

There were a total of 19,008 births among mothers in Sacramento County in 2019, a 5.1% decrease compared to 2010. 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 (37.0%) of births in the County in 2019, but multiple race had the highest fertility rate (112.5), followed by Asian and Pacific islanders (API) and Hispanics [Figure 1]. Fertility rates are the number of births per 1,000 women age 15-44.

Maternal Age

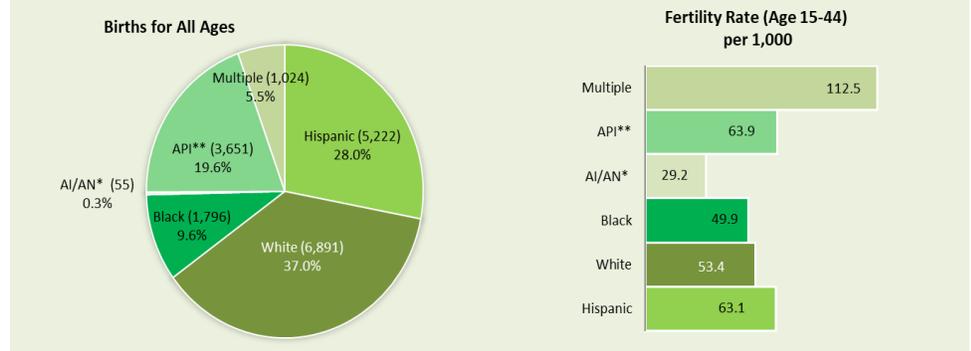
The majority (59.3%) of births in the County in 2019 were to mothers age 25-34 [Figure 2]. The age-specific birth rates in the County were lowest for older women and teens. The median age of mothers in the County increased from age 28 in 2010 to age 30 in 2019 [data not shown].

Teen Births

The total number of teen births (age 15-19) declined from 1,586 in 2010 to 561 in 2019, a 64.6% drop [data not shown]. Similarly, the overall teen birth rate decreased 65.5% from 30.7 per 1,000 females age 15 to 19 in 2010 to 10.6 in 2019. Teen birth rates declined for all racial/ethnic groups during this ten-year span [Figure 3].

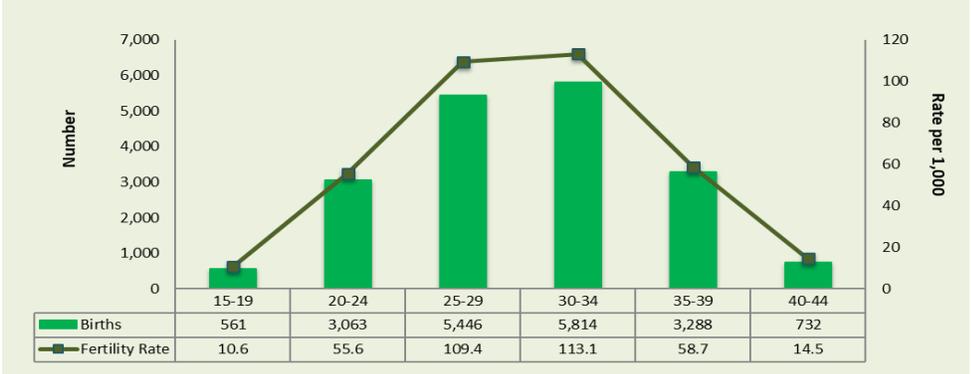
Hispanic teens consistently had the highest birth rates, only 2016 and 2017 when the teen birth rate among Blacks surpassed that of Hispanics. White experienced the greatest decrease in teen birth rate (-73.3%), from 17.9 per 1,000 in 2010 to 4.2 per 1,000 in 2019.

Figure 1. Births and Fertility Rate by Maternal Race/Ethnicity, 2019 (N=19,008)



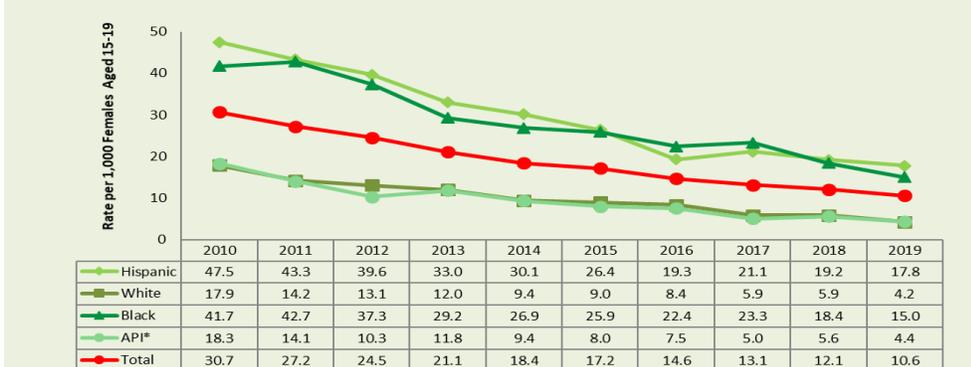
AI/AN*: American Indian/Alaska Native. API**: Asian and Pacific Islander

Figure 2. Births and Fertility Rate by Maternal Age Group, 2019 (N=19,008)



*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, 2010-2019



API*: Asian and Pacific Islander

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 has met this objective for the last ten years [Figure 4]. The percent of County pregnant women initiating PNC in the first trimester improved 9.2% from 78.5 in 2010 to 85.7% in 2019. In 2019, all racial/ethnic groups were above the HP2020 objective for PNC entry except American Indian/Alaskan Native (AI/AN) women [Figure 5]. Although AI/AN women had the lowest proportion (74.5%) 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 the County who used tobacco during pregnancy (any trimester) decreased by 53.3% overall from 4.5% in 2010 to 2.1% in 2019. Pregnant Black women had the largest decrease in tobacco use (-59.2%) compared to other racial/ethnic groups from 2010 to 2019. Black (3.1%) and White (2.9%) women were the most likely to use tobacco anytime during their pregnancy in 2019.

Figure 4. Percent of First Trimester Entry into Prenatal Care, 2010-2019

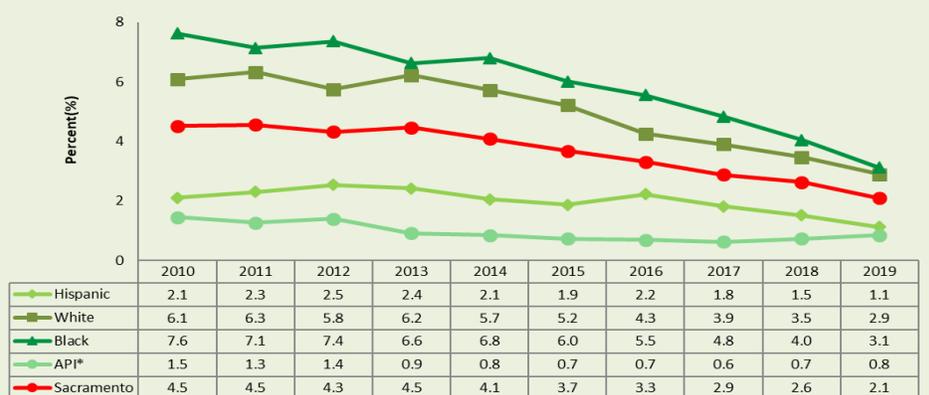


Figure 5. First Trimester Entry Into Prenatal Care by Select Race/Ethnicity, 2019



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

Figure 6. Tobacco Use during Pregnancy by Select Race/Ethnicity, 2010-2019



API*: Asian and Pacific Islander

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

The health systems that accounted for the highest proportion of deliveries in the County in 2019 were Kaiser (36.2%), Sutter (33.6%), Dignity (22.3%) and UCD (4.9%) [Table 1]. Non-hospital births accounted for 0.8% of total births in 2019, similar to 2015 (0.8%). The total number of Sacramento County residents who delivered babies in Placer County facilities has grown over the past five years, for example, births to residents at Kaiser Roseville increased 19.9%.

Delivery Type

Cesarean deliveries accounted for 27.4% of all deliveries in the County in 2019 [data not shown]. The proportion of cesarean births among low-risk women met (i.e., was below) the HP2020 objective for women without a prior cesarean (first cesarean) for all years listed. The proportion of low-risk women with a prior cesarean (repeat cesarean) met the HP2020 objective since 2015 [Figure 7].

Medi-Cal Delivery Payment

The primary payment source for deliveries by Medi-Cal was 45.4% in 2019 [Figure 8]. The proportion of deliveries with Medi-Cal as primary payment source decreased 3.4% from 47.0% in 2010 to 45.4% in 2019. Black and Hispanic women had the highest proportion of deliveries with Medi-Cal payment, but White women were the only group with an increase in the proportion of Medi-Cal deliveries in the ten-year period. White and API women had the lowest proportion of deliveries with Medi-Cal.

Table 1. Births by Location, Sacramento County, 2015-2019

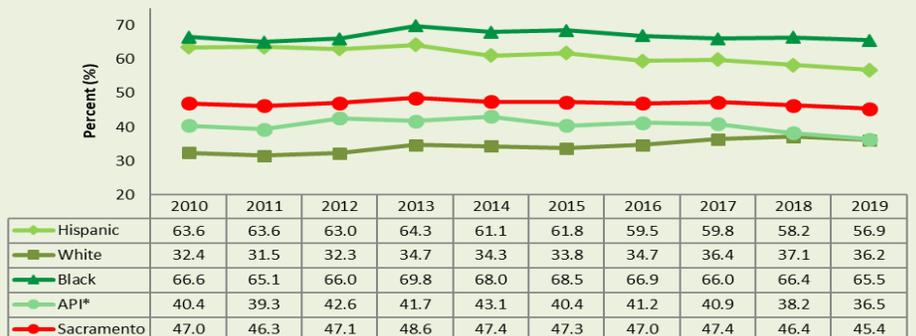
Births Location	2015	2016	2017	2018	2019
Kaiser Foundation Hospital Roseville	3,551	3,707	3,908	3,996	4,258
Kaiser Foundation Hospital South Sacramento	2,419	2,459	2,404	2,549	2,622
Dignity - Mercy General Hospital	1,183	909	952	869	983
Dignity - Mercy Hospital Of Folsom	576	526	537	490	447
Dignity - Mercy San Juan Hospital	1,462	1,444	1,355	1,540	1,437
Dignity - Methodist Hospital Of Sacramento	1,790	1,636	1,444	1,405	1,368
Sutter Davis Hospital	264	268	267	244	264
Sutter Memorial Hospital	5,244	6,007	5,955	5,654	5,455
Sutter Roseville Medical Center	921	807	688	759	673
University of California Davis Medical Center (UCD)	1,158	1,037	993	921	932
Non-Hospital Births	151	144	180	184	146
Other	661	606	482	443	423
Total	19,380	19,550	19,165	19,054	19,008

Figure 7. Percent of Cesarean Births among Low-Risk* Women with and without Prior Cesareans, Sacramento County, 2010-2019



*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, 2010-2019



API*: Asian and Pacific Islander

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, the 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 2010 to 2019 [Figure 9].

In 2019, births to White, Hispanic and API women met the HP2020 LBW Objective. Black women had the highest percentage of low birth weight babies, at 52.6% higher than the HP2020 Objective (11.4%) and 142.9% higher than those born to White mothers (4.9%) [Figure 11].

Preterm Birth (PTB)

The percent of Sacramento County babies born too early increased by 8.3% from 8.4% in 2010 to 9.1% in 2019 [Figure 10]. The County met the HP2020 Objective PTB for all years from 2010-2019. The HP2020 Objective is for 11.4% or less of all live births to be born preterm.

In 2019, all racial/ethnic groups with the exception of Blacks were below the HP2020 Objective for PTB [Figure 11]. Babies born to Black mothers had a 9.6% higher preterm birth percentage (12.5%) than that of HP2020 Objective (11.4%), and 60.3% higher than those born to White mothers (7.8%) [Figure 11].

Data sources for this report: California Department of Public Health, California Integrated Vital Records System, Birth 2010-2019; Department of Finance Population Projections (2019).

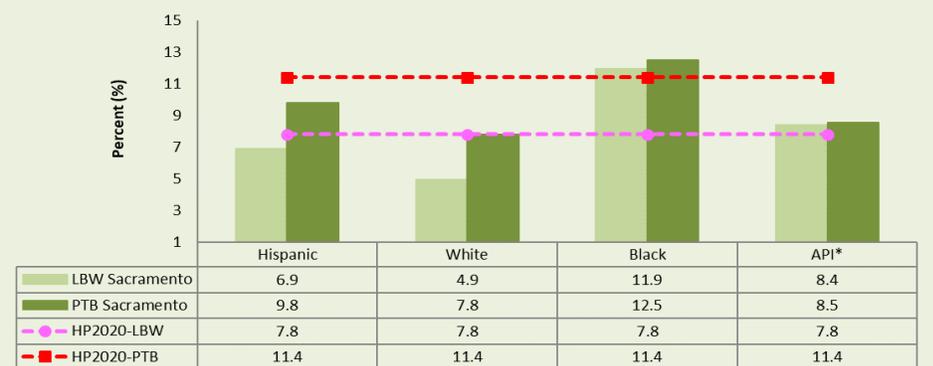
Figure 9. Percent of Low Birth Weight Births, Sacramento County, 2010-2019



Figure 10. Percent of Preterm Births, Sacramento County, 2010-2019



Figure 11. Low Birth Weight and Preterm Births by Select Race/Ethnicity, 2019



API*: Asian and Pacific Islander