Maternal Child Health

Births

On average, there are 6,680 births per year.

There are nearly 2.5 times as many White births compared to Black births.

Key Findings

Birth Count by Race/Ethnicity
Montgomery County, 2013-2017

<table>
<thead>
<tr>
<th>Year</th>
<th>White</th>
<th>Black</th>
<th>Hispanic</th>
<th>Montgomery</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>6,752</td>
<td>2,711</td>
<td>1,002</td>
<td>2,306</td>
</tr>
<tr>
<td>2014</td>
<td>6,592</td>
<td>2,516</td>
<td>977</td>
<td>2,179</td>
</tr>
<tr>
<td>2015</td>
<td>6,653</td>
<td>2,583</td>
<td>980</td>
<td>2,285</td>
</tr>
<tr>
<td>2016</td>
<td>6,646</td>
<td>2,712</td>
<td>1,026</td>
<td>2,290</td>
</tr>
<tr>
<td>2017</td>
<td>6,754</td>
<td>2,711</td>
<td>1,002</td>
<td>2,306</td>
</tr>
</tbody>
</table>

Source: Ohio Birth Certificates, Ohio Department of Health

Birth Rate (per 1,000 females, 15 to 44yrs) by Race/Ethnicity, Montgomery County, 2013-2017

<table>
<thead>
<tr>
<th>Year</th>
<th>Montgomery</th>
<th>White</th>
<th>Black</th>
<th>Hispanic</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>78.0</td>
<td>75.0</td>
<td>65.8</td>
<td>62.4</td>
</tr>
<tr>
<td>2017</td>
<td>84.8</td>
<td>75.0</td>
<td>66.7</td>
<td>61.8</td>
</tr>
</tbody>
</table>

Source: Ohio Birth Certificates, Ohio Department of Health

SDOH: Social Determinants of Health:

A woman’s health prior to becoming pregnant plays a major role in whether a baby is born full-term (gestation >37wks) and at a healthy birth weight (>2,500g or 5lbs, 8oz). The conditions in which women live, learn, and work affect a wide range of health risks and outcomes. Some of these conditions include neighborhood safety, housing stability, availability of healthy food options, access to care, educational and employment opportunities, and social support.

Key Findings

The birth rate among Black and Hispanic women increased from 2013 to 2017.

The teen (15 to 19 yrs) birth rate decreased by 19% from 2013 to 2017 (data not shown).

The percent of women with pre-pregnancy hypertension or diabetes increased over the past 5 years among all races.

Black women are more likely to have a pre-pregnancy chronic disease compared to White and Hispanic women.

Nearly 60% of women are overweight or obese (body mass index ≥25 kg/m²) prior to becoming pregnant.

The percent of women smoking 3 months prior to pregnancy decreased over the past 5 years.

Smoking prior to pregnancy is highest among White women and lowest among Hispanic women.
Receiving adequate prenatal care increases a woman’s chance of having a healthy pregnancy and a healthy birth. **Adequate prenatal care** is when a pregnant woman visits her doctor during the first 4 months of pregnancy and then at regular, prescribed intervals throughout the remainder of the pregnancy.

### Adequate Prenatal Care by Race/Ethnicity

<table>
<thead>
<tr>
<th></th>
<th>Montgomery</th>
<th>White</th>
<th>Black</th>
<th>Hispanic</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>80.3%</td>
<td>77.3%</td>
<td>73.6%</td>
<td>69.6%</td>
</tr>
<tr>
<td>2017</td>
<td>74.0%</td>
<td>69.6%</td>
<td>66.3%</td>
<td></td>
</tr>
</tbody>
</table>

- The percent of women receiving adequate prenatal care decreased over the last 5 years.
- White women are more likely to receive adequate prenatal care compared to Black and Hispanic women.

### Adequate Prenatal Care by Insurance Type

<table>
<thead>
<tr>
<th></th>
<th>Medicaid</th>
<th>Commercial</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>71.6%</td>
<td>85.2%</td>
</tr>
<tr>
<td>2014</td>
<td>68.8%</td>
<td>84.8%</td>
</tr>
<tr>
<td>2015</td>
<td>69.8%</td>
<td>84.9%</td>
</tr>
<tr>
<td>2016</td>
<td>68.3%</td>
<td>84.9%</td>
</tr>
<tr>
<td>2017</td>
<td>68.3%</td>
<td>81.6%</td>
</tr>
</tbody>
</table>

- Receiving adequate prenatal care is more common among women with commercial insurance compared to women on Medicaid.

### Key Findings
- Smoking during pregnancy decreased over the past 5 years.
- Smoking during pregnancy is highest among White women and lowest among Hispanic women.
**BIRTH OUTCOMES**

**Public Health Importance:**
Premature births (before 37 weeks) often result in low birth weight babies (less than 2,500g, 5lbs, 8oz). These babies can suffer from serious medical conditions because their bodies have not fully developed. Sometimes these problems are too severe, and the baby is unable to survive. These conditions can also lead to developmental delays and learning disabilities as the baby matures.

**Low Birth Weight (<2,500g) by Race/Ethnicity**
Montgomery County, 2013-2017

- 2013: 14.3% Black, 9.4% White, 7.6% Hispanic
- 2014: 15.2% Black, 10.4% White, 7.6% Hispanic
- 2015: 11.7% Black, 11.5% White, 10.4% Hispanic
- 2016: 11.4% Black, 11.4% White, 10.3% Hispanic
- 2017: 14.7% Black, 10.3% White, 7.4% Hispanic

**Key Finding:**
- Black women are twice as likely to have a low birth weight baby compared to White women, and nearly 2 times more likely compared to Hispanic women.

**Low Birth Weight (<2,500g) by Smoker Status**
Montgomery County, 2013-2017

- 2013: 13.5% Smoker, 8.6% Non-Smoker
- 2014: 14.0% Smoker, 8.4% Non-Smoker
- 2015: 18.3% Smoker, 8.6% Non-Smoker
- 2016: 15.7% Smoker, 8.9% Non-Smoker
- 2017: 16.5% Smoker, 9.1% Non-Smoker

**Key Finding:**
- Women who smoke during pregnancy are nearly twice as likely to have a low birth weight baby compared to women who do not smoke.

**Preterm Birth (Gestation <37wks) by Race/Ethnicity**
Montgomery County, 2013-2017

- 2013: 15.2% Black, 11.7% White, 11.6% Hispanic
- 2014: 10.2% Black, 11.5% White, 11.4% Hispanic
- 2015: 10.4% Black, 11.5% White, 11.3% Hispanic
- 2016: 10.4% Black, 11.3% White, 10.3% Hispanic
- 2017: 14.7% Black, 10.3% White, 10.0% Hispanic

**Key Finding:**
- Overall, the percent of babies born prematurely has not changed since 2013.
- Black women are more likely to have a preterm birth compared to White and Hispanic women.

**Poor Birth Outcomes by Education**
Montgomery County, 2013-2017

- 16.0% Less than HS, 11.3% HS degree/GED, 13.1% More than HS

**Key Finding:**
- Women with less than a high school degree are more likely to have a preterm or low birth weight birth compared to women with a high school degree or more.
The causes of infant mortality can be related to the conditions in which moms and babies live, learn, work, and play. Communities experiencing higher levels of poverty, crime, and food insecurity, as well as deteriorating neighborhood and housing conditions often experience higher rates of infant mortality. Women living within these communities may experience higher levels of stress. High levels of stress can cause a baby to be born too early (prematurely), which can increase a baby’s risk of dying before they reach their first birthday.

All infant mortality rates declined since 2013.
- Black babies die at a rate 4 times higher than White babies.
- The Hispanic infant mortality rate from 2013 to 2017 is 7.7 deaths per 1,000 live births (data not shown).

Women and families can take steps to give their baby the best chance for a healthy start in life. The steps for a healthy start begin before pregnancy occurs and continue throughout the pregnancy and after the baby is brought home.

**Preconception**
- Manage existing medical conditions
- Eat a proper, nutritious diet
- Maintain a healthy weight

**Prenatal**
- Begin care during the first trimester
- Quit smoking and drinking alcohol
- Know the signs of preterm labor

**Postpartum**
- Breastfeed
- Avoid infant’s exposure to secondhand smoke
- Place infant to sleep on his or her back