Summit County Public Health

Population Health Vital Statistics Brief:

VOLUME 4: BIRTH AND MATERNAL-CHILD HEALTH

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Introduction

This publication is the fourth in a series of several brief reports to be released by the Summit County Public Health Population Health Division's *Vital Statistics Brief* report series. These reports will provide the citizens of Summit County with regular updates on death and life expectancy, birth and maternal-infant health, and infant mortality. Additional volumes in the series will also be released from time to time, updating the community on other topics of interest.

For those interested in obtaining detailed vital statistics, please visit our website, http://scphoh.org/DataDashboards.html. There, visitors can access our interactive dashboards, which allows users to design customized graphics and tables for their own use.

INSIDE THIS BRIEF

Total Births in Summit County, 2006-2015

The number of births in Summit County declined by 10% between 2006 and 2015. In both 2006 and 2007, the annual number of births was between 6,600 and 6,700. In 2008 and 2009, the average number of births per year dropped again, to approximately 6,300 in each year. From 2010 to 2015, total births fluctuated in a fairly narrow range, between 5,900 and 6,200 in each year.

Births by Race - Births declined for both whites and African-Americans between 2006 and 2015. However, the rate of decline of white births was much higher than for African-Americans (18% decline and 4% decline, respectively). Births among those of other races and unknown races rose sharply (150%) between 2006 and 2015. Most of that increase was driven by

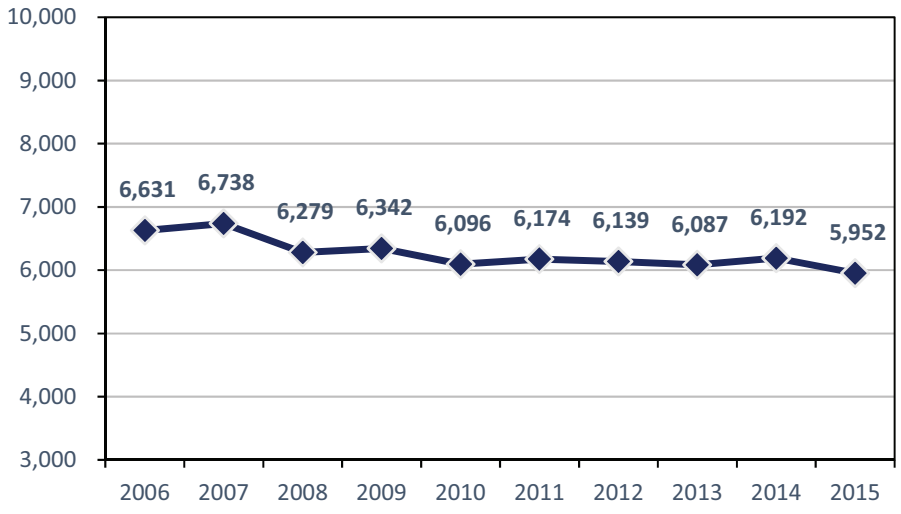

Figure 1: Total Births in Summit County, 2006-2015
Source: Ohio Department of Health (ODH) Birth Certificate Data

Percentage Change in Number of Births, By Summit County Cluster, 2006-2015

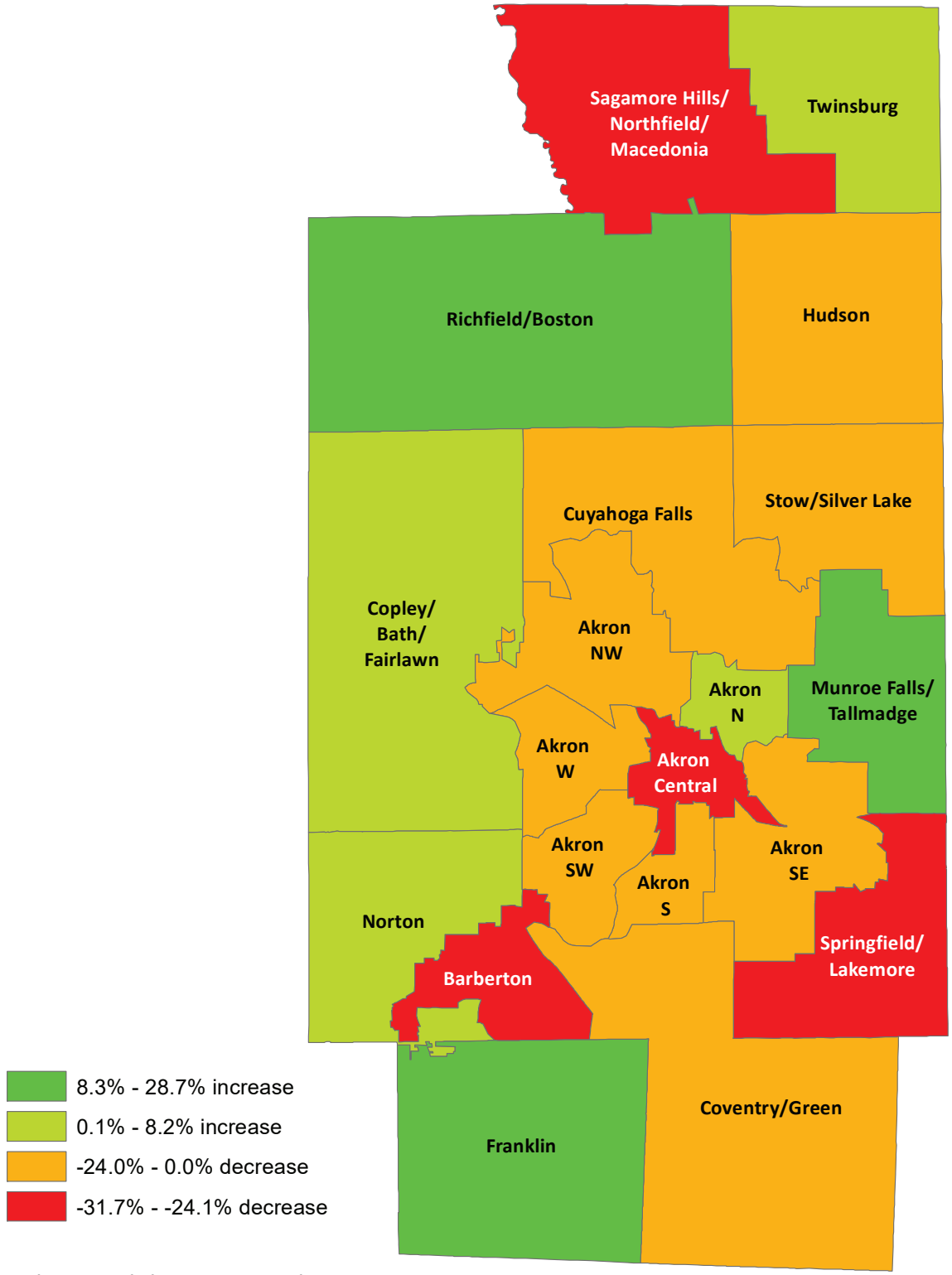

Figure 2: Percentage Change in Births by Summit County Cluster, 2006-2015
Source: ODH Birth Certificate Data

births among Asians, which increased from 178 in 2006 to 371 in 2015; a 108% increase.

Births by Geographic Cluster - The number of births declined in 14 of the 20 clusters shown in Figure 2 on the facing page. The decline was highest in the Barberton cluster (31% decrease). Six clusters saw an increase, led by Munroe Falls / Tallmadge (a 23% increase).

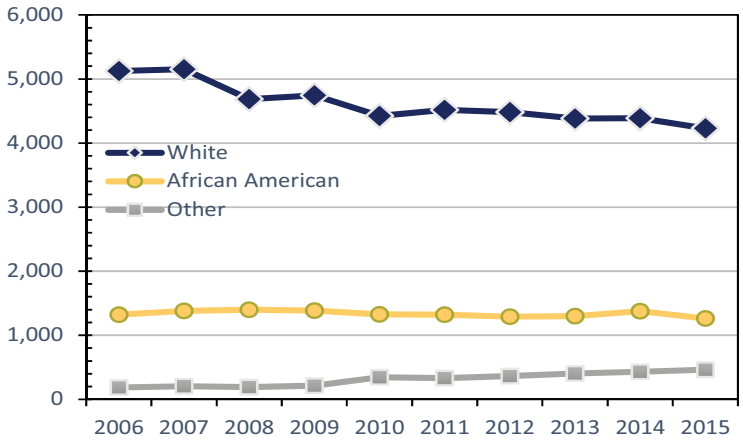

Figure 3: Change in Births by Race, Summit Co. 2006-2015
Source: Ohio Department of Health (ODH) Birth Certificate Data

Births by Age Group - The number of births declined across nearly every major age group. Teen births (all mothers less than age 18) dropped the most, declining from 206 total births in 2006 to 100 births in 2015; a 52% reduction. The only age group to see an increase in births was those age 30-34, who saw births increase from 1,514 in 2006 to 1,709 in 2015; a growth of nearly 13%.

Births by Marital Status - More 40% of births in 2015 were to women who were unmarried; a slight increase over the 40% who were umarried in 2006. Being unmarried was most common among young mothers (especially 18 and 19 year olds) and 20 to 24 year olds, where 92% and 77% were unmarried in 2015, respectively. The percent of mothers who were unmarried was lowest for women in their thirties at 19%. The percent of mothers who were unmarried rose to 26% for women in their forties.

The percent of mothers who were unmarried rose between 2006 and 2015 for five of the seven categories and remained the same for one (18 to 19 year olds). The percent of unmarried births went down by 7 percentage points for those age 45 and older.

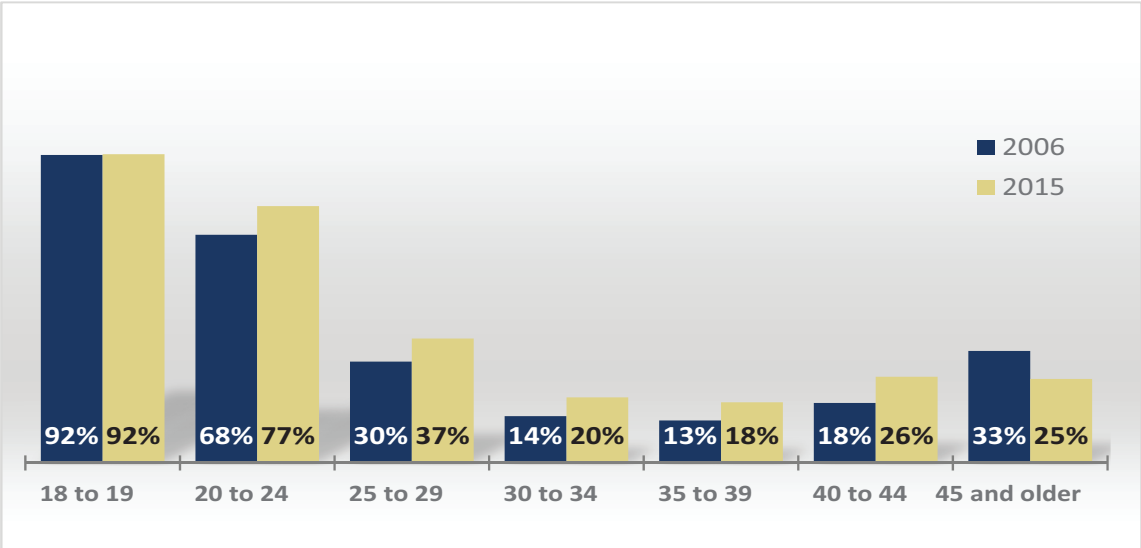

Figure 4: Percent of Mothers Who Were Unmarried At Time of Birth, 2006 and 2015
Source: ODH Death Certificate Data

Birth Outcomes: Low Birth Weight, Prematurity, First Trimester Prenatal Care

According to Healthy People 2020, "Improving the well-being of mothers, infants, and children is an important public health goal for the United States. Their well-being determines the health of the next generation and can help predict future public health challenges for families, communities, and the health care system."[1]

The three measures presented in this section are key measures of maternal and child health, low birth weight infants, premature births, and mothers who receive first trimester prenatal care.

Low Birth Weight - The percentage of infants who were considered low birth weight at birth (born at or below 2,500 grams) has remained relatively steady, declining slightly from 8.8% in 2006 to 8.2% in 2015, with a high point of 9.9% in 2012 (see Figure 5, below).

As of 2015, Summit County's percentage of low birth weight infants of 8.2% is slightly above the recommended Healthy People 2020 Goal of 7.8%.

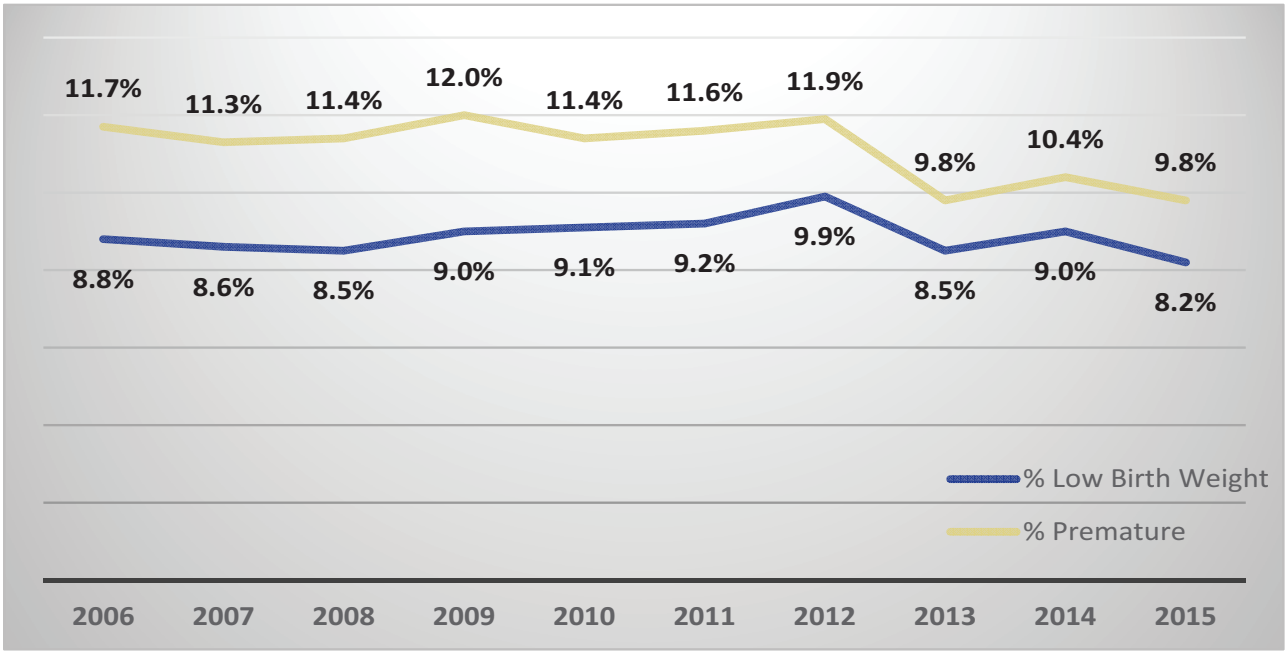

Figure 5: Percent of Infants Born With Low Birth Weight and Born Prematurely, 2006-2015
Source: ODH death records and SCPH calculations

[1] *"Maternal, infant, and child health." Healthy People 2020. 2014. Web. 16 Aug. 2016.*

Premature Births - Premature births are defined as any birth that takes place before the 37th week of pregnancy. Like low birth weight births, premature births have remained fairly steady between 2006 and 2015, dropping from just under 12% in 2006 to just under 10% in 2015.

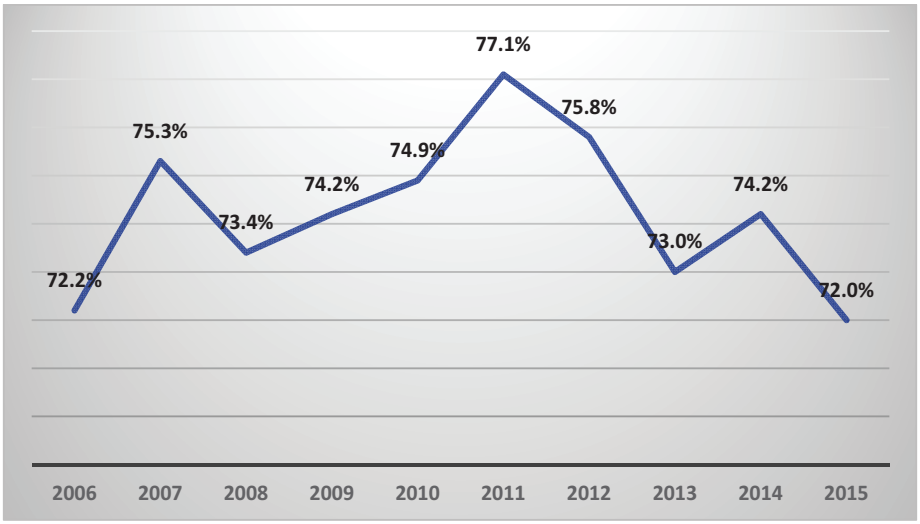

Figure 6: Percent of Pregnant Women Receiving First Trimester Prenatal Care
Source: ODH death records and SCPH calculations

Most premature infants are born close to full-term. In 2015, 452 of the 583 infants born prematurely in Summit County were born between 34 and 36 weeks (78%). Another 94 were born very prematurely, between 32 and 33 weeks (16%), while a final 37 infants were born extremely prematurely (6%).

First Trimester Prenatal Care - Receiving prenatal care in the first trimester of pregnancy is considered to be a vital part of the health of a pregnant woman and her unborn baby. The earlier that prenatal care begins, the sooner that potential problems can be prevented. These potential problems include things such as proper nutrition and vitamin supplements (particularly folic acid, which helps prevent certain types of birth defects), and stopping the use of alcohol or illegal drugs. It also allows the mother to consult with doctors to ensure that medications and health conditions she may be facing are managed with the long-term health of the unborn baby in mind.

Unlike the previous two measures, first trimester prenatal care has fluctuated over the 10 years between 2006 and 2015. Overall, just under three-quarters of mothers (72%) receive prenatal care in the first trimester; almost exactly the same percentage as in 2006. During that period, prenatal care hit a high of 77% in 2011, but quickly dropped over the next two years to 73%.

Disparities in Key Birth Outcomes

Though fewer than 10% of infants are either born prematurely and/or at a low birth weight, the overall figures don't tell the whole story. There are some important differences between different groups of people on both of these indicators. The differences are especially noticeable when looking at race.

Figures 7 and 8 show differences by race on premature births and first trimester prenatal care. As shown in Figure 7, white infants were less likely to be born prematurely than African-American infants in both 2006 and 2015. While outcomes for both races improved by two percentage points between 2006 and 2015, the disparity between them remains.

Figure 8 shows the percent of pregnant women receiving first trimester prenatal care by race. On this indicator, the differences are greater, with white women more likely than African-American women to receive first trimester prenatal care in both 2006 (75% and 60%, respectively) and 2015 (76% and 64%, respectively. Even though the gap between the races narrowed over the past 10 years, there is still a huge gap in the percentage of African-American women receiving first trimester prenatal care compared to their white counterparts.

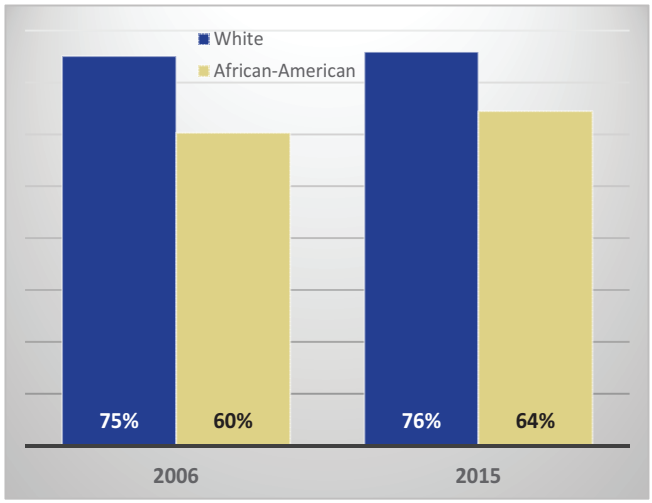

Figure 8: Percent of Pregnant Women Receiving First Trimester Prenatal Care by Race, 2006 and 2015 *Source: ODH birth records*

One other important difference can be seen in educational attainment. As seen in Figure 9, percent of pregnant women receiving first trimester prenatal care is much higher for those with a 2-year or higher degree than those with less than a 2-year degree. Like prenatal care, even though the gap between education levels narrowed, it is still much more likely that someone with a 2-year or greater degree will receive first trimester prenatal care than someone with only some college or a lower level of education.

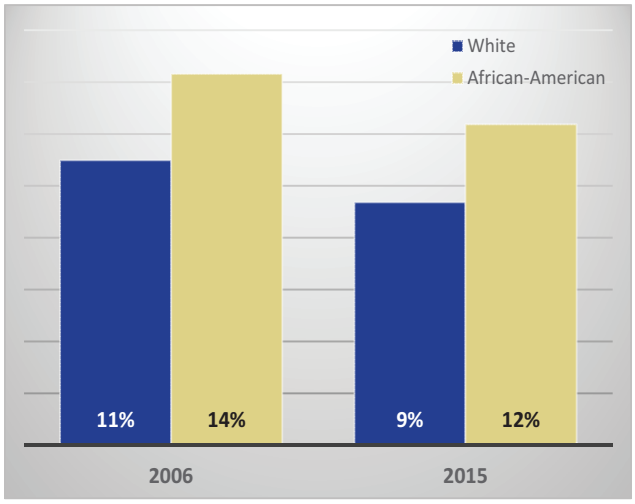

Figure 7: Percent of Premature Births by Race, 2006 and 2015
Source: ODH birth records

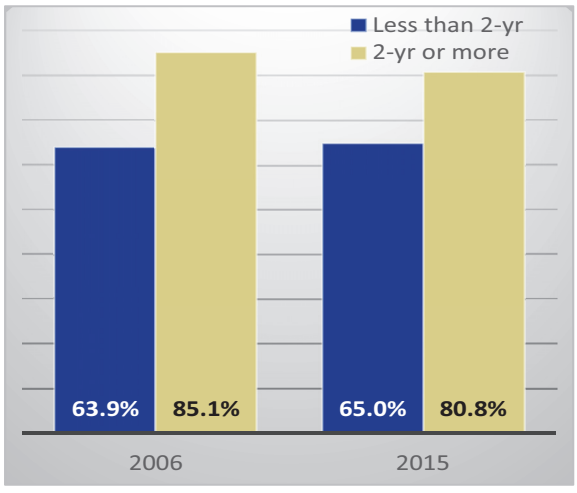

Figure 9: Percent of Pregnant Women Receiving First Trimester Prenatal Care by Educational Attain., 2006 and 2015 *Source: ODH birth records*