

There were a total of 17,978 births among mothers in Sacramento County in 2020, a 9.9% decrease compared to 2011. 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 (36.9%) of births in the County in 2020, but Asian and Pacific islanders (API) had the highest fertility rates (63.1), followed by Hispanics [Figure 1]. Fertility rates are the number of births per 1,000 women age 15-44.

Maternal Age

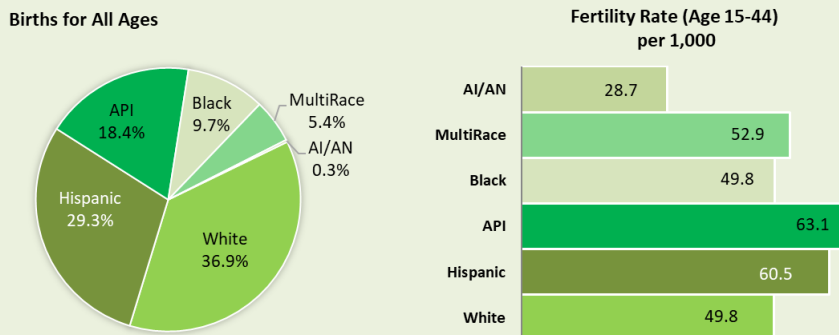
The majority (59.8%) of births in the County in 2020 were to mothers age 25-34 [Figure 2]. The age-specific birth rates in the County were lowest for older women and teens. The median age of mothers in the County increased from age 28 in 2011 to age 30 in 2020 [data not shown].

Teen Births

The total number of teen births (age 15-19) declined from 1,433 in 2011 to 528 in 2020, a 63.2% drop [data not shown]. Similarly, the overall teen birth rate decreased 63.1% from 26.8 per 1,000 females age 15 to 19 in 2011 to 9.9 in 2020. Teen birth rates declined for all racial/ethnic groups during this ten-year span [Figure 3].

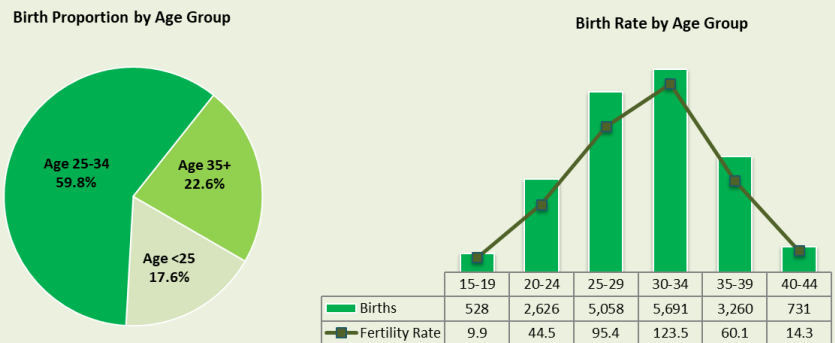
Hispanic teens consistently had the highest birth rates, with exception of 2011, 2016 and 2017 when the teen birth rate among Blacks slightly surpassed that of Hispanics. Black experienced the greatest decrease in teen birth rate (-70.1%), from 44.1 per 1,000 in 2011 to 13.2 per 1,000 in 2020.

Figure 1. Births and Fertility Rate by Maternal Race/Ethnicity, 2020 (N=17,978)



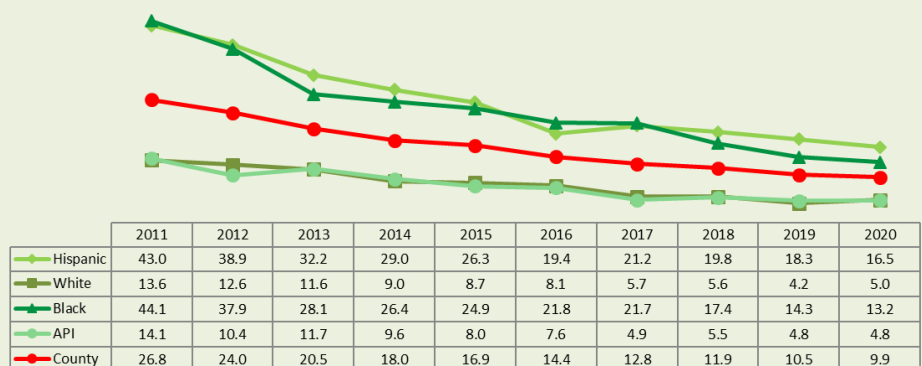
AI/AN*: American Indian/Alaska Native. API**: Asian and Pacific Islander

Figure 2. Births and Fertility Rate by Maternal Age Group, 2020 (N=17,978)



*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, 2011-2020



Prenatal Behaviors:

The quality, quantity, and timing of prenatal care influence pregnancy outcomes. Initiating care during the first trimester (first three months) of pregnancy reduces the risk of low birth weight (LBW). 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 7.9% from 78.1 in 2011 to 84.3% in 2020. In 2020, 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 (64.6%) 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 57.8% overall from 4.5% in 2011 to 1.9% in 2020. Pregnant Asian and Pacific Islander (API) women had the largest decrease in tobacco use (-58.3%) compared to other racial/ethnic groups from 2011 to 2020. Black (3.0%) and White (2.8%) women were the most likely to use tobacco anytime during their pregnancy in 2020.

Figure 4. Percent of First Trimester Entry into Prenatal Care, 2011-2020

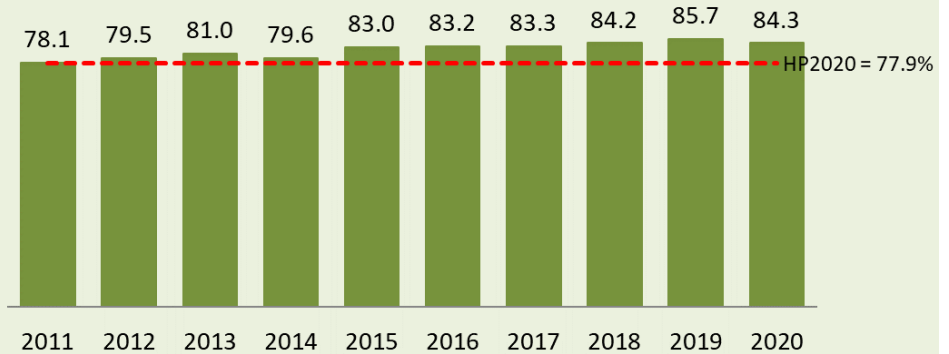


Figure 5. Percent First Trimester Entry In to Prenatal Care by Select Race/Ethnicity, 2020

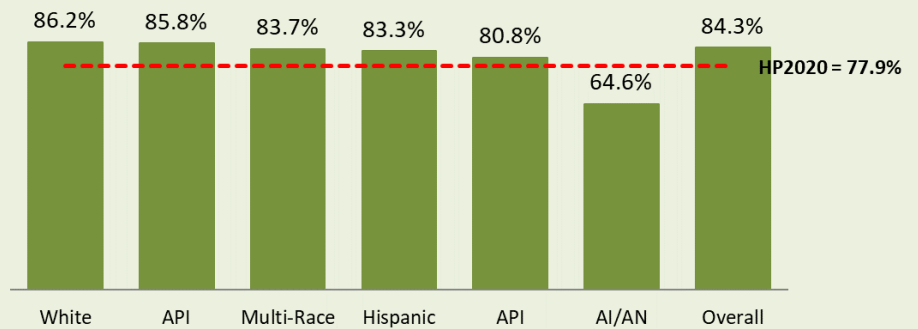
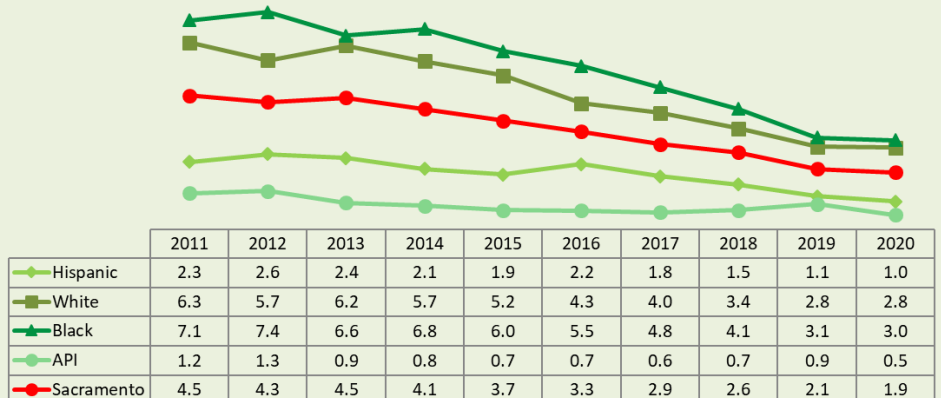


Figure 6. Percent Tobacco Use during Pregnancy by Select Race/Ethnicity, 2011-2020



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 profiles 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 2020 were Kaiser (36.5%), Sutter (33.8%), Dignity (20.4%) and UCD (5.8%) [Table 1]. Non-hospital births accounted for 0.9% of total births in 2020. 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 10.1% from 2016 to 2020.

Delivery Type

Cesarean deliveries accounted for 27.5% of all deliveries in the County in 2020 [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 listed years. The proportion of low-risk women with a prior cesarean (repeat cesarean) met the HP2020 objective since 2015 [Figure 7].

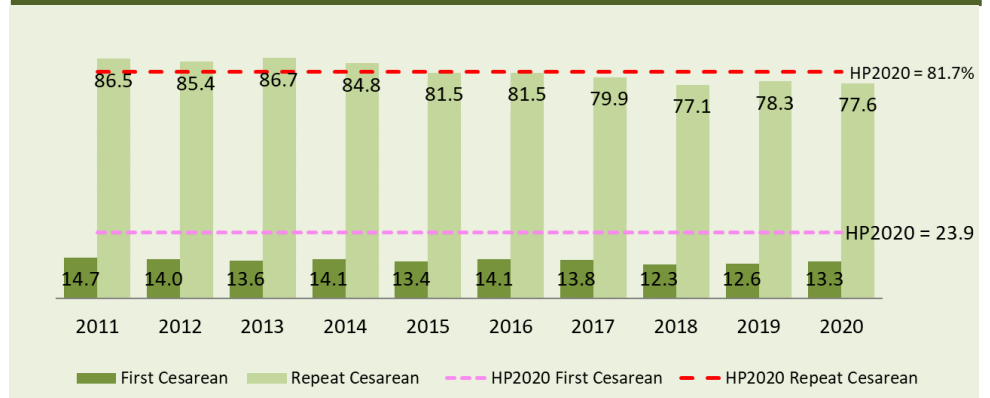
Medi-Cal Delivery Payment

The primary payment source for deliveries by Medi-Cal was 44.3% in 2020 [Figure 8]. The proportion of deliveries with Medi-Cal as primary payment source decreased 4.2% from 46.3% in 2011 to 44.3% in 2020. 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. Birth by Location, Sacramento County, 2016-2020

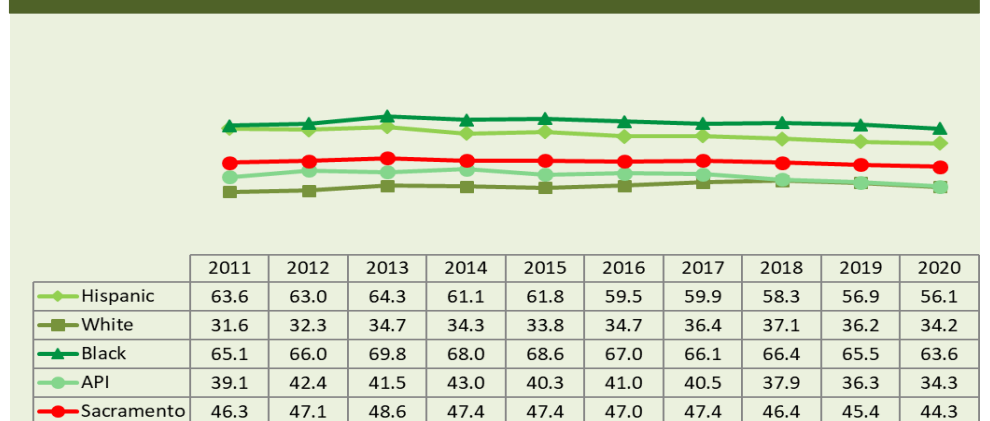
Births Location	2016	2017	2018	2019	2020
KAISER FOUNDATION HOSPITAL ROSEVILLE	3,707	3,908	3,996	4,258	4,189
KAISER FOUNDATION HOSPITAL SOUTH SACRAMENTO	2,459	2,404	2,550	2,622	2,368
MERCY GENERAL HOSPITAL	910	952	869	983	949
MERCY HOSPITAL OF FOLSOM	526	537	490	447	407
MERCY SAN JUAN HOSPITAL	1,446	1,358	1,541	1,437	1,188
METHODIST HOSPITAL OF SACRAMENTO	1,637	1,444	1,405	1,368	1,124
Non-Hospital Births	144	182	183	145	167
SUTTER DAVIS HOSPITAL	268	267	244	264	249
SUTTER MEMORIAL HOSPITAL	6,010	5,956	5,653	5,453	5,108
SUTTER ROSEVILLE MEDICAL CENTER	807	688	759	673	711
UCD MEDICAL CENTER	1,037	996	921	932	1,036
Other	608	486	446	426	482
Total	19,559	19,178	19,057	19,008	17,978

Figure 7. Percent of Cesarean Births among Low-Risk* Women with and without Prior Cesareans, Sacramento County, 2011-2020



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

Figure 8. Percent of Births with Medi-Cal Payment for Delivery by Select Race/Ethnicity, Sacramento County, 2011-2020



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 2011 to 2020 [Figure 9].

In 2020, births to White and Hispanic women met the HP2020 LBW Objective (7.8%). Black women had the highest percentage of low birth weight babies (13.9%), at 78.5% higher than the HP2020 Objective and 164.2% higher than those born to White mothers (5.3%) [Figure 11].

Preterm Birth (PTB)

The percent of Sacramento County babies born too early increased by 11.9% from 8.3% in 2011 to 9.2% in 2020 [Figure 10]. The County met the HP2020 Objective PTB for all years from 2011-2020. The HP2020 Objective is for 11.4% or less of all live births to be born preterm.

In 2020, all selected racial/ethnic groups with the exception of Blacks were below the HP2020 Objective (11.4%) for PTB [Figure 11]. Babies born to Black mothers had a 21.1% higher preterm birth percentage (13.8%) than that of HP2020 Objective, and 77.5% 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 2011-2020;
Department of Finance Population Projections (2021).

Figure 9. Percent of Low Birth Weight Births, Sacramento County, 2011-2020

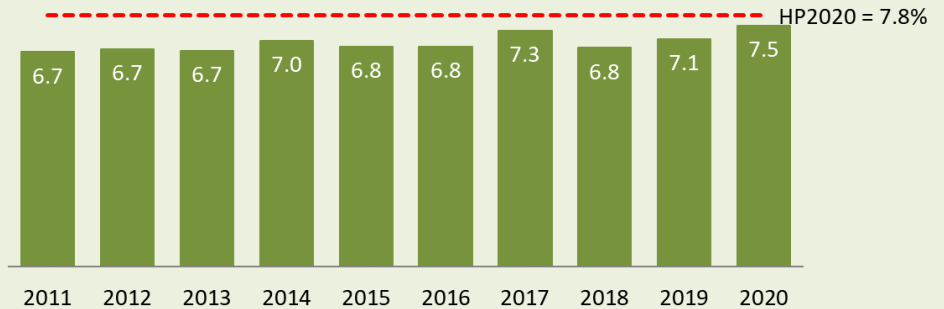


Figure 10. Percent of Preterm Births, Sacramento County, 2011-2020

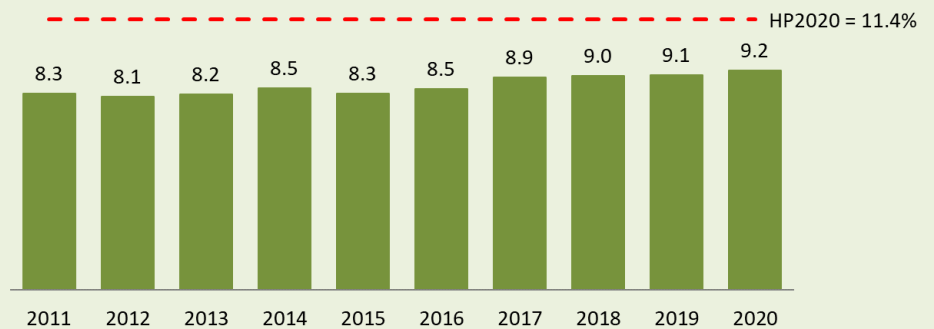


Figure 11. Low Birth Weight and Preterm Births by Select Race/Ethnicity, 2020

