

There were a total of 19,206 births to Sacramento County mothers in 2017, a 10.2% decrease compared to 2008. 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.

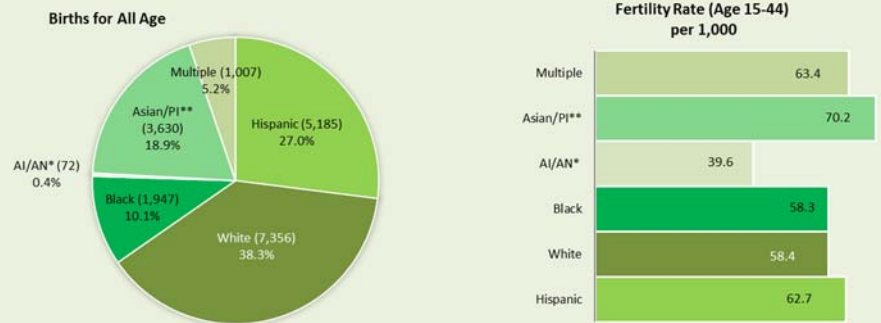
**Maternal Demographics:**

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 (38.3%) of births in the County in 2017, but Asian and Pacific Islander (70.2 per 1,000) and Multi-race (63.4) women had the highest fertility rates [Figure 1]. Fertility rates are the number of births per 1,000 women age 15-44 years.

**Figure 1. Births and Fertility Rate by Maternal Race/Ethnicity, 2017 (N=19,206)**



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

**Maternal Age**

The majority (59.3%) of births in the County in 2017 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 28 in 2008 to age 29 in 2017 [data not shown].

**Figure 2. Births and Fertility Rate by Maternal Age Group, 2017 (N=19,206)**

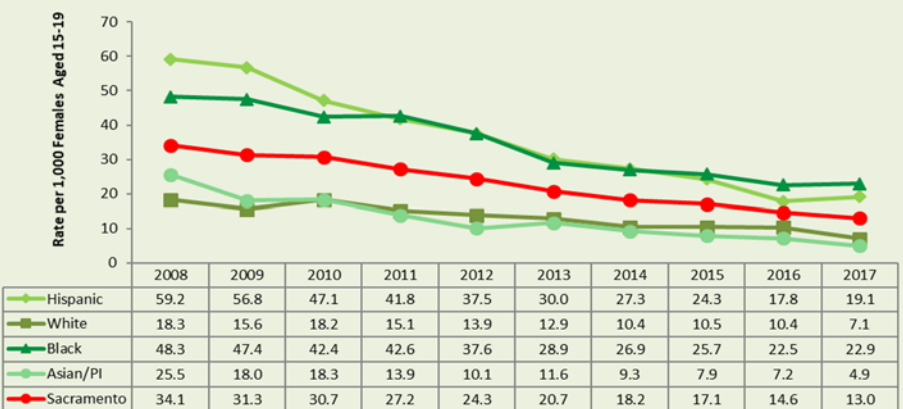


\*Excludes mothers with unknown age, age younger than 15, and age 45 or older

**Teen Births**

The total number of teen births for adolescents age 15 to 19 years declined from 1,895 in 2008 to 690 in 2017, a 63.6% drop [data not shown]. Similarly, the overall teen birth rate decreased 61.9% from 34.1 per 1,000 females age 15 to 19 in 2008 to 13.0 in 2017. Teen birth rates (age 15-19) declined for all racial/ethnic groups during this ten-year span [Figure 3]. Hispanic teens consistently had the highest birth rates, until 2015 when the teen birth rate among Blacks surpassed that of Hispanics. Asian/Pacific Islanders (Asian/PI) experienced the greatest decrease in teen birth rate (-80.6%), from 25.5 per 1,000 in 2008 to 4.9 in 2017.

**Figure 3. Teen (Age 15-19) Birth Rates by Select Maternal Race/Ethnicity Sacramento County, 2008-2017**



**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 every year [Figure 4]. The percent of County pregnant women initiating PNC in the first trimester was improved 6.8 percent from 77.9 percent in 2008 to 83.3 percent in 2017. In 2017 all racial/ethnic groups were above the HP2020 objective for PNC entry [Figure 5], except American Indian/Alaskan Native (AI/AN) women. Although AI/AN women had the lowest proportion (75.0%) of first trimester PNC compared to other racial/ethnic groups, these data should be interpreted with caution due to small numbers.

**Tobacco Use**

The percentage of pregnant women in Sacramento County who used tobacco during pregnancy (any trimester) decreased by 42.2% overall from 5.2% in 2008 to 3.0% in 2017. Pregnant Asian/PI women had the largest decrease in tobacco use (-66.3%) compared to other racial/ethnic groups from 2008 to 2017. Black (5.1%) and White (4.0%) women were the most likely to use tobacco anytime during their pregnancy in 2017.

Figure 4. Percent of First Trimester Entry into Prenatal Care, 2008-2017

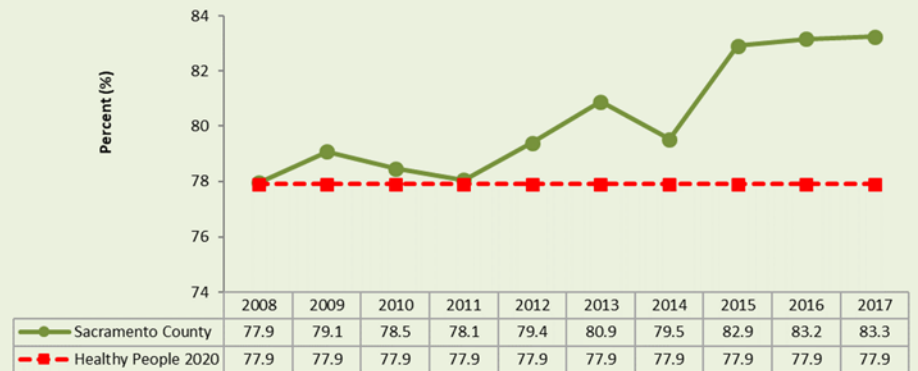


Figure 5. First Trimester Entry Into Prenatal Care by Select Race/Ethnicity, 2017



Figure 6. Tobacco Use during Pregnancy by Select Race/Ethnicity, 2008-2017



**Delivery Characteristics:**

Pregnancy risk profiles help inform delivery choices, and delivery characteristics may influence birth 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**

The health systems that accounted for the highest proportion of deliveries in the County in 2017 were Sutter (36.0%) Kaiser (32.9%) and Dignity (22.4%) [Table 1]. Non-hospital births accounted for 1.0% of total births in 2017, an increase of 20.4 percent compared to 2013 (0.7%). The total number of Sacramento County residents who delivered babies in Placer County facilities (e.g., Kaiser Roseville) has grown over the past five recent years.

**Delivery Type**

Cesarean deliveries accounted for 28.2% of all deliveries in the County in 2017. 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 (first cesarean) from 2008 to 2017, but did not for women with a prior cesarean (repeat cesarean) for all years from 2008-2017 [Figure 7].

**Medi-Cal Delivery Payment**

The primary payment source for deliveries in 2017 was Medi-Cal for 47.4% [Figure 8]. The proportion of deliveries with Medi-Cal as primary payment source increased 6.0% from 44.7% in 2008 to 47.4% 2017. 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.

**Table 1. Birth by Location, Sacramento County, 2013-2017**

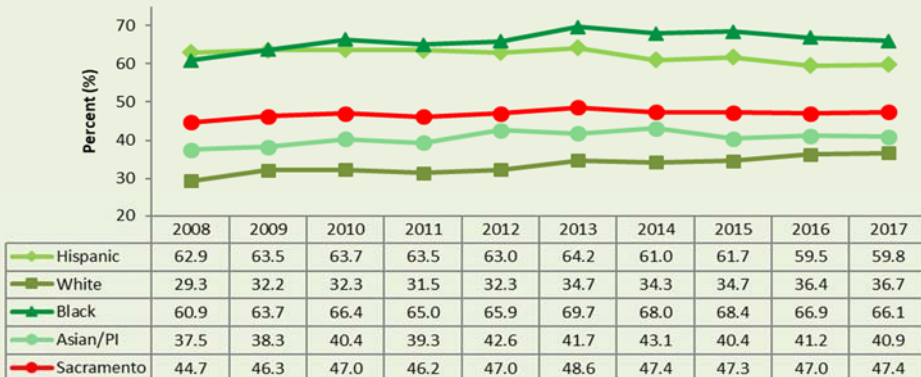
Birth Location	2013	2014	2015	2016	2017
KAISER FOUNDATION HOSPITAL ROSEVILLE	3,086	3,362	3,564	3,713	3,908
KAISER FOUNDATION HOSPITAL SOUTH SACRAMENTO	2,111	2,234	2,431	2,466	2,404
MERCY GENERAL HOSPITAL	1,940	1,892	1,202	916	952
MERCY HOSPITAL OF FOLSOM	585	628	578	526	538
MERCY SAN JUAN HOSPITAL	1,783	1,706	1,488	1,459	1,359
METHODIST HOSPITAL OF SACRAMENTO	1,705	1,831	1,807	1,643	1,445
SUTTER DAVIS HOSPITAL	254	318	265	270	266
SUTTER MEMORIAL HOSPITAL	4,892	4,802	5,301	6,039	5,960
SUTTER ROSEVILLE MEDICAL CENTER	1,010	1,029	926	810	688
UCD MEDICAL CENTER	1,256	1,284	1,174	1,051	996
NON-HOSPITAL BIRTHS	152	171	157	145	183
OTHER	593	629	537	554	507
<b>TOTAL</b>	<b>19,367</b>	<b>19,886</b>	<b>19,430</b>	<b>19,592</b>	<b>19,206</b>

**Figure 7. Percent of Cesarean Births among Low-Risk\* Women with and without Prior Cesareans, Sacramento County, 2008-2017**



\*Low-risk women: full-term, singleton, and vertex presentation

**Figure 8. Percent of Births with Medi-Cal Payment for Delivery by Select Race/Ethnicity, Sacramento County, 2008-2017**



## Birth Outcomes:

Important growth and development occurs 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 keeping low birth weight to less than 7.8% of all live births for all years from 2008 to 2017 [Figure 9].

In 2017, births to White and Hispanic women met the HP2020 LBW Objective. Births to Asian/PI and Black women did not meet the Objective. Black women had the highest percentage of low birth weight babies, 50.0% higher than the HP2020 Objective [Figure 11].

### Preterm Birth (PTB)

The percent of Sacramento County births born too early decreased by 5.9% from 9.8% in 2008 to 9.2% in 2017 [Figure 10]. Sacramento County met the HP2020 Objective for PTB for all years during the listed ten-year period (2008-2017). The HP2020 Objective is for 11.4% or less of all live births to be born preterm.

In 2017, only births to Black mothers were above the HP2020 Objective for PTB among select racial/ethnic groups [Figure 11]. Babies born to Black mothers had a 14.0% higher preterm birth percentage (13.0%) than that of HP2020 Objective (11.4%) and 68.8% higher than those born to White mothers (7.7%).

Data sources for this report:  
Sacramento County Birth Statistical Master Files, 2008-2017; Department of Finance Population Projections

Figure 9. Percent of Low Birth Weight Births, Sacramento County, 2008-2017



Figure 10. Percent of Preterm Births, Sacramento County, 2008-2017

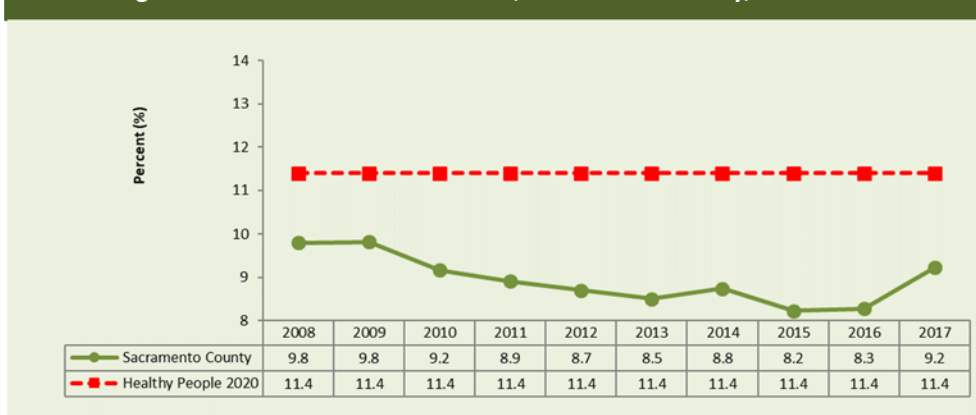


Figure 11. Low Birth Weight and Preterm Births by Select Race/Ethnicity, 2017

