who reported depression before[†] or during pregnancy, or postpartum depressive symptoms*, by maternal characteristics — South Dakota, 2017



Abbreviations: WIC = Special Supplemental Nutrition Program for Women, Infants, and Children

* Defined as “always” or “often” feeling down, depressed, or hopeless or having little interest or little pleasure in doing things she usually enjoyed since delivery

[†] 3 months before pregnancy

Summary

Based on results from the South Dakota PRAMS:

- About one in seven PRAMS respondents reported depression before pregnancy (15.8%), during pregnancy (14.9%), and or postpartum depressive symptoms (14.3%).
- Overall, over half of women were screened for depression before pregnancy (60.2%), about more than three quarters were screened for depression during pregnancy (88.0%), and most were screened for depression after pregnancy (92.0%).

Resources

Depression During and After Pregnancy: <https://www.cdc.gov/features/maternal-depression/index.html>

Postpartum Depression Facts: <https://www.nimh.nih.gov/health/publications/postpartum-depression-facts/index.shtml>

References:

1. Depression During and After Pregnancy: <https://www.cdc.gov/features/maternal-depression/index.html>
2. Healthy People 2020 Objectives: <https://www.healthypeople.gov/2020/topics-objectives/topic/maternal-infant-and-child-health/objectives>

To learn more about PRAMS methods and to see data availability by state and year visit: <https://www.cdc.gov/prams>



THE BEST SOURCE OF DATA ON MOTHERS AND BABIES



Breastfeeding

South Dakota — PRAMS, 2017

Background

Breastfeeding provides mothers and their infants with many health benefits. Compared to infants fed formula, infants fed human milk have a lower risk of asthma, ear infections, and sudden infant death syndrome. For breastfeeding mothers, the risk of ovarian and breast cancers is lower compared to mothers who never breastfed. The American Academy of Pediatrics recommends exclusively breastfeeding for the first 6 months of life, and continuing to breastfeed, as solid foods are introduced, through at least 12 months.¹

Pregnancy Risk Assessment Monitoring System (PRAMS)

PRAMS collects state-specific, population-based data on maternal attitudes and experiences before, during, and shortly after pregnancy. PRAMS sites that met the 60% response rate threshold for data analysis are included in overall estimates. Results presented in this report include both “Core” questions, which are asked by all participating PRAMS sites, and “Standard” questions, which sites had the option to include on their PRAMS survey.

To learn more about PRAMS methods and to see “Data Availability by State and Year” visit:
<https://www.cdc.gov/prams>

National Breastfeeding Goals

| Breastfeeding | Healthy People 2020 Objectives ² | Title V National Performance Measures ³ |
|---------------------|---|---|
| Initiation | Increase the proportion of infants who are ever breastfed | Percent of infants who are ever breastfed |
| Duration | Increase the proportion of infants who are breastfed at 6 months and 1 year | No related performance measure |
| Exclusivity* | Increase the proportion of infants who are breastfed exclusively through 3 and 6 months | Percent of infants breastfed exclusively through 6 months |

* Infants only receive human milk except for medicine, vitamins, and minerals when necessary

Breastfeeding Rates

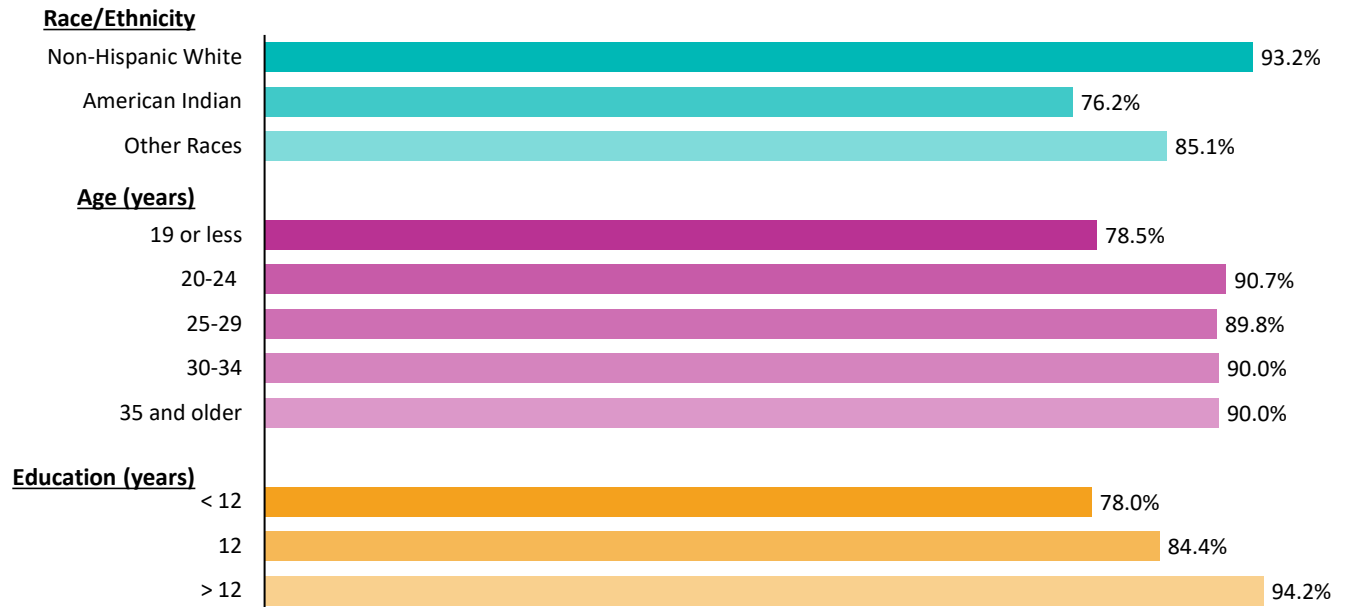
Healthy People 2020 breastfeeding targets and Title V Performance Measures are tracked using data from the National Immunization Survey, which collects data on breastfeeding practices from caregivers when the child is 19 to 35 months old. PRAMS data are collected from mothers when their infant is 2 to 9 months old. PRAMS data can be used to assess influences on breastfeeding practices and to identify populations at risk of not following breastfeeding recommendations.

| PRAMS Indicators | South Dakota % | Multiple Sites % |
|------------------------------|----------------|------------------|
| | 2017 | 2014 |
| Ever breastfed | 89.4 | 86.3 |
| Any breastfeeding at 8 weeks | 73.4 | 64.8 |

South Dakota PRAMS: Breastfeeding

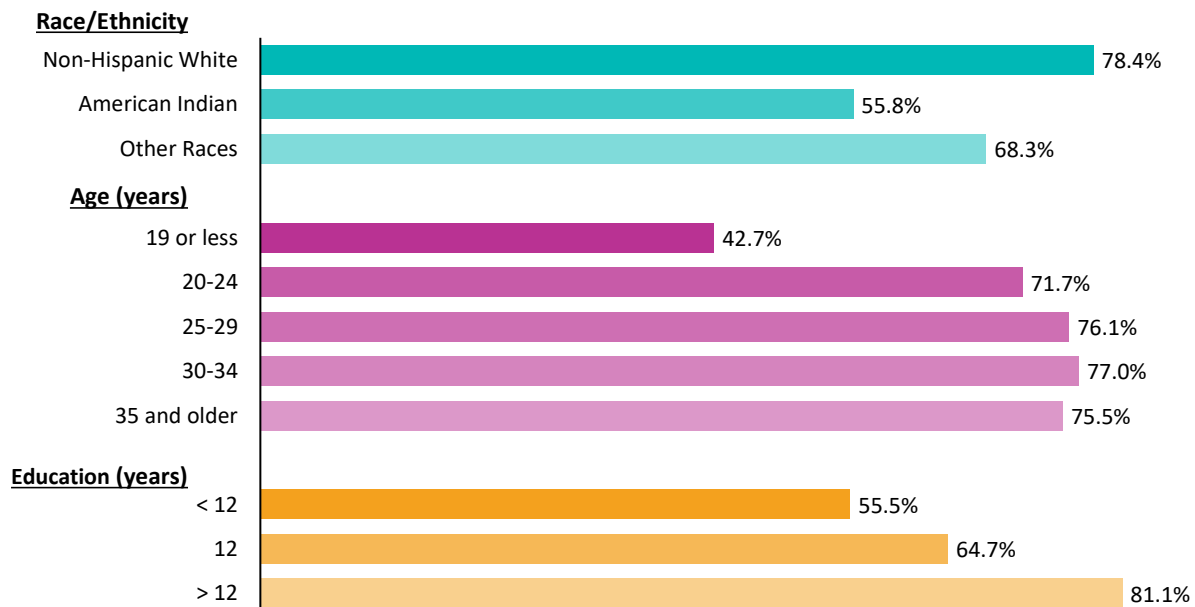
Who Initiates Breastfeeding?

Mothers who reported ever breastfeeding,
by selected characteristics — South Dakota, 2017



Who Breastfeeds at 8 Weeks?

Mothers who reported any breastfeeding at 8 weeks,
by selected characteristics — South Dakota, 2017



South Dakota PRAMS: Breastfeeding

Who Provides Breastfeeding Information

| Standard PRAMS indicator completed by mothers who gave birth in a hospital and reported ever breastfeeding | South Dakota % 2017 |
|--|------------------------|
| Sources of helpful information about breastfeeding | |
| Mother's doctor | 83.7 |
| A nurse, midwife, or doula | 77.2 |
| Baby's doctor or health care provider | 72.1 |
| A breastfeeding or lactation specialist | 70.9 |
| Family or friends | 66.4 |
| A breastfeeding support group | 23.4 |
| A breastfeeding hotline or toll-free number | 9.9 |

Reasons Women Stopped Breastfeeding

| Standard PRAMS indicator completed by mothers who reported ever breastfeeding | South Dakota % 2017 |
|---|------------------------|
| I thought I was not producing enough milk, or my milk dried up | 59.1 |
| Breast milk alone did not satisfy my baby | 36.8 |
| My baby had difficulty latching or nursing | 30.9 |
| Nipples were sore, cracked, or bleeding, or it was too painful | 21.8 |
| Went back to work | 21.5 |
| Had too many other household duties | 15.1 |
| Thought baby was not gaining enough weight | 12.9 |
| Felt it was the right time to stop breastfeeding | 9.6 |
| Baby was jaundiced | 6.7 |
| Got sick or had to stop for medical reasons | 6.2 |
| Went back to school | 4.4 |
| Partner did not support breastfeeding | 1.3 |

South Dakota PRAMS: Breastfeeding

Public Health Action

- The majority of PRAMS respondents reported ever breastfeeding (89.4%) and almost three-fourths (73.4%) reported they were breastfeeding at 8 weeks.
- Among mothers who stopped breastfeeding, half (59.1%) reported they stopped because they thought they were not producing enough milk, or their milk had dried up.
- Public health efforts can focus on providing mothers with the support they need to reach their breastfeeding goals.

Resources

CDC Website on Breastfeeding: <https://www.cdc.gov/breastfeeding/>

Office on Women's Health Website on Breastfeeding: <https://www.womenshealth.gov/breastfeeding/>

References:

1. Breastfeeding and the Use of Human Milk: <http://pediatrics.aappublications.org/content/129/3/e827>
2. Healthy People 2020 Objectives: <https://www.healthypeople.gov/2020/topics-objectives/topic/maternal-infant-and-child-health/objectives>
3. Title V National Performance Measures: <https://mchb.tvisdata.hrsa.gov/PrioritiesAndMeasures/NPMDistribution>



THE BEST SOURCE OF DATA ON MOTHERS AND BABIES



Maternal Oral Health Care

South Dakota — PRAMS, 2017

Background

Receiving oral health care and education during pregnancy is important both for women’s health and for their children’s oral health.¹ Pregnant women may develop gingivitis, where their gums swell and bleed easily. If left untreated, gingivitis may lead to more severe gum disease. Most dental work is safe during pregnancy (e.g., teeth cleaning, dental x-rays, filling of a decayed tooth), and regular teeth cleanings before and during pregnancy can help protect against gum disease.¹⁻³

Pregnancy Risk Assessment Monitoring System (PRAMS)

PRAMS collects site-specific, population-based data on maternal attitudes and experiences before, during, and shortly after delivery. PRAMS sites that met or exceeded the response rate thresholds for 2012-2014 (60%) and 2015 (55%) are included in overall estimates. Results presented in this report include both “Core” questions, which are asked by all participating PRAMS sites, and “Standard” questions, which sites had the option to include on their survey.

National Oral Health Goals

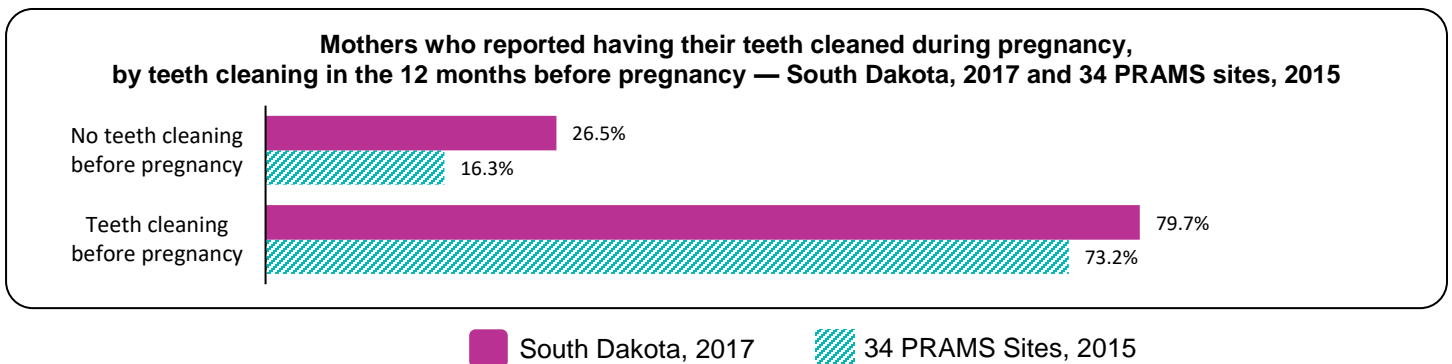
| National Goals | Maternal Oral Health Care |
|---|---|
| Healthy People 2020 Objective ⁴ | Increase the proportion of children, adolescents, and adults who use the oral health care system in the past year |
| Title V National Performance Measure ⁵ | To increase the number of pregnant women who have a dental visit during pregnancy |

Teeth Cleaning Before and During Pregnancy

Proportion of mothers who reported having teeth cleaned before and during pregnancy.

| Core PRAMS Indicators | South Dakota % (95% CI)* | 34 PRAMS Sites % (95% CI)* |
|--|-----------------------------|-------------------------------|
| | 2017 | 2015 |
| During the 12 months before getting pregnant I had my teeth cleaned by a dentist or dental hygienist | 58.8 (54.8-62.7) | 56.3 (55.5-57.1) |
| During pregnancy, I had my teeth cleaned by a dentist or dental hygienist | 47.7 (44.3-51.0) | 48.3 (47.5-49.2) |

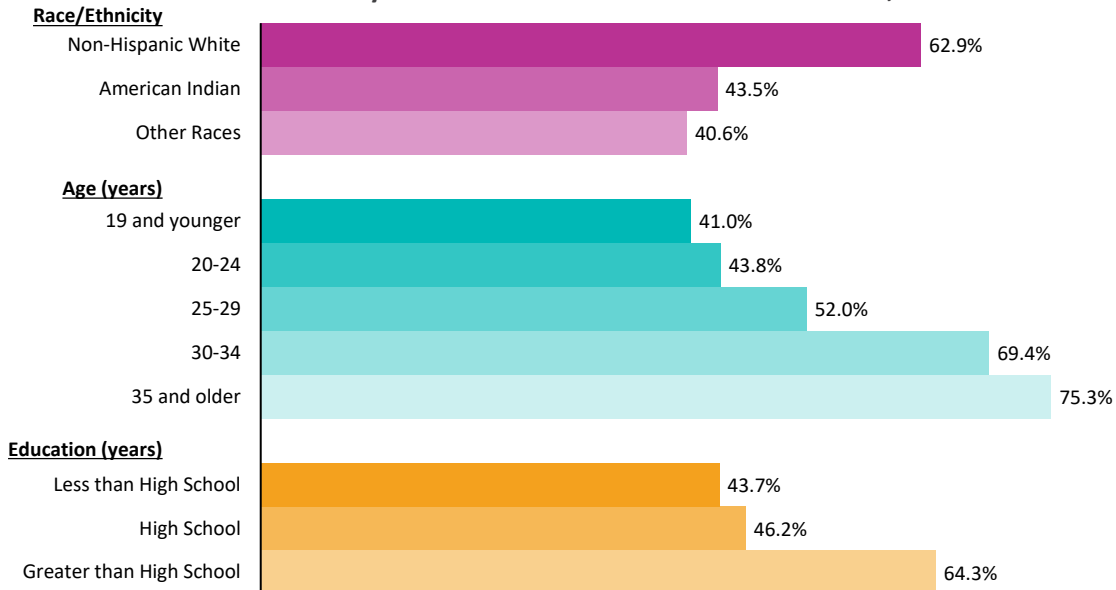
* Weighted percent



South Dakota PRAMS: Maternal Oral Health

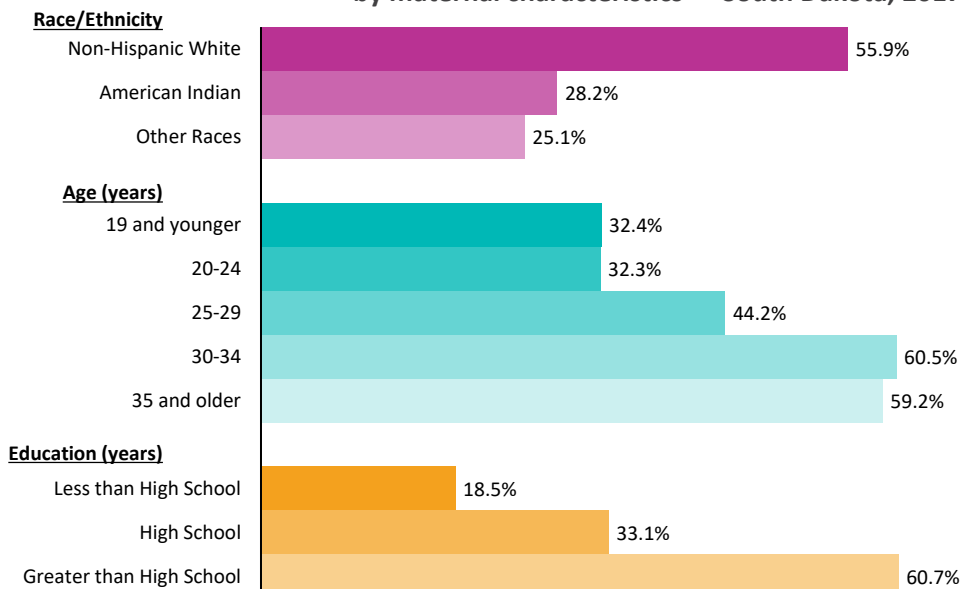
Who Had Their Teeth Cleaned Before Pregnancy?

Mothers who reported having their teeth cleaned in the 12 months before getting pregnant, by maternal characteristics — South Dakota, 2017



Who Had Their Teeth Cleaned During Pregnancy?

Mothers who reported having their teeth cleaned during pregnancy, by maternal characteristics — South Dakota, 2017



South Dakota PRAMS: Maternal Oral Health

Barriers to Oral Health Care During Pregnancy

| Core PRAMS Indicator | South Dakota | Subset of PRAMS Sites |
|--|---------------------|-----------------------|
| | % (95% CI)* | % (95% CI)* |
| | 2017 | 2015 |
| Could not afford to go to the dentist/dental clinic | 18.0 (15.3-20.7) | 27.0 (23.9-30.4) |
| Did not think it was safe to go to the dentist during pregnancy | 10.4 (8.5-12.3) | 18.4 (15.5-21.7) |
| Could not find a dentist/dental clinic that would take Medicaid patients | 6.9 (5.2-8.7) | 17.2 (14.5-20.4) |
| Could not find a dentist/dental clinic that would take pregnant patients | 3.6 (2.5-4.6) | 13.3 (10.8-16.3) |

*Subset of PRAMS Sites" estimates include 6 PRAMS sites (Alabama, Connecticut, Maryland, Missouri, New York, and Vermont)

Public Health Action

Only about half (47.7%) of South Dakota PRAMS respondents had their teeth cleaned during pregnancy. The major barrier to oral health care during pregnancy was the inability to afford to go to the dentist.

Resources

American Dental Association: <http://www.mouthhealthy.org/en/pregnancy/healthy-habits>

Office on Women's Health: <https://www.womenshealth.gov/publications/our-publications/fact-sheet/oral-health.html>

References:

1. Oral Health Care During Pregnancy Expert Workgroup. Oral Health Care During Pregnancy: A National Consensus Statement-Summary of an Expert Workgroup Meeting. 2012. Washington, DC: National Maternal and Child Oral Health Resource Center. Available at: <https://www.mchoralhealth.org/PDFs/OralHealthPregnancyConsensus.pdf>
2. Office on Women's Health, U.S. Department of Health and Human Services-Oral Health Fact sheet. Available at: <https://www.womenshealth.gov/publications/our-publications/fact-sheet/oral-health.html>
3. American Dental Association: Is It Safe to Go To the Dentist During Pregnancy? Available at: <http://www.mouthhealthy.org/en/pregnancy/concerns>
4. Healthy People 2020 Objectives. Available at: <https://www.healthypeople.gov/2020/topics-objectives/topic/maternal-infant-and-child-health/objectives>
5. Title V National Performance Measures. Available at: <https://mchb.tvisdata.hrsa.gov/PrioritiesAndMeasures/NPMDistribution>

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THE BEST SOURCE OF DATA ON MOTHERS AND BABIES



Infant Safe Sleep Practices

South Dakota — PRAMS, 2017

Background

This report contains South Dakota data on infant sleep practices as reported in PRAMS 2017 and overall estimates for 34 PRAMS sites for 2015. Progress towards meeting the national infant sleep position goal as specified in Healthy People 2020 is presented.

Every year in the United States there are about 3,500 sleep-related infant deaths, including those from sudden infant death syndrome (SIDS), accidental suffocation and strangulation in bed, and unknown causes.¹ To reduce risk factors for sleep-related infant deaths, recommendations from the American Academy of Pediatrics (AAP) for safe sleep include:

- placing the infant on his or her back on a firm sleep surface such as a mattress in a safety-approved crib or bassinet,
- having the infant and caregivers share a room, but not the same sleeping surface, and
- avoiding the use of soft bedding (e.g., blankets, pillows, and soft objects) in the infant sleep environment.

Additional recommendations to reduce the risk for sleep-related infant deaths include breastfeeding, providing routinely recommended immunizations, and avoiding prenatal and postnatal exposure to tobacco smoke, alcohol, and illicit drugs.²

Pregnancy Risk Assessment Monitoring System (PRAMS)

PRAMS collects site-specific, population-based data on maternal attitudes and experiences before, during, and shortly after pregnancy. Mothers are surveyed 2 to 6 months after delivery. PRAMS sites that met or exceeded the response rate threshold for 2015 (55%) are included in overall estimates and the South Dakota 2017 weighted response rate was 67%. Results presented in this report include both responses to “Core” questions (asked by all PRAMS sites) and to “Standard” questions (optional).

National Infant Sleep Position Goals

The Healthy People 2020 Objective and Title V National Performance Measure on infant sleep position are tracked using PRAMS data.^{3,4}

| National Goals | Sleep Position |
|---|--|
| Healthy People 2020 Objective ³ | MICH-20: Increase the proportion of infants who are put to sleep on their backs from 68.9% to 75.8% |
| Title V National Performance Measure ⁴ | NPM 5: To increase the number of infants placed to sleep on their backs |

Note: The data sources for infant sleep position differ between Healthy People 2010 and Healthy People 2020. The data source for the Healthy People 2010 infant sleep position objective (MICH-16-3) was the National Infant Sleep Study, NIH, NICHD, an annual telephone survey of approximately 1,000 parents of infants. Data for this objective (MICH-20) come from the Pregnancy Risk Assessment Monitoring System and the California Maternal and Infant Health Assessment (MIHA). The baseline estimate was produced from 2007 data from 29 PRAMS sites combined with data from MIHA.³

South Dakota PRAMS: Infant Safe Sleep

Infant Sleep Position

| Core PRAMS Indicator | South Dakota* 2017 | 34 PRAMS Sites* 2015 |
|-------------------------------|-----------------------|-------------------------|
| On his or her side or stomach | 12.4 (10.3-14.7)‡ | 21.6 (20.9-22.3)‡ |

Question Wording: "In which one position do you most often lay your baby down to sleep now? (check one answer)"

"34 PRAMS Sites" includes AL, AK, AR, CO, CT, DE, HI, IL, IA, LA, ME, MD, MA, MI, MO, NE, NH, NJ, NM, NY (excluding NYC), OH, OK, OR, PA, TN, TX, UT, VT, VA, WA, WV, WI, and WY

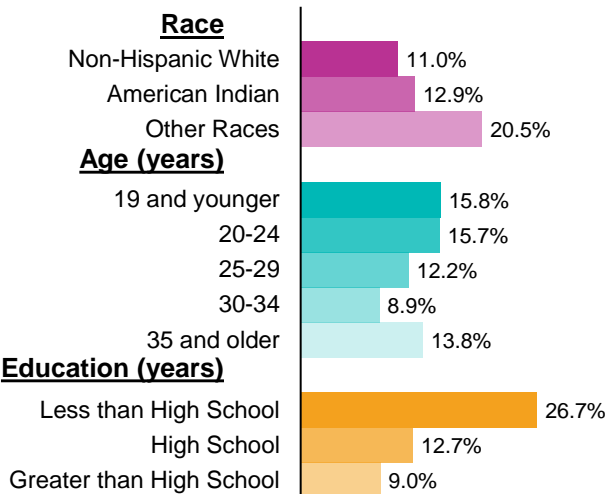
* Weighted Percent (95% Confidence Interval)

‡ Met or exceeded the Healthy People 2020 objective to put 75.8% of infants to sleep on their back

Note: A small percentage of respondents (<4%) selected more than one sleep position and are included in "on his or her side or stomach" category.

Which mothers placed their baby on their side or stomach to sleep?

Mothers who reported placing their babies to sleep on his or her side or stomach most of the time, by maternal characteristics — South Dakota, 2017



Soft Bedding

| Standard PRAMS indicator | South Dakota % (95% CI)* 2017 |
|--|-------------------------------------|
| Any soft bedding** | 52.3 (48.8-55.8) |
| With a blanket | 47.4 (43.9-50.8) |
| With toys, cushions, or pillows, including nursing pillows | 6.7 (5.0-8.5) |
| With crib bumper pads (mesh or non-mesh) | 10.1 (8.0-12.2) |

Question wording: "Listed below are some things that describe how your new baby usually sleeps." Respondents were asked to select "yes" or "no" for the following items: "blanket" "toys, cushions, or pillows, including nursing pillows" and "crib bumper pads (mesh or non-mesh)."

** "Any soft bedding" defined as infant being placed to sleep with any of the following: blankets, toys, cushions, or pillows; or crib bumper pads.

South Dakota PRAMS: Infant Safe Sleep

Infant Sleeping Alone in His or Her Own Crib

| Standard PRAMS indicator | South Dakota % (95% CI)* 2017 |
|--------------------------|-------------------------------|
| Always | 62.4 (59.1-65.6) |
| Often/almost always | 18.7 (16.0-21.4) |
| Sometimes | 6.9 (5.3-8.5) |
| Rarely | 4.6 (3.2-6.0) |
| Never | 7.4 (5.7-9.1) |

Question wording: "In the past 2 weeks, how often has your new baby slept alone in his or her own crib or bed?"

Public Health Action

- In 2017, South Dakota met the Healthy People 2020 target to put 75.8% of infants to sleep on their back.
- One in five (21.6%) respondents from 33 states and New York City reported placing their baby on their side or stomach to sleep most of the time, whereas in South Dakota about one in ten (12.4%) placed their baby on their side or stomach to sleep most of the time.
- About half (52.3%) of South Dakota PRAMS respondents reported using soft bedding when placing their baby to sleep.
- One in five (18.7%) of South Dakota PRAMS respondents reported their infant sometimes, rarely or never slept in his or her own bed.
- Unsafe sleep practices with babies are common. To increase awareness and uptake of AAP safe sleep recommendations public health efforts can:
 - Improve safe sleep practices in child-care and hospital settings by training providers.
 - Use WIC and other programs that serve mothers and babies to deliver culturally appropriate messaging about safe sleep for babies.
 - Monitor and evaluate safe sleep campaigns and programs.

Resources

CDC Vital Signs: <https://www.cdc.gov/vitalsigns/safesleep/>

American Academy of Pediatrics: <http://pediatrics.aappublications.org/content/early/2016/10/20/peds.2016-2938/>

References:

1. Matthews TJ, MacDorman MF, Thoma ME. Infant mortality statistics from the 2013 period linked birth/infant death data set. Natl Vital Stat Rep 2015;64:1–30.
2. Moon RY; Task Force on Sudden Infant Death Syndrome. SIDS and other sleep-related infant deaths: evidence base for 2016 updated recommendations for a safe infant sleeping environment. Pediatrics 2016;138:e20162940.
3. Healthy People 2020 Objectives. Available at: <https://www.healthpeople.gov/2020/topics-objectives/maternal-infant-and-child-health/objectives>
4. Title V National Performance Measures. Available at: <https://mchb.tvisdata.hrsa.gov/PrioritiesAndMeasures/NPMDistributuion>

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THE BEST SOURCE OF DATA ON MOTHERS AND BABIES

Women's Health and Alcohol Use

South Dakota — PRAMS, 2017

Background

No amount of alcohol consumption has been determined to be safe during pregnancy.¹⁻² Mothers who drink alcohol during pregnancy have a higher risk of having a miscarriage, stillbirth, or delivering a preterm and low birthweight infant compared to women who abstain from alcohol.¹ Drinking alcohol during pregnancy can also increase the risk of fetal alcohol spectrum disorders (FASDs).² Infants affected by FASDs may have physical problems and problems with behavior and learning.²

Pregnancy Risk Assessment Monitoring System (PRAMS)

PRAMS collects site-specific, population-based data on maternal attitudes and experiences before, during, and shortly after delivery. PRAMS surveys are typically completed 3 to 6 months after delivery. PRAMS sites that met or exceeded the response rate threshold for 2017 (55%) are included in overall estimates. Results presented in this report include responses to "Core" questions (asked by all PRAMS sites) and to optional "Standard" questions related to alcohol use.

National Goal on Alcohol Use During Pregnancy

Healthy People
2020 Objective³

MICH-11.1 – Increase abstinence from alcohol among pregnant women to 98.3%

Alcohol Use* During Pregnancy

| PRAMS Indicator | South Dakota [†] 2017 | 18 PRAMS Sites ^{††} 2017 |
|--|-----------------------------------|--------------------------------------|
| No alcohol use during the last 3 months of pregnancy | 91.7 (89.5-93.4) | 91.8 (91.1-92.3) |
| Any alcohol use* during the last 3 months of pregnancy | 8.3 (6.6-10.5) | 8.2 (7.7-8.9) |

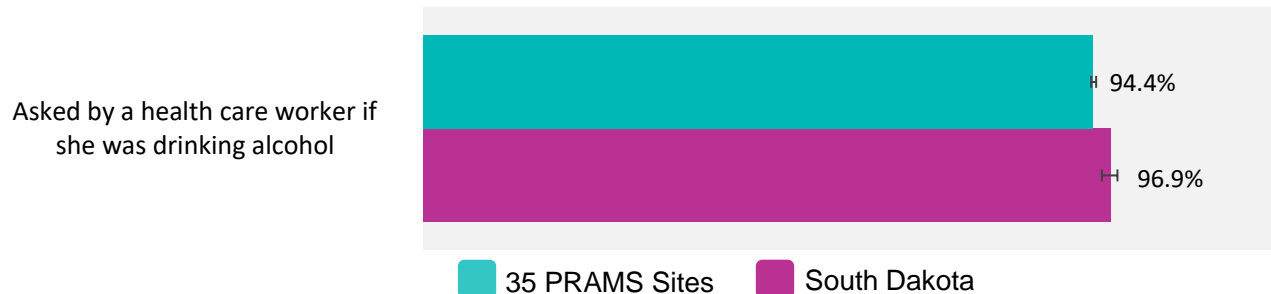
"PRAMS Sites" estimates include 18 sites (AK, CO, CT, DE, GA, LA, MD, ME, MO, NC, NJ, NY, PA, SD, VA, VT, WA, WY)

* Drink is defined as 1 glass of wine, wine cooler, can or bottle of beer, shot of liquor, or mixed drink.

†† Weighted percent (95% Confidence Interval)

Alcohol Use Counseling During Prenatal Care Visits

Women who reported being asked by a health care worker during a prenatal care visit if they were drinking alcohol, 2017



Note: Bars display 95% confidence intervals

South Dakota PRAMS: Women's Health and Alcohol

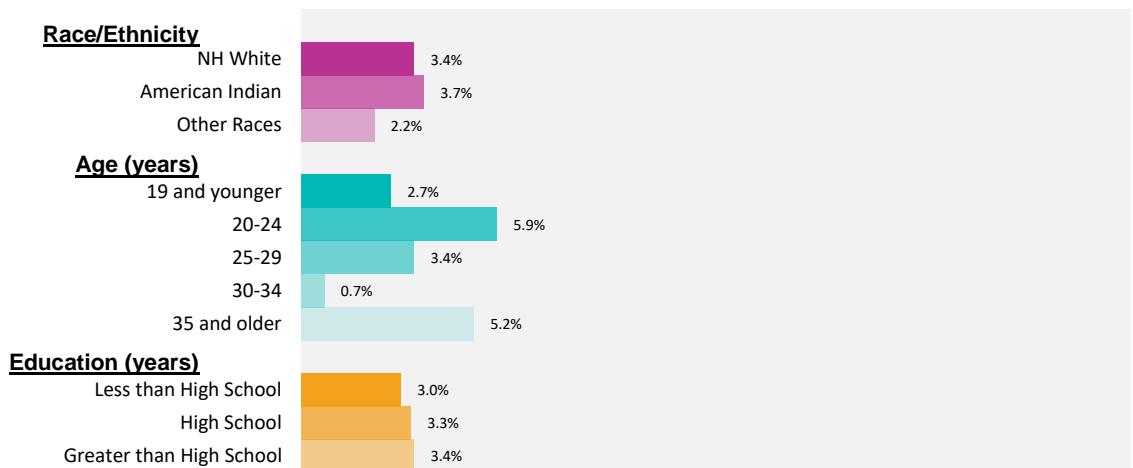
Alcohol Use* Before Pregnancy

| PRAMS Indicator | South Dakota [¶] 2017 | 35 PRAMS Sites [†] 2017 |
|---|-----------------------------------|-------------------------------------|
| No alcohol use during the 3 months before becoming pregnant | 37.4 (34.3-40.5) | 43.4 (42.6-44.1) |
| Any alcohol use* during the 3 months before becoming pregnant | 62.6 (59.5-65.7) | 56.6 (55.9-57.4) |
| Heavy drinking (8 or more drinks a week) | 3.3 (2.3-4.8) | 2.6 (2.4-2.9) |

* Drink is defined as 1 glass of wine, wine cooler, can or bottle of beer, shot of liquor, or mixed drink.

¶ Weighted percent (95% Confidence Interval)

Women who reported heavy drinking (8 or more drinks a week) before pregnancy, by characteristics – South Dakota, 2017



Summary

- 8.3% of South Dakota PRAMS respondents reported any drinking during the last 3 months of pregnancy.
- Overall, nearly all (96.9%) South Dakota PRAMS respondents reported being asked by a health care worker during a prenatal care visit if they were drinking alcohol.
- 3.3% of South Dakota PRAMS respondents reported heavy drinking in the 3 months before becoming pregnant.

Resources

Fetal Alcohol Spectrum Disorders (FASDs): <https://www.cdc.gov/ncbddd/fasd/>
Alcohol Use in Pregnancy: <https://wcms-wp.cdc.gov/ncbddd/fasd/alcohol-use.html>

References:

1. Centers for Disease Control and Prevention. Alcohol Use in Pregnancy. In Fetal Alcohol Spectrum Disorders (FASDs), 2018. <https://wcms-wp.cdc.gov/ncbddd/fasd/alcohol-use.html>
2. Centers for Disease Control and Prevention. Basics about FASDs, 2018. <https://www.cdc.gov/ncbddd/fasd/facts.html>
3. Healthy People 2020 Objectives. Available at: <https://www.healthypeople.gov/2020/topics-objectives/topic/maternal-infant-and-child-health/objectives>
4. Centers for Disease Control and Prevention. Fact Sheets – Alcohol Use and Your Health. 2018. <https://www.cdc.gov/alcohol/fact-sheets/alcohol-use.htm>

To learn more about PRAMS methods and to see data availability by state and year visit: <https://www.cdc.gov/prams>



THE BEST SOURCE OF DATA ON MOTHERS AND BABIES

Maternal Cigarette Smoking

South Dakota — PRAMS, 2017

Background

Smoking before pregnancy can make it harder for women to get pregnant. During pregnancy, women who smoke cigarettes have a higher risk of delivering their infant too early and with a low birthweight, making it more likely their infant will be sick and have to stay in the hospital longer. These infants also have a higher risk of having some kinds of birth defects such as a cleft lip and palate. Infants whose mothers smoked during pregnancy or were exposed to second hand smoke after delivery have a higher risk of sudden infant death syndrome (SIDS). There is no safe level of tobacco use or exposure for women and their infants. Women should not smoke before, during or after pregnancy.¹

Pregnancy Risk Assessment Monitoring System (PRAMS)

PRAMS collects site-specific, population-based data on maternal attitudes and experiences before, during, and shortly after delivery. PRAMS surveys are typically completed 3 to 6 months after delivery. PRAMS sites that met or exceeded the response rate thresholds for 2015 (55%) are included in overall estimates and the South Dakota 2017 weighted response rate was 67%. Results presented in this report include responses to “Core” questions (asked by all PRAMS sites) and to an optional, “Standard” question.

National Goals to Eliminate Tobacco Use

| Smoking | Healthy People 2020 Objective ² | Title V National Performance Measure ³ |
|-------------------------|--|--|
| Before Pregnancy | Increase the proportion of women delivering a live birth who did not smoke prior to pregnancy to 87.8% | No related performance measure |
| During Pregnancy | Increase abstinence from cigarette smoking among pregnant women to 98.6% | To decrease the number of women who smoke during pregnancy |
| After Delivery | Reduce postpartum relapse of smoking among women who quit smoking during pregnancy to 38.2% | No related performance measure |

Cigarette Smoking Rates

PRAMS data are used to assess progress on Healthy People 2020 smoking objectives.

| Core PRAMS Indicators | South Dakota* 2017 | 34 PRAMS Sites* 2015 |
|--|-----------------------|-------------------------|
| Smoking during the 3 months before pregnancy | 23.6 (20.9-26.3) | 19.4 (18.7 - 20.0) |
| Smoking in the last 3 months of pregnancy | 9.6 (7.7-11.5) | 8.8 (8.4 - 9.3) |
| Smoking after delivery [†] | 9.9 (7.1-12.6) | 12.6 (12.1 - 13.2) |

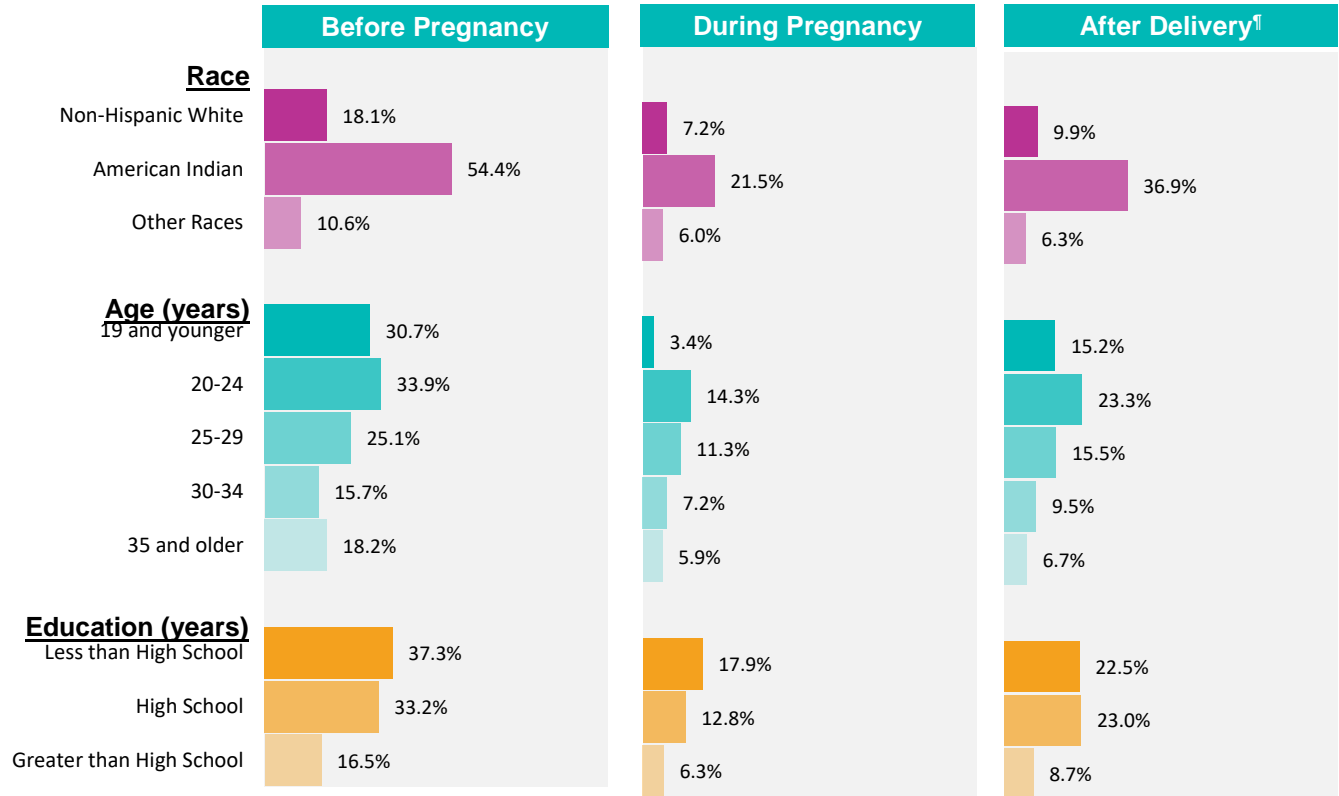
* Weighted percentage (95% Confidence Interval)

[†] “After delivery” is defined as the time when the PRAMS survey was completed

South Dakota PRAMS: Maternal Cigarette Smoking

Who Smokes Cigarettes?

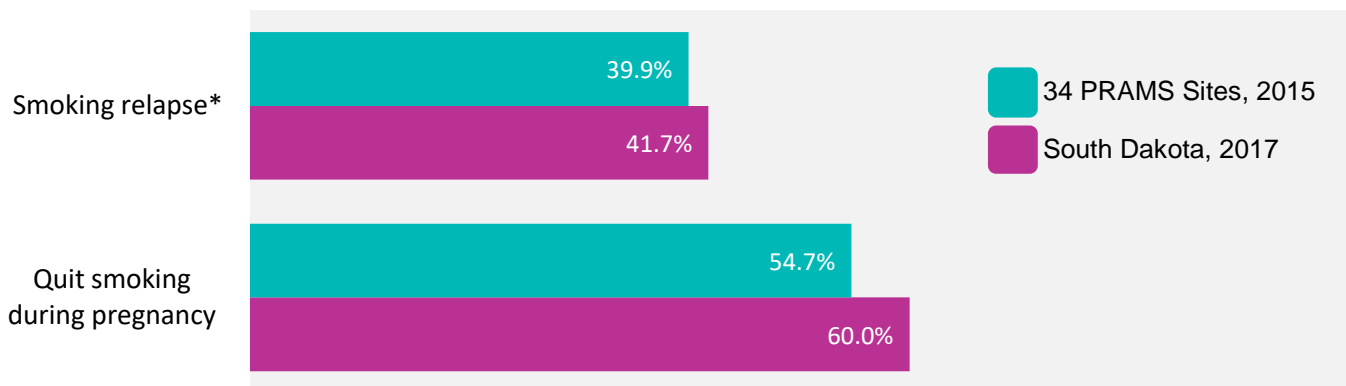
Women who reported smoking during the 3 months before pregnancy, in the last 3 months of pregnancy or after delivery, by maternal characteristics — South Dakota, 2017



[†] "After delivery" is defined as the time when the PRAMS survey was completed

Quitting Cigarette Smoking & Smoking Relapse After Delivery*

Quitting smoking by last trimester among women who smoked in the 3 months before pregnancy — South Dakota, 2017



* Smoking relapse is the percent of women who quit smoking during pregnancy but were smoking at the time of the survey.

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Summary of Results

Cigarette Smoking Rates

- Nearly one in four (23.6%) of South Dakota PRAMS respondents reported smoking cigarettes in the 3 months before becoming pregnant and nearly one in ten (9.6%) reported smoking in the last 3 months of pregnancy.
- Overall, about one in ten (9.9%) South Dakota PRAMS respondents reported smoking at the time they completed the PRAMS survey after infant delivery.

Quitting Cigarette Smoking and Relapse After Pregnancy

- Among South Dakota women who smoked during the 3 months before pregnancy more than half (60.0%) reported quitting smoking by the last trimester of pregnancy.
- Among South Dakota women who quit smoking during pregnancy, two in five (41.7%) PRAMS respondents reported smoking cigarettes at the time they completed the PRAMS survey.

Resources

South Dakota QuitLine: <https://www.sdquitline.com/>

Smokefree: <https://smokefree.gov>

The Community Guide: <https://www.thecommunityguide.org/topic/tobacco>

Tips from Former Smokers: <https://www.cdc.gov/tobacco/campaign/tips/index.html>

References

1. **50 Years of Progress: A Report of the Surgeon General:** <https://www.hhs.gov/surgeongeneral/reports-and-publications/tobacco/index.html>
2. **Healthy People 2020 Objectives:** <https://www.healthypeople.gov/2020/topics-objectives/topic/maternal-infant-and-child-health/objectives>
3. **Title V National Performance Measures:** <https://mchb.tvisdata.hrsa.gov/PrioritiesAndMeasures/NPMDistribution>

To learn more about PRAMS methods and to see data availability by state and year visit: <https://www.cdc.gov/prams>



THE BEST SOURCE OF DATA ON MOTHERS AND BABIES