

SOUTH DAKOTA STATE MEDICAL ASSOCIATION
POLICY

Subject: Pre-Conception Healthcare

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POLICY STATEMENT

The South Dakota State Medical Association (SDSMA) affirms the following for improving pre-conception health care that state:

1. Individual responsibility across the lifespan – each woman, man, and couple should be encouraged to have a reproductive life plan;
2. Consumer awareness – increase public awareness of the importance of pre-conception health behaviors and pre-conception care services by using information and tools appropriate across various ages; literacy, including health literacy; and cultural/linguistic contexts;
3. Preventive visits – as a part of primary care visits, provide risk assessment and educational and health promotion counseling to all women of childbearing age to reduce reproductive risks and improve pregnancy outcomes;
4. Interventions for identified risks – increase the proportion of women who receive interventions as follow-up to pre-conception risk screening, focusing on high priority interventions (i.e., those with evidence of effectiveness and greatest potential impact);
5. Inter-conception care – use the inter-conception period to provide additional intensive interventions to women who have had a previous pregnancy that ended in an adverse outcome, including postpartum Medicaid expansion (i.e., infant death, fetal loss, birth defects, low birth weight, or preterm birth);
6. Pre-pregnancy checkup – offer, as a component of maternity care, one pre-pregnancy visit for couples and persons planning pregnancy;
7. Health insurance coverage for women with low incomes – increase public and private health insurance coverage for women with low incomes to improve access to preventive women's health and pre-conception and inter-conception care – to include pregnancy care for mothers who are ineligible for coverage under Title XIX of the federal Social Security Act based on their citizenship status;
8. Public health programs and strategies – integrate components of pre-conception health into existing local public health and related programs, including emphasis on inter-conception interventions for women with previous adverse outcomes;
9. Research – increase the evidence base and promote the use of the evidence to improve pre-conception health; and
10. Monitoring improvements – maximize public health surveillance and related research mechanisms to monitor pre-conception health.

AUTHORITY

South Dakota State Medical Association Policy Council, 11/5/2021; South Dakota State Medical Association Board of Directors, 11/8/2021.