



SCANNING THE EARLY CHILDHOOD DEVELOPMENT LANDSCAPE IN SOUTH DAKOTA

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Appendix A: Health and nutrition data on South Dakota's children

Adverse childhood experiences. These experiences are self-reported and include, but are not limited to: living with anyone who is mentally ill or suicidal, a problem drinker or alcoholic, or racially biased; violence in the child's neighborhood; and death or incarceration of parents. In 2017, 46 percent of the South Dakota population had been exposed to one or more adverse childhood experiences.¹

Birthweight and gestation. Birthweight is strongly correlated with the possibility of health complications occurring during infancy and later in life. The Centers for Disease Control (CDC) defines low birthweight (LBW) infants as those who are born at a weight of less than 5 pounds and very low birthweight (VLBW) infants as those who are born at a weight of 3.31 pounds or less.² About 6.8 percent of babies born in South Dakota were LBW, slightly lower than the national average.³ In 2018, the national percentage of LBW infants was 8.28 and that of VLBW infants was 1.38.⁴

Breastfeeding. The CDC considers breastfeeding the best method for feeding infants, as it can support an infant's physical development and prevent sudden infant death syndrome; therefore, the South Dakota Women, Infants, and Children program prioritizes supporting its mothers in breastfeeding, receiving funding and support in part from the Breastfeeding Peer Counselors.⁵ In 2016, 89.2 percent of South Dakota mothers reported breastfeeding at some point in their baby's life for at least a short period of time. There were differences among racial groups, however; 91.6 percent of White mothers reported breastfeeding, compared to 77.5 percent of American Indian mothers and 86.9 percent of those of other races.⁶

Developmental delays and behavioral conditions. A survey administered from 2017 through 2018 shows that 22 percent of South Dakota children experienced developmental delays, depression or anxiety, ADD/ADHD, or behavioral issues, equal to the national average.⁷

Drug abuse during pregnancy. Drug abuse by expectant mothers can lead to short-term and long-term impacts on the health of children, including complications during birth, addiction, and impaired development. Developed by the E.A. Martin Program at South Dakota State University, the Pregnancy Risk Assessment Monitoring System Report found that 5.1 percent of mothers reported marijuana use in the three months before pregnancy, 1 percent reported non-prescription drug use, and 0.7 percent reported methamphetamine use.⁸

Infant mortality. From 2000 through 2010, the infant mortality rate for South Dakota was 7 deaths per 1,000 births. This was higher than the national rate, and exceeded the rates of other states in the region (including North Dakota, Minnesota, Iowa, Nebraska, and Montana).⁹ In the following years, this rate decreased to an all-time state low of 4.8 deaths per 1,000 births in 2016; from 2012 through 2016, however, the rate of American Indian infant deaths (12.2) was over twice as high as that of White infant deaths (5.6).¹⁰

Access to prenatal care. Prenatal care is integral to detecting problems in fetal development early on, as well as preventing preterm births and stillbirths. In 2018, 74 percent of mothers received adequate or greater than adequate care.¹¹

Teen birth rate. In 2018, the rate of teen births was 20 per 1,000, higher than the national rate of 17; these rates are both significant decreases from 2010, which saw rates of 35 and 34, respectively.¹²

ENDNOTES

¹ South Dakota Department of Health (SDDH), [Health Behaviors of South Dakotans 2017: Adverse Childhood Experiences](#).

² CDC National Vital Statistics Reports, Vol. 68, Number 13, [Births: Final Data for 2018](#).

³ 2020 KIDS COUNT Data Center, [“Low birthweight babies \(5-year totals\) in South Dakota.”](#)

⁴ See endnote 2.

⁵ SDDH, [South Dakota Pregnancy Survey 2016 Data Report](#).

⁶ Ibid.

⁷ KIDS COUNT Data Center, [“Children who have one or more emotional, behavioral, or developmental conditions in the United States.”](#)

⁸ See endnote 5.

⁹ South Dakota Department of Social Services, [“South Dakota Infant Death Review.”](#)

¹⁰ Ibid.

¹¹ SDDH, [South Dakota 2018 Pregnancy Risk Assessment Monitoring System Surveillance Data Report](#).

¹² 2020 [KIDS COUNT Profile](#), “Family and Community” section.