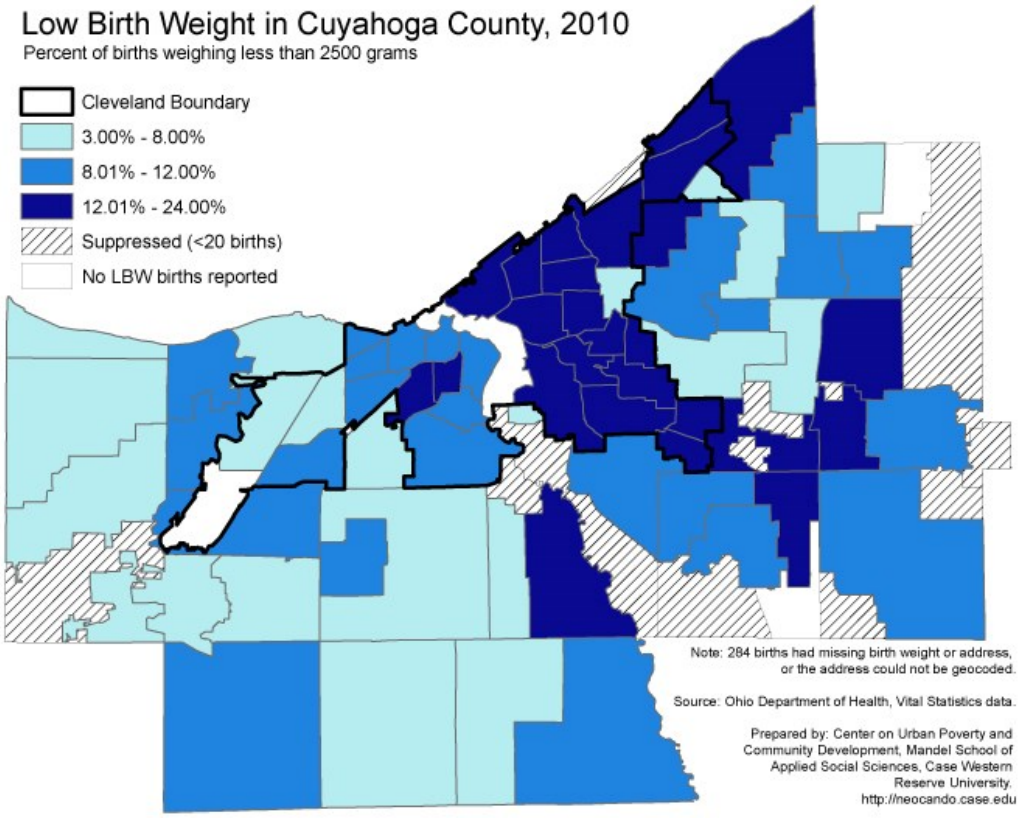
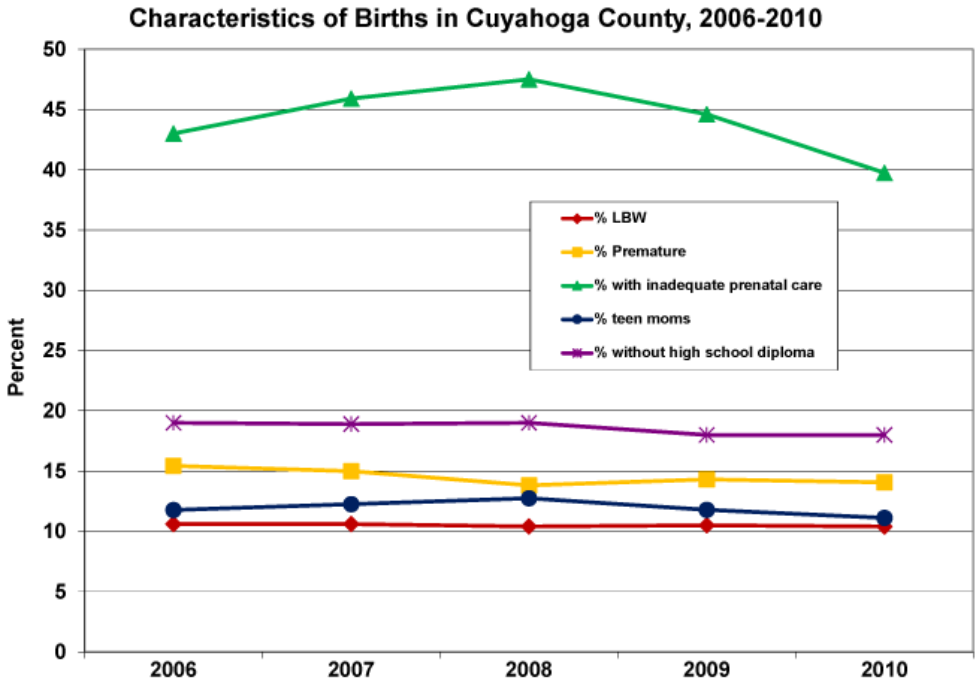
Cuyahoga County **Birth Outcomes** Early Childhood **Data Brief**

Birth outcomes are important early indicators of individual and community well-being. Of particular importance are a newborn's weight at birth and the time of gestational delivery, with adverse outcomes such as low birth weight and premature delivery presenting common threats to a child's development. For instance, adverse birth outcomes have been shown to increase a child's risk for a variety of conditions, ranging from cognitive impairment to attention-deficit disorder to asthma[1].



Adverse birth outcomes have long been associated with the environment in which the mother and child reside. Critical environmental characteristics include access to education and educational attainment, poverty, and prenatal care[2]. In Cuyahoga County, the pattern holds, as the most impoverished parts of the City of Cleveland, specifically in the City's East Side, show concentrations of low birth weights ranging from 12% to 24% of all live births (see map above). These figures exceed both the State (8.6%) and County (10.4%) averages. Moreover, as poverty has breached the inner ring suburbs, so too has there been an increase in low birth weight births, especially in East Cleveland, Brooklyn, and Bedford Heights.



The need for prenatal interventions is greater when socioeconomic conditions are more of a threat. As economic downturns often coincide with reductions in governmental funding, access to prenatal interventions are typically most limited when they are most

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Birth Outcomes

Table 1. County, State, and National Birth Outcomes

	Cuyahoga County	State of Ohio	United States
Total Births	15,100	139,010	3,999,386
Births to women aged 15-44 (fertility), rate per 1,000 females	42.8	62.0	64.1
Births to teens aged 10-19, rate per 1,000 females	19.7	17.8	17.9
Percent of mothers without high school diploma	18.2	16.6	19.9
Percent with prenatal care in the first trimester	69.8	73.0	73.1
Percent low birth weight (< 2500 grams)	10.4	8.6	8.2
Percent premature (< 37 weeks)	14.1	12.2	12.0
Infant deaths (rate per 1,000 births)	9.0	7.6	6.2

Source: Ohio Department of Health; National Center for Health Statistics.

needed. For instance, the percentage of mothers at risk for adverse birth outcomes due to inadequate prenatal care (care beginning after the first trimester or too few prenatal visits) peaked in 2008 (i.e., at the start of the recession), before decreasing slightly in 2009 and 2010 (see line graph on p. 1). The percentage of teen moms showed a similar trend. Both risk factors for Cuyahoga County exceed State and National averages (see Table 1 above).

While the percent of low birth weight births remained steady and unacceptably high, the percent of premature births declined slightly (see line graph on p. 1). However, adverse birth outcomes disproportionately affect women of color. For example, in 2010, 7.4% of births to White, non-Hispanic women were low birth weight compared to 14.5% of births to Black, non-Hispanic women. Similarly, 10.7% of White, non-Hispanic women delivered premature babies compared to 19.1% of Black, non-Hispanic women. Further, according to data from the Ohio Department of Health Vital Statistics, the 2012 infant mortality rate for Black women was 13.9 deaths per 1,000 live births compared to a rate of 6.4 for White women. To reduce racial inequalities in birth outcomes, Cuyahoga County is one of nine Ohio communities involved in the Ohio Institute for Equity in Birth Outcomes. As a result, Cuyahoga County will receive training and support to implement and evaluate equity-focused projects.

[1]Saigal, S. and Doyle, L. (2008) An overview of mortality and sequelae of preterm birth from infancy to adulthood. The Lancet, 371, pg 261-269.

[2]Messer, L, Buescher, B., Laraia, B. and Kaufman, J. (2005) Neighborhood-level characteristics as predictors of preterm birth: Examples from Wake County, North Carolina. http://www.schs.state.nc.us/schs/pdf/schs148.pdf