

South Dakota 2014 PRAMS

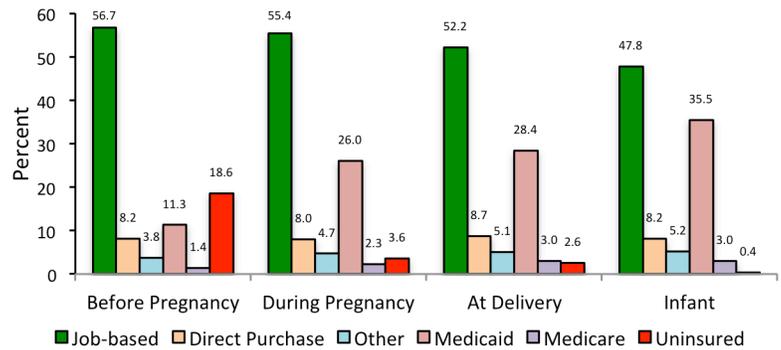
Executive Summary

The South Dakota Department for Health, in conjunction with the Martin Program at South Dakota State University, conducted a 2014 Pregnancy Risk Assessment Monitoring System (PRAMS)-like survey. The 2014 South Dakota PRAMS was a statewide population-based survey based on a stratified random sample of women who gave birth to a live-born infant, thereby allowing rates to be estimated for South Dakota mothers giving birth in 2014. The topics included in this survey were selected to enhance our understanding of maternal attitudes and behaviors around the time of pregnancy and the weighted response rate was 71.3%. Key findings by major focus areas include:

Health Insurance & Access to Services

- More than 50% of South Dakota mothers had job-based insurance before pregnancy, during pregnancy, and at delivery. 18.6% of the South Dakota mothers had no health care coverage prior to their pregnancy.
- 11.3% of mothers reported receiving Medicaid before pregnancy, 26.0% during their pregnancy and 28.4% at the time of delivery. 35.5% reported that Medicaid covered their infant.
- 36.6% of South Dakota mothers received WIC services during their most recent pregnancy.

Percent of Mothers with Different Types of Insurance Before Pregnancy, During Pregnancy, At Delivery and for the Infant



Preconception Care, Topics Discussed Prior to Pregnancy & Health-Related Actions Prior to Pregnancy

- 67.2% of South Dakota mothers did not talk to a health care worker about how to prepare for a healthy pregnancy prior to their most recent pregnancy.
- Percentage of mothers who did not talk to a health care worker prior to pregnancy differed by insurance status and was highest among younger mothers, unmarried mothers, and low-income mothers.

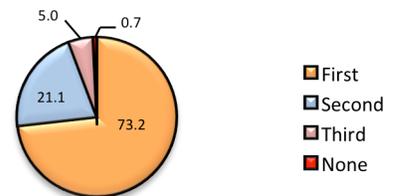
Intendedness of Pregnancy & Current Birth Control

- 46.1% of South Dakota births were unintended (not trying to become pregnant). When all characteristics were considered together the ones that remained important predictors of unintended pregnancy were being a young mother, being unmarried, and having a low household income. Of those not trying to get pregnant, 59.7% were not doing anything to keep from getting pregnant.
- Of South Dakota mothers who delivered in 2014, 27.9% stated that they wanted to be pregnant later and 8.6% stated they did not want to be pregnant then or at any time in the future.
- At the time of the survey, 82.0% of mothers stated they were doing something to prevent pregnancy. Among those not currently doing anything to prevent pregnancies, the main reason stated was that they did not want to use birth control (37.3%).

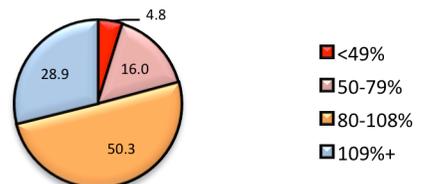
Prenatal Care

- 73.2% of South Dakota mothers began prenatal care in the first trimester and 94.3% began care in the first or second trimester.
- 87.3% of mothers were able to begin prenatal care as early as they wanted, but this varied by race with 92.5%, 65.3%, and 78.8% of White, American Indian and Other Race mothers, respectively. The main reasons for not getting prenatal care as early as they wanted varied by race.
- 79.2% of mothers received adequate prenatal care (attended more than 80% of expected visits) and this varied by race: 83.5%, 53.6% and 75.6% for White, American Indian and Other Race mothers, respectively. Higher rates of adequate prenatal care were seen among more educated mothers, married mothers, insured mothers, and higher income mothers. Similar results were found for initiation of prenatal care during the first trimester.

Trimester Prenatal Care Began



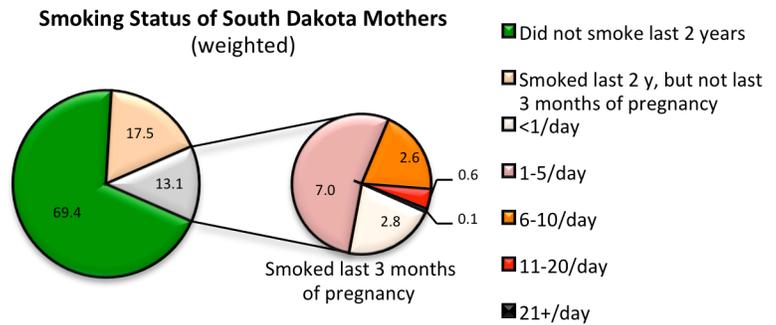
Adequacy of Prenatal Care
(percent of expected visits attended)



Substance Use During Pregnancy

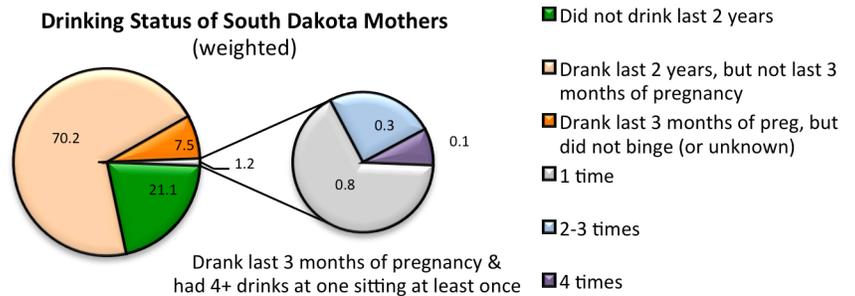
Tobacco Use

- 86.9% of mothers did not smoke during the last three months of pregnancy. Of the 13.1% who did smoke during this time, the majority smoked 5 cigarettes per day or less. Those who smoked were more likely to have a preterm or low birthweight infant compared to those who did not smoke.
- Although American Indian mothers were more likely to have smoked in the last two years than White mothers (64.3% vs. 24.3% respectively), they were more likely to quit when they found out they were pregnant (44.9% vs. 33.3%) and if they continued to smoke, they tended to smoke fewer cigarettes than White and Other Race mothers.



Alcohol Use

- 68.8% of South Dakota mothers drank during the three months before pregnancy, with 36.1% having at least one episode of binge drinking. A higher percent of White mothers (76.5%) drank the three months before pregnancy than American Indian and Other Race mothers (49.5% & 37.9% respectively).
- 8.7% of South Dakota mothers consumed alcohol in the last three months of pregnancy, with 1.2% having at least one episode of binge drinking. A higher percent of White mothers (9.6%) drank the last three months of pregnancy than American Indian and Other Race mothers (5.0% & 6.8% respectively).



Maternal Health during Pregnancy

- 48.3% of South Dakota mothers were overweight or obese and 51.6% gained excessive weight during pregnancy.
- White mothers self-reported a lower prevalence of gestational diabetes (9.9%) than Other Race mothers (15.2%). American Indian mothers had a prevalence of 10.4%. Self-reported gestational diabetes was more prevalent in older mothers than younger mothers (24.3% in 35 years or older vs. 8.1% in less than 20 years).

Breastfeeding

- 87.9% of mothers breastfed or pumped breast milk for their infant, if even for a short period of time, and this varied by race: 90.8% for White, 75.5% for American Indian, and 84.4% for Other Race mothers.
- The main reason for stopping breastfeeding was the mother believed she was not producing enough milk.

Postpartum Health and Infant Sleep Position

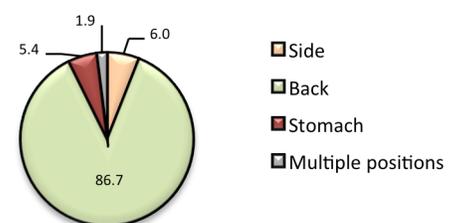
- 17.4% of South Dakota mothers were classified as having depression. The risk of depression was higher among American Indian mothers, unmarried mothers, and mothers with an annual household income of less than \$10,000. Mothers with depression were less likely to have been trying to become pregnant and less likely to ever breastfeed than mothers without depression.
- 12.4% of women indicated that a doctor, nurse, or other health care worker did not talk to them about postpartum depression since the birth of their baby
- 86.7% of South Dakota mothers reported that they most often placed their baby to sleep on his/her back and this differed by race: 86.8% and 90.9% of White and American Indian mothers placed their infant on his/her back, while only 79.9% of mothers of Other Races reported placing their infant on his/her back.

Stress, Social Supports & Domestic Abuse

Stressful events

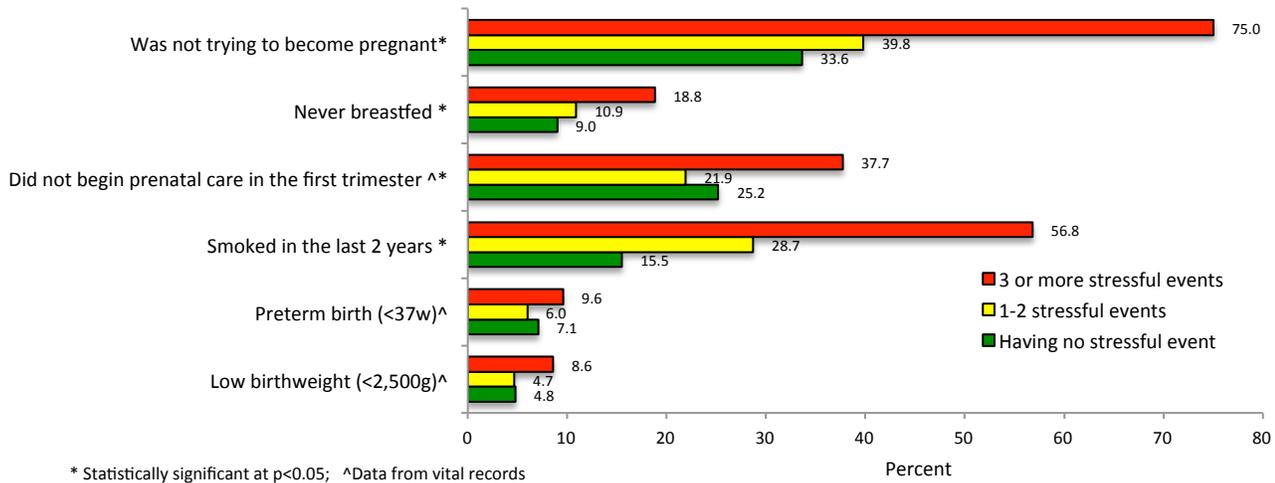
- 64.8% of mothers reported at least one stressful life event during the year prior to their most recent live birth, with 23% reporting three or more stressors. Financial stresses (moving to a new address, husband or partner lost job, mother lost job, had a lot of bills that couldn't pay) in the 12 months prior to giving birth were the most common types of stress (44.5%), followed by emotional stresses (very sick close family member, someone very close died) (29.9%).

Sleep Position of Infants as Reported by Mothers (weighted)



- Having three or more stressors in the year prior to birth was independently associated with: being American Indian, a young maternal age, less maternal education, being unmarried and having a low household income. Mothers with three or more stressors were more likely to have an unintended pregnancy (75.0% vs. 33.6%), never breast-feed (18.8% vs. 9.0%), not begin prenatal care in the first trimester (37.7% vs. 25.2%), and were more likely to smoke during the past two years (56.8% vs. 15.5%) than mothers who no stressors.

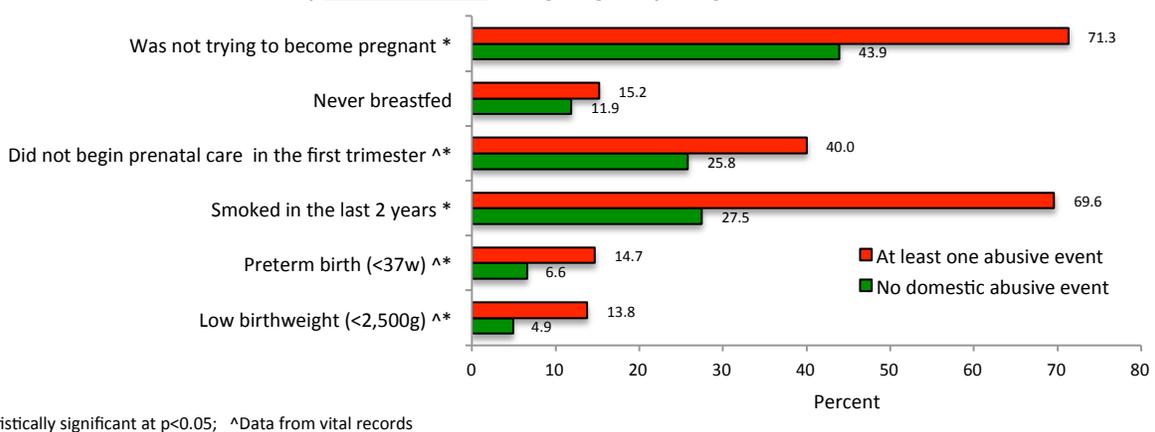
Intendedness of Pregnancy, Breastfeeding, Initiation of Prenatal Care, Smoking and Pregnancy Outcomes by Number of Stressful Events Occurring the 12 Months Before Pregnancy (weighted)



Domestic abuse during and after pregnancy

- South Dakota mothers experienced domestic abuse more often during pregnancy (7.4%) compared with after delivery (4.6%). The most common domestic abuse event occurring during pregnancy was the husband or partner controlling the mother’s daily activities (5.1%).
- When population characteristics were considered together only unmarried mothers and mothers with low household incomes had increased risk of domestic abuse during pregnancy; low household income was associated with abuse after pregnancy.
- Mothers who experienced domestic abuse during pregnancy had a higher rate of unintended pregnancy (71.3% vs. 43.9%), did not begin prenatal care in the first trimester (40.0% vs. 25.8%), and smoked in the last two years (69.6% vs. 27.5%) compared to mothers who did not experience abuse. In addition, risk of preterm birth and having a low birthweight baby were more likely among women who experienced domestic abuse during pregnancy compared to women who did not (14.7% vs. 6.6% for preterm birth and 13.8% vs. 4.9% for low birthweight infant).

Intendedness of Pregnancy, Breastfeeding, Initiation of Prenatal Care, Smoking and Pregnancy Outcomes by Domestic Abuse During Pregnancy (weighted)



Social supports after delivery

- More than 90% of the mothers reported having someone to help them if they were tired, take care of the baby, talk with, help them if they were sick and loan them money. Family members were the main source of social support.

A complete report can be requested from Maternal & Child Health, South Dakota Department of Health.

Prepared by the EAM Program, South Dakota State University, August, 2016.