



There were a total of 19,886 births to Sacramento County mothers in 2014, a 6.1% decrease compared to 2005. This fact sheet highlights key health-related information for these babies and mothers, including the patterns and trends in maternal demographics, prenatal behaviors, delivery characteristics, and birth outcomes.

Maternal Demographics:

Maternal population demographics such as maternal race/ethnicity and maternal age are important for developing targeted public health strategies to prevent adverse birth outcomes and address disparities in maternal and child health.

Maternal Race/Ethnicity

White mothers accounted for the highest proportion (39.8%) of births in the County in 2014, but Multi-race (73.5 per 1,000) and Hispanic (71.1) women had the highest fertility rates [Figure 1]. Fertility rates are the number of births per 1,000 women age 15-44 years.

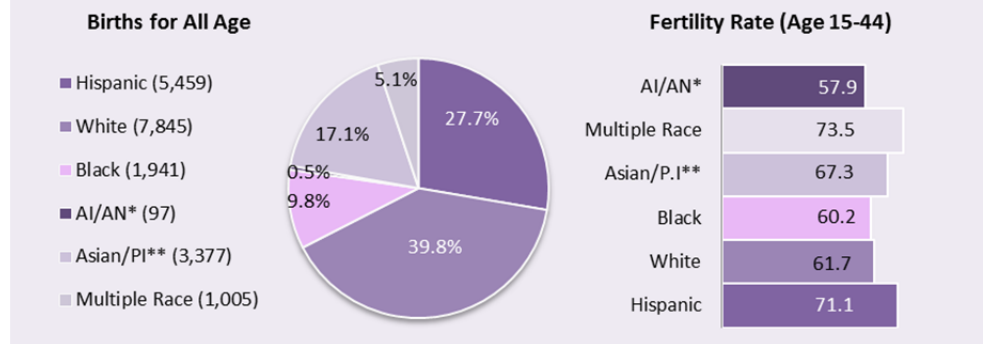
Maternal Age

The majority (57.7%) of births in the County in 2014 was to mothers age 25-34 [Figure 2]. The age-specific birth rates in the County were lowest for older women and teens. The median age of mothers in the County increased from age 27 in 2005 to age 29 in 2014 [data not shown].

Teen Births

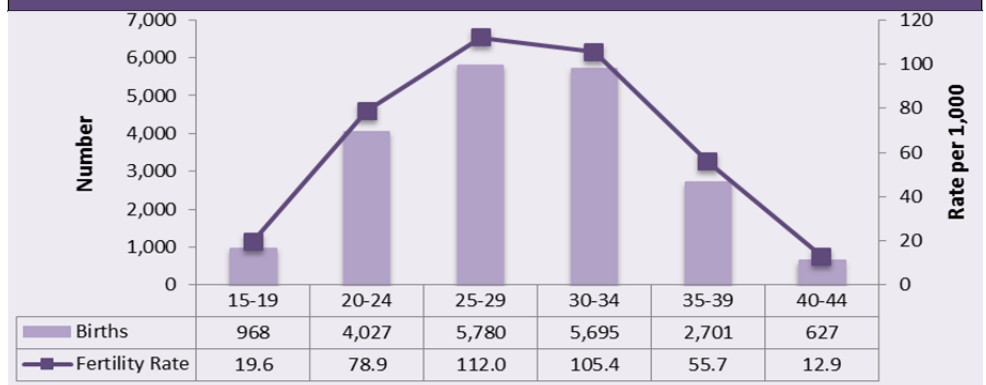
The total number of teen births for adolescents age 15 to 19 years declined from 1,890 in 2005 to 968 in 2014, a 48.8% drop [Table 2]. Similarly, the overall teen birth rate decreased 46.0% from 36.4 per 1,000 females age 15 to 19 in 2005 to 19.6 in 2014. Teen birth rates (age 15-19) declined for all racial/ethnic groups during this ten-year span [Figure 3]. Hispanic teens have consistently had the highest birth rates, but also experienced the greatest decrease in teen birth rate (-56.3%) from 70.0 per 1,000 in 2005 to 30.6 in 2014. The teen birth rates for Hispanic and Black teens were nearly triple the teen birth rates for White and Asian/Pacific Islander teens in 2014.

Figure 1. Births and Fertility Rate by Maternal Race/Ethnicity, Sacramento County, 2014 (Births N=19,886; Fertility N=19,866)



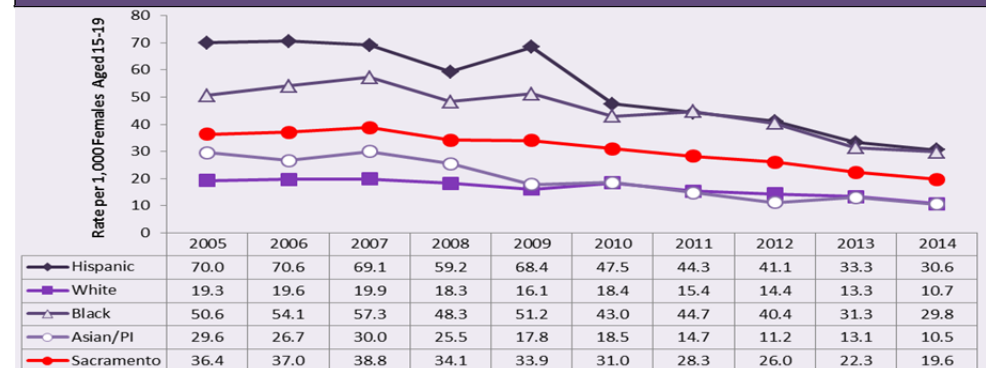
AI/AN*: American Indian/Alaska Native. Asian/PI**: Asian/Pacific Islander

Figure 2. Births by Maternal Age Group, Sacramento County, 2014 (N=19,866*)



*Excludes mothers with unknown age, age younger than 15, and age 45 or older

Figure 3. Teen (Age 15-19) Birth Rates by Select Maternal Race/Ethnicity, Sacramento County, 2014



Prenatal Behaviors:

The quality, quantity and timing of prenatal care influence pregnancy outcomes. The risk of low birth weight (LBW) is reduced for women who initiate care during the first trimester (first three months) of pregnancy. Substance use during pregnancy can also affect birth outcomes. Smoking during pregnancy doubles the risk of LBW and is a factor in 20 to 40 percent of LBW infants in the United States.

Source: Pregnancy Nutritional Surveillance System (PNSS)

Prenatal Care (PNC)

One Healthy People 2020 (HP2020) objective is for at least 77.9% of pregnant women to initiate PNC during the first trimester. Sacramento County met this objective for every year in the past ten years, with the exception of 2007. The percent of County pregnant women initiating PNC in the first trimester was very similar in 2014 as it was in 2005; there have not been any notable overall improvements in this area despite meeting the HP2020 objective, and racial/ethnic disparities in PNC initiation persist. White women (82.3%) were the only racial/ethnic group above the HP2020 objective for PNC entry in 2014 [Figure 5]. American Indian/Alaskan Native (70.3%) and Black (74.9%) women had the lowest proportion of first trimester PNC.

Tobacco Use

The percentage of pregnant women in Sacramento County who used tobacco during pregnancy (any trimester) decreased by 34.6% overall from 6.3% 2007 to 4.1% 2014. Information on tobacco use during pregnancy was not routinely collected prior to 2007. Pregnant Asian and Pacific Islander women had the largest decrease in tobacco use (-67.6%) compared to other racial/ethnic groups. Black (6.7%) and White (5.6%) women had the highest proportion of women who used tobacco during pregnancy in 2014.

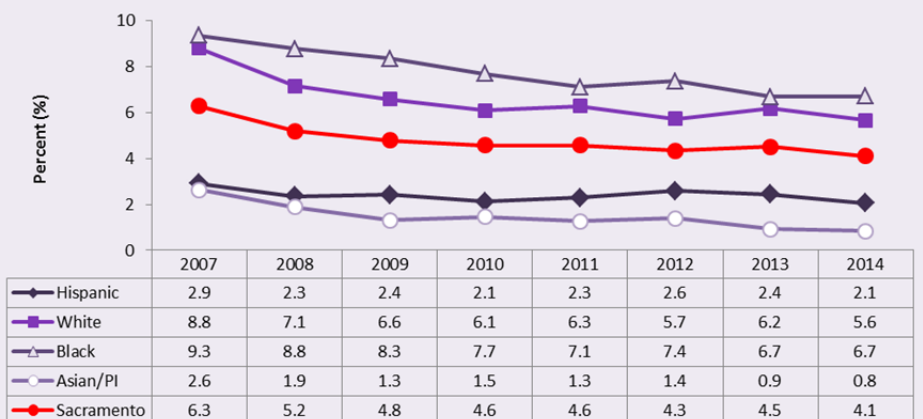
Figure 4. Percent of First Trimester Entry into Prenatal Care, 2005-2014



Figure 5. First Trimester Entry Into Prenatal Care by Select Race/Ethnicity, 2014



Figure 6. Tobacco Use During Pregnancy by Select Race/Ethnicity, 2005-2014



Delivery Characteristics:

Pregnancy risk profiles help inform delivery choices and delivery characteristics may influence outcomes. Planned home births are more likely to be among lower pregnancy risk profile than hospital births. Cesarean birth is associated with higher maternal morbidity than vaginal birth. Medi-Cal delivery payment percentages may provide insight into issues around access to and utilization of services for the most vulnerable maternal populations.

Source: Centers for Disease Control and Prevention (CDC)

Delivery Location

Kaiser, Dignity and Sutter health systems each accounted for around 30% of the total deliveries in the County in 2014 [Table 1]. Non-hospital births nearly doubled in 2014 compared to 2010, but still only accounted for less than one percent of total births. The number of Sacramento County residents who delivered babies in Placer County facilities (i.e., Kaiser Roseville and Sutter Roseville) has continued to grow over recent years.

Delivery Type

Cesarean deliveries accounted for 28.1% of all deliveries in the County in 2014, a 5.6% increase compared to 2005 [data not shown]. The proportion of cesarean births among low-risk women (singleton, full-term birth with vertex presentation) met the HP2020 objective for women without a prior cesarean, but did not for women with a prior cesarean for all years from 2005-2014 [Figure 7].

Medi-Cal Delivery Payment

The primary payment source in 2014 was Medi-Cal for 47.4% [Figure 8]. The proportion of deliveries with Medi-Cal as primary payment source increased 10.1% from 43.0% in 2005 to 47.4% 2014. Black and Hispanic women had the highest proportion of deliveries with Medi-Cal payment, but Hispanic women were the only group without an increase in the proportion of Medi-Cal deliveries in the ten-year period. White and Asian/PI women had the lowest proportion of deliveries with Medi-Cal payment but saw the largest increases in the ten-year period.

Table 1. Birth by Location, Sacramento County, 2010-2014

Birth Location	2010	2011	2012	2013	2014
Kaiser Foundation Hospital Roseville	3,073	3,160	3,055	3,086	3,364
Kaiser Foundation Hospital South Sacramento	2,222	2,217	2,100	2,111	2,234
Mercy General Hospital	2,997	2,898	2,141	1,940	1,892
Mercy Hospital Of Folsom	607	633	564	585	628
Mercy San Juan Hospital	2,249	1,974	1,776	1,783	1,706
Methodist Hospital Of Sacramento	1,140	1,084	1,647	1,705	1,831
Non-Hospital Births	95	125	154	152	171
Sutter Davis Hospital	229	242	222	254	318
Sutter Memorial Hospital	4,505	4,784	5,094	4,892	4,802
Sutter Roseville Medical Center	967	913	956	1,010	1,029
UCD Medical Center	1,483	1,422	1,312	1,256	1,284
Other	488	546	597	593	627
Total	20,055	19,998	19,618	19,367	19,886

Figure 7. Percent of Cesarean Births among Low-Risk* Women with and without Prior Cesareans, Sacramento County, 2005-2014

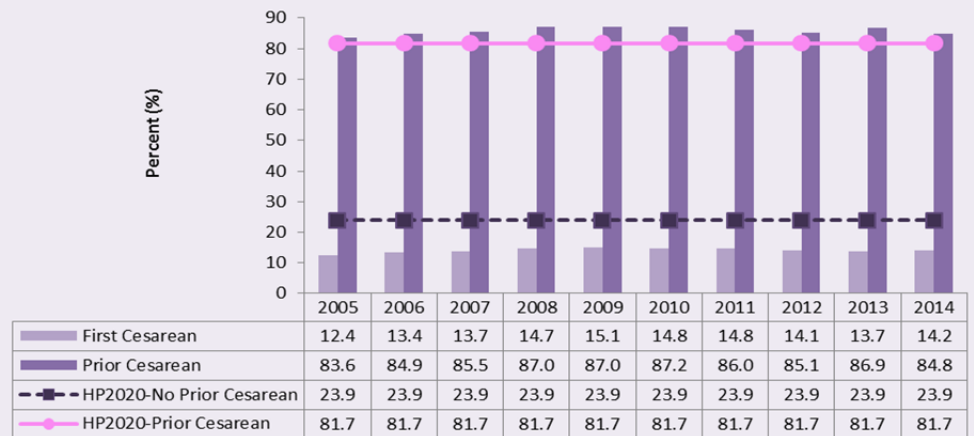
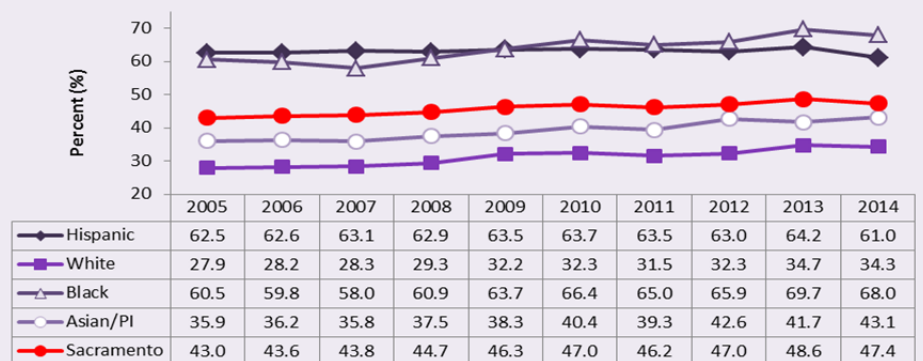


Figure 8. Percent of Births with Medi-Cal Payment for Delivery by Select Race/Ethnicity, Sacramento County, 2014



Birth Outcomes:

Important growth and development occur throughout pregnancy. Low birth weight (less than 2,500 grams or 5.5 pounds) is the risk factor most closely associated with infant death. Preterm birth is when a baby is born too early (before 37 weeks of pregnancy). The earlier a baby is born, this higher the risk of death or serious disability.

Source: Centers for Disease Control and Prevention (CDC)

Low Birth Weight (LBW)

Sacramento County met the HP2020 Objective of reducing births with low birth weight to less than 7.8% of all live births for all years from 2005 to 2014 [Figure 9].

In 2014, births to White and Hispanic women met the HP2020 LBW Objective. Births to Asian/Pacific Islander and Black women did not meet the Objective. Black women had the highest percentages of births with low birth weight, 46.2% higher than the HP2020 Objective [Figure 11].

Preterm Birth (PTB)

The percent of Sacramento County births born too early decreased by 17.5% from 13.0% in 2005 to 10.7% in 2014 [Figure 10]. However, the County only met the HP2020 Objective for PTB for four individual years in this ten-year period. The HP2020 Objective is for 11.4% or less of all live births to be born preterm.

Similar to the LBW Objective, births to Hispanic and White women met the PTB HP2020 Objective in 2014 [Figure 11]. Births to Asian/Pacific Islander women were slightly above (i.e., did not meet) the Objective. Births to black women had PTB rates 31.6% higher than the HP2020 Objective.

Data sources for this report:

Sacramento County Birth Statistical Master Files, 2005-2014; Department of Finance Population Projections

Figure 9. Low Birth Weight Births, Sacramento County, 2005-2014



Figure 10. Preterm Births, Sacramento County, 2005-2014



Figure 11. Low Birth Weight and Preterm Births by Select Maternal Race/Ethnicity, 2014

