Medical and Health Characteristics of Birth by Race/Ethnicity, Oregon Residents, 2008-2010

Morrow County

| - | <u> </u> | | | | | | |
|---|----------|----------------------------------|---------------------|--------------------|-------------------------------|-------|----------|
| | Total | Non-Hispanic Single Mention Race | | | | | |
| Selected Medical or Health Characteristics | | White | African American | American Indian | Asian/ Pacific Islander | Other | Hispanic |
| Total Births | 484 | 224 | 1 | 3 | 5 | 6 | 245 |
| Birthweight Less than 1500 grams by Gestation in Weeks | | | | | | | |
| < 28 Weeks | 1 | _ | | _ | _ | _ | 1 |
| 28-36 Weeks | 3 | 1 | _ | _ | _ | _ | 2 |
| 37-40 Weeks | _ | _ | _ | _ | _ | _ | _ |
| 41+ Weeks | _ | _ | _ | _ | _ | _ | _ |
| Unknown | _ | _ | _ | _ | _ | _ | _ |
| Birthweight Between 1500-2499 grams by Gestation in Weeks | | | | | | | |
| < 28 Weeks | _ | _ | _ | _ | _ | _ | _ |
| 28-36 Weeks | 16 | 10 | _ | _ | _ | _ | 6 |
| 37-40 Weeks | 6 | 6 | _ | _ | _ | _ | _ |
| 41+ Weeks Unknown | _ | _ | | | | _ | _ |
| | | | | | | | |
| Birthweight Greater than 2500 grams by Gestation in Weeks | | | | | | | |
| < 28 Weeks | _ | _ | _ | _ | _ | _ | _ |
| 28-36 Weeks | 18 | 10 | _ | _ | 1 | _ | 7 |
| 37-40 Weeks | 376 | 170 | 1 | 3 | 3 | 6 | 193 |
| 41+ Weeks Unknown | 64 | 27 | | _ | 1 _ | _ | 36 |
| | | | All Diath a | | | | |
| All Births | | | | | | | |
| Tobacco Use | 400 | 470 | _ | | _ | | 000 |
| Did not Smoke Prior to Pregnancy ¹ | 423 6 | 170 6 | 1 | 3 | 5 | 6 | 238 |
| During Pregnancy | 51 | 46 | _ | _ | _ | _ | 5 |
| Unknown | 4 | 2 | _ | _ | _ | _ | 2 |
| Method of Delivery | | | _ | _ | _ | _ | |
| Vaginal VBAC ² | 344 | 162 | 1 | 2 | 3 | 2 | 174 |
| Primary Cesarean | 72 | 36 | _ | 1 | 2 | 1 | 32 |
| Repeat Cesarean | 64 | 24 | _ | | _ | 3 | 37 |
| Place of Birth | | | | | | | |
| In Hospital | 476 | 218 | 1 | 3 | 5 | 6 | 243 |
| Out-of-Hospital Source of Payment | 8 | 6 | _ | _ | _ | _ | 2 |
| Medicaid/OHP ³ | 70 | 30 | _ | 1 | _ | 2 | 37 |
| Private Insurance | 388 | 183 | 1 | 2 | 5 | 4 | 193 |
| Self-Pay | 19 | 5 | _ | _ | _ | _ | 14 |
| Other Coverage | 7 | 6 | _ | _ | _ | _ | 1 |
| Unknown Mention Breastfed | _ | _ | _ | _ | _ | _ | _ |
| Yes | 312 | 158 | 1 | 2 | 4 | 5 | 142 |
| No | 41 | 20 | _ | _ | _ | 1 | 20 |
| Unknown | 131 | 46 | _ | 1 | 1 | _ | 83 |
| | | | | | | | |

Quantity is zero.
 Smoked only during the three months prior to pregnancy.
 Vaginal birth after a previous cesarean section.
 Oregon Health Plan.