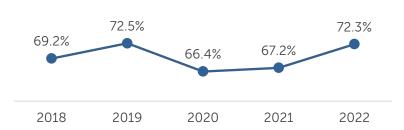
## **Preconception Care**

## **SD PRAMS, 2022**

Preconception health is a woman's health before she becomes pregnant. Health problems, foods, medicines, and habits can all affect a future pregnancy. Talking with a health care provider can be an important step of preconception care. Health care workers can explain ways to improve overall health, advise what medicines to use/not use, and help control medical conditions.<sup>a</sup>

The percentage of women who had a healthcare visit in the 12 months before pregnancy <u>has not changed</u> (p>0.05).



## Preconception care topics discussed among women who visited a health care worker:

٠	Asked about smoking cigarettes	78.9%
٠	Asked if they were feeling down or depressed	67.4%
•	Asked about the kind of work they did	64.9%
•	Asked if someone was hurting them emotionally or physically	59.8%
•	Talked about their desire to have or not have children	40.3%
٠	Told to take a vitamin with folic acid	37.1%
	Talked about birth control	35.2%
•	Talked about maintaining a healthy weight	33.8%
•	Talked about sexually transmitted infections such as chlamydia, gonorrhea, or syphilis	23.0%
٠	Talked about improving health before pregnancy	22.3%

Tested for HIV (the virus that causes

Talked about controlling chronic

high blood pressure

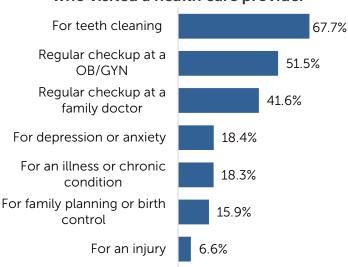
medical conditions such as diabetes or

AIDS)

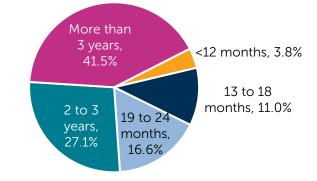
15.9%

9.9%

# Visit type among women who visited a health care provider



Among women who had a previous birth, 14.8% reported an age difference between last child and most recent baby of 18 months or less. The American College of Obstetricians and Gynecologists recommends waiting at least 18 months after birth to allow the mother's body time to recover and to reduce the risk of complications in the next pregnancy.<sup>b</sup>



## **Exercise and Maternal Weight**

## **SD PRAMS, 2022**

Managing weight before pregnancy can help with fertility and start pregnancy at a healthy weight. When pregnant, a healthy weight can help reduce risk of health problems and preterm birth.c

#### Compared to mom with normal weight BMI before pregnancy

#### Overweight or obese BMI were more likely to report:

- Gestational diabetes
- Depression during pregnancy
- High blood pressure during pregnancy
- Baby had high birth weight
- Their baby went to NICU

#### Obese BMI before pregnancy were more likely to report:

- Unintended pregnancy
- Depression during pregnancy
- Preterm birth
- C-section delivery

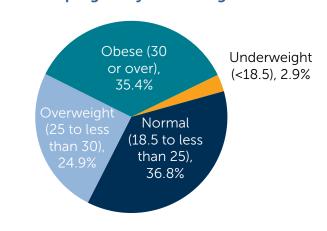
#### Underweight BMI before pregnancy were more likely to report:

- Smoking before pregnancy
- High ACE score
- Depression during pregnancy

The percentage of mothers with a normal BMI before pregnancy has decreased over time (p<0.05)

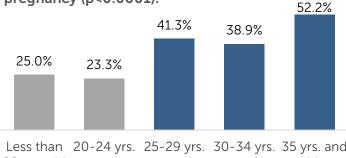


#### **Pre-pregnancy BMI Categories**



Many women of reproductive age do not exercise as often as recommended. Benefits of activity during preconception are weight gain prevention, lower risk of depression, and a higher self-assessment of quality of life.d

Older women (25+) were more likely to report exercising 3 or more days a week before pregnancy (p<0.0001).



Less than 20-24 yrs. 25-29 yrs. 30-34 yrs. 35 yrs. and 20 yrs. old older

The percentage of women who exercised three or more days a week the 12 months before pregnancy has decreased (p<0.05).

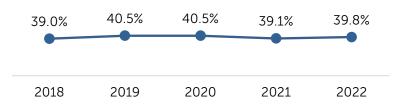


Women who were married, White or Hispanic, and had greater than a high school education were more likely to exercise 3 or more days a week before pregnancy.

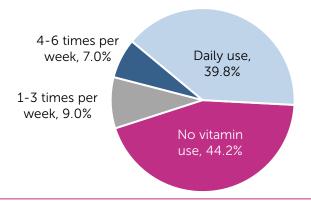
### **Prenatal Vitamin Use**

## **SD PRAMS, 2022**

Prenatal vitamins are recommended before conception and can help meet folic acid and iron needs. Folic acid can help prevent neural tube defects and iron helps support the development of the placenta and fetus.<sup>e</sup> In the last five years, the percentage of women who took a daily vitamin the month before pregnancy has not changed (p>0.05).



#### Vitamin use in the month before pregnancy



Reasons women did not take vitamins before pregnancy (could select more than one):

- Not planning to get pregnant (60%)
- Did not think they needed vitamins (39%)
- Did not want to take vitamins (18%)
- Was not told to take vitamins (16%)
- Vitamins gave side effects (8%)
- Vitamins were too expensive (7%)

# Compared to women who took a daily vitamin before pregnancy, those who did not were significantly more likely to report:

		No Daily Vitamin	Daily Vitamin
	ACE Score of 4+	30.6%	18.4%
•	Teeth not cleaned during pregnancy	28.4%	13.6%
٠	Smoking the three months before pregnancy	23.0%	6.6%
٠	Using illicit drugs before pregnancy	20.2%	4.7%
•	Attending less than 80% of prenatal care visits	15.9%	9.7%
	Not insured during pregnancy	12.4%	4.2%

#### References

- a. Office on Women's Health. (2025). *Preconception Health*. Retrieved from <a href="https://womenshealth.gov/pregnancy/you-get-pregnant/preconception-health">https://womenshealth.gov/pregnancy/you-get-pregnant/preconception-health</a>
- b. The American College of Obstetricians and Gynecologists. (2019). *Interpregnancy Care*. Obstetric Care Consensus, Number 8. Available <a href="https://www.acog.org/clinical-guidance/obstetric-care-consensus/articles/2019/01/interpregnancy-care">https://www.acog.org/clinical/clinical-guidance/obstetric-care-consensus/articles/2019/01/interpregnancy-care</a>
- c. March of Dimes. (2021). Healthy Weight Before Pregnancy. Retrieved from <a href="https://www.marchofdimes.org/find-support/blog/healthy-weight-pregnancy">https://www.marchofdimes.org/find-support/blog/healthy-weight-pregnancy</a>
- d. Harrison, C. L., Brown, W. J., Hayman, M., Moran, L. J., & Redman, L. M. (2016). The Role of Physical Activity in Preconception, Pregnancy and Postpartum Health. Seminars in reproductive medicine, 34(2), e28–e37. https://doi.org/10.1055/s-0036-1583530
- e. Mayo Clinic. (2025). *Prenatal Vitamins: Why They Matter, How to Choose*. Retrieved from <a href="https://www.mayoclinic.org/healthy-lifestyle/prenatal-vitamins/art-20046945">https://www.mayoclinic.org/healthy-lifestyle/prenatal-vitamins/art-20046945</a>



This data brief was created in September 2025 by Howard Wey, Courtney Valencia, Tingting He, and Jenny Kerkvliet in the Population Health Evaluation Center at South Dakota State University through an interagency agreement with the SD Department of Health. Further information about the SD PRAMS can be obtained by contacting the Office of MCH Data Analytics and Insights at DOH.MCHdata@state.sd.us.

