



South Dakota

PRAMS



Pregnancy Risk Assessment
Monitoring System

2018 REPORT SUMMARY





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Purpose/Importance of PRAMS

Quote from a 2018 SD PRAMS mother:

“ I was excited to see such research being conducted. I think there is a lot of awareness about alcohol/drugs while pregnant, but minimal on other factors, such as healthy diet and exercise. I'd love to see more information shared and available about ways to encourage a healthy pregnancy. ”

The health status of South Dakotans is commonly reported from public health surveillance surveys. Surveys such as the Behavioral Risk Factor Surveillance System (BRFSS) provide information that is used by policy makers, public health professionals, advocacy groups, health care organizations, and others to develop initiatives to improve the health of the population.

South Dakota has one of the highest infant mortality rates in the U.S. yet there are little data available on factors that influence health behaviors and attitudes of mothers that can ultimately influence birth outcomes. The Pregnancy Risk Assessment Monitoring System (PRAMS) survey is a CDC recommended tool to provide this type of information. The PRAMS survey provides information for South Dakota to assess overall pregnancy experiences and maternal health behaviors, and data may be used to develop, modify, or evaluate programs for new mothers and their children. Furthermore, the PRAMS surveys provide useful data to assess future trends in problematic areas.

Methods

PRAMS is a population-based surveillance system developed by the CDC that is conducted by surveying mothers with infants between two and six months of age. Monthly, a random sample of South Dakota residents who delivered a live-born infant two months earlier is selected from birth certificate files to complete the survey through mail, online, or by telephone.

The following exclusions are used when sampling births:

- Mothers less than 14 years of age
- Out-of-state births to residents
- In-state births to non-residents
- Missing key information (such as mother's last name or mother's mailing address)
- Delayed processing of birth certificates (>4 months after birth)
- All but one infant from twin and triplet births
- All infants from multiple gestation births with plurality >3
- Adopted infants and surrogate births

The sampling is stratified by the mother's race into three categories: non-Hispanic white race, American Indian race, and a category for mothers of all other races. Births within the race categories are randomly sampled each month at approximately 8% for non-Hispanic white race, 34% for American Indian race, and 41% for the other race category. American Indian and other race births are sampled at higher rates to ensure that adequate precision for prevalence estimates are available for these smaller populations. The total sample size, as recommended by the CDC, is targeted to be approximately 300 completed surveys in each race strata over one year. Sampling rates by strata (non-Hispanic white, American Indian, other races) are based on the race distribution and numbers of births occurring in 2015 and adjusted for expected participation rates.

Data are collected on a variety of topics including intendedness of pregnancy, health-related behaviors of the mother (e.g., smoking and alcohol use), access to prenatal care, health insurance, medical problems during pregnancy, delivery of the infant, and infant sleeping positions. The majority of questions come from the CDC PRAMS core and standardized questions.

Weighting

After all the data are collected, they are statistically weighted. **Weighting allows the PRAMS data to be representative of all PRAMS-eligible, live-born births for South Dakota mothers in a particular year.** Responses are weighted to account for the sampling rates for each race category and survey non-response (surveys not returned). Weights for survey non-response are adjusted for specific characteristics related to non-response (i.e. women who have lower education attainment may be less likely to respond than those with higher education attainment). South Dakota's weighted response rates have ranged between 64% and 71%. Sampling fractions, response rates, and additional details on the methods are given in the full reports at doh.sd.gov/statistics/prams.aspx.



A CITATION AND REFERENCE LIST IS AVAILABLE IN THE FULL SOUTH DAKOTA PREGNANCY RISK ASSESSMENT MONITORING SYSTEM (PRAMS) 2018 DATA REPORT WHICH CAN BE ACCESSED AT [DOH.SD.GOV/STATISTICS/PRAMS.ASPX](https://doh.sd.gov/statistics/prams.aspx)

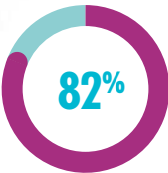
PRECONCEPTION CARE

Preconception care is important to help moms optimize their health before they conceive. Preconception care focuses on management of behavioral risk factors and chronic diseases that can lead to increased risk of adverse birth outcomes such as stillbirths, birth defects, low birthweight, preterm birth, infant death, and Sudden Infant Death Syndrome (SIDS).

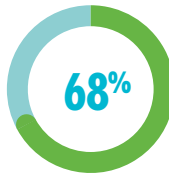
69% OF MOTHERS HAD A HEALTHCARE VISIT IN THE 12 MONTHS BEFORE PREGNANCY. THEY WERE MORE LIKELY TO BE:

- White
- Non-Hispanic
- More years of education
- Older
- Married
- Higher household income

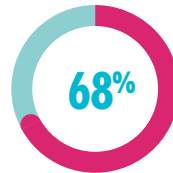
TOP 3 TOPICS COVERED IN HEALTHCARE VISITS 12 MONTHS BEFORE PREGNANCY:



Asked if the mother was smoking



Asked if the mother was feeling down or depressed

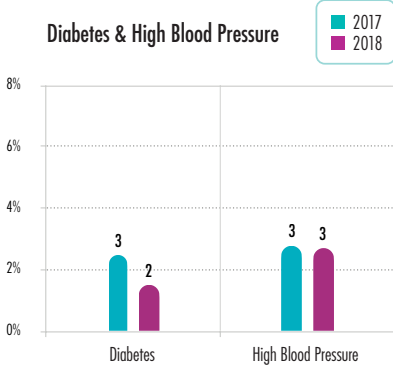


Asked if mother was being emotionally or physically abused

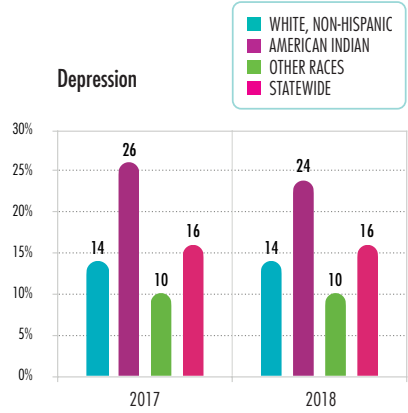
THE GOAL OF PRECONCEPTION CARE IS TO REDUCE THE RISK OF ADVERSE HEALTH EFFECTS AND POOR PREGNANCY OUTCOMES FOR MOTHERS AND THEIR INFANTS.

Percent of Women with Health Conditions During the 3 Months Before Pregnancy

Diabetes & High Blood Pressure



Depression



Health Behaviors Before Pregnancy

Was checked for diabetes

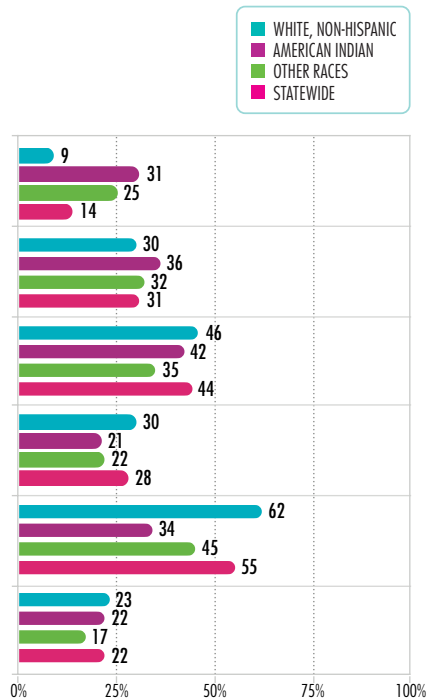
Talked to a health care worker about family medical history

Exercised 3 or more days per week

Was dieting to lose weight

Took prenatal vitamins

Was regularly taking prescription medicines other than birth control



What can you do?

1. Promote yearly check-ups for all patients.
2. Use Electronic Medical Record (EMR) to recall women of childbearing age for annual check-up.
3. Discuss family planning goals with all patients of childbearing age.
4. Refer low income patients to South Dakota Family Planning Program doh.sd.gov/family/pregnancy/family-planning.aspx



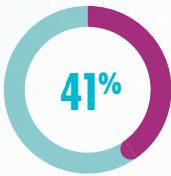
IN 2018, ONLY 16% OF SOUTH DAKOTA MOMS TALKED TO THEIR HEALTHCARE PROVIDER ABOUT HOW TO IMPROVE THEIR HEALTH PRIOR TO PREGNANCY.

ADEQUATE PRECONCEPTION CARE CAN HELP IDENTIFY RISKS AND PREVENT PROBLEMS FOR BOTH MOM AND BABY.

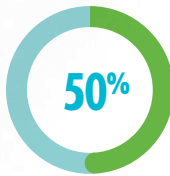
PRE-PREGNANCY BMI

A high pre-pregnancy Body Mass Index (BMI) is associated with adverse pregnancy outcomes including increased risk of maternal hypertension, gestational diabetes, and increased rates of cesarean section and macrosomia.

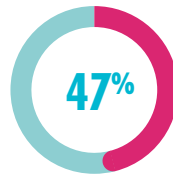
OBESITY:



In 2015-2016, U.S. women over the age of 20 who were obese.¹



In 2018, South Dakota mothers who were overweight or obese prior to pregnancy.



In 2018, South Dakota mothers who had a healthy BMI. This is below the Healthy People 2020 target of 58%.

South Dakota mothers who had a healthy BMI (18.5-24.9 kg/m²) were more likely to be a:

- White mother or a mother of other races
- Non-Hispanic
- Younger mother

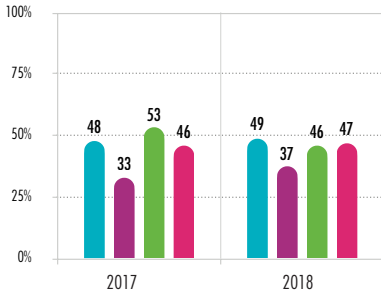
Mothers with a healthy BMI had significantly lower prevalence of:

- Diabetes, hypertension or depression during pregnancy (24% vs. 38%)
- C-section delivery (18% vs. 30%)

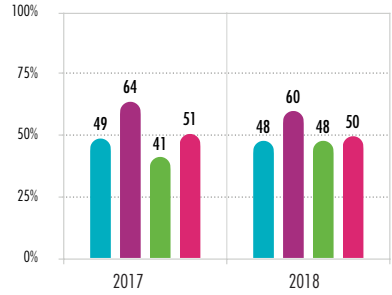
1. Data from Center for Disease Control and Prevention National Center for Health Statistics data brief. See [cdc.gov/nchs/data/databriefs/db288.pdf](https://www.cdc.gov/nchs/data/databriefs/db288.pdf)



Mothers With a Healthy BMI Before Pregnancy



Overweight or Obese Before Pregnancy



What can you do?

1. Promote yearly check-ups for all patients.
2. Use Electronic Medical Record (EMR) to recall women of childbearing age for annual check-up.
3. Discuss the importance of a healthy weight prior to conception with all patients of childbearing age.
4. Refer low income women to the Women, Infants, and Children's (WIC) Program where they can receive healthy food benefits along with nutrition education and support from qualified nutrition staff.

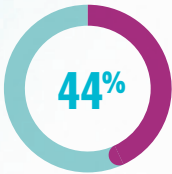
Education/Resources

- South Dakota WIC Program
sdwic.org
- Healthy South Dakota – Health Professional
HealthySD.gov
- South Dakota Obesity Toolkit: A Clinical Toolkit for Healthcare Providers
HealthySD.gov/wp-content/uploads/2014/12/2014ObesityToolkit.pdf

PRENATAL CARE

Prenatal care, beginning in the first trimester, is essential for detecting problems early in pregnancy. Women who receive no prenatal care are more likely to have stillbirths, preterm births, and low birthweight infants.

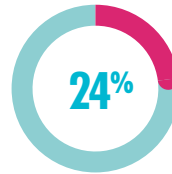
TOP 3 REASONS SOUTH DAKOTA MOTHERS DID NOT GET PRENATAL CARE AS EARLY AS THEY WANTED IT.*



Did not know she was pregnant



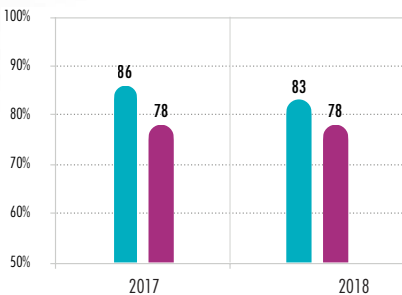
Could not get an appointment when wanted



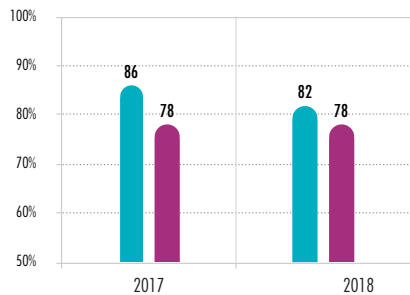
Doctor or health plan would not start care as early as wanted



Early PNC

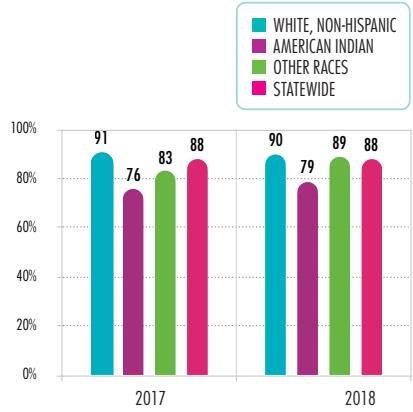


Adequate PNC*



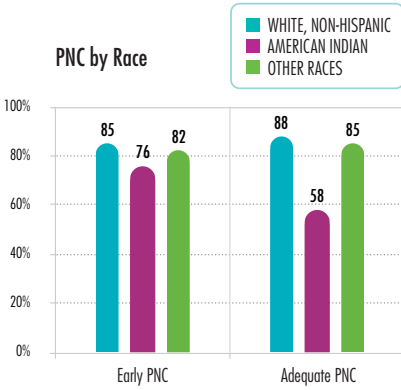
* Early PNC defined as care beginning in 1st trimester; adequate care defined as attending 80% of more of scheduled PNC visits based on when prenatal care began

Mother Received Prenatal Care as Early as Wanted

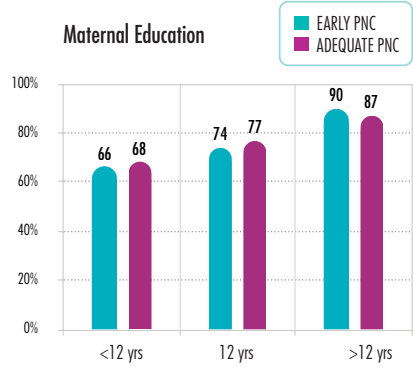


Early and Adequate PNC* is Influenced by Race, Education & Income

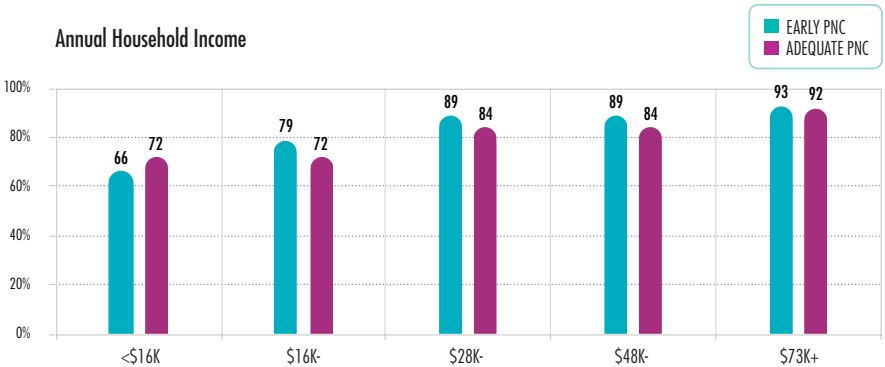
PNC by Race



Maternal Education



Annual Household Income



* Early PNC defined as care beginning in 1st trimester; adequate care defined as attending 80% or more of scheduled PNC visits based on when prenatal care began

What can you do?

1. Talk to your patients about the early signs of pregnancy during their yearly check-up.
2. Make scheduling new pregnant moms a priority in your clinic/facility.
3. Identify barriers to attending prenatal visits and problem solve solutions.



WOMEN WHO DON'T GET PRENATAL CARE ARE MORE LIKELY TO HAVE STILLBIRTHS, PRETERM BIRTHS, AND LOW BIRTHWEIGHT INFANTS.

MATERNAL ORAL HEALTH

Oral health should be considered an important part of prenatal care that is safe and effective for a pregnant woman. A woman who is pregnant is more prone to gingivitis, periodontal (gum) disease and cavities that can impact her baby's health. Research shows that pregnant women who have gum disease may be more likely to have a baby that is born too early or too small. Every pregnant woman should have at least one (1) dental checkup during their pregnancy. Preventive, diagnostic and restorative dental treatment is safe throughout pregnancy and is an important component of a healthy pregnancy. In addition, during pregnancy a woman should brush her teeth twice daily and be flossing daily. A pregnant woman should eat a variety of nutritious foods and avoid foods and drinks that have a lot of sugar since they can cause tooth decay.

TOP 3 BARRIERS TO DENTAL CARE DURING PREGNANCY

White,
Non-Hispanic



Could not afford to go to the dentist



Did not think it was safe to go to the dentist during pregnancy



Could not find a dentist that would take Medicaid patients

American
Indian



Did not think it was safe to go to the dentist during pregnancy



Could not afford to go to the dentist



Could not find a dentist that would take Medicaid patients

Other Races



Could not afford to go to the dentist



Did not think it was safe to go to the dentist during pregnancy



Could not find a dentist that would take Medicaid patients

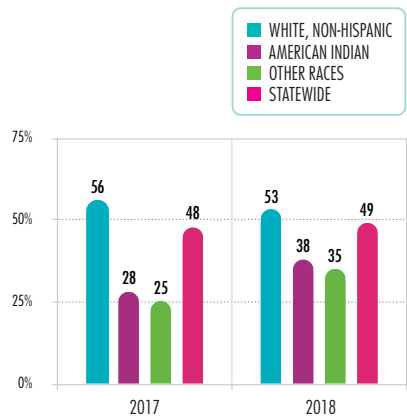
Characteristics associated with mothers who had their teeth cleaned during their pregnancy were:

- White
- Non-Hispanic
- Older
- More years of education
- Married
- Higher household income

Risk factors or behaviors associated with mothers who did not have their teeth cleaned during pregnancy were:

- Being uninsured
- Smoking 3 months before pregnancy
- Using illicit drugs 3 months before pregnancy
- Delaying or not having prenatal care
- Attending less than 80% of prenatal care visits
- Experiencing emotional abuse during pregnancy
- Having an infant with a low birth weight
- Never breastfeeding
- Having an infant that has been exposed to smoke
- Having an Adverse Childhood Experiences (ACE) score of 4 or more

Mothers who had their teeth cleaned during their most recent pregnancy by race and year



What can you do?

1. Educate dental providers and women prenatally on the importance of dental visits being safe and effective during pregnancy.
2. Educate women prenatally about preventing the transmission of bacteria from them to their infant to prevent dental caries in children.
3. Educate prenatal providers on the importance of discussing oral health and encouraging a dental visit during pregnancy.
4. Through professional organizations and coalitions, encourage dental professionals to dedicate a portion of their practice to low-income and vulnerable populations to ensure every person has a dental home and is receiving routine preventive care.

Education/Resources

- American Academy of Pediatrics Oral Health Toolkit
aap.org/en-us/about-the-aap/aap-press-room/campaigns/tiny-teeth/Pages/default.aspx
- National Maternal and Child Oral Health Resource Center
mchoralhealth.org/PDFs/OralHealthPregnancyConsensus.pdf
- SD DOH Oral Health
doh.sd.gov/prevention/oralhealth



ABUSE BEFORE & DURING PREGNANCY

Domestic abuse to women during pregnancy is potentially detrimental to both the pregnant woman and her growing fetus. Pregnant women who experience domestic abuse may not only have psychological and physical impairments, but also are at an increased risk of adverse birth outcomes. Maternal exposure to abuse increases the risk of low birthweight, preterm birth, and neonatal death, and has been shown to be associated with a low breastfeeding rate.

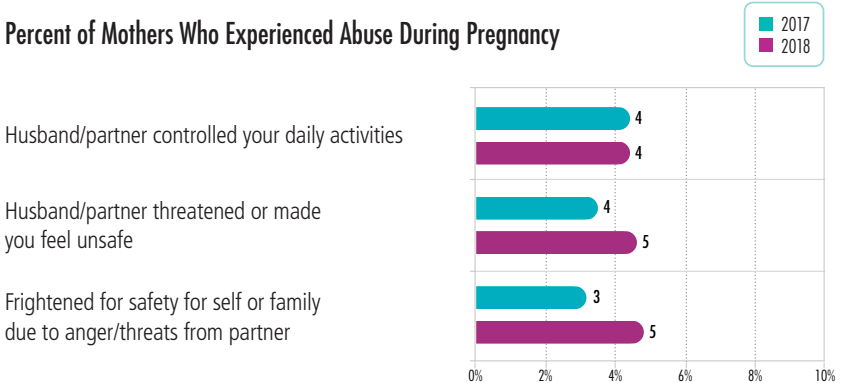
Risk factors and outcomes associated with emotional abuse include:

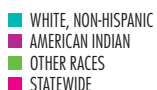
- No insurance before pregnancy
- Smoking 3 months before pregnancy
- Illicit drug use before pregnancy
- Attending less than 80% of prenatal care visits
- Not having teeth cleaned during pregnancy
- Having diabetes, hypertension, or depression during pregnancy
- Having a high Adverse Childhood Experiences (ACE) score

Mothers who were emotionally abused during pregnancy were more likely to be/have:

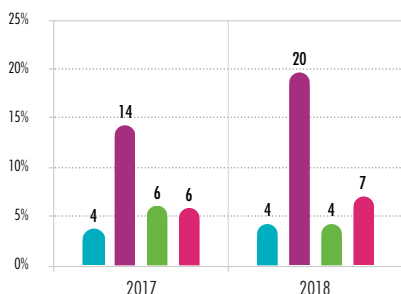
- American Indian
- Younger
- Less years of education
- Not married
- Lower household income

Percent of Mothers Who Experienced Abuse During Pregnancy

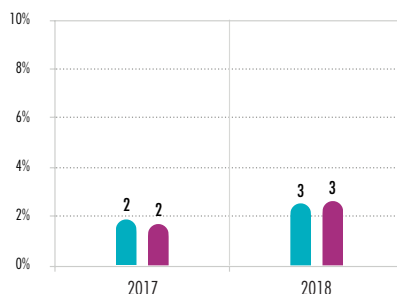




Percent of Women Who Experienced Emotional Abuse* During Pregnancy



Percent of Women Who Were Physically Abused by Their Husband or Partner Before or During Pregnancy



What can you do?

1. Assess level of stress at every prenatal visit.
2. Provide routine screening for intimate partner violence.
3. Identify resources in the community for those experiencing domestic abuse.
4. Make appropriate referrals when warranted.

Education/Resources:

1. Victims' Assistance Program dps.sd.gov/victims-services/victims-assistance-program
2. South Dakota Network Against Family Violence and Sexual Assault sdnafvsa.com
3. Department of Social Services Behavioral Health Services County Map dss.sd.gov/behavioralhealth/agencycounty.aspx

* Emotional abuse was defined as the husband/partner either trying to control the mother's daily activities, threatening the mother in a way that made her feel unsafe, or frightening the mother for her or her family's safety.

STRESSFUL LIFE EVENTS DURING PREGNANCY INCREASE THE RISK OF NEGATIVE HEALTH OUTCOMES FOR BOTH MOM AND BABY. MAKING MOTHERS AWARE OF SUPPORT SERVICES AND COPING STRATEGIES CAN HELP REDUCE STRESS.

SMOKING DURING PREGNANCY

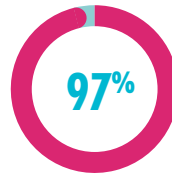
The use of tobacco by pregnant women can lead to significant maternal, fetal, and neonatal morbidity. Smoking during pregnancy is associated with developmental problems of the fetal brain and kidneys, low birth weight, and preterm birth.



South Dakota mothers who smoked the two years before pregnancy



South Dakota mothers who smoked the last three months of pregnancy



South Dakota mothers who reported that their baby was not around anyone who was smoking

Women who were more likely to smoke during the 3 months before pregnancy were:

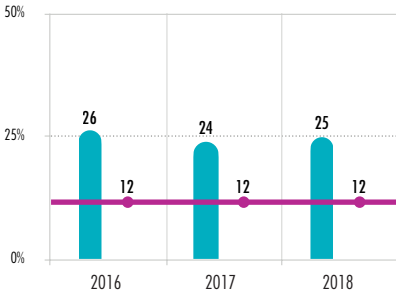
- American Indian mothers
- Younger mothers
- Mothers with less years of education
- Unmarried mothers
- Mothers who had less household income

Women who smoked the last 3 months of pregnancy were more likely, compared to those who did not smoke, to:

- Not be insured before pregnancy
- Use illicit drugs before pregnancy
- Attend less than 80% of prenatal care visits
- Not have their teeth cleaned during pregnancy
- Be emotionally abused by their husband or partner
- Have diabetes, hypertension or depression during pregnancy
- Never breastfeed
- Have higher Adverse Childhood Experiences (ACE)

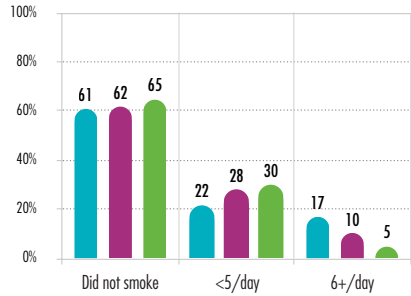
STATEWIDE
HEALTHY PEOPLE 2020 (12%)

Mothers who smoked the 3 months before pregnancy



WHITE, NON-HISPANIC
AMERICAN INDIAN
OTHER RACES

Number of cigarettes smoked the last 3 months of pregnancy among women who smoked in the last 2 years



Quit status among women who smoked the 3 months before getting pregnant

2017
2018

Did not quit during pregnancy



Did not quit, but cut back



Quit before she was pregnant



Quit when she found out she was pregnant



Quit later in pregnancy



Quote from a 2018 SD PRAMS mother:

“ I WAS TOO ASHAMED TO TELL MY DOCTOR AND NURSES THAT I WAS STILL SMOKING. BUT I WANTED TO KNOW THE RISKS AND REASONS WHY I SHOULD STOP. ”

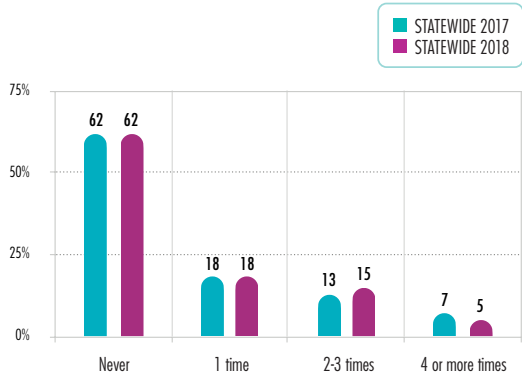
ALCOHOL

Alcohol consumption in women during pregnancy can have negative effects including Fetal Alcohol Syndrome (FAS). FAS includes physical abnormalities, behavioral problems, learning disabilities, and below average head size, height, and weight. Since many pregnancies are unintended and often not known until late in the first trimester, it is important to reduce alcohol consumption in women of childbearing age who are at high risk of pregnancy.

Mothers who drank 3 months before pregnancy were more likely to be:

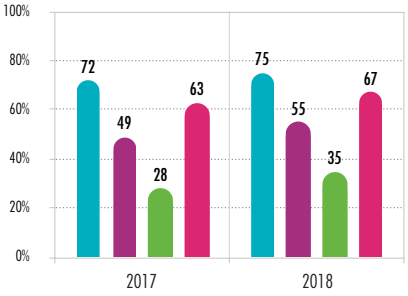
- White, Non-Hispanic
- Non-Hispanic
- Older
- More years of education
- Married
- Have a higher yearly income

Among women who drank 3 months before pregnancy, the number of times they drank 4 alcoholic drinks or more in a 2-hour time span:

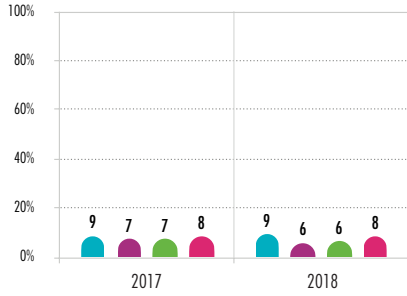




Percent of Mothers Who Drank 3 Months Before Pregnancy, by Race



Percent of Mothers Who Drank the Last 3 Months of Pregnancy, by Race



What can you do?

1. Assess alcohol, tobacco, and substance abuse with every woman at every prenatal visit.
2. Refer patients to:
 - South Dakota QuitLine SDQuitLine.com
 - Avoid Opioid SD AvoidOpioidSD.com
 - South Dakota Opioid Resource Hotline 1-800-920-4343
 - DSS Behavioral Health Services dss.sd.gov/behavioralhealth

Education/Resources:

1. Opioid Information: AvoidOpioidSD.com
2. QuitLine Provider Information: SDQuitLine.com/providers
3. QuitLine Priority populations: sdquitline.com/thinking-about-quitting/priority-populations and befreesd.com/about-us/priority-populations/pregnant-women
4. Substance Abuse and Mental Health Services Administration (SAMHSA): www.samhsa.gov

SUBSTANCE USE OF ANY KIND CAN LEAD TO INCREASED RISK FOR BOTH MOM AND BABY. THERE IS NO SAFE AMOUNT OF TOBACCO, ALCOHOL, MARIJUANA, OR ILLICIT DRUGS DURING PREGNANCY.

BREASTFEEDING

Breastfeeding is considered the ideal method for infant feeding. Human milk provides the right balance of nutrients for an infant to ensure proper growth and development. Breastfeeding is a lifelong investment in the health and wellbeing of the mother and infant. Breastfeeding can help lower a mother's risk of breast and ovarian cancer while reducing an infant's risks of allergies, SIDS, gastrointestinal infections, asthma, diabetes, and obesity. Breastfeeding is a low-cost, convenient way to nourish an infant while creating an important bond between mother and infant.

TOP 3 REASONS FOR STOPPING BREASTFEEDING BY RACE

White,
Non-Hispanic
Mothers



Thought I was not producing enough milk



Breast milk alone did not satisfy my baby

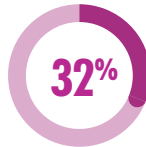


My baby had difficulty latching or nursing

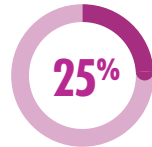
American
Indian
Mothers



Thought I was not producing enough milk



Went back to work



Nipples were sore, cracked, or bleeding, or it was too painful

Mothers of
Other Races



Thought I was not producing enough milk

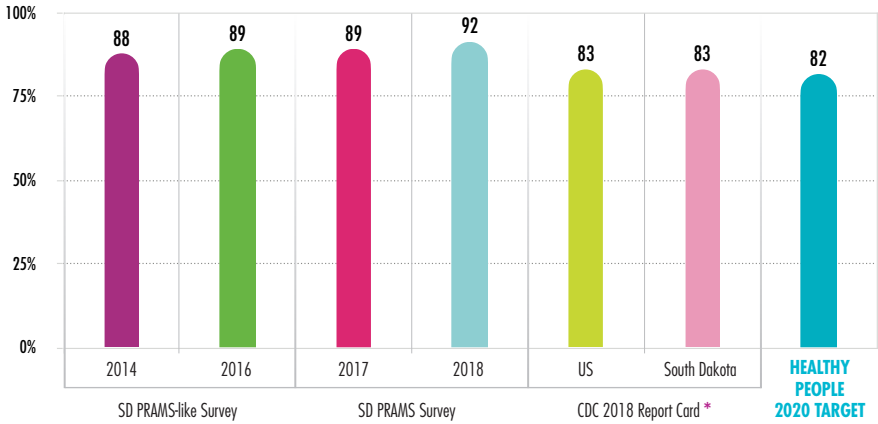


Breast milk alone did not satisfy my baby



My baby had difficulty latching or nursing

Percent of Mothers Ever Breastfeeding



Who is more likely to ever breastfeed?

- White, Non-Hispanic mothers
- Mothers with more years of education
- Married mothers
- Mothers with greater household incomes

Among mothers delivering in 2018, who is more likely to be breastfeeding at 2 months?

- White, Non-Hispanic mothers
- Non-Hispanic mothers
- Older mothers
- Mothers with more years of education
- Married mothers
- Mothers with greater household incomes

* The 2018 CDC Report Card is based on 2015 births.

What can you do?

1. Educate women pre- and postnatally about milk production and supply, as well as what to expect after baby is born (skin to skin time, frequency of feedings, infant hunger and satiety cues, effects of formula on milk supply).
2. Provide education and training in breastfeeding for all health professionals who care for women and infants.
3. Offer breastfeeding support in the form of breastfeeding experts, peer counseling and breastfeeding support groups.
4. Refer low income women to the Women, Infant and Children's (WIC) program for breastfeeding support.
5. Implement the 10 Steps to Successful Breastfeeding to achieve Baby-Friendly Hospital Designation for birthing centers.
babyfriendlyusa.org/for-facilities/practice-guidelines/10-steps-and-international-code
6. Provide all breastfeeding employees with appropriate time and space to pump when separated from child. Access how to create, improve or expand lactation rooms in your organization.
7. Take the Breastfeeding-Friendly Business pledge to publicly show your support for breastfeeding employees, customers, clients, and visitors.

Education/Resources:

1. SD WIC Program
sdwic.org/library
2. USDA WIC Breastfeeding Support
wicbreastfeeding.fns.usda.gov
3. SD Breastfeeding-Friendly Business Initiative
healthysd.gov/category/breastfeeding+workplace



MAKING MOMS AWARE OF BREASTFEEDING SUPPORT IN THEIR COMMUNITY CAN HELP THEM OVERCOME BARRIERS AND BREASTFEED LONGER.

BREASTFEEDING LOWERS THE RISK OF MANY MEDICAL CONDITIONS IN BOTH MOTHERS AND BABIES.

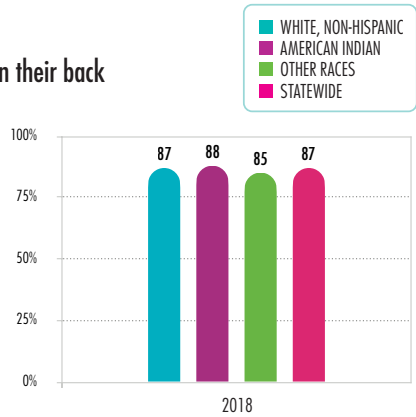
SAFE SLEEP

The Sudden Unexplained Infant Death (SUID) rate, which includes SIDS, unknown causes, and accidental suffocation and strangulation in bed, has declined substantially since 1990. This decline follows the implementation of the American Academy of Pediatrics safe sleep recommendations in 1992, the Back to Sleep program in 1994, and the release of the SUID Investigation Reporting Form in 1996. In 2017, the U.S. SUID death rate was 93 per 100,000 live births, while South Dakota had a rate of 115 per 100,000 live births and was ranked #30 out of 50 states (rank #1 representing the lowest SUID rate).¹

Percent of mothers who laid their infant to sleep on their back

Mothers who laid their infant to sleep on their back were more likely to:

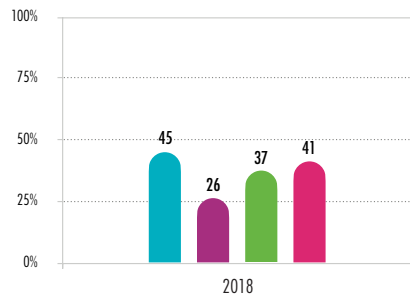
- Have more years of education
- Earn a higher income



Percent of mothers whose infant slept on an approved sleep surface

Mothers who laid their infant to sleep on an approved sleep surface were more likely to:

- Be white or of other races
- Be married
- Earn a higher household income



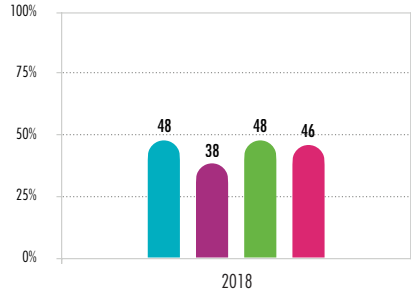
1. Federally Available Data (FAD) Resource Document, Release Version 4/1/2020. Health Resources and Services Administration, MIECHV Program, mchb.tvisdata.hrsa.gov/uploadedfiles/TvisWebReports/Documents/FADResourceDocument.pdf

Percent of mothers whose infant slept without soft objects or loose bedding



Mothers whose infants slept without soft objects or loose bedding were more likely to:

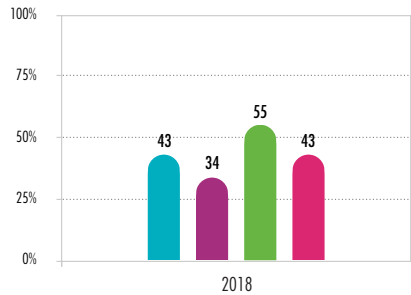
- Be of other races or white
- Be older (up to 35 years old)
- Have more years of education
- Be married
- Earn a higher household income



Percent of mothers whose infant slept alone in the mother's room

Mothers whose infant slept alone in the mother's room were more likely to:

- Be of other races or white
- Be Hispanic
- Have less years of education
- Earn a lower household income



There were no significant changes in these percentages between 2017 and 2018

What can you do?

1. Assess infant sleep practices at every infant visit until one year of age. Discuss challenges to following recommendations and help caregivers find solutions.
2. Advise caregivers to place babies on their back on an approved sleep surface every sleep; to keep soft bedding such as blankets, pillows, bumper pads, and soft toys out of their baby's sleep area; and to room-share but not bed-share with babies.
3. Model safe sleep practices in hospitals.
4. Every infant in South Dakota should have a safe place to sleep. If a family is unable to afford an approved crib, contact the South Dakota Department of Health at 1-800-305-3064.

Education/Resources:

1. The American Academy of Pediatrics Recommendations for a Safe Infant Sleeping Environment Policy Statement: (2016)
pediatrics.aappublications.org/content/pediatrics/138/5/e20162938.full.pdf
2. The American Academy of Pediatrics Technical Report on Safe Sleep (2016): SIDS and Other Sleep-Related Infant Deaths: Evidence Base for 2016 Updated Recommendations for a Safe Infant Sleeping Environment:
dx.doi.org/10.1542/peds.2016-2940



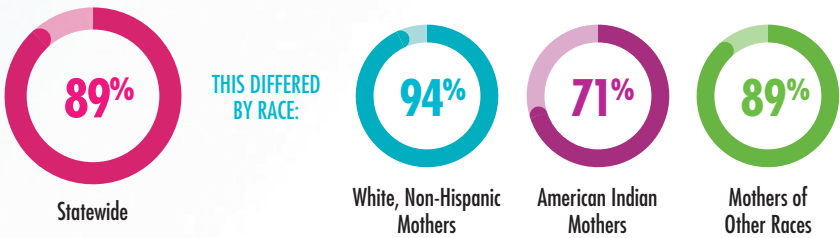
USING SAFE SLEEP PRACTICES WILL GREATLY REDUCE A BABY'S RISK FOR SIDS AND SLEEP-RELATED INFANT DEATH. ONLY 11% OF MOTHERS SURVEYED FOLLOWED ALL FOUR SAFE SLEEP RECOMMENDATIONS INCLUDED IN THE SURVEY QUESTIONS.

GUIDELINES SHOULD BE MADE KNOWN TO PARENTS, GRANDPARENTS, DAYCARE PROVIDERS, AND ANYONE WHO CARES FOR BABY.

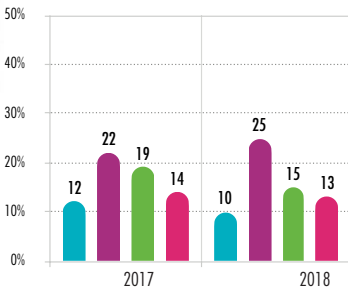
POSTPARTUM CARE

Postpartum care provides opportunities to monitor a new mother’s physical, emotional, and psychosocial well-being, and to identify and implement treatment for postpartum complications. Visits can include counseling mothers on breastfeeding, family planning, and management of pre-existing conditions.

South Dakota mothers giving birth in 2018 that had a postpartum checkup



Postpartum Depressive Symptoms



Postpartum depressive symptoms were more common among:

- American Indian mothers
- Younger mothers
- Mothers with less years of education
- Unmarried mothers
- Lower household income

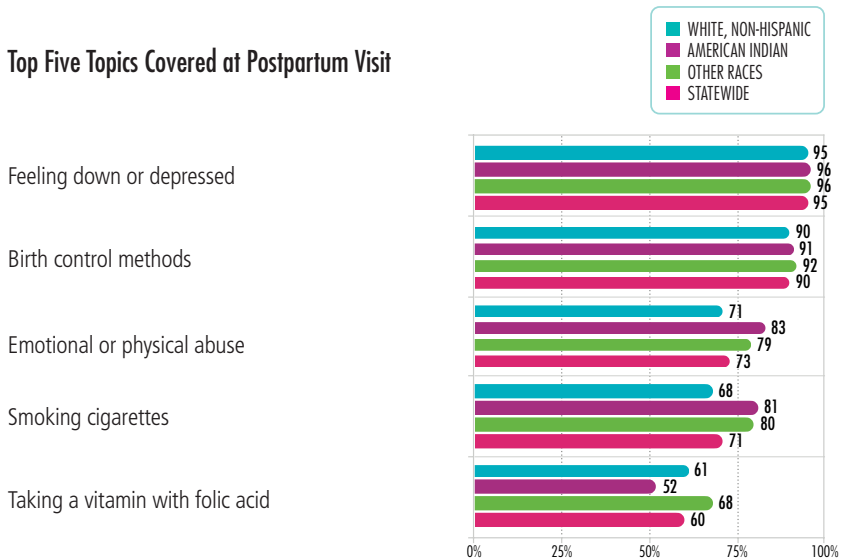
Postpartum depressive symptoms were associated with higher prevalence of:

- Adverse Childhood Experiences (ACE) score of 4 or greater
- Diabetes, hypertension, or depression during pregnancy
- Emotional abuse during pregnancy
- Teeth not cleaned during pregnancy
- Smoking and illicit drug use before pregnancy

58% OR FEWER OF THE SOUTH DAKOTA MOTHERS REPORTED THE FOLLOWING WERE DONE AT A POSTPARTUM VISIT:

- **58%:** Discussed healthy eating, exercise, & losing weight gained during pregnancy
- **48%:** Discussed how long to wait before getting pregnant again
- **41%:** Given or prescribed a contraceptive method such as the pill, patch, shot, NuvaRing, or condoms
- **23%:** Inserted an IUD or a contraceptive arm implant
- **17%:** Tested for diabetes

Top Five Topics Covered at Postpartum Visit



What can you do?

1. Read: ACOG committee opinion 2018 Optimizing Postpartum Care [acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Optimizing-Postpartum-Care](https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Optimizing-Postpartum-Care)
2. Use EMR to recall women who do not come back for postpartum visit.
3. Discuss/review family planning goals at postpartum visit.



ADVERSE CHILDHOOD EXPERIENCES

Adverse Childhood Experiences (ACEs) include different types of abuse, neglect, and household dysfunction the mother experienced as a child. There are numerous reports of relationships between high ACE scores and adult risky health behaviors and chronic diseases. Research is finding effective methods for dealing with trauma resulting from high ACEs.¹

In 2018, high ACE scores were associated with:

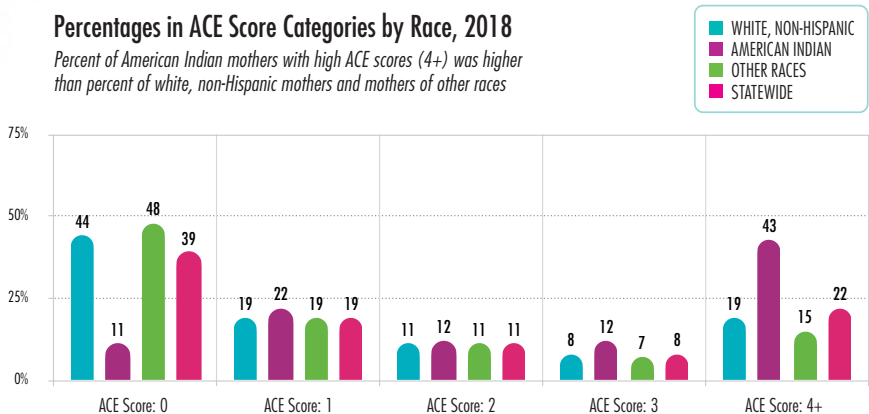
- American Indian race
- Younger maternal age
- Less years of education
- Not married
- Lower household income

Risk factors and outcomes associated with high ACE scores include:

- No insurance before pregnancy
- Smoking or illicit drug use before pregnancy
- Attending less than 80% of prenatal care visits
- Teeth not cleaned during pregnancy
- Emotional abuse during pregnancy
- Diabetes, hypertension, or depression during pregnancy
- The infant not sleeping alone in the same room with the mother

Percentages in ACE Score Categories by Race, 2018

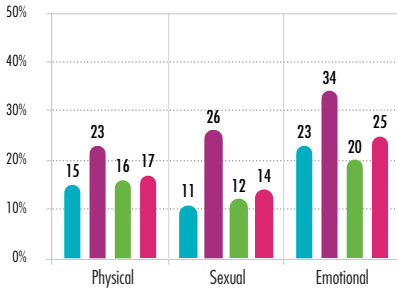
Percent of American Indian mothers with high ACE scores (4+) was higher than percent of white, non-Hispanic mothers and mothers of other races



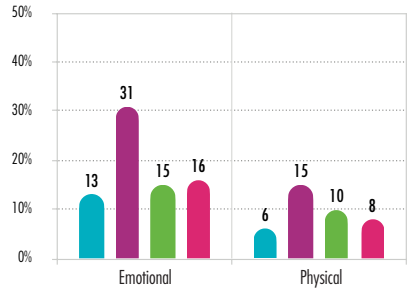
1. See acestoohigh.com/aces-101

Percentages of SD 2018 PRAMS Mothers Experiencing Specific ACEs by Race

Abuse



Neglect



Household Dysfunction

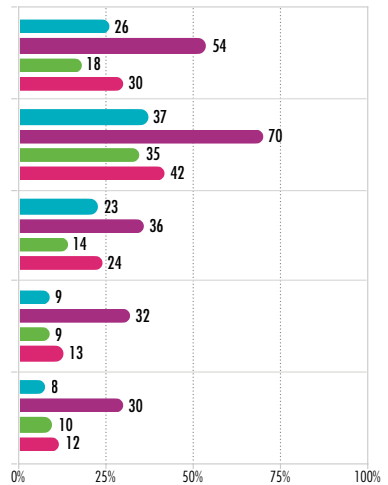
Household Substance Abuse

Parental Divorce or Separation

Household Mental Illness

Mother Treated Violently

Incarcerated Household Member



Quote from a 2018 SD PRAMS mother:

“ I ENDURED A TERRIBLE CHILDHOOD. TWO YEARS OF MENTAL HEALTH TREATMENT FOR TRAUMA AND ABUSE HELPED ME BECOME MORE RESILIENT, AND MORE AWARE OF APPROPRIATE AND INAPPROPRIATE BEHAVIOR. I BELIEVE ALL MEN AND ESPECIALLY WOMEN SHOULD BE ENCOURAGED TO GET MENTAL HEALTH HELP BEFORE, DURING, AND/OR AFTER THE BIRTH OF A CHILD. ”

HEALTH INSURANCE

Health insurance coverage is important for accessing health care and staying healthy. Lack of health care coverage for pregnant women is directly associated with inadequate prenatal care, which can lead to poor health outcomes. In addition, infants and children without health insurance are less likely to have well-child visits and more likely to have unmet medical care and unfilled prescriptions.

Being uninsured before pregnancy was associated with being:

- A mother of other races or an American Indian mother
- Hispanic
- Less years of education
- Not married
- Lower household income

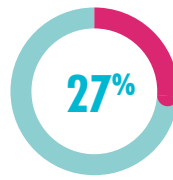
Percent of uninsured mothers in 2018 by race... before pregnancy:



White, Non-Hispanic Mothers



American Indian Mothers

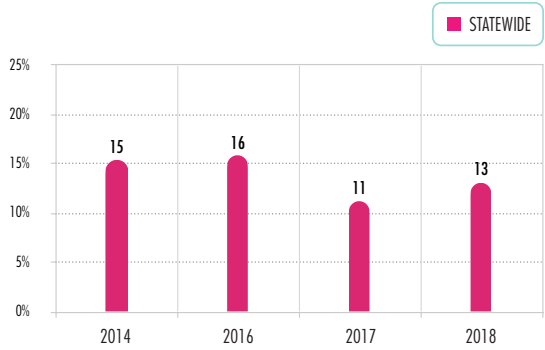


Mothers of Other Races

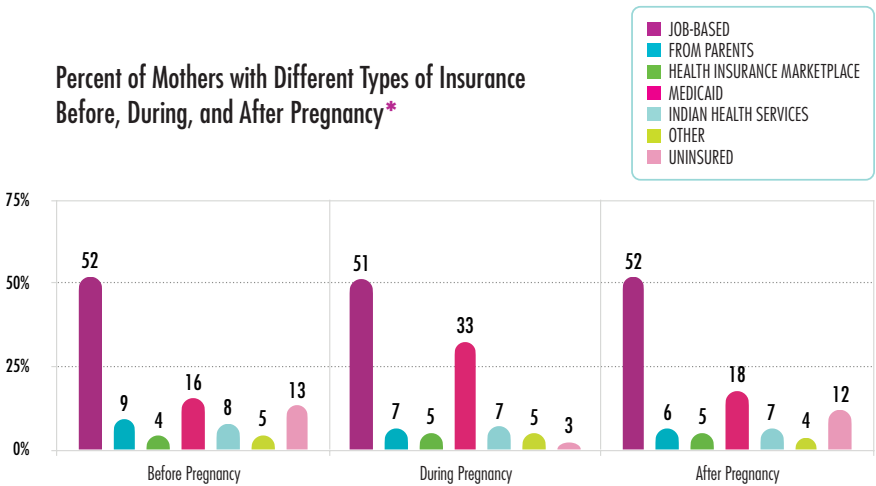
FOR PREGNANT WOMEN, LACK OF HEALTH INSURANCE IS DIRECTLY RELATED TO INADEQUATE PRENATAL CARE.

INFANTS AND CHILDREN WITHOUT HEALTH INSURANCE ARE LESS LIKELY TO GET WELL-CHILD VISITS AND MORE LIKELY TO HAVE UNMET MEDICAL CARE.

Uninsured South Dakota Mothers the Month Before Pregnancy, by Year



Percent of Mothers with Different Types of Insurance Before, During, and After Pregnancy*



* Mothers could check more than one type of insurance. Insurance during pregnancy does not include mothers who did not receive prenatal care.

What can you do?

1. Refer low income women to Medicaid, even if they have other insurance.
2. Provide resources to uninsured:
 - HealthCare.gov [HealthCare.gov](https://www.healthcare.gov)
 - Get Covered South Dakota [getcoveredsouthdakota.org](https://www.getcoveredsouthdakota.org)



SOUTH DAKOTA RESOURCES LIST

South Dakota Pregnancy Risk Assessment Monitoring System (PRAMS) 2018 Data Report doh.sd.gov/statistics/prams.aspx

Department of Health 1-800-738-2301

- 1. Bright Start Nurse Family Partnership Program:** 1-605-394-2495 – Pregnant women and families with children under age two work with their own personal nurse to achieve healthy pregnancies and build confidence as a parent. ForBabySakeSD.com/prenatal-care/bright-start
- 2. For Baby's Sake:** Information and resources to help women have healthy pregnancies and healthy babies. ForBabySakeSD.com
- 3. HealthySD:** Information and resources around health eating and active living to assist families, schools, childcare providers, worksites, health professionals, and communities. HealthySD.gov
- 4. SD Family Planning:** 1-800-738-2301 – Provides individuals with the information and means to exercise their ability to determine the number and spacing of their children including access to a broad range of acceptable and effective family planning methods and related services. doh.sd.gov/family/pregnancy/Family-Planning.aspx
- 5. SD Public Health Offices:** 1-800-738-2301 – Services provided include WIC, childhood immunizations, growth and development screening and guidance, prenatal and breastfeeding education, and postpartum home visits. doh.sd.gov/local-offices/child-family-services
- 6. SD QuitLine:** 1-866-SD-Quits (866-737-8487) – A phone coaching service for anyone who wants to quit smoking. An array of online and do-it-yourself tools are also provided with special services for pregnant women during and after pregnancy. SDQuitLine.com
- 7. SD Women, Infants, and Children Program (WIC):** 1-800-738-2301 – Provides supplemental nutritious foods, education, and referrals for eligible women, infants and children under age 5. sdwic.org

Department of Social Services (605) 773-3165

- 1. Community Behavioral Health Services:** 1-855-878-6057 – Provides community based services, supports, and treatment for those with mental health and substance abuse needs. dss.sd.gov/behavioralhealth/community
- 2. Child Care Services:** 1-800-227-3020 – Provides assistance to low income families who need help with child care costs while parents work or attend school. dss.sd.gov/childcare

SOUTH DAKOTA RESOURCES LIST

- 3. CHIP (Child Health Insurance Program)/Medicaid:** 1-800-305-3064 – Provides health insurance to low income families. dss.sd.gov/medicaid/generalinfo/medicalprograms.aspx
- 4. Child Protection Services:** (605) 773-3227 – Works with families in difficult situations by receiving and assessing reports of child abuse and neglect. dss.sd.gov/childprotection
- 5. Child Safety Seat Distribution Program:** Provides child safety seats at no cost to families that meet income eligibility. dss.sd.gov/childcare/childsafetyseat
- 6. Economic Assistance:** (605) 773-4678 – Provides medical, nutritional, financial, and case management services to promote the wellbeing of lower income families, children, and people with disabilities. dss.sd.gov

Child Care Aware: 1-800-424-2246 – Referrals to licensed child care. Provides information on choosing childcare.

Delta Dental: 1-800-627-3961 – Links low income families to dentists in their community. deltadentalsd.com

Domestic Abuse Program: 1-800-430-7233 – Email: VictimsServices@state.sd.us

Grief/Loss: Centering Corporation provides grief information and resources for families who have suffered a loss. Centering.org

Health Connect of South Dakota: 1-888-761-5437 – Answers to health questions. Helps parents interpret doctor-speak, when to call a doctor, and connects parents to support groups.

Helpline Center: Dial 211 or text your zip code to 898211 – Connects individuals to resources or support. helplinecenter.org

Immunizations: Information about infant immunizations – cdc.gov/vaccines/parents/parent-questions.html

Infant/Child Development Phone App: cdc.gov/features/developmental-milestones-matter/index.html

Postpartum Support International: 1-800-944-4773 – National hotline for depression and anxiety during pregnancy or postpartum.

SD Poison Control Center: 1-800-222-1222 – Sanford Poison Center is available 24 hours a day sdpoison.org





200 copies of this document have been printed by the SD Department of Health at a cost of \$7.69 each.