

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

**Wallowa County**

| Selected Medical<br>or Health Characteristics                    | Total | Non-Hispanic Single Mention Race |                     |                    |                               |       | Hispanic |
|--|-------|----------------------------------|---------------------|--------------------|-------------------------------|-------|----------|
|  |       | White                            | African<br>American | American<br>Indian | Asian/<br>Pacific<br>Islander | Other |          |
| <b>Total Births</b> .....  | 182   | 165                              | 1                   | 4                  | 1                             | 5     | 6        |
| <b>Birthweight Less than 1500 grams by Gestation in Weeks</b>    |       |                                  |                     |                    |                               |       |          |
| < 28 Weeks .....   | 2     | 2                                | -                   | -                  | -                             | -     | -        |
| 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 .....  | 7     | 6                                | -                   | -                  | -                             | -     | 1        |
| 37-40 Weeks .....  | 6     | 4                                | -                   | -                  | -                             | 2     | -        |
| 41+ Weeks .....  | -     | -                                | -                   | -                  | -                             | -     | -        |
| Unknown .....  | -     | -                                | -                   | -                  | -                             | -     | -        |
| <b>Birthweight Greater than 2500 grams by Gestation in Weeks</b> |       |                                  |                     |                    |                               |       |          |
| < 28 Weeks .....   | -     | -                                | -                   | -                  | -                             | -     | -        |
| 28-36 Weeks .....  | 4     | 4                                | -                   | -                  | -                             | -     | -        |
| 37-40 Weeks .....  | 143   | 130                              | 1                   | 3                  | 1                             | 3     | 5        |
| 41+ Weeks .....  | 19    | 18                               | -                   | 1                  | -                             | -     | -        |
| Unknown .....  | 1     | 1                                | -                   | -                  | -                             | -     | -        |
| <b>All Births</b>  |       |                                  |                     |                    |                               |       |          |
| <b>Tobacco Use</b>   |       |                                  |                     |                    |                               |       |          |
| Did not Smoke .....  | 156   | 141                              | 1                   | 4                  | 1                             | 5     | 4        |
| Prior to Pregnancy <sup>1</sup> .....                            | 4     | 4                                | -                   | -                  | -                             | -     | -        |
| During Pregnancy .....   | 22    | 20                               | -                   | -                  | -                             | -     | 2        |
| Unknown .....  | -     | -                                | -                   | -                  | -                             | -     | -        |
| <b>Method of Delivery</b>  |       |                                  |                     |                    |                               |       |          |
| Vaginal .....  | 122   | 115                              | -                   | 1                  | 1                             | 3     | 2        |
| VBAC <sup>2</sup> .....  | 4     | 4                                | -                   | -                  | -                             | -     | -        |
| Primary Cesarean .....   | 32    | 27                               | -                   | -                  | -                             | 2     | 3        |
| Repeat Cesarean .....  | 24    | 19                               | 1                   | 3                  | -                             | -     | 1        |
| <b>Place of Birth</b>  |       |                                  |                     |                    |                               |       |          |
| In Hospital .....  | 172   | 155                              | 1                   | 4                  | 1                             | 5     | 6        |
| Out-of-Hospital .....  | 10    | 10                               | -                   | -                  | -                             | -     | -        |
| <b>Source of Payment</b>   |       |                                  |                     |                    |                               |       |          |
| Medicaid/OHP <sup>3</sup> .....                                  | 76    | 67                               | 1                   | 3                  | -                             | 2     | 3        |
| Private Insurance .....  | 87    | 80                               | -                   | 1                  | 1                             | 3     | 2        |
| Self-Pay .....   | 15    | 14                               | -                   | -                  | -                             | -     | 1        |
| Other Coverage .....   | 4     | 4                                | -                   | -                  | -                             | -     | -        |
| Unknown Mention .....  | -     | -                                | -                   | -                  | -                             | -     | -        |
| <b>Breastfed</b>   |       |                                  |                     |                    |                               |       |          |
| Yes .....  | 167   | 152                              | -                   | 4                  | 1                             | 5     | 5        |
| No .....   | 12    | 10                               | 1                   | -                  | -                             | -     | 1        |
| Unknown .....  | 3     | 3                                | -                   | -                  | -                             | -     | -        |

- 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.