

There were a total of 19,002 births among mothers in Sacramento County in 2018, a 4.3% decrease compared to 2009. 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.

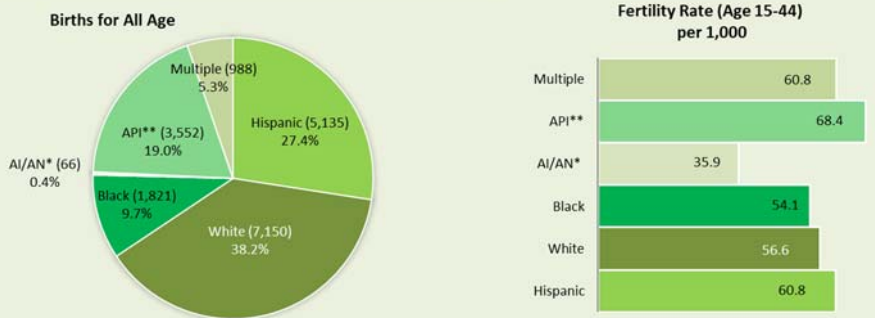
## Maternal Demographics:

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 (38.2%) of births in the County in 2018, but Asian and Pacific Islander (API) have had the highest fertility rates (68.4), followed by Multiple race and Hispanic [Figure 1]. Fertility rates are the number of births per 1,000 women age 15-44 year.

Figure 1. Births and Fertility Rate by Maternal Race/Ethnicity, 2018 (N=19,002)



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

### Maternal Age

The majority (60.3%) of births in the County in 2018 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 2009 to age 30 in 2018 [data not shown].

Figure 2. Births and Fertility Rate by Maternal Age Group, 2018 (N=19,002)

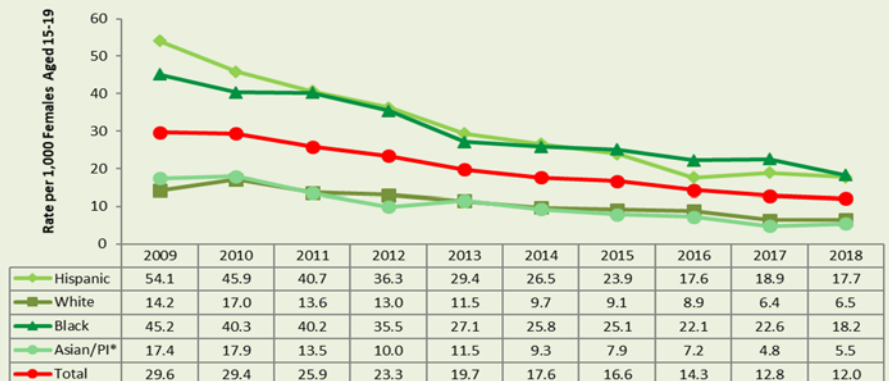


\*Excludes mothers with unknown age, age younger than 15, and age 45 or older

### Teen Births

The total number of teen births (age 15 to 19 years) declined from 1,653 in 2009 to 642 in 2018, a 61.2% drop [data not shown]. Similarly, the overall teen birth rate decreased 59.4% from 29.6 per 1,000 females age 15 to 19 in 2009 to 12.0 per 1,000 in 2018. Teen birth rates 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. APIs experienced the greatest decrease in teen birth rate (-68.7%), from 17.4 per 1,000 in 2009 to 5.5 per 1,000 in 2018.

Figure 3. Teen (Age 15-19) Birth Rates by Select Maternal Race/Ethnicity Sacramento County, 2009-2018



## 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 6.1% from 79.6% in 2009 to 84.4% in 2018. In 2018 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 (71.2%) 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 40.1% overall from 4.4% in 2009 to 2.6% in 2018. Pregnant Black women had the largest decrease in tobacco use (-49.5%) compared to other racial/ethnic groups from 2009 to 2018. Black (4.0%) and White (3.4%) women were the most likely to use tobacco anytime during their pregnancy in 2018.

Figure 4. Percent of First Trimester Entry into Prenatal Care, 2008-2018

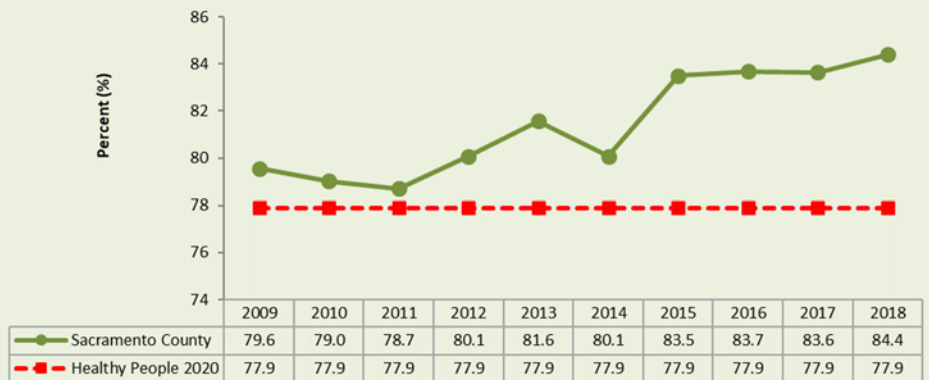


Figure 5. First Trimester Entry Into Prenatal Care by Select Race/Ethnicity, 2018



Figure 6. Tobacco Use during Pregnancy by Select Race/Ethnicity, 2009-2018



## 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 2018 were Sutter (34.9%) Kaiser (34.4%) and Dignity (22.6%) [Table 1]. Non-hospital births accounted for 1.0% of total births in 2018, an increase of 11.1 percent compared to 2014 (0.87%). 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 26.5% of all deliveries in the County in 2018 (data not show). 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 2009 to 2018, but did not for women with a prior cesarean (repeat cesarean) for all years from 2009-2018 [Figure 7].

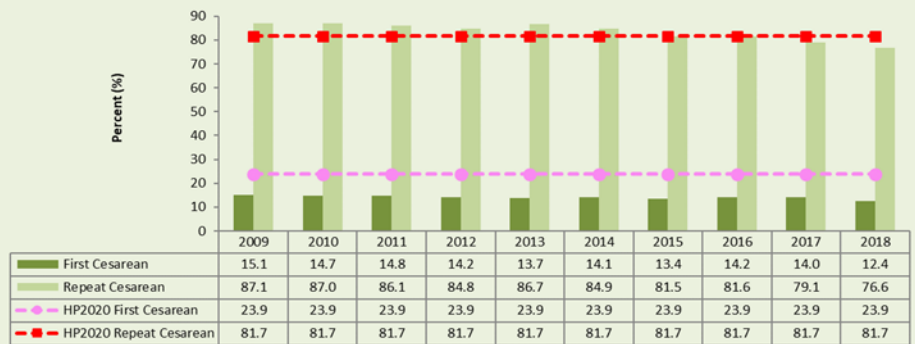
## Medi-Cal Delivery Payment

The primary payment source for deliveries in 2018 was Medi-Cal (46.3%) [Figure 8]. The proportion of deliveries with Medi-Cal as primary payment source increased 1.4% from 45.7% in 2009 to 46.3% in 2018. Black and Hispanic women had the highest proportion of deliveries with Medi-Cal payment, but Hispanic women were the only group with a decrease 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, 2014-2018

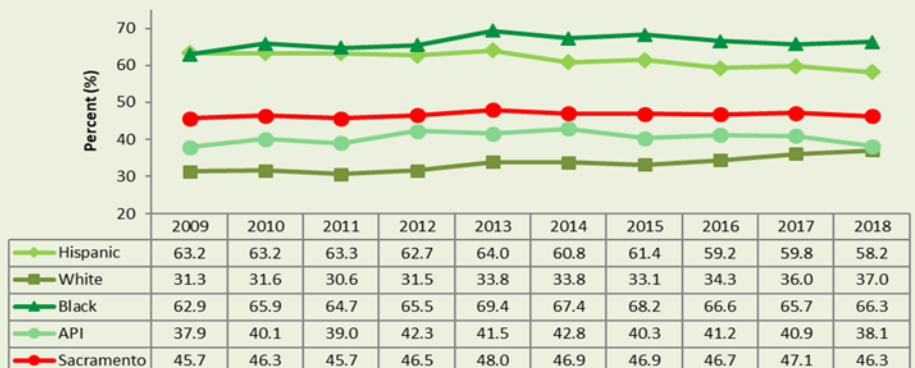
Birth Location	2014	2015	2016	2017	2018
KAISER FOUNDATION HOSPITAL ROSEVILLE	3,336	3,547	3,706	3,901	3,996
KAISER FOUNDATION HOSPITAL SOUTH SACRAMENTO	2,215	2,413	2,457	2,401	2,550
MERCY GENERAL HOSPITAL	1,856	1,178	903	946	865
MERCY HOSPITAL OF FOLSOM	627	575	526	537	490
MERCY SAN JUAN HOSPITAL	1,658	1,459	1,438	1,349	1,534
METHODIST HOSPITAL OF SACRAMENTO	1,810	1,788	1,632	1,441	1,399
SUTTER DAVIS HOSPITAL	317	263	268	266	246
SUTTER MEMORIAL HOSPITAL	4,737	5,234	5,988	5,939	5,637
SUTTER ROSEVILLE MEDICAL CENTER	1,021	921	805	686	758
UCD MEDICAL CENTER	1,263	1,156	1,036	977	914
NON-HOSPITAL BIRTH	170	150	142	179	184
OTHER	492	432	437	390	429
<b>TOTAL</b>	<b>19,502</b>	<b>19,116</b>	<b>19,338</b>	<b>19,012</b>	<b>19,002</b>

Figure 7. Percent of Cesarean Births among Low-Risk\* Women with and without Prior Cesareans, Sacramento County, 2009-2018



\*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, 2009-2018



## 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 2009 to 2018 [Figure 9].

In 2018, births to White, Hispanic and API women met the HP2020 LBW Objective. Black women had the highest percentage of low birth weight babies, 53.5% higher than the HP2020 Objective [Figure 11].

### Preterm Birth (PTB)

The percent of Sacramento County babies born too early decreased by 3.5% from 9.6% in 2009 to 9.2% in 2018 [Figure 10]. Sacramento County met the HP2020 Objective for PTB for all listed during the listed ten-year period (2009-2018). The HP2020 Objective is for 11.4% or less of all live births to be born preterm.

In 2018, 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 25.4% higher preterm birth percentage (14.3%) than that of HP2020 Objective (11.4%), and 90.7% higher than those born to White mothers (7.5%).

Data sources for this report: California Department of Public Health, California Integrated Vital Records System, Birth 2009-2018; Department of Finance Population Projections.

Figure 9. Percent of Low Birth Weight Births, Sacramento County, 2009-2018

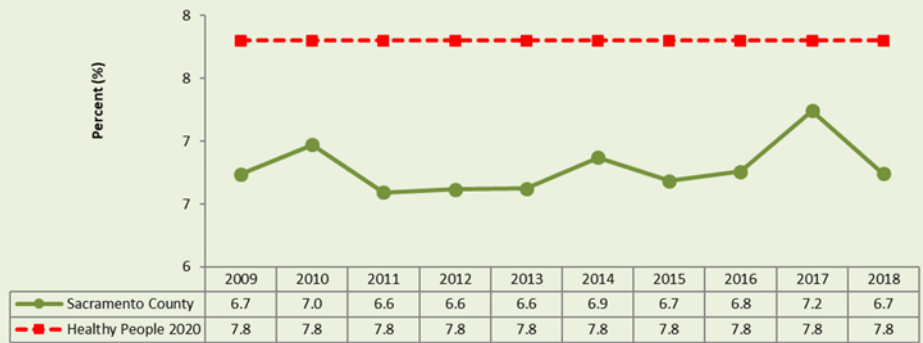


Figure 10. Percent of Preterm Births, Sacramento County, 2009-2018

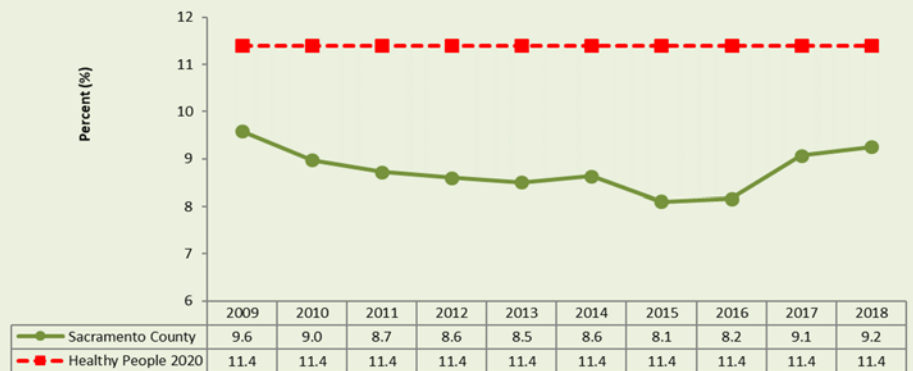


Figure 11. Low Birth Weight and Preterm Births by Select Race/Ethnicity, 2018

