Population Health Vital Statistics Brief:
Birth and Maternal-Child Health, 2009-2018

The *Population Health Vital Statistics Data Brief* series was created to provide regular updates to the 2016 Community Health Assessment and to provide the community with additional important information about population health. For more information on the Community Health Assessment and to access other reports in the *Vital Statistics Data Brief* series, please visit scph.org/assessments-reports

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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.

Total Births in Summit County, 2009-2018

The number of births in Summit County declined by 6% between 2009 and 2018. After dropping from 6,330 in 2009 to 6,066 in 2010, births declined in three of the past eight years. Annually, Summit County averages just under 6,100 births.

Fertility Rate by Geographic Cluster - The fertility rate (births per 1,000) stood at 59.0 per 1,000 in 2018. Current fertility rates are lowest in the Akron Central cluster (37.2 per 1,000) and highest in the Akron North cluster (73.9 per 1,000).

Births by Age Group - The number of births declined across nearly every major age group. Teen births (all mothers less than age 18) dropped by 64%. All age
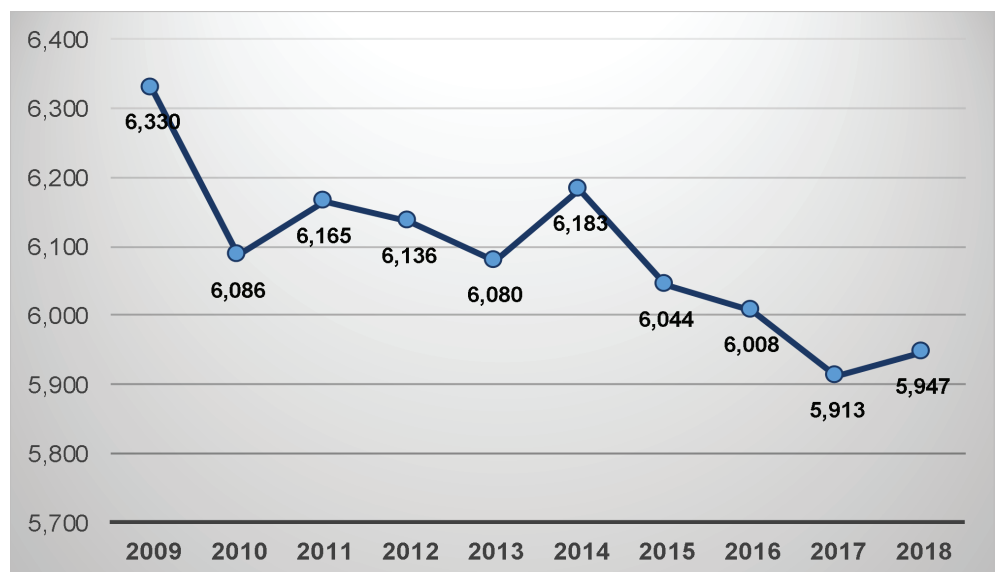

Figure 1: Total Births in Summit County, 2009-2018
Source: Ohio Department of Health (ODH) Birth Certificate Data

Fertility Rate (Births per 1,000 Women Age 15 to 44) Summit County, 2014-2018

By Summit 2020 Cluster

- 60.4 - 73.9
- 54.4 - 60.3
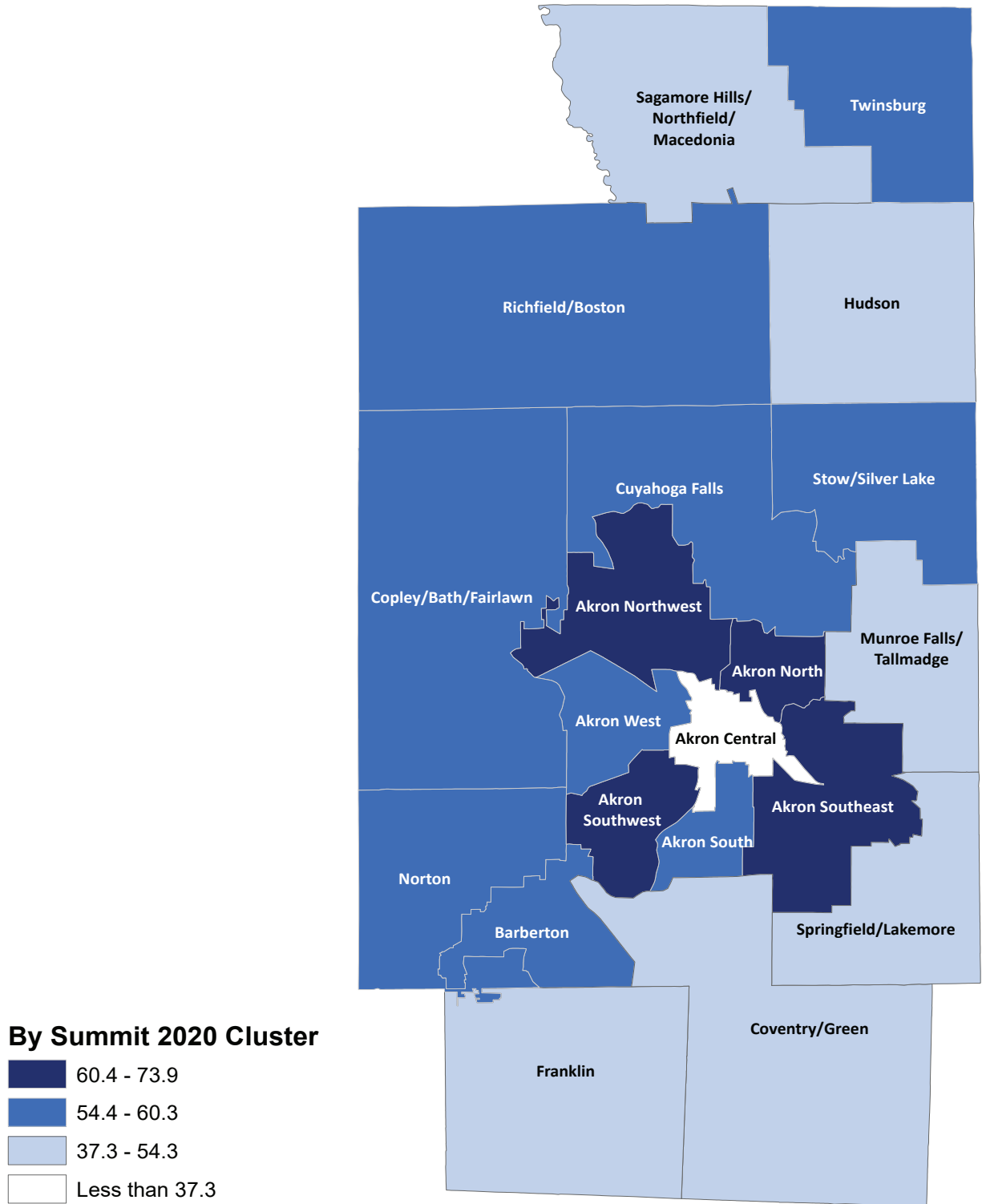- 37.3 - 54.3
- Less than 37.3

Figure 2: Fertility Rate (births per 1,000 women age 15-44) Summit County Cluster, 2012-2017
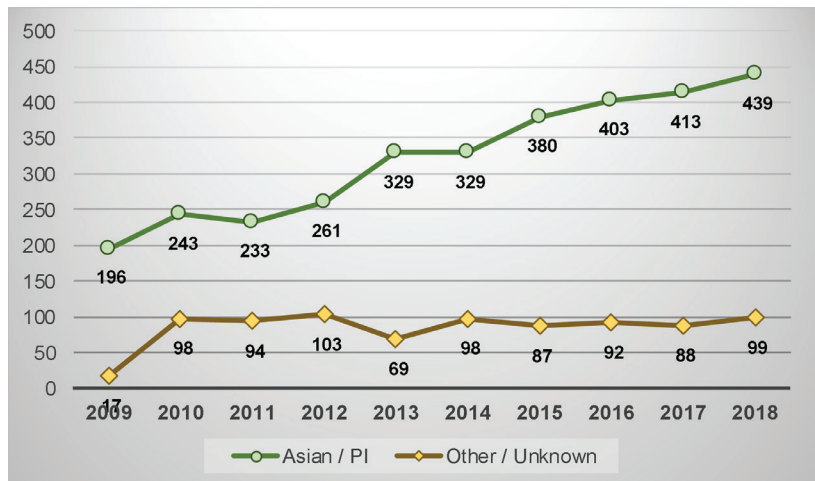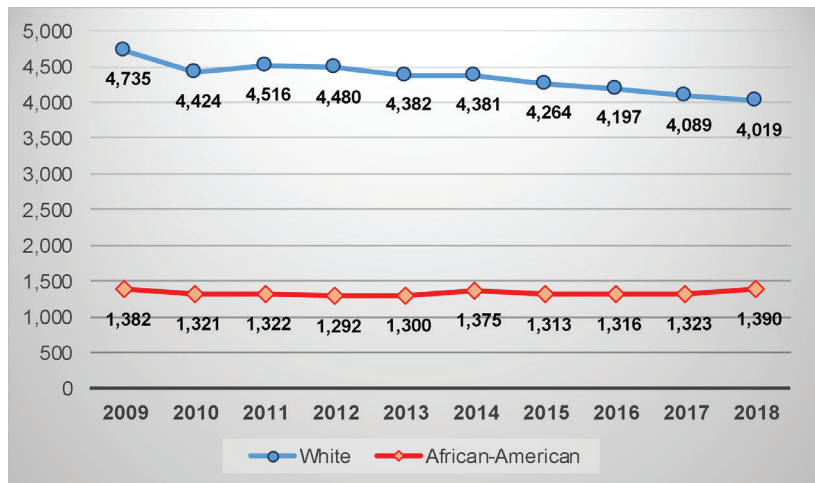*Source: ODH Birth Certificate Data*

groups except the 25 to 29 and 30-24 age groups saw births decline by an average of about 25%.

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 1,769 in 2015; a growth of 17%.

Births by Race - Births declined for whites and stayed level for African-Americans between 2009 and 2018. Births to Asian / Pacific Islanders were the only group to see significant increases; more than doubling between 2009 and 2018. As a percentage of the total, births to Asian / Pacific Islanders were 3% of all births in 2009 but rose to 7.4% by 2018.

Births by Marital Status - The percentage of births to unmarried mothers fluctuated between 42% and 44% from 2009 to 2018. Being unmarried was most common among younger mothers (especially 18 and 19 year olds) and 20 to 24 year olds, where 92% and 77% were unmarried in 2018, respectively. The percent of mothers who were unmarried was lowest for women in their late thirties (ages 35-39) at 20% in 2018.

The percent of mothers who were unmarried rose between 2009 and 2018 for five of the six categories with more than 20 births (including all mothers under age 45).

Figures 3a and 3b: Change in Births by Race, Summit Co. 2009-2018
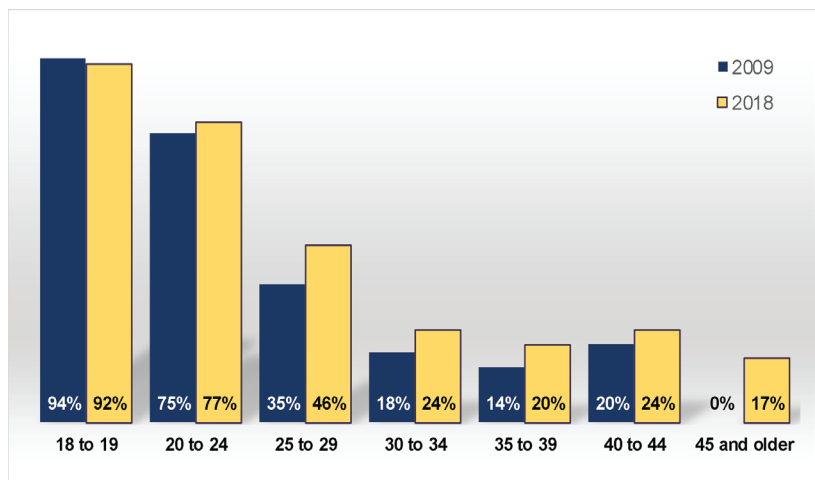*Source: Ohio Department of Health (ODH) Birth Certificate Data*

Figure 4: Percent of Mothers Who Were Unmarried At Time of Birth, 2009 and 2018 *Source: ODH Birth 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 shown in this section are key measures of maternal and child health, low birth weight infants, premature births, and mothers receiving 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, fluctuating slightly between 11% in 2009 and 12% in 2018 (see Figure 5, below).
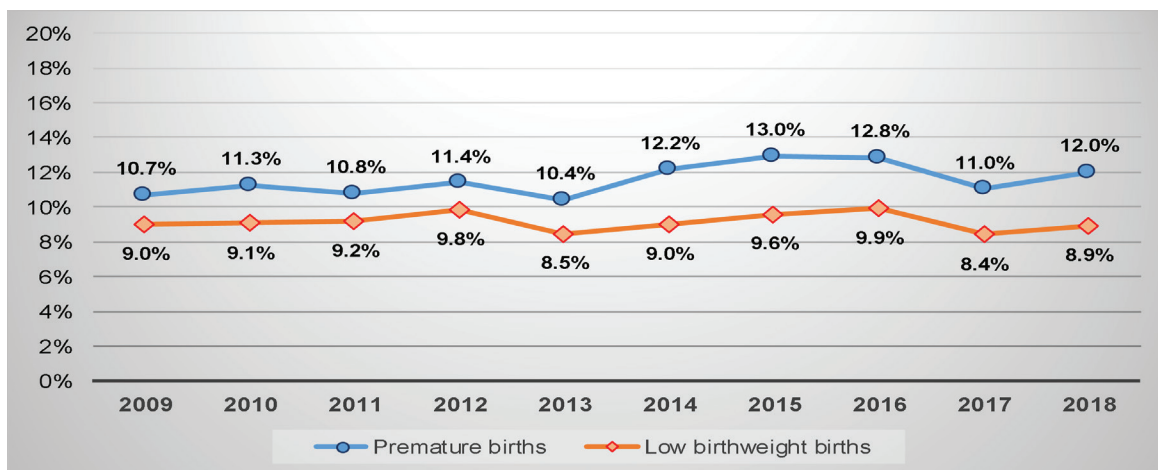
As of 2018, Summit County's percentage of low birth weight infants of 8.9% is above the recommended Healthy People 2020 Goal of 7.8%.

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 2009 and 2018, fluctuating between 8% and 9%. Rates showed a one-year increase in 2018.

Most premature infants are born either full-term or early preterm (90% in 2018). Another 8% were born in the moderate or late premature category, while 2% were born in the very or extremely preterm categories in 2018.

Figure 5: Percent of Infants Born With Low Birth Weight and Born Prematurely, 2009-2018 *Source: ODH Birth Certificate Data and SCPH calculations*

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

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.

First trimester prenatal care in Summit County fluctuated between 70% and 73% of all mothers over the past decade.

Birth outcomes by payer source - Figure 6a presents birthweight, prematurity, and prenatal care indicators by payer source. On the negative side, the percentage of low birthweight infants for Medicaid births is nearly double the rate for privately insured or self-paying mothers. The percentage of mothers receiving 1st trimester prenatal care is also higher than the rate for privately insured or self-paying mothers. The percent of premature births, however, is roughly equal, with 17% of Medicaid births and 18% of private / self-pay births being born prematurely.
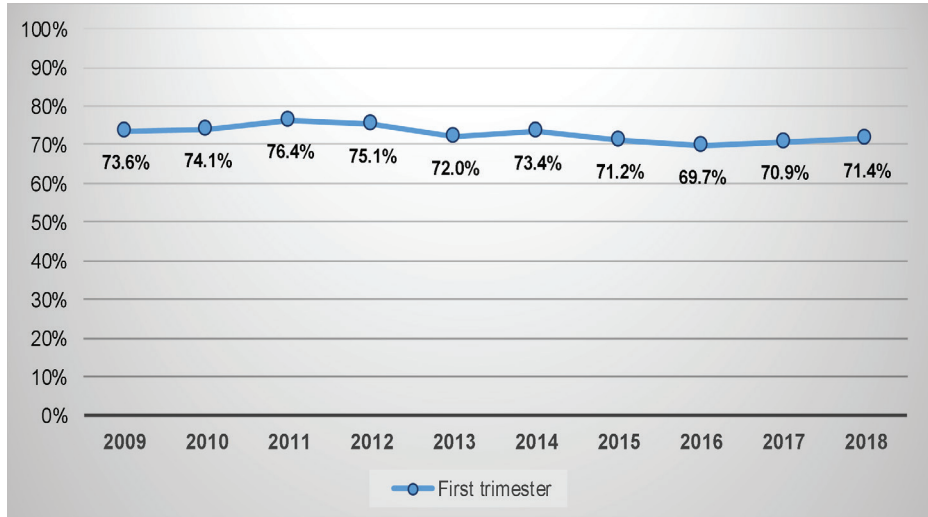

Figure 6: Percent of Pregnant Women Receiving First Trimester Prenatal Care
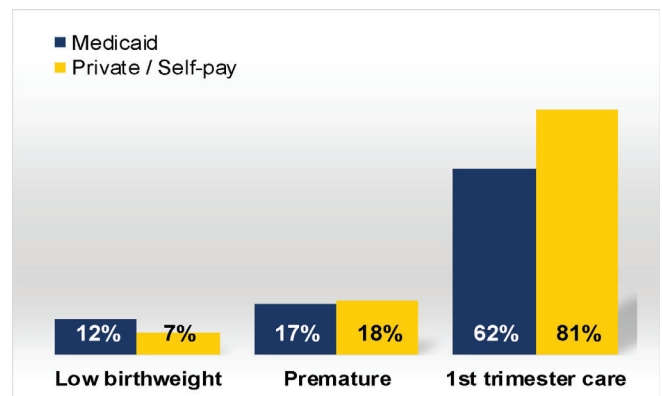*Source: ODH Birth Certificate Data and SCPH calculations*

Figure 6a: Birth Outcomes by Payer Source *Source: ODH Birth Certificate Data and SCPH calculations*

Disparities in Key Birth Outcomes

Overall birth outcomes data, while useful, don't tell the whole story. There are some important differences between different groups of people on all of these indicators. The differences are especially noticeable when looking at race.

Figures 7, 8, and 9 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 2009 and 2018. However, the African-American rate improved slightly while the white rate worsened slightly over the past decade.

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 2009 (74% vs. 65%, respectively) and 2018 (77% vs. 61%, respectively). Like premature births, the gap for African-American women receiving first trimester prenatal care also improved while the white rate got slightly worse.
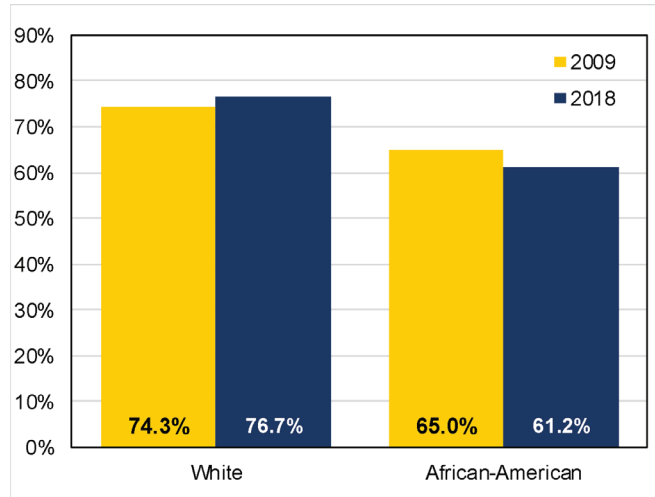

Figure 8: Percent of Pregnant Women Receiving First Trimester Prenatal Care by Race, 2009 and 2018 *Source: ODH Birth Certificate Data*

In the case of low birthweight births, both African-American and white low birthweight births showed improvement. The African-American and white rates improved by 1.2 percentage points and 0.5 percentage points, respectively, between 2009 and 2018.
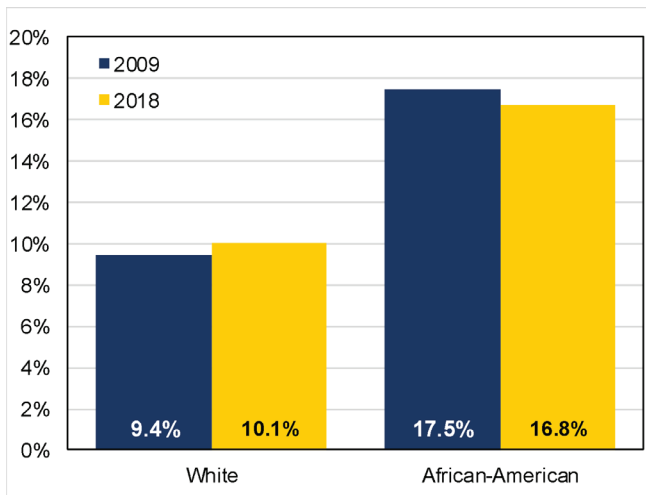

Figure 7: Percent of Premature Births by Race, 2009 and 2018 *Source: ODH Birth Certificate Data*
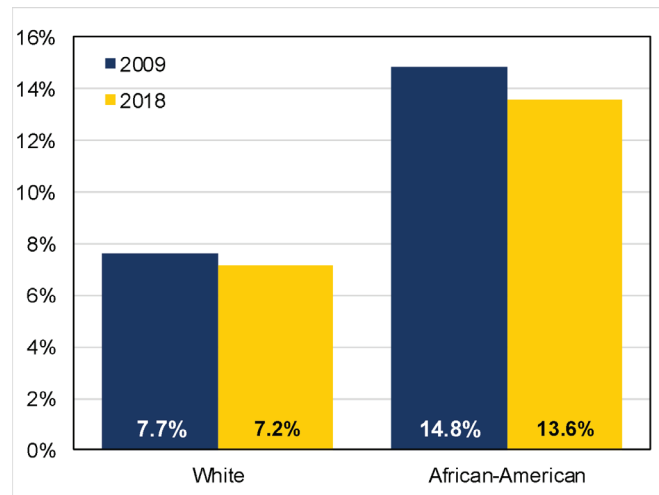

Figure 9: Percent of Low Birth Weight Births by Race, 2009 and 2018 *Source: ODH Birth Certificate Data*