

# Population Health Vital Statistics Brief:

## Birth and Maternal-Child Health, 2006-2017

The *Population Health Vital Statistics Data Brief* series was created to provide regular updates to the 2016 Community Health Assessment and to provide the community with additional important information about population health. For more information on the Community Health Assessment and to access other reports in the *Vital Statistics Data Brief* series, please visit [scph.org/assessments-reports](http://scph.org/assessments-reports)



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## Introduction

This publication is the fourth in a series of several brief reports to be released by the Summit County Public Health Population Health Division's *Vital Statistics Brief* report series. These reports will provide the citizens of Summit County with regular updates on death and life expectancy, birth and maternal-infant health, and infant mortality. Additional volumes in the series will also be released from time to time, updating the community on other topics of interest.

For those interested in obtaining detailed vital statistics, please visit our website, <http://scphoh.org/DataDashboards.html>. There,

visitors can access our interactive dashboards, which allows users to design customized graphics and tables for their own use.

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## Total Births in Summit County, 2006-2017

The number of births in Summit County declined by 11% between 2006 and 2017. In both 2006 and 2007, the annual number of births was between 6,600 and 6,700. In 2008 and 2009, the average number of births per year dropped again, to approximately 6,300 in each year. From 2010 to 2014, total births remained steady, then dropped below 6,000 in 2016 and 2017.

**Births by Race** - Births declined for whites and stayed level for African-Americans between 2006 and 2017. Births for Asian / Pacific Islanders, while still only 7% of the total, rose sharply (128%) between 2006 and 2017.

**Fertility Rate by Geographic Cluster** - The fertility rate (births per 1,000) has been declining, from 52.8 per 1,000 in 2007 to

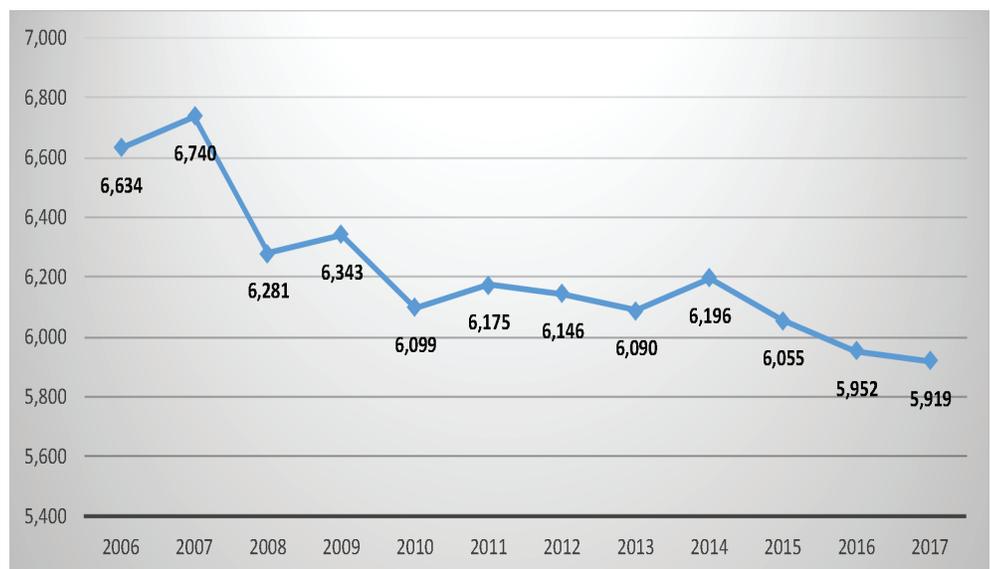


Figure 1: Total Births in Summit County, 2006-2017  
Source: Ohio Department of Health (ODH) Birth Certificate Data

## Fertility Rate (Births per 1,000 Women Age 15 to 44) Summit County, 2012-2017

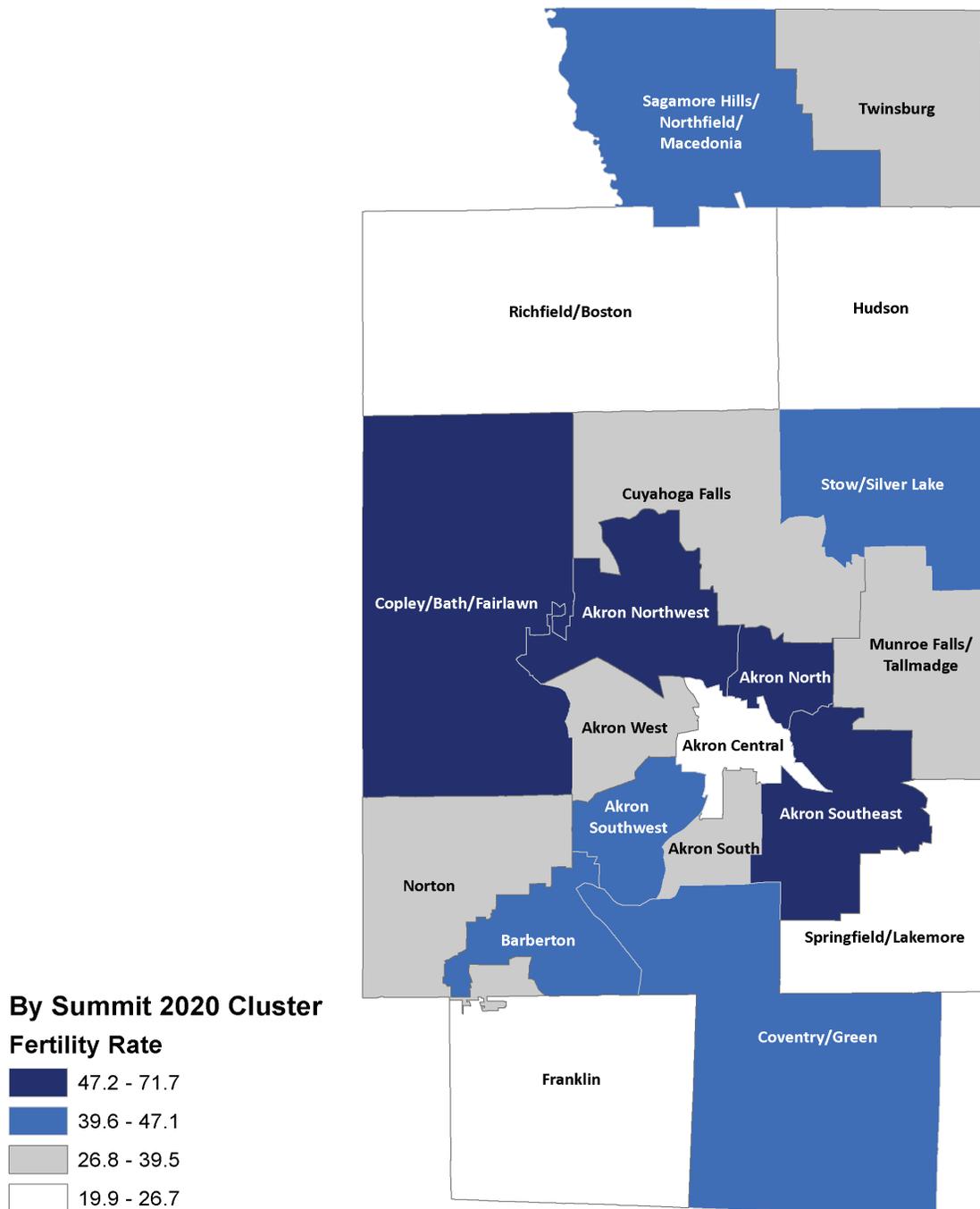


Figure 2: Fertility Rate (births per 1,000 women age 15-44) Summit County Cluster, 2012-2017  
Source: ODH Birth Certificate Data

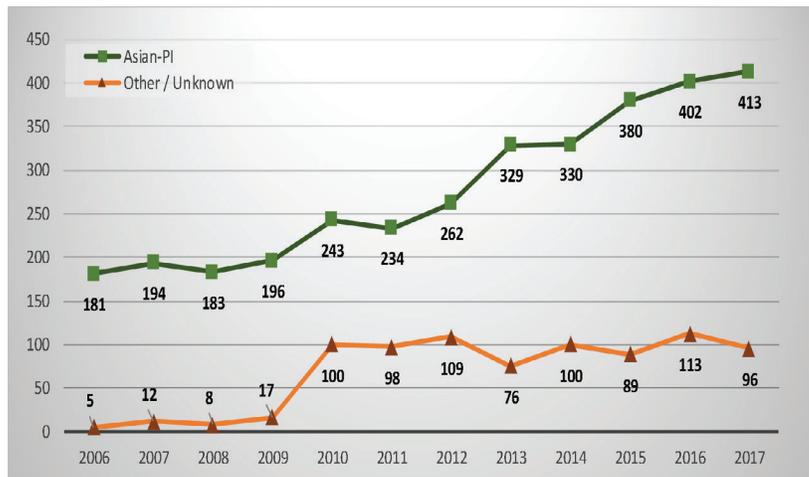
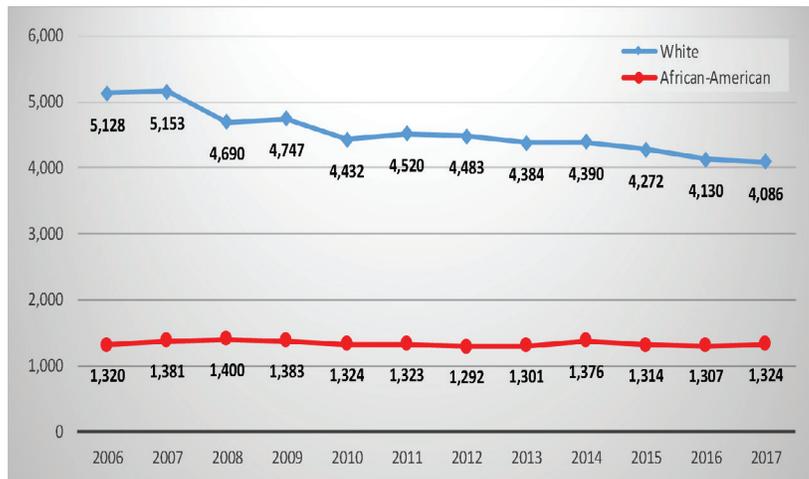
49.0 in 2016. Current fertility rates are lowest in the Richfield cluster ( 19.9 per 1,000) and highest in the Akron Southeast cluster (71.7 per 1,000).

**Births by Age Group** - The number of births declined across nearly every major age group. Teen births (all mothers less than age 18) dropped by 64%. All age groups except the 25 to 29 and 30-24 age groups saw births decline by an average of about 25%.

The only age group to see an increase in births was those age 30-34, who saw births increase from 1,514 in 2006 to 1,769 in 2015; a growth of 17%.

**Births by Marital Status** - Just over 43% of births in 2017 were to women who were unmarried; a slight increase over the 40% who were unmarried in 2006. Being unmarried was most common among young mothers (especially 18 and 19 year olds) and 20 to 24 year olds, where 93% and 78% were unmarried in 2017, respectively. The percent of mothers who were unmarried was lowest for women in their late thirties (ages 35-39) at 22% in 2017.

The percent of mothers who were unmarried rose between 2006 and 2017 for six of the seven categories (all mothers younger than 45 years of age). For mothers age 45 and older, rates dropped from 33% in 2006 to 29% from 2006 to 2017.



Figures 3a and 3b: Change in Births by Race, Summit Co. 2006-2017  
Source: Ohio Department of Health (ODH) Birth Certificate Data

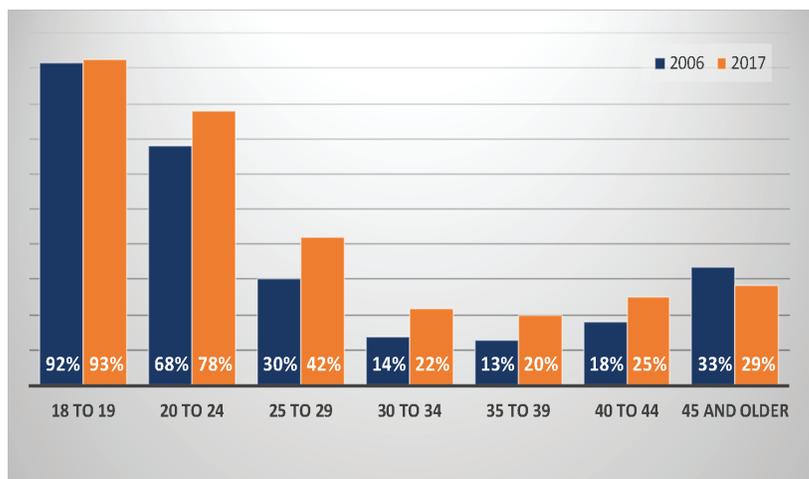


Figure 4: Percent of Mothers Who Were Unmarried At Time of Birth, 2006 and 2017  
Source: ODH Death Certificate Data

## Birth Outcomes: Low Birth Weight, Prematurity, First Trimester Prenatal Care

According to Healthy People 2020, “Improving the well-being of mothers, infants, and children is an important public health goal for the United States. Their well-being determines the health of the next generation and can help predict future public health challenges for families, communities, and the health care system.”<sup>1</sup>

The three measures shown in this section are key measures of maternal and child health, low birth



weight infants, premature births, and mothers receiving first trimester prenatal care.

**Low Birth Weight** - The percentage of infants who were considered low birth weight at birth (born at or below 2,500 grams) has remained relatively steady, fluctuating slightly between 8.8% in 2006 and 8.4% in 2017 (see Figure 5, below).

As of 2017, Summit County’s percentage of low birth weight infants of 8.4% is above the recommended Healthy People 2020 Goal of 7.8%.

**Premature Births** - Premature births are defined as any birth that takes place before the 37th week of pregnancy. Like low birth weight births, premature births

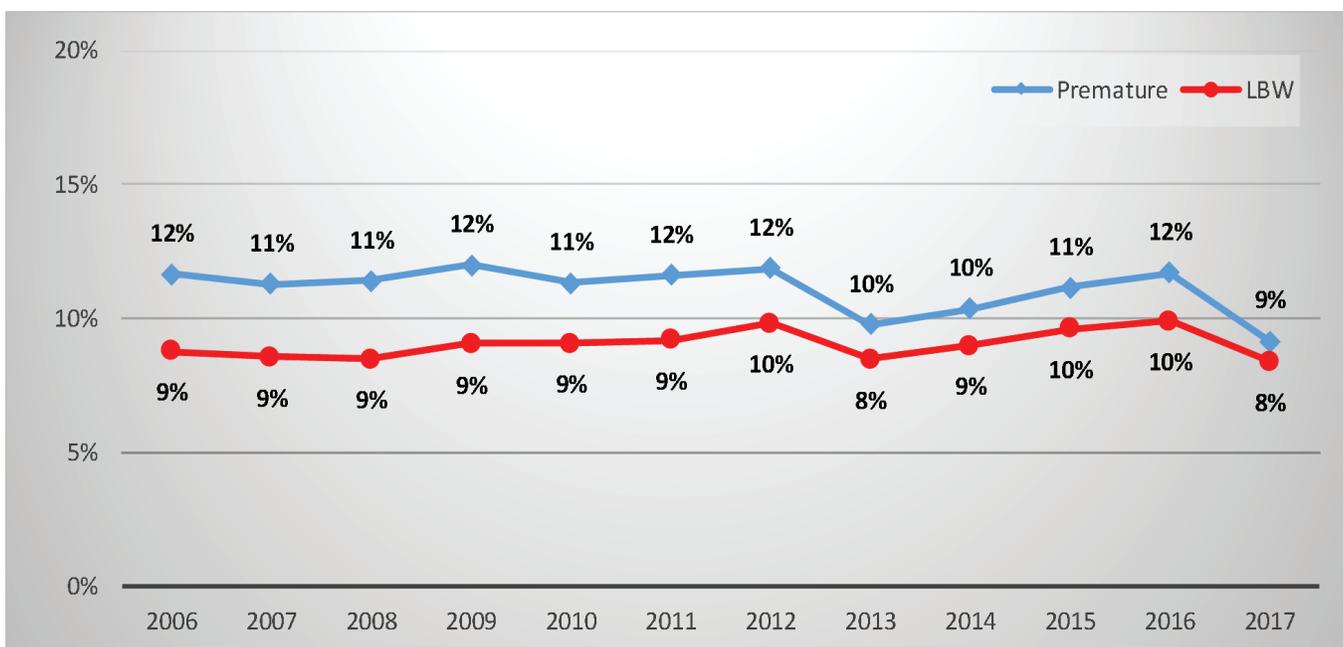


Figure 5: Percent of Infants Born With Low Birth Weight and Born Prematurely, 2006-2017

Source: ODH death records and SCPH calculations

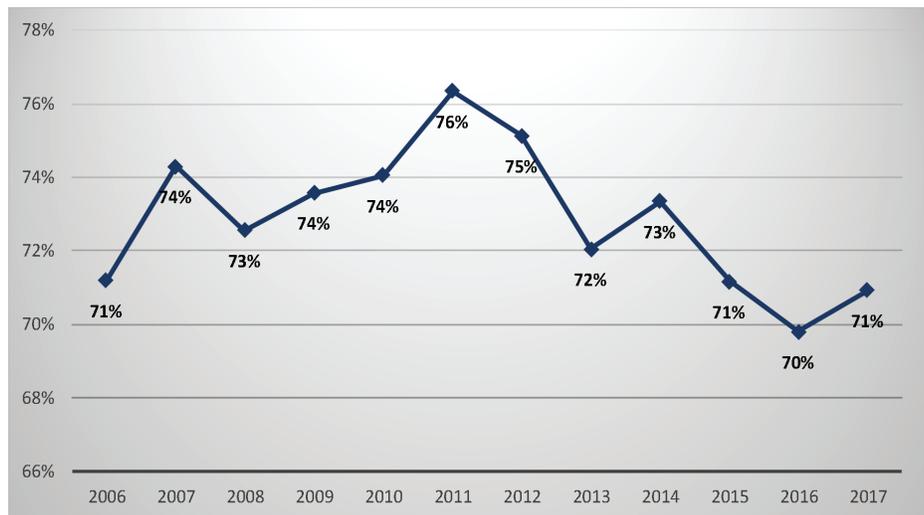
<sup>1</sup>“Maternal, infant, and child health.” Healthy People 2020. 2014. Web. 16 Aug. 2016.

have remained fairly steady between 2006 and 2016, fluctuating between 11% and 12% from 2006-2016. Rates showed a one-year decline in 2017.

Most premature infants are born close to full-term. In 2017, 452 of the 583 infants born prematurely in Summit County were born between 34 and 36 weeks (83%). Another 91 were born very prematurely, between 32 and 33 weeks (9%), or extremely prematurely (7%).

**First Trimester Prenatal Care** - Receiving prenatal care in the first trimester of pregnancy is considered to be a vital part of the health of a pregnant woman and her unborn baby. The earlier that prenatal care begins, the sooner that potential problems can be prevented. These potential problems include things such as proper nutrition and vitamin supplements (particularly folic acid, which helps prevent certain types of birth defects), and stopping the use of alcohol or illegal drugs. It also allows the mother to consult with doctors to ensure that medications and health conditions she may be facing are managed with the long-term health of the unborn baby in mind.

Unlike the previous two measures, first trimester prenatal care began declining between 2011 and 2016. Overall, just under three-quarters of



**Figure 6: Percent of Pregnant Women Receiving First Trimester Prenatal Care**  
Source: ODH death records and SCPH calculations

mothers (70%) currently receive prenatal care in the first trimester; about the same percentage as in 2006. However, prenatal care hit a high of 76% in 2011, then declined in four of the next five years to 73%, and again to 70% by 2016.

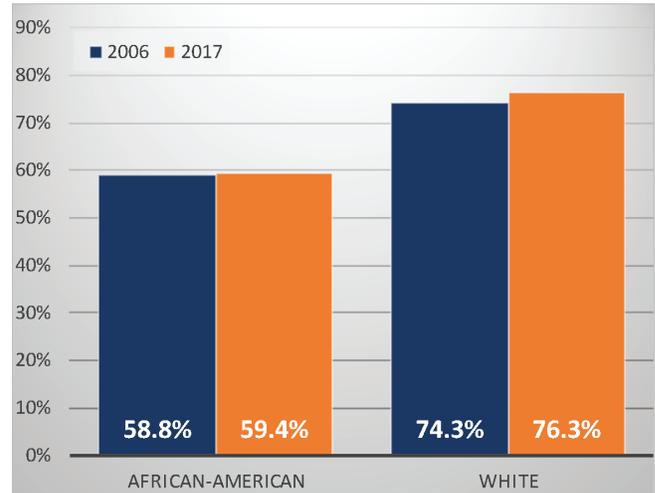


## Disparities in Key Birth Outcomes

Though only 10% to 12% of all infants are either born prematurely and/or at a low birth weight, the overall figures don't tell the whole story. There are some important differences between different groups of people on both of these indicators. The differences are especially noticeable when looking at race.

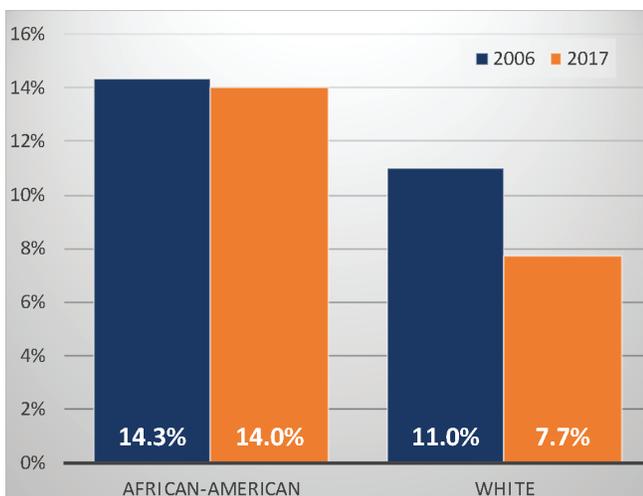
Figures 7 and 8 show differences by race on premature births and first trimester prenatal care. As shown in Figure 7, white infants were less likely to be born prematurely than African-American infants in both 2006 and 2017. The African-American rate improved by 0.3% while the white rate improved by 3.3% during those same years.

Figure 8 shows the percent of pregnant women receiving first trimester prenatal care by race. On this indicator, the differences are greater, with white women more likely than African-American women to receive first trimester prenatal care in both 2006 (74% and 59%, respectively) and 2017 (76% and 59%, respectively). Like premature births, the gap for African-American women receiving first trimester prenatal care also worsened compared to their white counterparts.

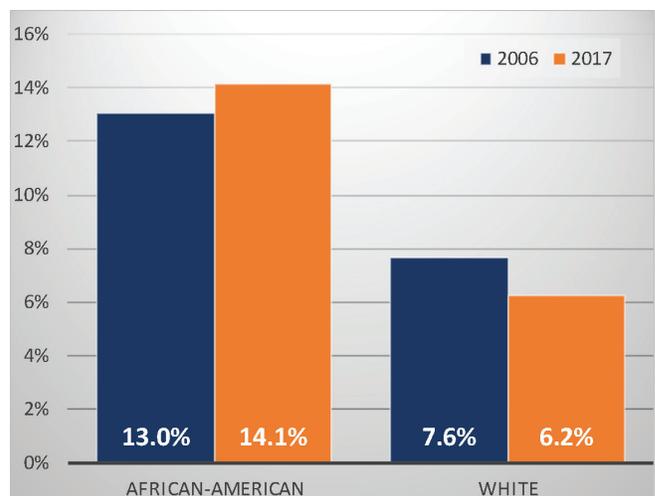


**Figure 8: Percent of Pregnant Women Receiving First Trimester Prenatal Care by Race, 2006 and 2017** *Source: ODH birth records*

This same pattern repeats itself with the percentage of low birthweight births, with African-American low birthweight births growing from 13% to 14% between 2006 and 2017, while white low birthweight births improved by 1.4 percentage points during those same years.



**Figure 7: Percent of Premature Births by Race, 2006 and 2017** *Source: ODH birth records*



**Figure 9: Percent of Low Birth Weight Births by Race, 2006 and 2017** *Source: ODH birth records*