

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

**Gilliam County**

Selected Medical or Health Characteristics	Total	Non-Hispanic Single Mention Race					Hispanic
		White	African American	American Indian	Asian/ Pacific Islander	Other	
<b>Total Births</b> .....	49	41	-	-	1	-	7
<b>Birthweight Less than 1500 grams by Gestation in Weeks</b>							
< 28 Weeks .....	-	-	-	-	-	-	-
28-36 Weeks .....	-	-	-	-	-	-	-
37-40 Weeks .....	-	-	-	-	-	-	-
41+ Weeks .....	-	-	-	-	-	-	-
Unknown .....	-	-	-	-	-	-	-
<b>Birthweight Between 1500-2499 grams by Gestation in Weeks</b>							
< 28 Weeks .....	-	-	-	-	-	-	-
28-36 Weeks .....	1	1	-	-	-	-	-
37-40 Weeks .....	1	1	-	-	-	-	-
41+ Weeks .....	-	-	-	-	-	-	-
Unknown .....	-	-	-	-	-	-	-
<b>Birthweight Greater than 2500 grams by Gestation in Weeks</b>							
< 28 Weeks .....	-	-	-	-	-	-	-
28-36 Weeks .....	1	1	-	-	-	-	-
37-40 Weeks .....	41	35	-	-	1	-	5
41+ Weeks .....	5	3	-	-	-	-	2
Unknown .....	-	-	-	-	-	-	-
<b>All Births</b>							
<b>Tobacco Use</b>							
Did not Smoke .....	44	37	-	-	1	-	6
Prior to Pregnancy <sup>1</sup> .....	2	1	-	-	-	-	1
During Pregnancy .....	3	3	-	-	-	-	-
Unknown .....	-	-	-	-	-	-	-
<b>Method of Delivery</b>							
Vaginal .....	33	27	-	-	1	-	5
VBAC <sup>2</sup> .....	-	-	-	-	-	-	-
Primary Cesarean .....	11	10	-	-	-	-	1
Repeat Cesarean .....	5	4	-	-	-	-	1
<b>Place of Birth</b>							
In Hospital .....	48	40	-	-	1	-	7
Out-of-Hospital .....	1	1	-	-	-	-	-
<b>Source of Payment</b>							
Medicaid/OHP <sup>3</sup> .....	20	15	-	-	-	-	5
Private Insurance .....	27	24	-	-	1	-	2
Self-Pay .....	-	-	-	-	-	-	-
Other Coverage .....	2	2	-	-	-	-	-
Unknown Mention .....	-	-	-	-	-	-	-
<b>Breastfed</b>							
Yes .....	41	35	-	-	1	-	5
No .....	2	2	-	-	-	-	-
Unknown .....	6	4	-	-	-	-	2

- Quantity is zero.  
<sup>1</sup> Smoked only during the three months prior to pregnancy.  
<sup>2</sup> Vaginal birth after a previous cesarean section.  
<sup>3</sup> Oregon Health Plan.