

THE STATE OF MATERNAL & CHILD HEALTH

Some Trends from Greater Portland Pulse

Institute of Portland Metropolitan Studies

www.portlandpulse.org

Introduction

In 2012, 45,059 babies were born in Oregon. More than 20,000 of those babies were born to mothers living in Clackamas, Multnomah, and Washington counties. Pregnancy and childbirth have a huge impact on the physical, mental, and emotional health of women and their families. Childbirth and childrearing can also affect a family's socioeconomic wellbeing. Many factors influence the health of the mothers and babies throughout the period of pregnancy and the first few years of a child's life.

Pregnancy-related health outcomes are influenced not just by the physical health of the mother and child but also social determinants of health including race, ethnicity, income, access to health care, and age.

Teen mothers and their babies face increased risks to their health and diminished educational and economic opportunities. In 2005, in the United States, the birth rate for females, aged 15 to 17 years old, was 40.2 pregnancies per 1,000 girls. Healthy People 2020, a Department of Health and Human Services initiative that works to improve public health for all Americans, hopes to reduce this by ten percent in the next seven years with a target of 36.2 pregnancies per 1,000.¹ While teen birth rates have been declining in our region, they remain highest among Hispanics.

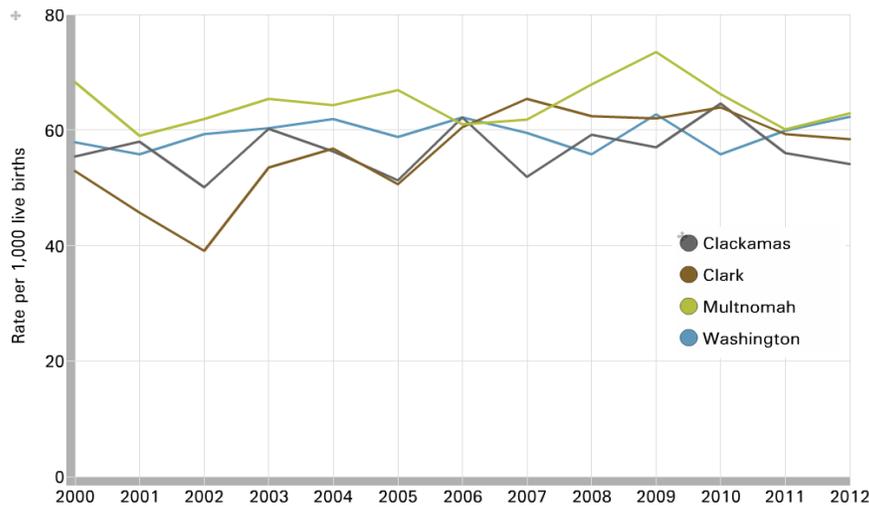
One threat to the physical health of all women and their children is chlamydia. The most common sexually transmitted disease in the United States, when left untreated, chlamydia can cause infertility in men and women. Pregnant women with chlamydia are at greater risk for delivering babies at low birth weights. Chlamydia can be passed from a mother to an infant during birth and is the leading cause of early infant pneumonia and conjunctivitis in newborns. In 2007, 7.4 percent of women aged 15-24, who attended family planning clinics in the United States during the previous 12 months, tested positive for chlamydia. Healthy People 2020 hopes to reduce that to 6.7 percent but unfortunately, the numbers are trending in the other direction. Levels of chlamydia are increasing in our region and recently, public health officials have expressed alarm over rising rates in parts of Oregon.

Babies born at low birth weights (less than 2,500 grams) face a greater risk of illness and premature death. Low birth weight has also been tied to negative educational outcomes later in life. In 2007, 8.2 percent of live births in the United States were to babies of low birth weight. Healthy People 2020 wants that to decrease to 7.8 percent. Overall in the Portland area, fewer than 7 percent of babies were born at low birth weights in 2012. However, in some racial and ethnic groups the percentage of babies born at low birth weights is as high as 13 percent.

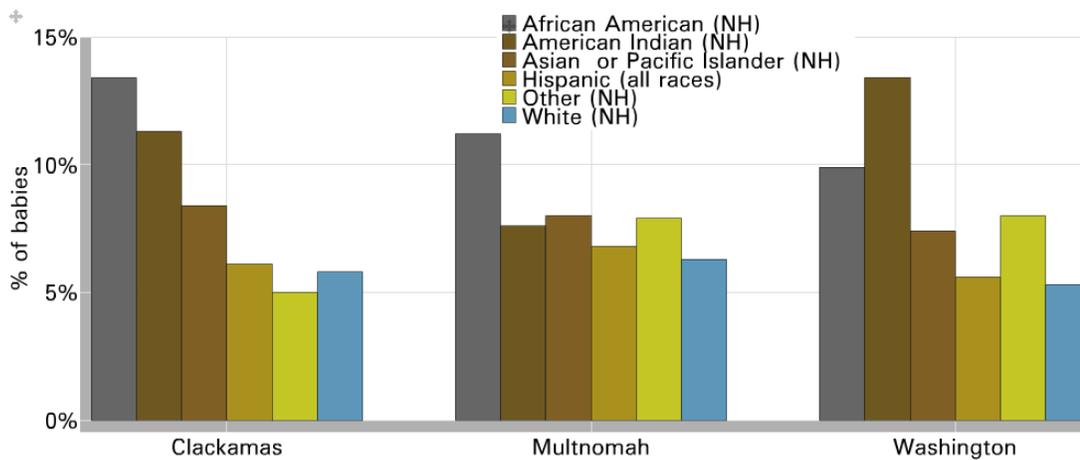
Immunization against preventable diseases not only helps to protect a child's health but also protects the child's peers. Vaccine-preventable diseases have a costly impact, resulting in doctor's visits, hospitalizations, and premature deaths. Sick children can also cause parents to lose time from work. Healthy People 2020 wants to increase immunizations and decrease preventable diseases. In Oregon, and the Portland region, however, rates of immunization are decreasing as fewer families are choosing to immunize their children.

While these are just a few of the factors that contribute to the physical, emotional, mental, and socioeconomic health of mothers and their children, the indicators explored here provide a snapshot of the state of maternal and child health in the Portland area.

¹ Healthy People 2020 <http://www.healthypeople.gov/2020/default.aspx>



Babies born at low birth weight (less than 2,499 grams) per 1,000 live births, Portland region, 1998-2012



Source: Vital Statistics, Oregon Health Authority

(C) 2014 Open Indicators Consortium Weave

Percentage of babies born at low birth weight (less than 2,499 grams) per 1,000 live births, by race of mother, Portland region, 2008-2010

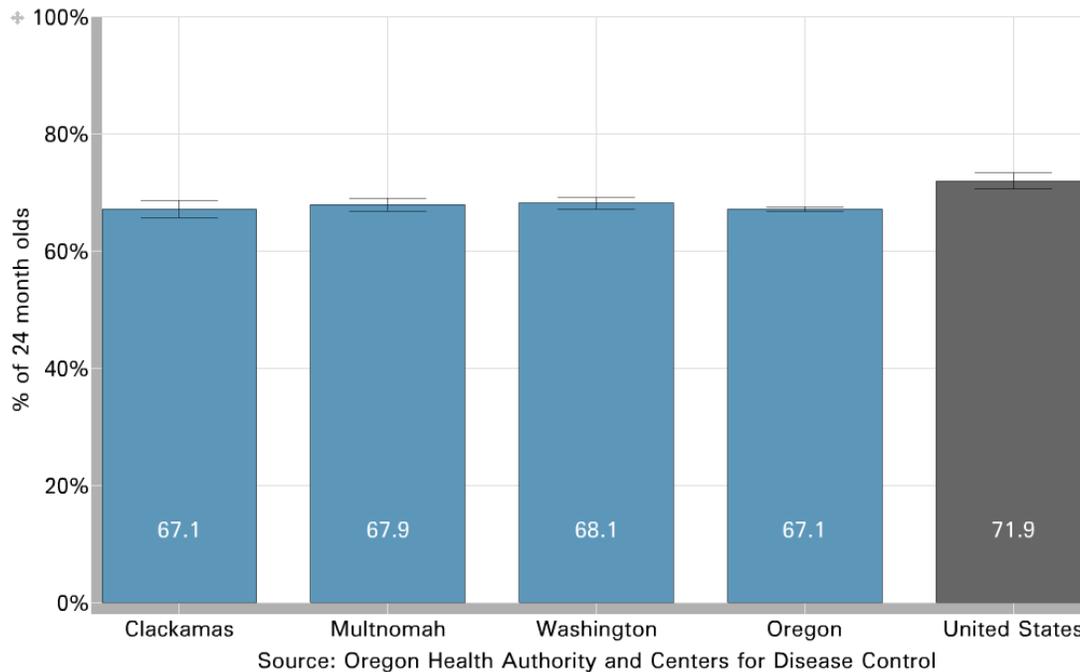
Why is this important?

Babies born at low weight (less than 2,500 grams) face increased risk of infection, impaired development, developmental delays, and infant death as compared to babies born at a normal weight. Low birth weight is associated with fetal and perinatal mortality and morbidity. Babies born at low birth weights are more likely to suffer from long-term disabilities, including cerebral palsy, and blindness.

Trends:

In the Portland region, women of color are more likely to give birth to low birth weight babies than their white counterparts. In 2008-2010, the rate of low birth weight babies born to non-Hispanic white women was 44.3 per 1,000 live births. This was 28 percent lower than the rate for Hispanic mothers (61.5 per 1,000), 41 percent lower than the rate for mothers identifying as non-Hispanic other (75.3 per 1,000), 43 percent lower than the rate for Asian or Pacific Islander mothers (77.4 per 1,000), 56 percent lower than the rate for non-Hispanic American Indian mothers (99.5 per 1,000), and 60 percent lower than the rate for non-Hispanic African American mothers (110.4 per 1,000). Non-Hispanic white mothers are the only group which has seen a decrease in the rate of low birth weight babies born since 1999.¹

¹ Vital Statistics, Oregon Health Authority; Centers for Disease Control. Birthweight and gestation.



Percentage of 24 month-olds up-to-date on immunizations, 2012

Why is this important?

People who receive vaccines protect both themselves and others. Many diseases that were once common in the United States have been controlled or eradicated by vaccines, including polio, measles, diphtheria, pertussis (whooping cough), rubella (German measles), mumps, tetanus, and Haemophilus influenza type b (Hib). Vaccine-preventable diseases have a costly impact, resulting in doctor's visits, hospitalizations, and premature deaths. Sick children must miss school and their parents miss work, resulting in lost educational and economic opportunities.¹

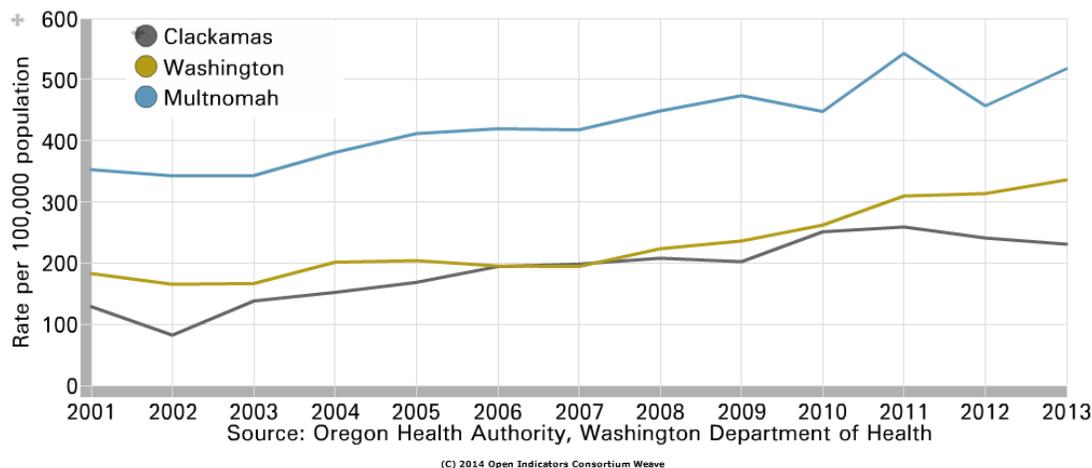
Trends:

Between 2005 and 2012, the percent of 24-month old children fully immunized decreased in Oregon. This was reflected in the greater Portland region, where the percentage of 24-month-old children who have been fully vaccinated fell between 2005 and 2012. The largest drop was in Washington County, where the percentage of 24-month-old children fully vaccinated dropped 10 percent, from 75.7 in 2005 to 68.1 in 2012.

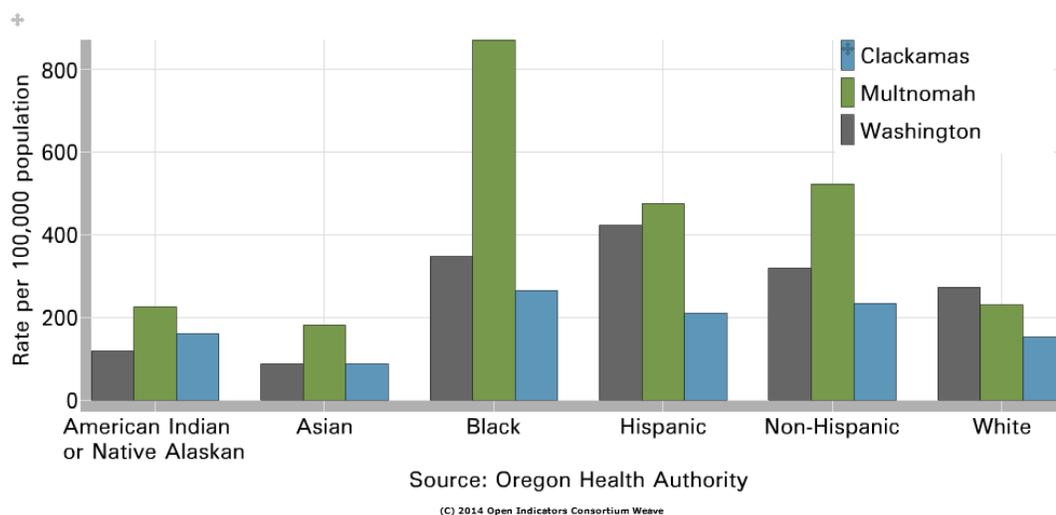
In 2010, there were just thirteen Census tracts in the region with between 84 and 99 percent of 24 month-olds were up to date on their immunizations. Five were in Clackamas County, one in Washington County and seven in Multnomah County. In 2011, the number of Census tracts with between 84 and 99 percent of 24 month-olds were up to date on their immunizations was down to ten. Two were in Washington County, eight in Multnomah County and none in Clackamas County.

While there is not a clear geographic pattern, several Census tracts in Gresham consistently have between 84 and 99 percent of 24 month-olds were up to date on their immunizations.

¹ Alert, Oregon Health Authority; Centers for Disease Control.



Chlamydia rates per 100,000 population, greater Portland region, 2001-2013



Chlamydia rates per 100,000 population by race and ethnicity, greater Portland region, 2013

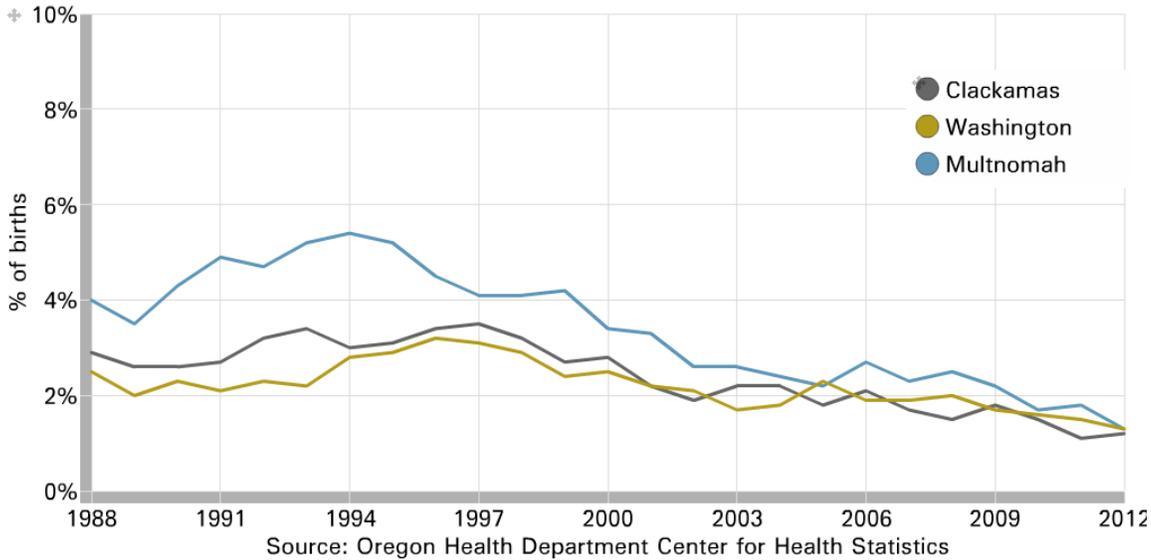
Why is this important?

Chlamydia is the most frequently reported sexually transmitted infection (STI) in the United States. Symptoms of chlamydia can be mild or even absent, making it more difficult to diagnose. In both men and women, untreated chlamydia can lead to infertility. In addition to pelvic inflammatory disease (PID) which causes damage to fallopian tubes, the uterus and tissues surrounding the ovaries, untreated chlamydia can lead to chronic pelvic pain, infertility and potentially fatal ectopic pregnancy. Pregnant women with chlamydia are at greater risk for delivering babies at low birth weights. Chlamydia can be passed from a mother to an infant during birth and is the leading cause of early infant pneumonia and conjunctivitis in newborns.¹

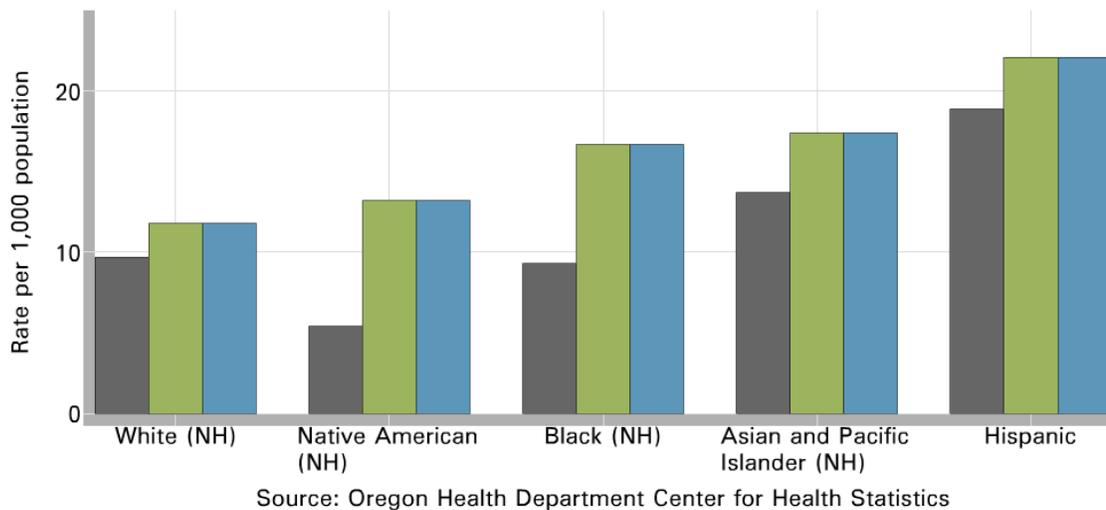
Trends:

In the Portland region, the rate of chlamydia is higher for blacks than any other racial or ethnic group. In Multnomah County, which has the highest rates of chlamydia in the region, the rate for blacks was more than double the rate for any other racial or ethnic group. While rates of chlamydia declined for most racial and ethnic groups in Clackamas and Multnomah counties between 2006 and 2013,* in Washington County, chlamydia rates were on the rise. Between 2006 and 2013, rates increased for blacks (23.7 percent), whites (55.8 percent), non-Hispanics (93.9 percent), and Hispanics (11.6 percent). Rates decreased for American Indians (46.2 percent) and Asians (12.1 percent).

*Exceptions are increases for non-Hispanics in Clackamas County (29.5 percent) and Multnomah



Percentage of total births to teen mothers (age 10-17), greater Portland region, 1988-2012



Rate of live births to females (age 10-17), per 1,000 population, by race and ethnicity, 2009

Why is this important?

Teen mothers and their babies face increased risks to their health and diminished economic opportunities. Teen mothers are less likely to complete high school. Teen mothers are more likely to receive state assistance. Children of teen mothers are more likely to perform poorly in school and are at a greater risk for abuse and neglect. Girls born to teen mothers are 22 percent more likely to become teen mothers themselves.¹

Trends:

Across the region, the percentage of total births to teen moms peaked in the mid-1990s. Persistent ethnic and racial disparities are evident in our region’s teen birth rates. In each of the four counties in the greater Portland region, teen birth rates for Hispanics and Asian and Pacific Islanders are consistently higher than for other racial or ethnic groups.

¹ Oregon Health Department. Center for Health Statistics.