



South Dakota

PRAMS-like Survey



Pregnancy Risk Assessment
Monitoring System

2016 REPORT SUMMARY

History of PRAMS

The Centers for Disease Control and Prevention (CDC) established the Pregnancy Risk Assessment Monitoring System (PRAMS) in 1987 to obtain information about maternal attitudes and experiences that may be associated with adverse birth outcomes. The survey is disseminated to women who have recently given birth to live-born infants. In 2016, 40 states participated in PRAMS and provided data to the CDC. Prior to 2017, the South Dakota Department of Health contracted with the Ethel Austin Martin Program at South Dakota State University to conduct statewide PRAMS-like surveys in 2014 and 2016. These surveys followed the CDC PRAMS protocol with some minor modifications.

Purpose/Importance of PRAMS

Quote from a 2016 SD PRAMS mother:

“ I’m very thankful to fill out the survey and that I got a chance to tell you about my experience before pregnancy and after pregnancy. I’m very happy to have a baby in South Dakota. ”

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 PRAMS survey is a CDC recommended tool to provide this type of information.

The 2016 PRAMS-like 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-like surveys and the 2017 CDC funded South Dakota PRAMS survey will provide useful baseline data to assess future trends in problematic areas. The current report includes data from the 2016 PRAMS-like survey.

Methods

A random sample of South Dakota residents who delivered a live-born infant in 2016 was selected from birth certificate files to complete the survey through mail, online website or by telephone (CDC does not have an online option). American Indian and other race infants were oversampled to ensure sufficient numbers to obtain reliable estimates. Data were collected on a variety of topics that included: intendedness of pregnancy, access to prenatal care, health insurance, infant sleeping positions, medical problems during pregnancy, delivery of the infant, and health-related behaviors of the mother (e.g., smoking and alcohol use). The majority of the questions came from the CDC PRAMS core and standardized questions. In addition, questions about illicit drug use and adverse childhood experiences (ACEs) were added due to the increasing prevalence of drug use and the recognition of the role of stress in early life on adult behaviors and health.

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. The 2016 South Dakota PRAMS-like survey sample was derived from birth certificate data. The following exclusions were used when sampling 2016 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
- Surrogate births

The sampling was stratified by the mother’s race into three categories: white race, American Indian race, and a category for mothers of all other races including mixed race. Births within the race categories were randomly sampled each month at approximately 8% for white race, 40% for American Indian race, and 45% for the other race category. American Indian and other race births were sampled at higher rates to ensure that adequate precision for prevalence estimates were available in these smaller populations. The total sample size, as recommended by the CDC, was targeted to be approximately 300 completed surveys in each race strata over one year (2016). Sampling rates by strata (white, American Indian, other races) were based on the race distribution and numbers of births occurring in 2014 and adjusted for expected participation rates.

Weighting

After all the data were collected, they were statistically weighted. **Weighting allows the PRAMS data to be representative of all PRAMS-eligible, live-born births for South Dakota mothers in 2016.** Responses were weighted to account for the sampling rates for each race category and survey non-response (surveys not returned). Weights for survey non-response were adjusted for specific characteristics related to non-response (i.e. women who had lower education attainment may be less likely to respond than those with higher education attainment). These non-response variables differed by race and this was taken into account in the weighting (see Technical Appendix in the full report).

South Dakota's weighted response rate was 67.7%, although this varied significantly among the three races:

- 72.7% for white race
- 49.2% for American Indian race
- 56.5% for other race

Sampling fractions, response rates, reasons for non-response, and method of response are given in Table 1.2 (in the full report) by race.

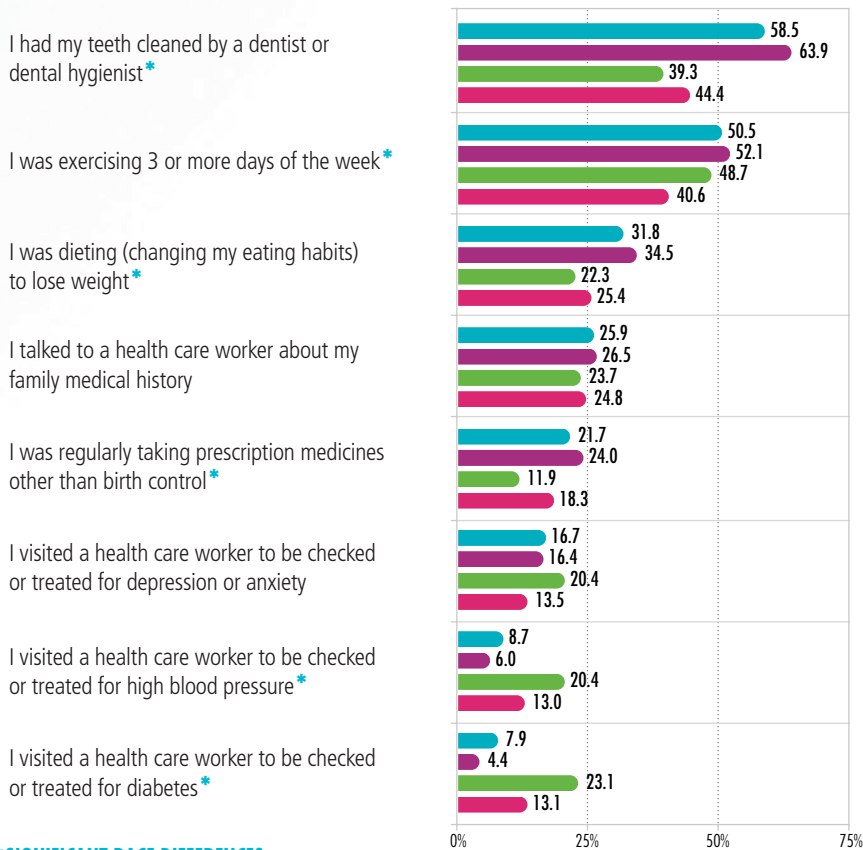


A CITATION AND REFERENCE LIST IS AVAILABLE IN THE FULL SOUTH DAKOTA PREGNANCY RISK ASSESSMENT MONITORING SYSTEM (PRAMS)-LIKE 2016 DATA REPORT WHICH CAN BE ACCESSED AT [DOH.SD.GOV/STATISTICS/PRAMS.ASPX](https://doh.sd.gov/statistics/prams.aspx)

PRECONCEPTION CARE

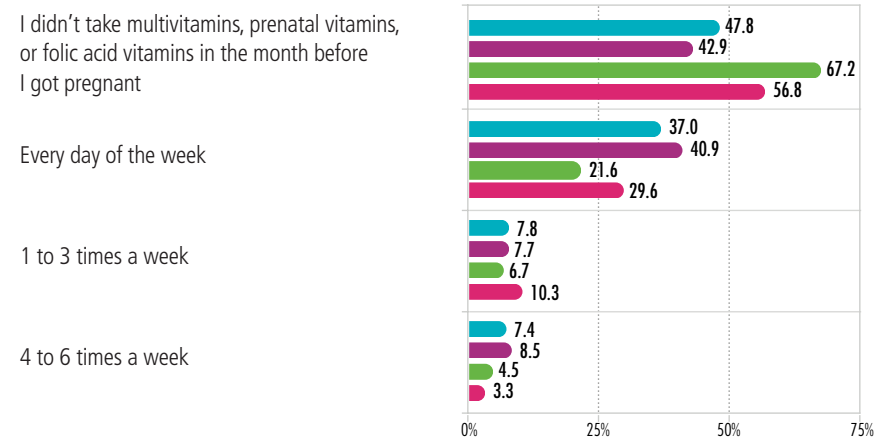
Preconception care is important to help moms optimize their health before they conceive. Preconception care focuses on management of behavioral risk factors and chronic diseases that can lead to increased risk of adverse birth outcomes such as stillbirths, birth defects, low birthweight, preterm birth, infant death, and Sudden Infant Death Syndrome. In 2016, only 23.0% of South Dakota mothers spoke with a healthcare provider about how to improve their health prior to pregnancy.

At any time during the **12 months before** you got pregnant with your new baby, did you do any of the following things?



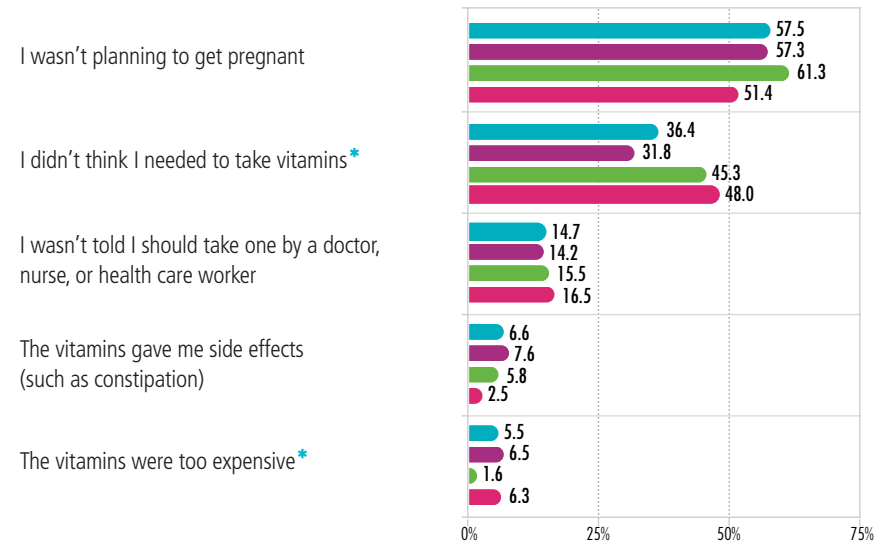
*SIGNIFICANT RACE DIFFERENCES

During the **month before** you got pregnant with your new baby, how many times a week did you take a multivitamin, a prenatal vitamin, or a folic acid vitamin?



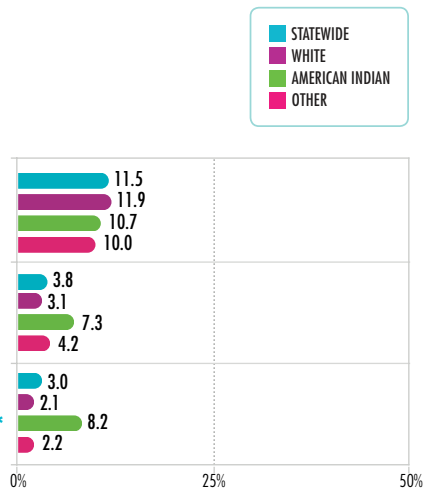
Among those who were not taking vitamins:

During the month before you got pregnant with your new baby, what were your reasons for not taking multivitamins, prenatal vitamins, or folic acid vitamins?



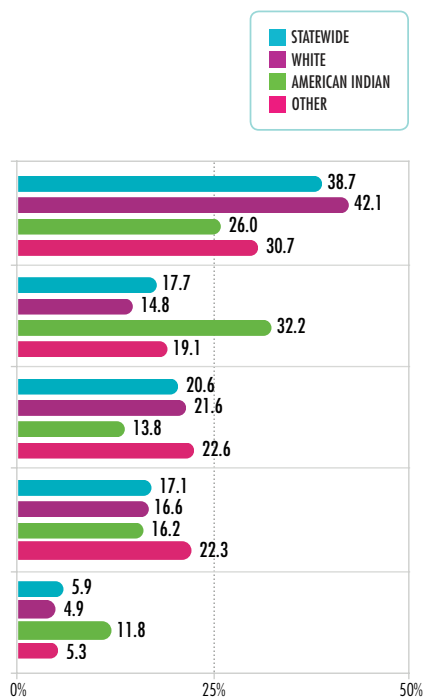
*SIGNIFICANT RACE DIFFERENCES

Before you got pregnant with your new baby, did a doctor, nurse, or other health care worker tell you that you had any of the following health conditions?



*SIGNIFICANT RACE DIFFERENCES

Thinking back to **just before** you got pregnant with your new baby, how did you feel about becoming pregnant?



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



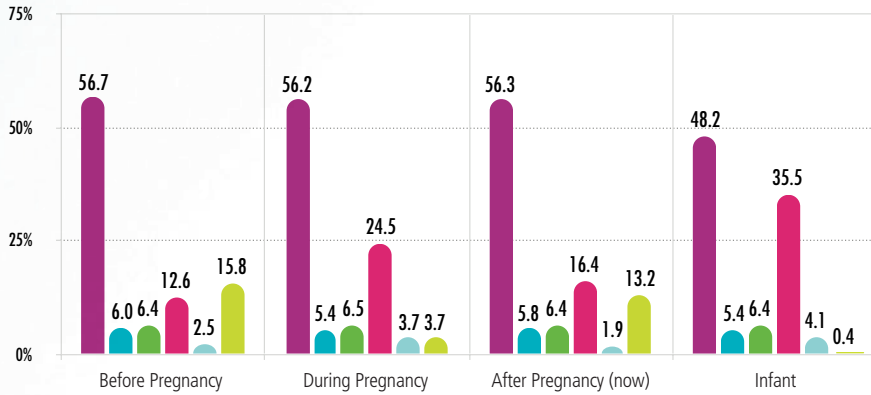
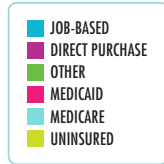
IN 2016 ONLY 23% OF SOUTH DAKOTA MOMS TALKED TO THEIR HEALTHCARE PROVIDER ABOUT HOW TO IMPROVE THEIR HEALTH PRIOR TO PREGNANCY.

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

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.

Percent of Mothers with Different Types of Insurance
Before Pregnancy, During Pregnancy, After Delivery and for the Infant¹



¹ If more than one type of insurance was selected, a hierarchy was established to report the individual's insurance status. The hierarchy, in order, was: Private; Job-based (includes self or as a dependent); Other (includes military, VA, Champus & TriCare or Other); Medicaid; Medicare; Uninsured (includes IHS). For example, if an individual selected both 'Private' and 'Medicaid', the individual's insurance status was reported as 'Private'.

During **your most recent pregnancy**, were you on WIC (the Special Supplemental Nutrition Program for Women, Infants, and Children)?



What can you do?

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



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.



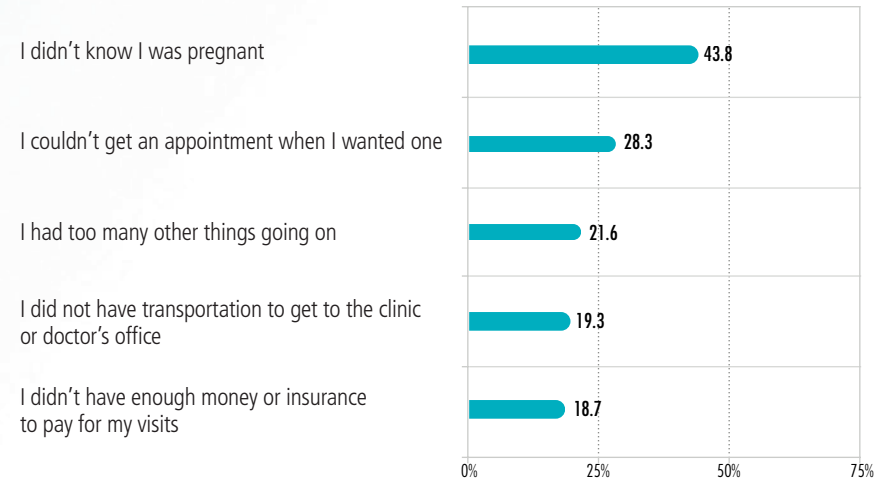
PRENATAL CARE

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. In 2016, 73.4% of South Dakota mothers began prenatal care in the first trimester, 20.8% in the second, and 5.4% in the third trimester. Less than 1% of mothers received no prenatal care. There were significant differences related to race with 79.5% of white mothers, 50.8% of American Indian mothers, and 59.5% of other race mothers beginning prenatal care during the first trimester.

Among mothers who did not receive Prenatal Care as early as they wanted – Did any of these things

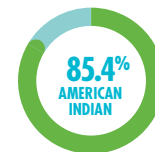
keep you from starting prenatal care when you wanted it or from getting prenatal care at all?

STATEWIDE



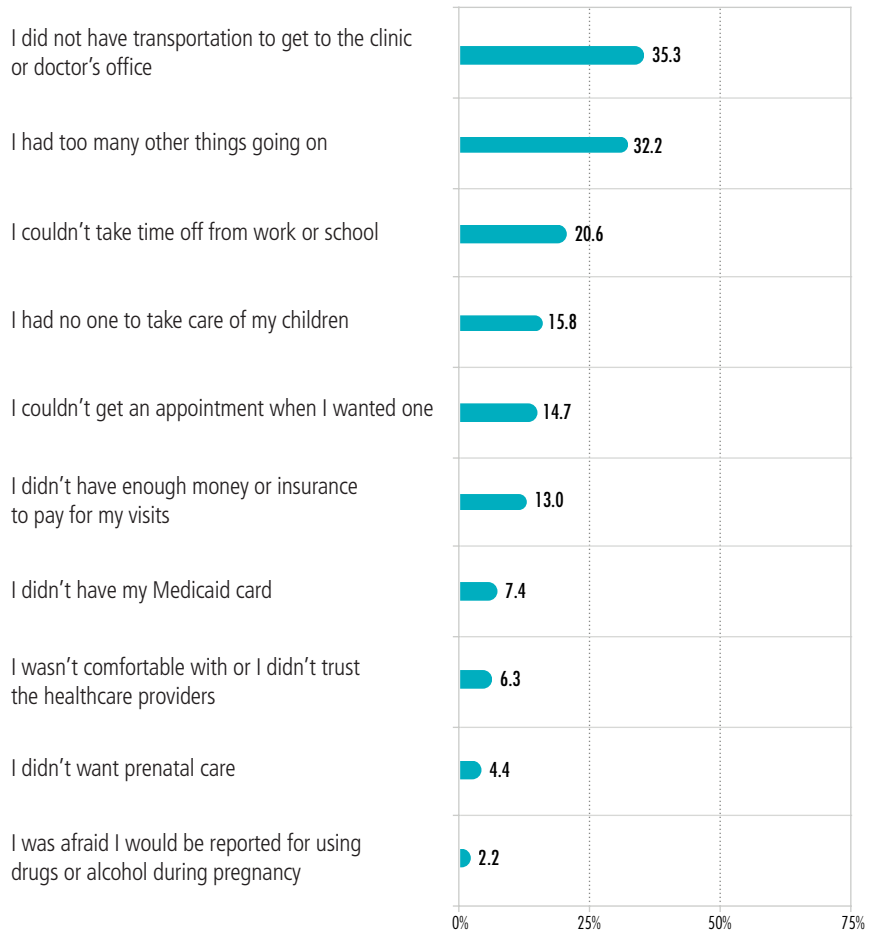
Were you able to go to all of your recommended prenatal visits?

95.2% ANSWERED YES



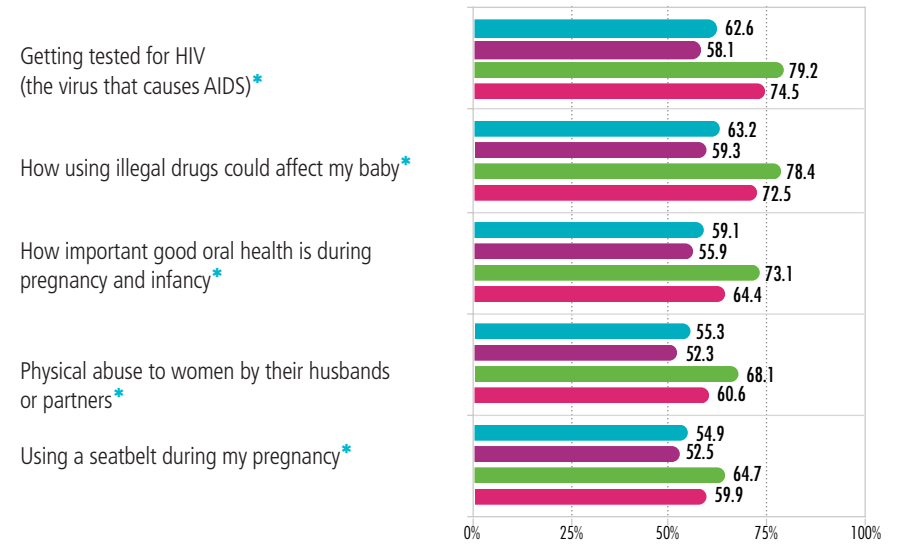
Among mothers who were not able to go to all of their recommended Prenatal Care visits – Did any of these things keep you from going to your recommended prenatal visits?

STATEWIDE



During any of your prenatal care visits, did a doctor, nurse, or other health care worker talk with you about any of the things listed below?

STATEWIDE
WHITE
AMERICAN INDIAN
OTHER



*SIGNIFICANT RACE DIFFERENCES

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.

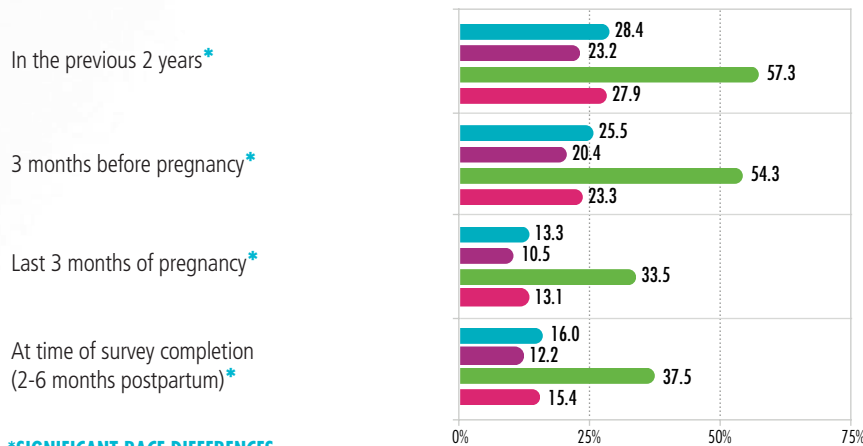
SUBSTANCE USE

The use of tobacco, alcohol, and illicit drugs 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. Alcohol consumption during pregnancy can have negative effects including Fetal Alcohol Syndrome, and illicit drug use during pregnancy leads to increased risks of adverse outcomes to the pregnant mother as well as the developing fetus.

Have you ever used spit tobacco or e-cigarettes /vaping products in the **past 2 years?**

12.8% ANSWERED YES

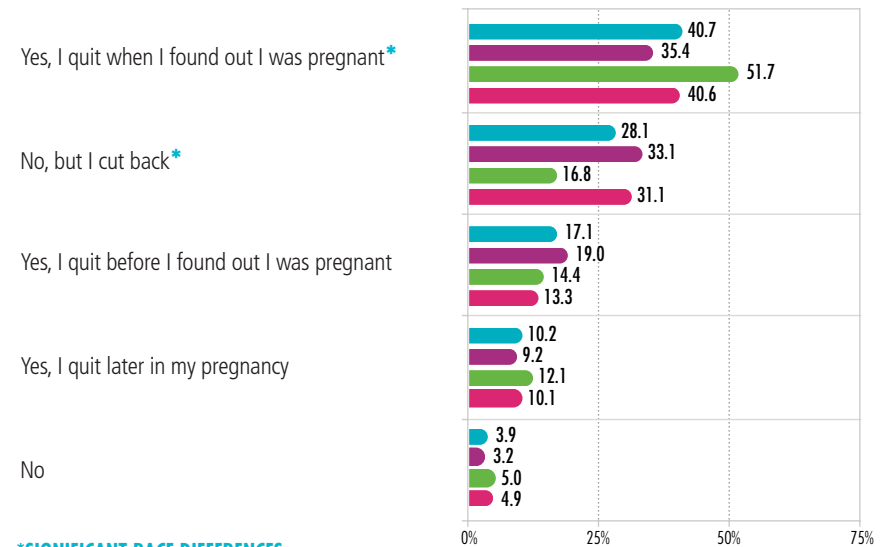
Percentage of South Dakota mothers smoking at various times around pregnancy by race.



*SIGNIFICANT RACE DIFFERENCES

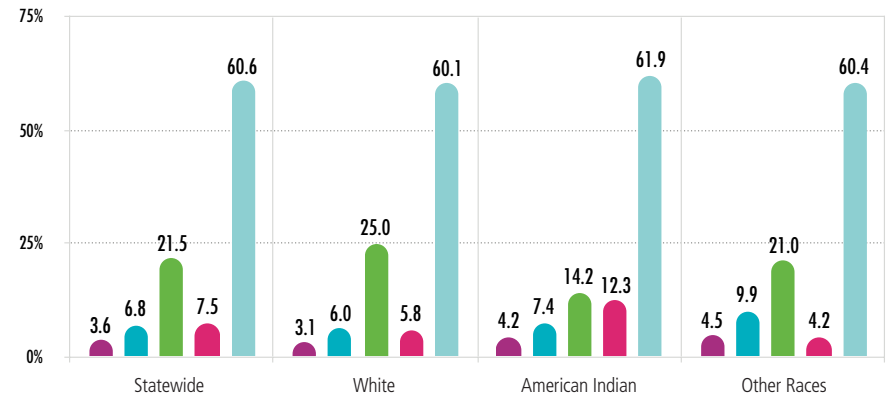
Among those who smoked cigarettes the 3 months before they were pregnant –

Did you quit smoking around the time of your most recent pregnancy?

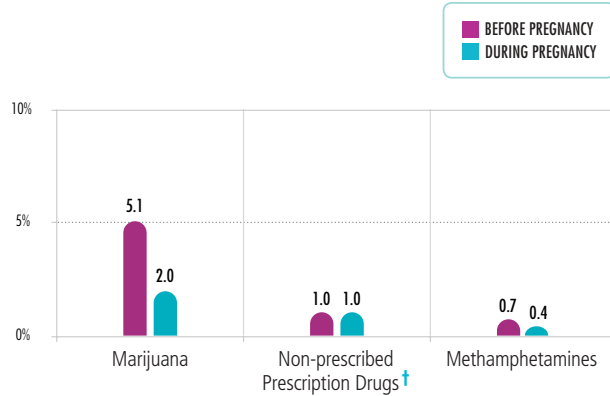


*SIGNIFICANT RACE DIFFERENCES

Number of cigarettes smoked **during** the last three months of pregnancy for those mothers who smoked during the last two years, by race.



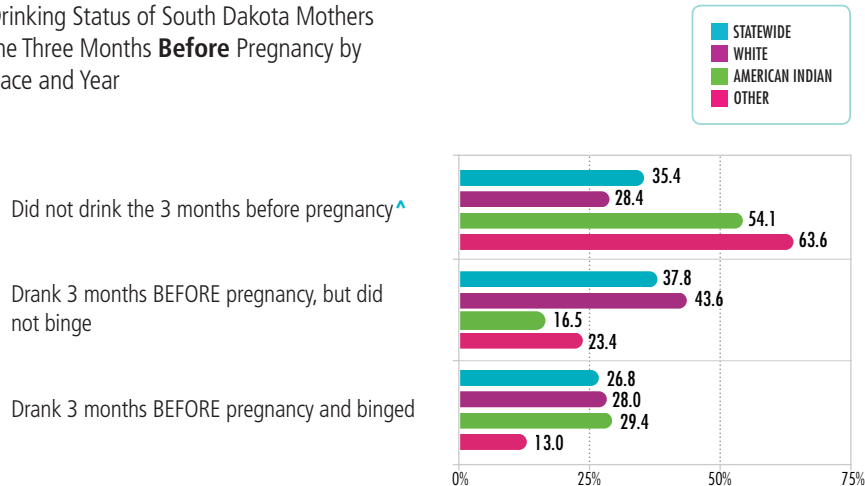
Self-reported drug use among mothers three months before and during pregnancy.



†INCLUDES OXYCODONE, HYDROCODONE, & OXYCONTIN
HEROIN, HALLUCINOGENS, COCAINE AND INHALANTS (GLUE, PAINT, ETC.) WERE <0.2% STATEWIDE

Statewide, 64.6% of mothers drank at some time during the three months before pregnancy; alcohol consumption with binge drinking (four or more drinks within a two-hour span) occurred in 26.8% of South Dakota mothers in 2016 dropping from 36.1% in 2014. A higher percentage of white mothers drank compared to American Indian mothers and mothers of other races, and American Indian mothers drank more than mothers of other races. Binge drinking was the lowest among other race mothers compared to both white and American Indian mothers. The prevalence of alcohol consumption the three months before pregnancy was highest among white mothers, non-Hispanic mothers, mothers aged 25 to 34 years, more educated mothers, married mothers and mothers from households with higher income levels.

Drinking Status of South Dakota Mothers the Three Months **Before** Pregnancy by Race and Year



SIGNIFICANT RACE DIFFERENCES IN ALL THREE OF THE ABOVE CATEGORIES
^INCLUDES MOTHERS WHO DID NOT DRINK IN THE LAST TWO YEARS

Have you had any alcoholic drinks in the **past 2 years?**

73.3% ANSWERED YES

What can you do?

1. Assess substance abuse 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 Provider Information
AvoidOpioidSD.com/take-action/provider-information
2. QuitLine Provider Information
SDQuitLine.com/providers
3. 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.

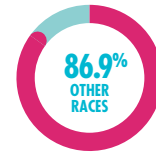
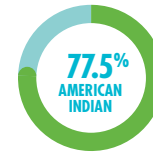


BREASTFEEDING

Breastfeeding is considered to be the ideal method for infant feeding. Human milk provides the precise amounts of proteins, carbohydrates, fats, minerals, and vitamins that are needed for optimal health, with the exception of vitamins D and K. There are many benefits including reducing the risk of breast and ovarian cancer and lowering the risk of hypertension for the mother and combating infectious diseases, decreasing incidence and severity of diarrhea, lowering respiratory infections, preventing dental caries, and increasing intelligence for the infant.

Did you ever breastfeed or pump breast milk to feed your new baby, even for a short period of time?

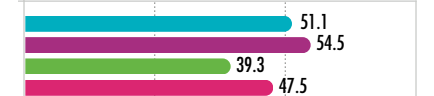
89.2% ANSWERED YES



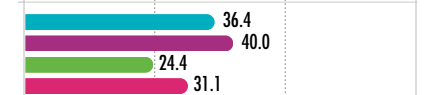
What were your reasons for stopping breastfeeding?



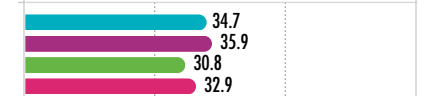
I thought I was not producing enough milk or my milk dried up*



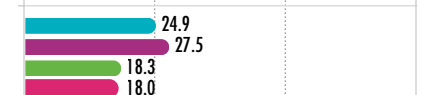
Breast milk alone did not satisfy my baby*



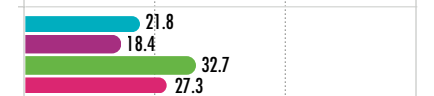
My baby had difficulty latching or nursing



It was too hard, painful, or too time consuming



I went back to work or school*



*SIGNIFICANT RACE DIFFERENCES

What can you do?

1. Educate women prenatally, about breastmilk production and supply as well as infant cues of hunger and satiety.
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.

Education/Resources:

1. sdwic.org/breastfeeding/breastfeeding-information
2. wicbreastfeeding.fns.usda.gov



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.

POSTPARTUM HEALTH

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.

Since your new baby was born, did a doctor, nurse, or other health care worker talk with you about any of the things listed below.

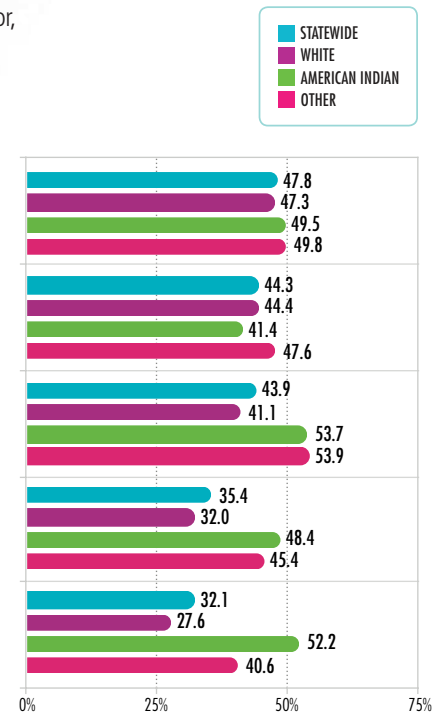
Resources in my community such as nurse home visitation programs, telephone hotlines, counseling, etc.

Support groups for new parents

Getting to and staying at a healthy weight after delivery*

Physical abuse to women by their husbands or partners*

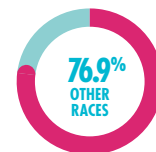
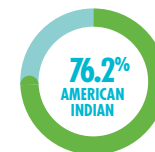
How to prevent your baby from getting tooth decay*



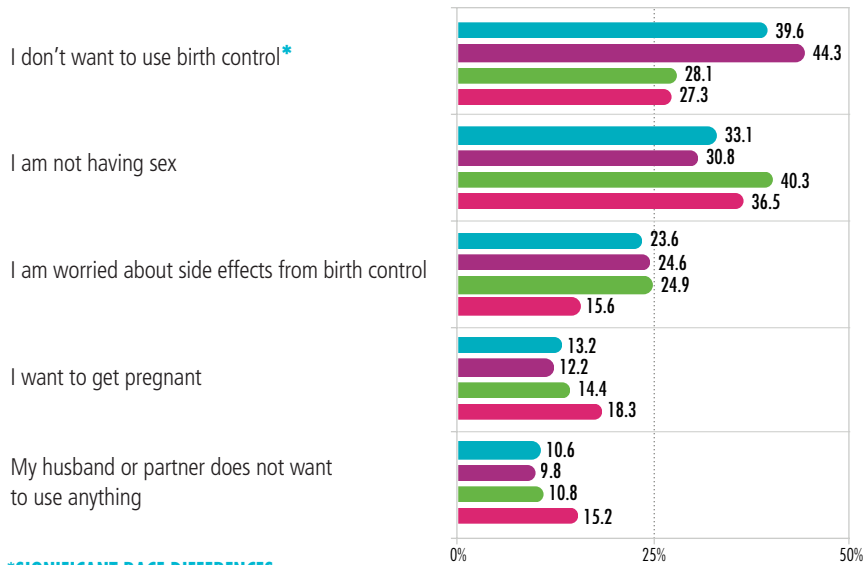
*SIGNIFICANT RACE DIFFERENCES

Are you or your husband or partner doing anything now to keep from getting pregnant?

80.9% ANSWERED YES

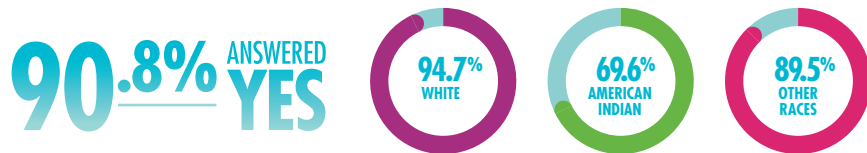


Among mothers who are not currently doing anything now to keep from getting pregnant – What are the reasons or your husband's or partner's reasons for not doing anything to keep from getting pregnant **now**?



*SIGNIFICANT RACE DIFFERENCES

Since your new baby was born, have you had a postpartum checkup for yourself?



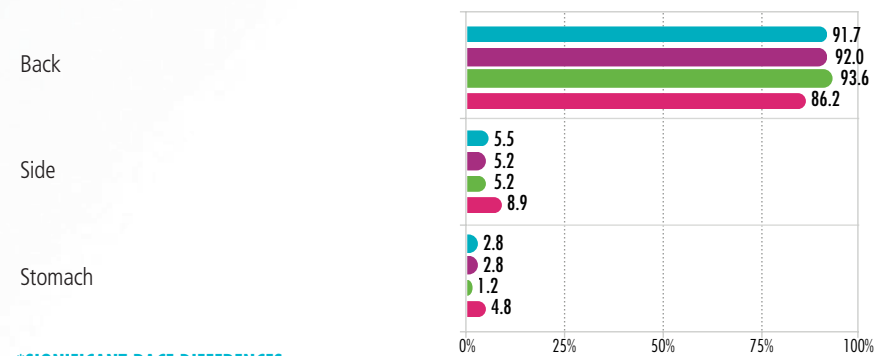
What can you do?

1. Read newly released: ACOG committee opinion 2018 Optimizing Postpartum Care 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.

INFANT SLEEP

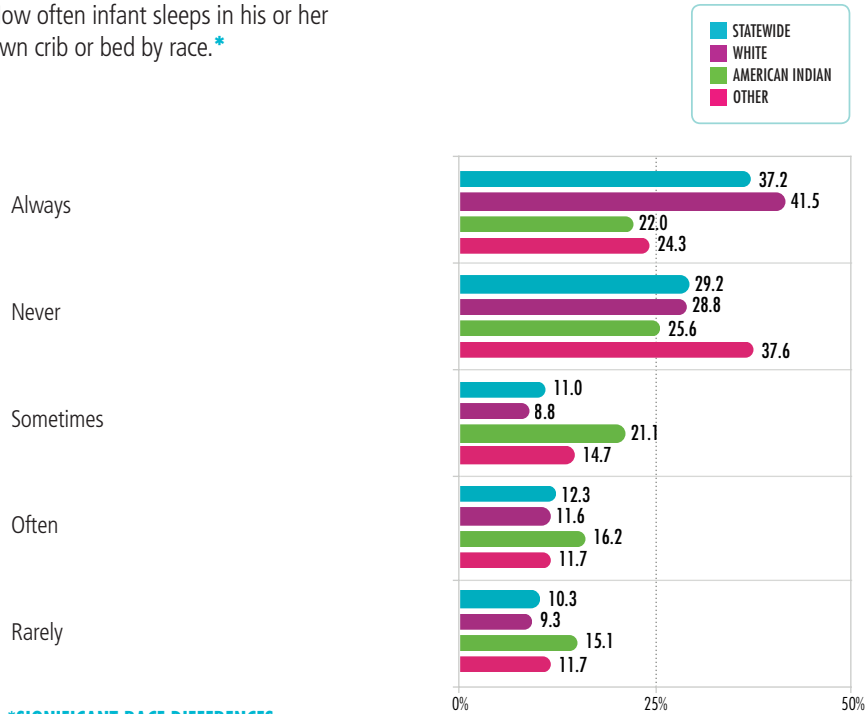
The American Academy of Pediatrics (AAP) has 15 A-level recommendations for reducing SIDS and sleep-related infant deaths. Four recommendations were addressed in the PRAMS survey: (1) Back to sleep for every sleep; (2) Use a firm sleep surface; (3) Keep soft objects and loose bedding away from the infant's sleep area; (4) Room-sharing with the infant on a separate sleep surface. While families are familiar with the Back to Sleep guidance and compliance is high, they are less likely to implement other safe sleep practices. Only 11 percent of mothers followed all of the four recommendations included in the survey questions.

Position the infant is most often laid down to sleep by race and year.*



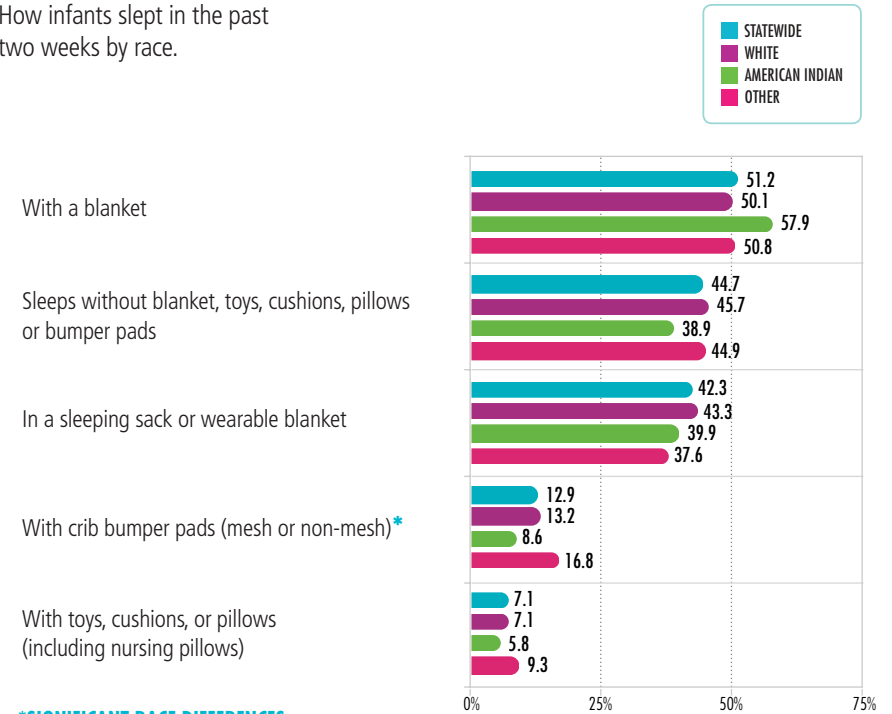
*SIGNIFICANT RACE DIFFERENCES

How often infant sleeps in his or her own crib or bed by race.*



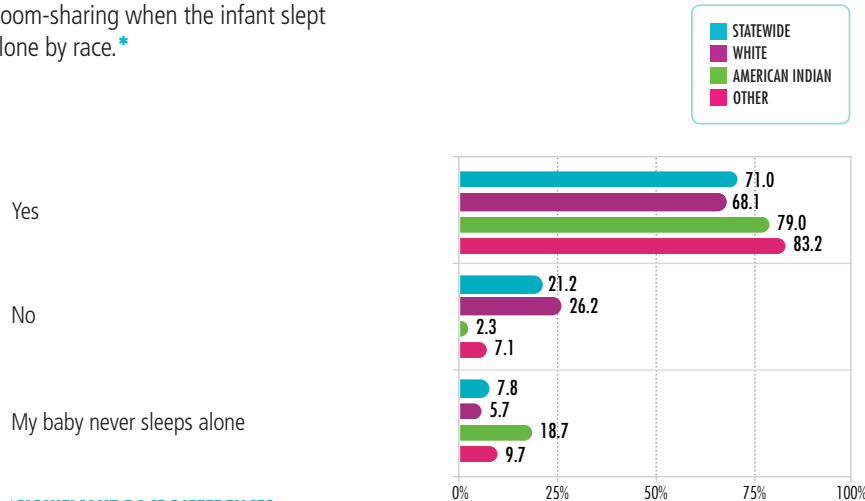
*SIGNIFICANT RACE DIFFERENCES

How infants slept in the past two weeks by race.



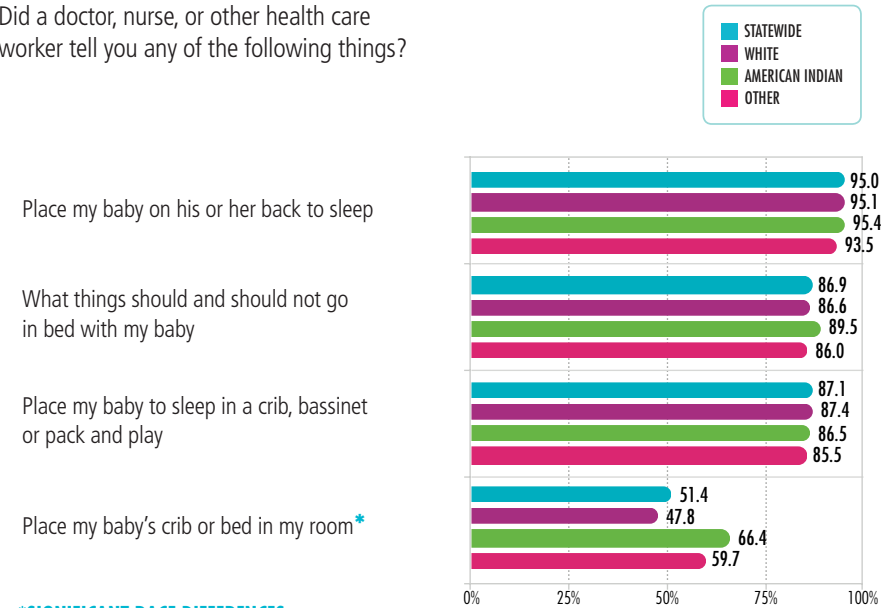
*SIGNIFICANT RACE DIFFERENCES

Room-sharing when the infant slept alone by race.*



*SIGNIFICANT RACE DIFFERENCES

Did a doctor, nurse, or other health care worker tell you any of the following things?



*SIGNIFICANT RACE DIFFERENCES

What can you do?

1. Advise caregivers to place babies on their back for 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.
2. Ask caregivers about how they place their baby to sleep, challenges to following recommendations, and help them find solutions.
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



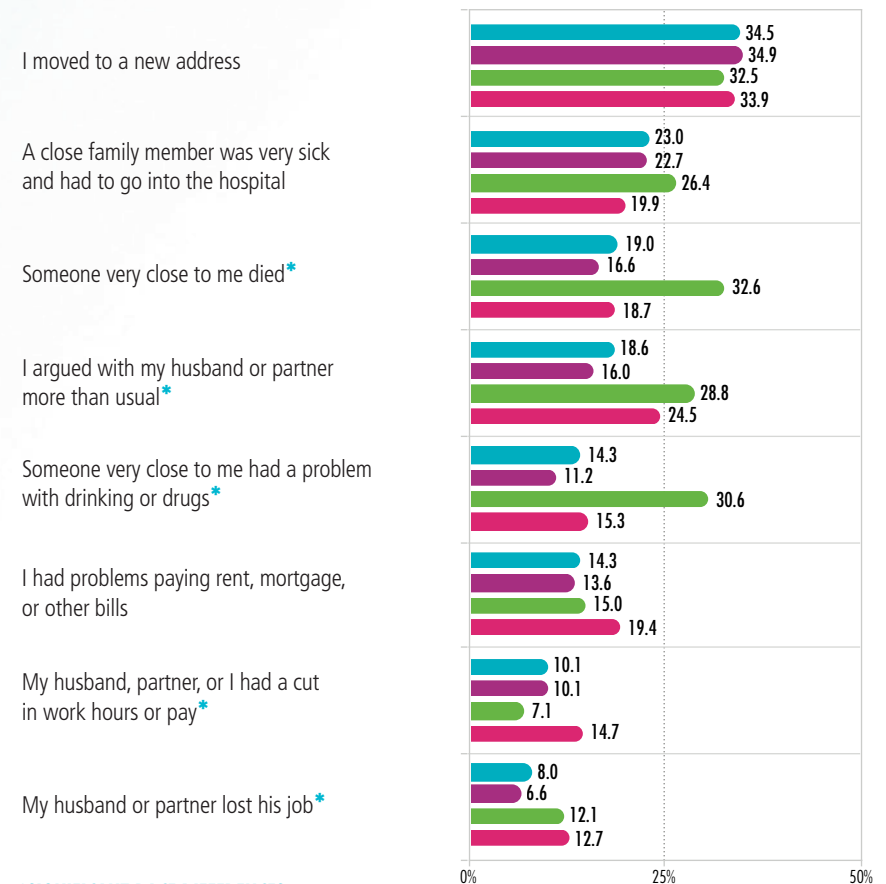
USING SAFE SLEEP PRACTICES WILL GREATLY REDUCE A BABY'S RISK FOR SIDS AND SLEEP-RELATED INFANT DEATH. ONLY 11% OF MOTHERS SURVEYED FOLLOWED ALL FOUR SAFE SLEEP RECOMMENDATIONS INCLUDED IN THE SURVEY QUESTIONS.

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

STRESS AND DOMESTIC ABUSE

Research suggests stress during pregnancy is linked to adverse health outcomes for both mother and infant. Stressful life events during pregnancy increase the risk of adverse health outcomes such as preterm delivery, low birth weight, and other developmental deficits. The influence of stress upon maternal and neonatal health is related to the severity and duration of the stressor as well as the mother's coping strategy to stress.

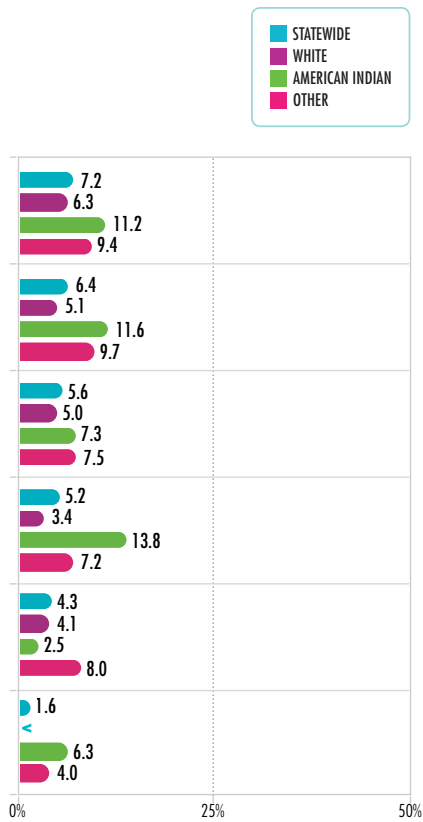
This question is about things that may have happened during the **12 months before your new baby was born.**



*SIGNIFICANT RACE DIFFERENCES

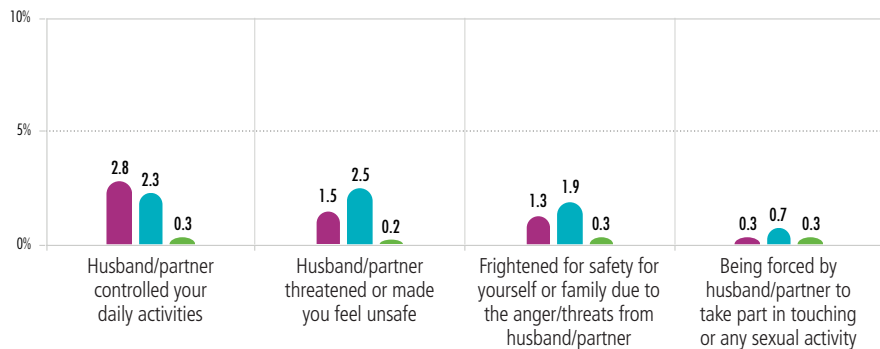
This question is about things that may have happened during the **12 months before your new baby was born.** (continued)

- I lost my job even though I wanted to keep working*
- I got separated or divorced from my husband or partner*
- My husband or partner said he didn't want me to be pregnant
- My husband or partner or I went to jail*
- I was apart from my husband or partner due to military deployment or extended work-related travel*
- I was homeless or had to sleep outside, in a car, or in a shelter*

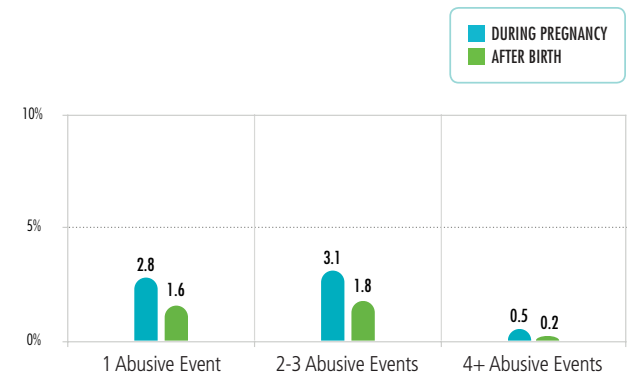


*SIGNIFICANT RACE DIFFERENCES
<LESS THAN 3 OBSERVATIONS IN A GROUP

Domestic abuse events occurring during and after pregnancy



Percent of mothers experiencing abusive events either during pregnancy or after birth¹



¹ Abusive events included 1) husband or partner threatening the mother or making her feel unsafe in some way, 2) the mother being frightened for the safety of herself or family because of the anger or threats of her husband or partner, 3) the husband or partner trying to control the mothers daily activities, and 4) the husband or partner forcing the mother to take part in touching or any sexual activity in which she did not want to participate.

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 dss.sd.gov/keyresources/victimservices
2. South Dakota Network Against Family Violence and Sexual Assault sdnafvsa.com/home
3. Department of Social Services Behavioral Health Services County Map dss.sd.gov/behavioralhealth/agencycounty.aspx

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.



SOUTH DAKOTA RESOURCES LIST

South Dakota Pregnancy Risk Assessment Monitoring System (PRAMS)-Like 2016 Data Report doh.sd.gov/statistics/prams.aspx

Department of Health 1-800-738-2301

1. **For Baby's Sake:** Information and resources to help women have healthy pregnancies and healthy babies. ForBabySakeSD.com
2. **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
3. **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
4. **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
5. **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
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

SOUTH DAKOTA RESOURCES LIST

Department of Social Services (605) 773-3165 *continued*

- 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/childsafetysseat
- 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.

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 \$6.56 each.