

Population Health Vital Statistics Brief:

Birth and Maternal-Child Health, 2007-2022

The *Population Health Vital Statistics Data Brief* series was created to provide regular updates to the Community Health Assessment and to provide the community with additional important information about population health. For more information on the Community Health Assessment and to access other reports in the *Vital Statistics Data Brief* series, please visit scph.org/assessments-reports



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Total Births in Summit County, 2007-2021

In 2021, there were nearly 5,400 births in Summit County; a 20% decrease from 2007.

Birth rates per 1,000 females aged 15 to 44 have also dropped, from just over 300 in the five years from 2007-2011 to just under 284 per 1,000 from 2017-2021.

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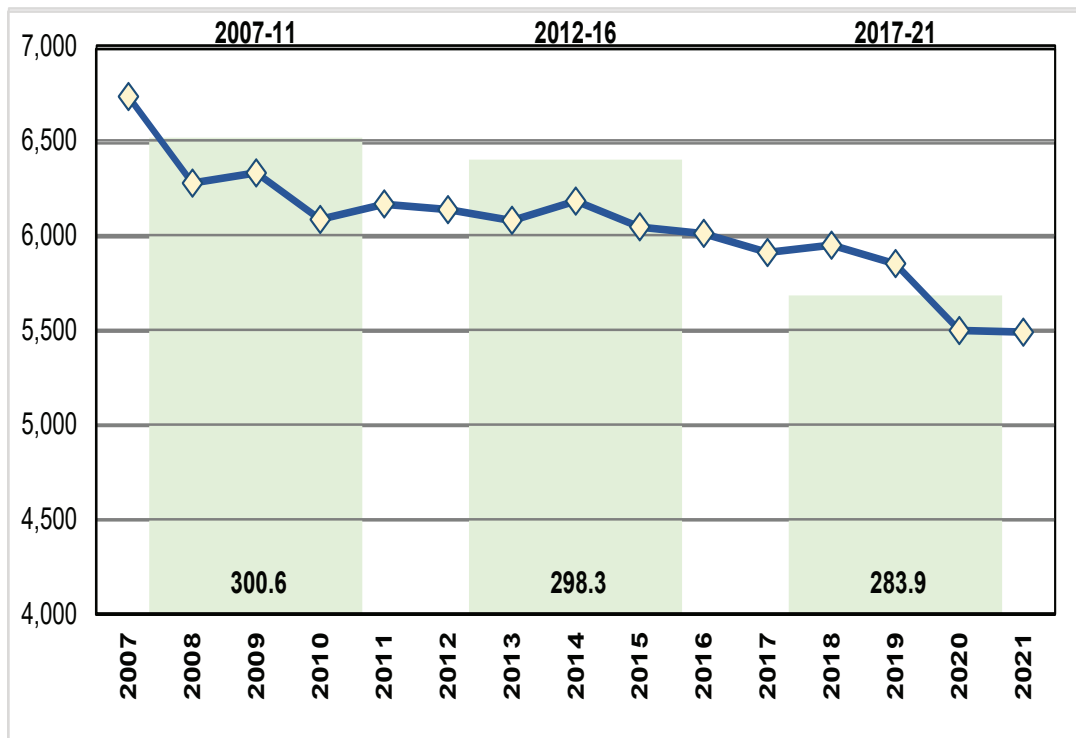


Figure 1: Trends in Births and Birth Rates in Summit County, 2007-2021 Source: SCPH / Ohio Department of Health (ODH) Death Certificate Data

Births and birth rates by race

-- Birth rates per 1,000 women of childbearing age (defined here as ages 15-44) for White, Black, and Asian individuals all rose from 2007-2021. In the case of White and Black individuals, the number of births increased while the number of women giving birth declined. This increases the rate and the number of children born per mother. For Asian individuals, the number of women giving birth rose by 78%, while the number of births to those women rose by 135%. As Figure 3 shows, birth rates for each racial group were higher between 2017 and 2021 than in the 2007-2011 period. For White and Asian individuals, birth rates in the 2017-2021 period were lower than their peak in the 2012-2016 period. While Black individual birth rates still grew in that same period, the growth was significantly smaller than in the previous five year period (2007-2011).

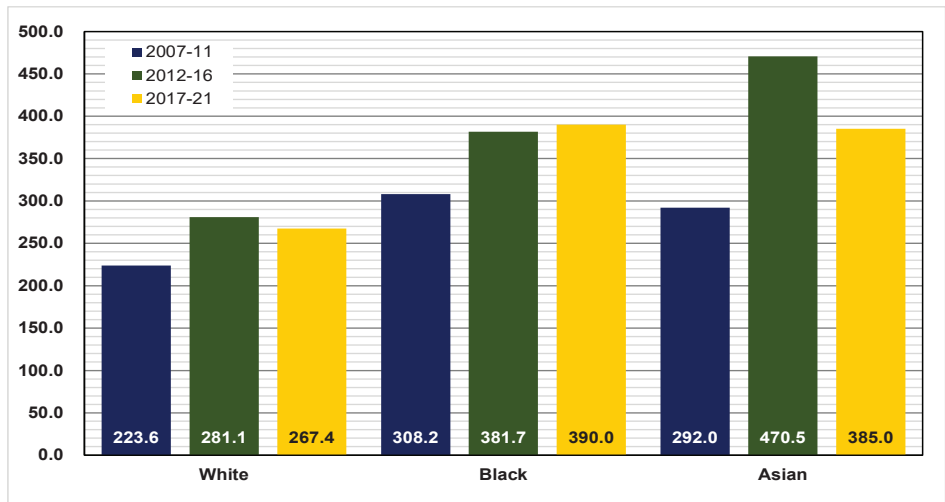
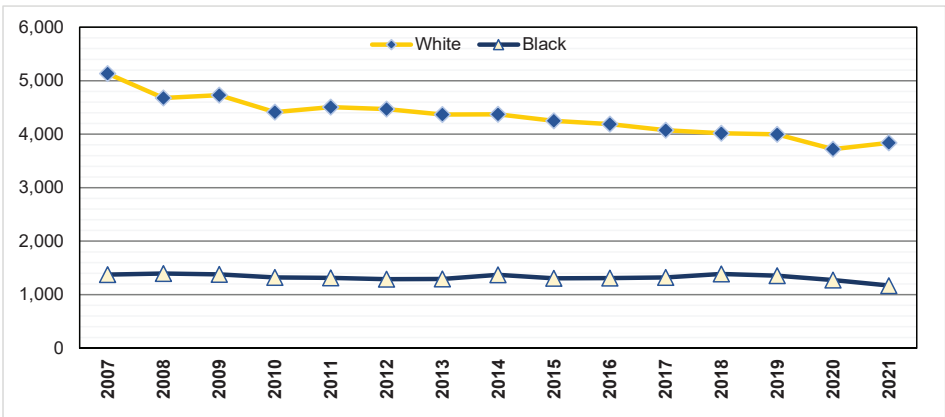


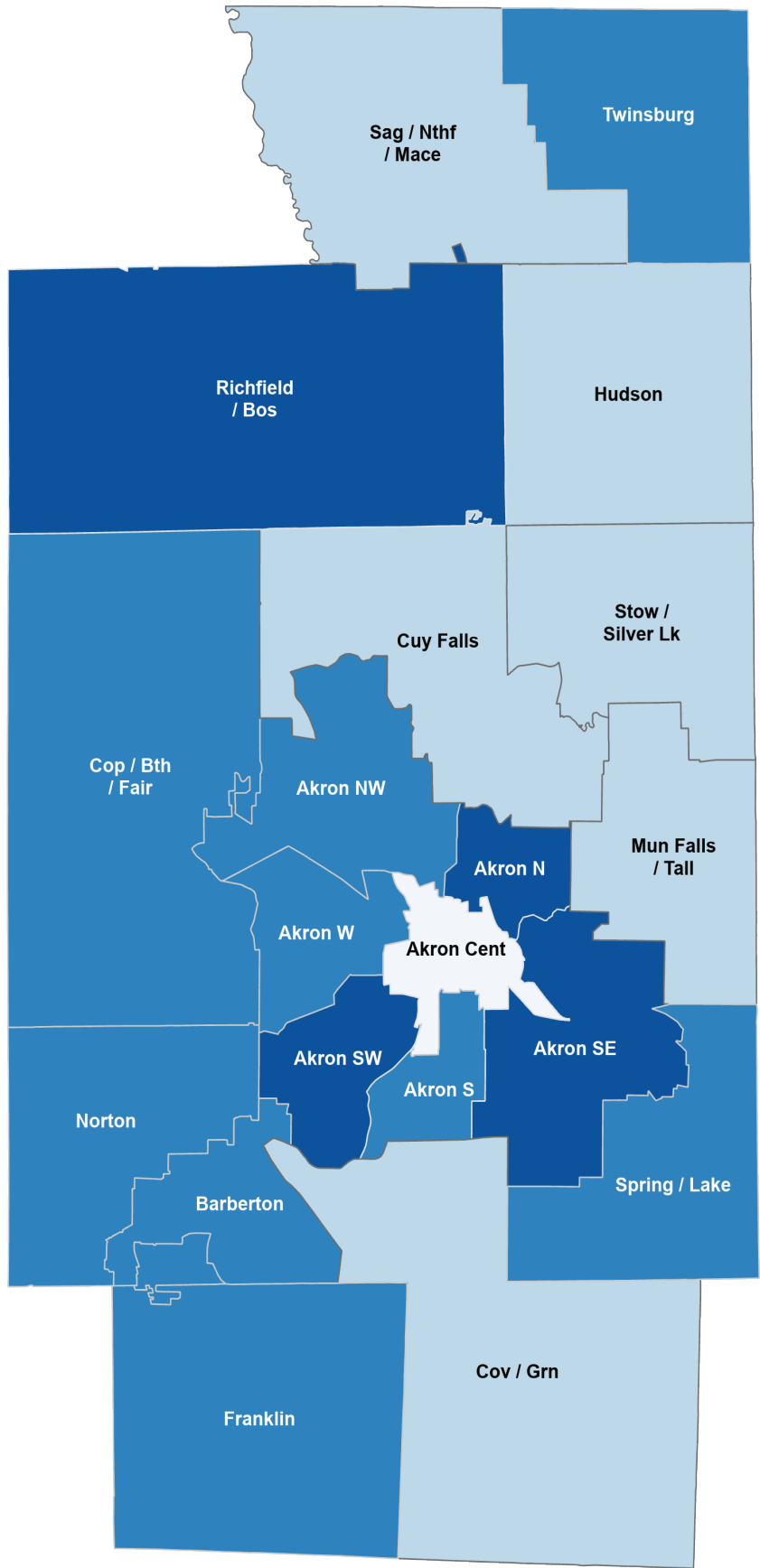
Figure 3: Births rates per 1,000 women age 15-44, by race, 2007-2021 Source: SCPH / Ohio Department of Health (ODH) Birth Certificate Data



Figures 4 and 5: Total births to women age 15-44, by race, 2007-2021 Source: SCPH / Ohio Department of Health (ODH) Birth Certificate Data

Map 1 on the facing page shows the overall birth rate for the past five years (2017-2021)

by Summit 2030 cluster. The three clusters with the highest birth rates were Akron North, Southwest, and Southeast. Birth rates were lowest in the Sagamore / Northfield / Macedonia Hudson, and Akron Central clusters.



Summit 2030 Cluster Rate per 1,000 women

- 34.0
- 34.1 - 53.6
- 53.7 - 61.4
- 61.5 - 73.4

Map 1: Births per 1,000 Women Age 15-44, 2017-2021 Source: SCPH / Ohio Department of Health (ODH) Birth Certificate Data

Other Demographics Of Women Giving Birth In Summit County

Marital Status -- Nearly half of women giving birth in Summit County were unmarried as of the 2017-2021 period (44%). The percentage of women giving birth who were unmarried increased in every age group but 18-19 year olds from a decade earlier (see Figure 5).

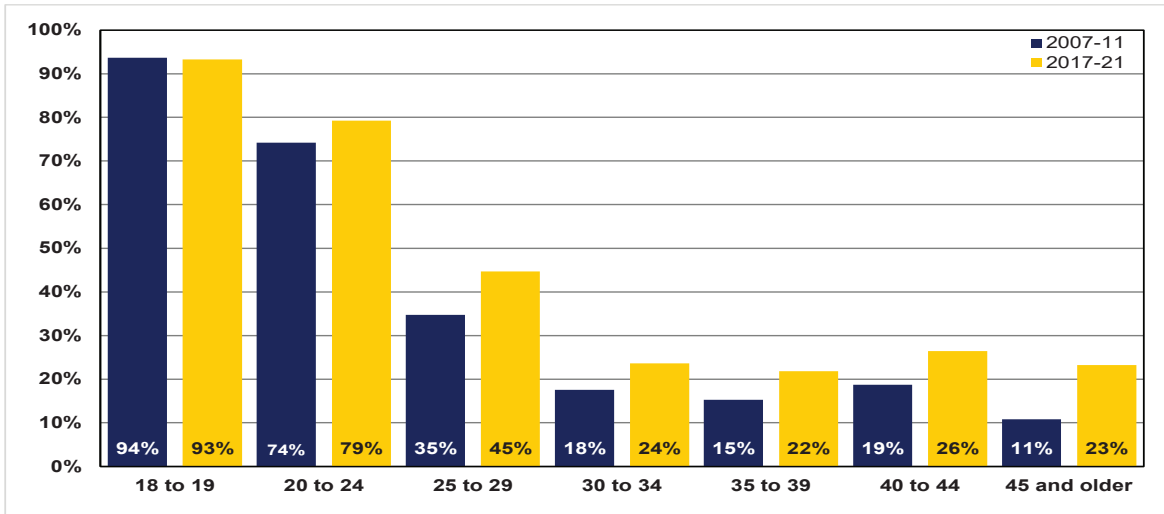


Figure 5: Percent of Mothers Who Were Unmarried When Giving Birth, Summit Co. 2007-11 and 2017-21
 Source: SCPH / Ohio Department of Health (ODH) Birth Certificate Data

Race -- White individuals made up the vast majority of women giving birth in Summit County; about 72%. Black individuals made up about one out of every five women giving birth.

Payment Source -- Slightly more than half of women giving birth between 2007-2021 were covered by private insurance, while nearly all the rest were covered by either Medicaid or another public insurance program. About 3% of all births were either covered by self-pay or other forms of payment.

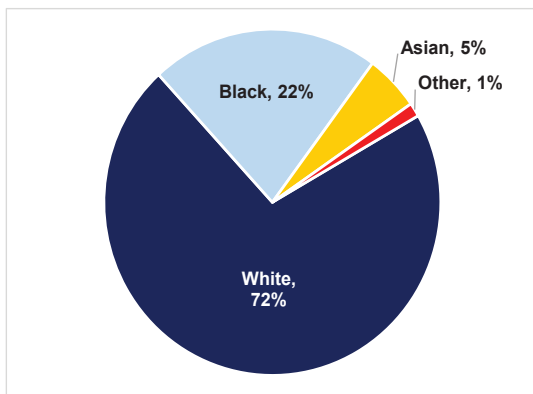


Figure 6: Percent of Women Giving Birth by Race, Summit Co. 2007-2021
 Source: SCPH / Ohio Department of Health (ODH) Birth Certificate Data

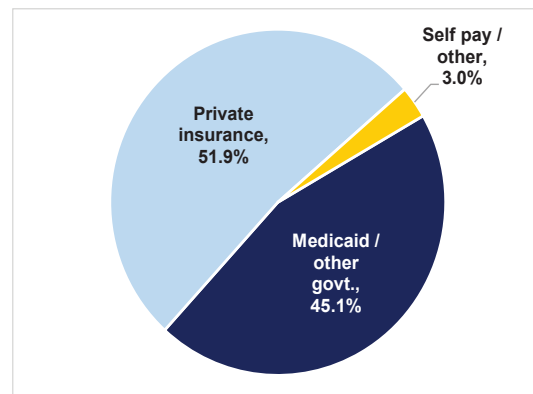


Figure 7: Payment Source for Women Giving Birth, Summit Co. 2007-2021
 Source: SCPH / Ohio Department of Health (ODH) Birth Certificate Data

Educational Attainment -- Nearly half of those giving birth have a 2-year college degree or higher (43%).

WIC -- Just over a third (36%) of women giving birth receive assistance from the Women, Infants, and Children program (WIC).

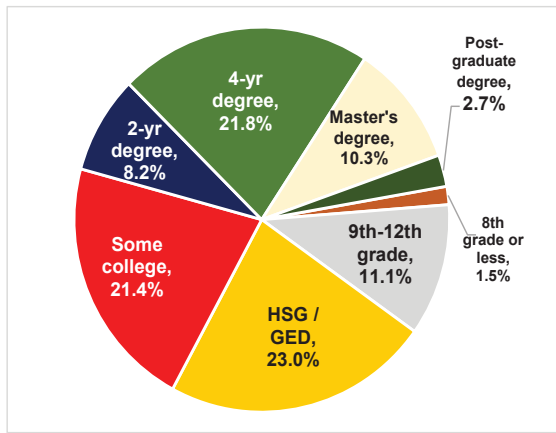


Figure 8 Educational Attainment Of Women Giving Birth, Summit Co. 2007-2021 Source: SCPH / Ohio Department of Health (ODH) Birth Certificate Data

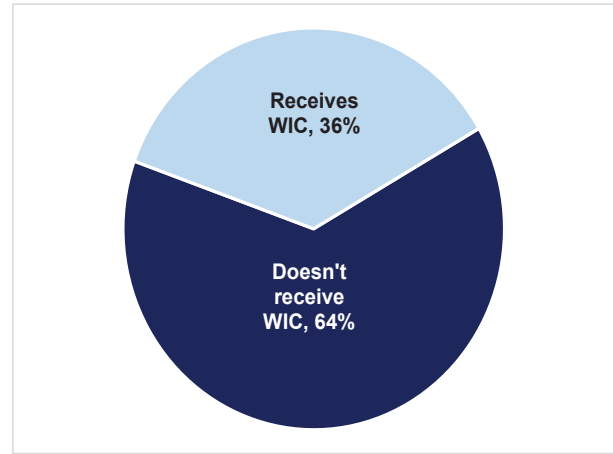


Figure 9 Educational Attainment Of Women Giving Birth, Summit Co. 2007-2021 Source: SCPH / Ohio Department of Health (ODH) Birth Certificate Data

Maternal Health Indicators

Prepregnancy Body Mass Index (BMI) -- Women who are overweight or obese prior to pregnancy are more likely to experience complications in pregnancy, such as high blood pressure, preeclampsia, gestational diabetes, and poor birth outcomes such as premature birth and birth defects.¹ Half of women giving birth in Summit County (50%) were either overweight or obese since 2007 (Figure 10). When looked at by race, Asian women giving birth were the least likely to be overweight or obese, White women are slightly less likely, and Black and women of another race were more likely to be overweight or obese (Figure 11).

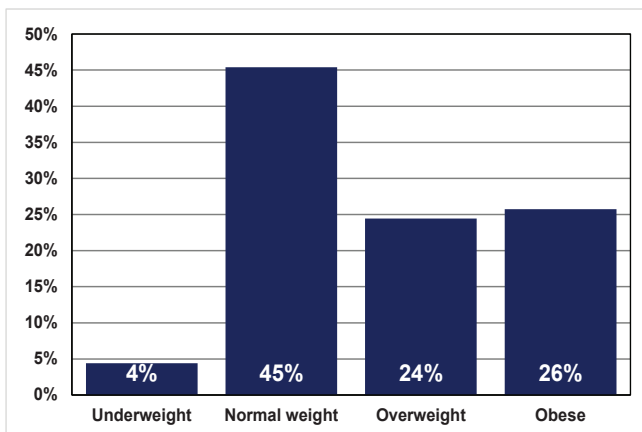


Figure 10: Prepregnancy Body Mass Index, Summit Co. 2007-2021 Source: SCPH / Ohio Department of Health (ODH) Birth Certificate Data

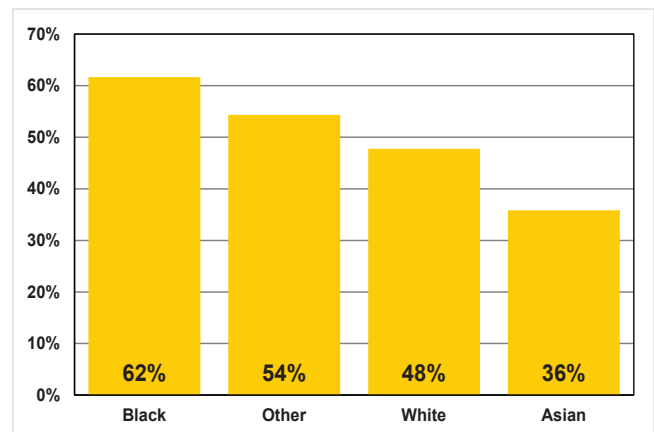


Figure 11: Prepregnancy % Overweight or Obese by Race, Summit Co. 2007-2021 Source: SCPH / Ohio Department of Health (ODH) Birth Certificate Data

¹ <https://www.marchofdimes.org/find-support/topics/pregnancy/being-overweight-during-pregnancy>

Birth spacing -- According to the Ohio Department of Health (ODH), "Interpregnancy intervals less than 6 months and 60 months or more were most commonly associated with poor birth outcomes."² The American College of Obstetricians and Gynecologists (ACOG) recommends that women considering repeat pregnancy should wait a minimum of six months and preferably at least 18 months before giving birth to allow adequate time for the body to recover from the prior pregnancy.³

Two-thirds of pregnant women in Summit County spaced their most recent birth at least 18 months apart from a prior birth.

Maternal Risk Factors -- About one-third of women giving birth in Summit County experience one or more maternal risk factors such as prepregnancy diabetes, gestational diabetes, prepregnancy hypertension, gestational hypertension including pre-eclampsia, or vaginal bleeding.

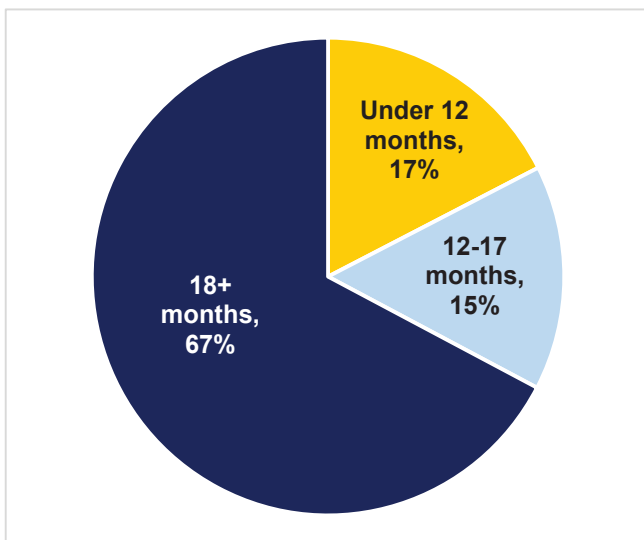


Figure 12: Percent of Women Spacing Repeat Births At Least 18 Months from A Prior Birth, Summit Co. 2007-2021 Source: SCPH / Ohio Department of Health (ODH) Birth Certificate Data

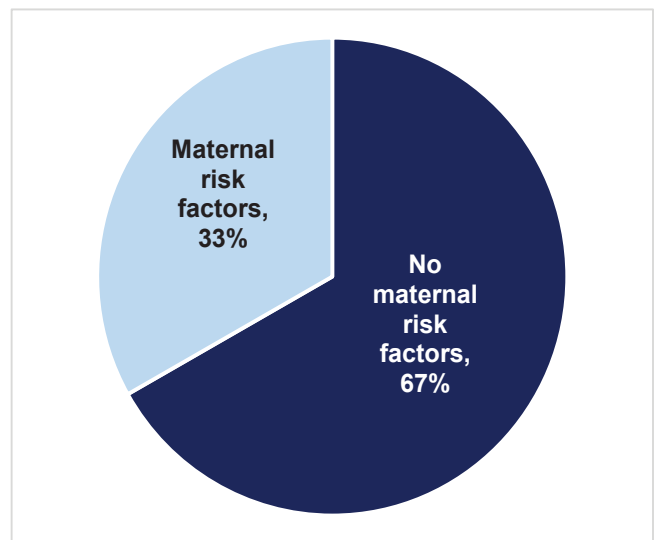


Figure 13: Percent of Women Experiencing One or More Maternal Risk Factors, Summit Co. 2007-2021 Source: SCPH / Ohio Department of Health (ODH) Birth Certificate Data

² Association of interpregnancy interval with poor birth outcomes and infant mortality in Ohio. Ohio Department of Health. (n.d.). <https://odh.ohio.gov/wps/wcm/connect/gov/48d33033-bb40-4190-bdb8-8649d2cdda76/Interpregnancy-interval-and-poor-birth-outcomes-Final.pdf?MOD=AJPERES>

³ The American College of Obstetricians and Gynecologists . (n.d.). Interpregnancy care. ACOG. <https://www.acog.org/clinical/clinical-guidance/obstetric-care-consensus/articles/2019/01/interpregnancy-care#:~:text=.org%2Fbreastfeeding%20-.Interpregnancy%20Interval,pregnancy%20sooner%20than%2018%20months>.

Birth Outcomes

First Trimester Prenatal Care - According to Healthy People 2030, "Prenatal care is most effective when it starts early and continues throughout pregnancy. It can help prevent and address health problems in both mothers and babies."² Figure 14 shows that Summit County's 1st trimester prenatal care rate is 61%; well below the Healthy People 2030 goal of 80.5%.

Premature Births - Figure 14 also presents data for premature births. As with 1st trimester prenatal care, Summit County's 34% prematurity rate is significantly higher than Healthy People 2030 goal of 9.4%.

Low Birthweight Births - Finally, Figure 14 presents data for low birthweight births. Just over 7% of births in Summit County were low birthweight.

Birth Outcomes by Race - Figures 15-17 present the three birth outcomes just discussed by race. In each case, birth outcomes for White births were healthier than any other racial group. In the case of low birthweight births, the White rate was twice as good as the rate for Black births (6% vs. 12% for White births). These disparities in birth outcomes have persisted over time, as have other disparities not discussed here such as infant mortality.

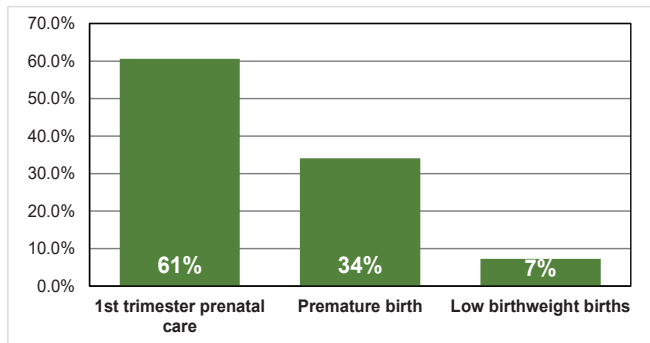


Figure 14: Birth Outcomes, 2007-2021 Source: SCPH / Ohio Department of Health (ODH) Birth Certificate Data

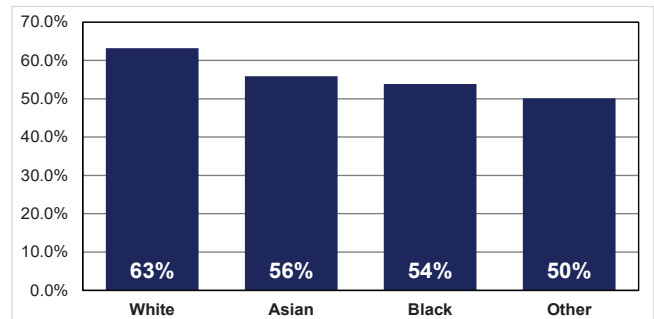


Figure 15: 1st Trimester Prenatal Care by Race, 2007-2021 Source: SCPH / Ohio Department of Health (ODH) Birth Certificate Data

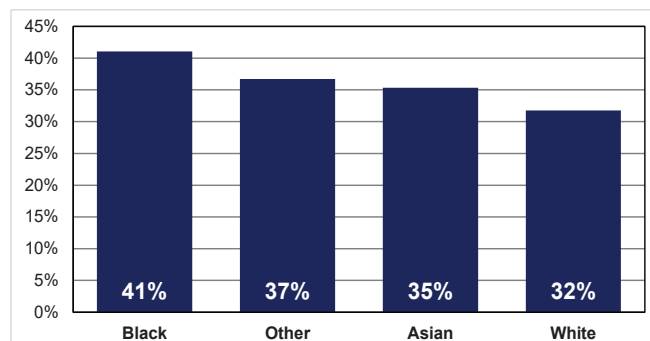


Figure 16: Premature Births by Race, 2007-2021 Source: SCPH / Ohio Department of Health (ODH) Birth Certificate Data

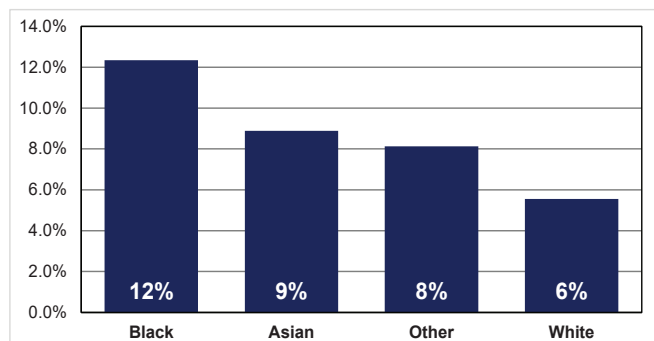


Figure 17: Percent Low Birthweight Births by Race, 2007-2021 Source: SCPH / Ohio Department of Health (ODH) Birth Certificate Data

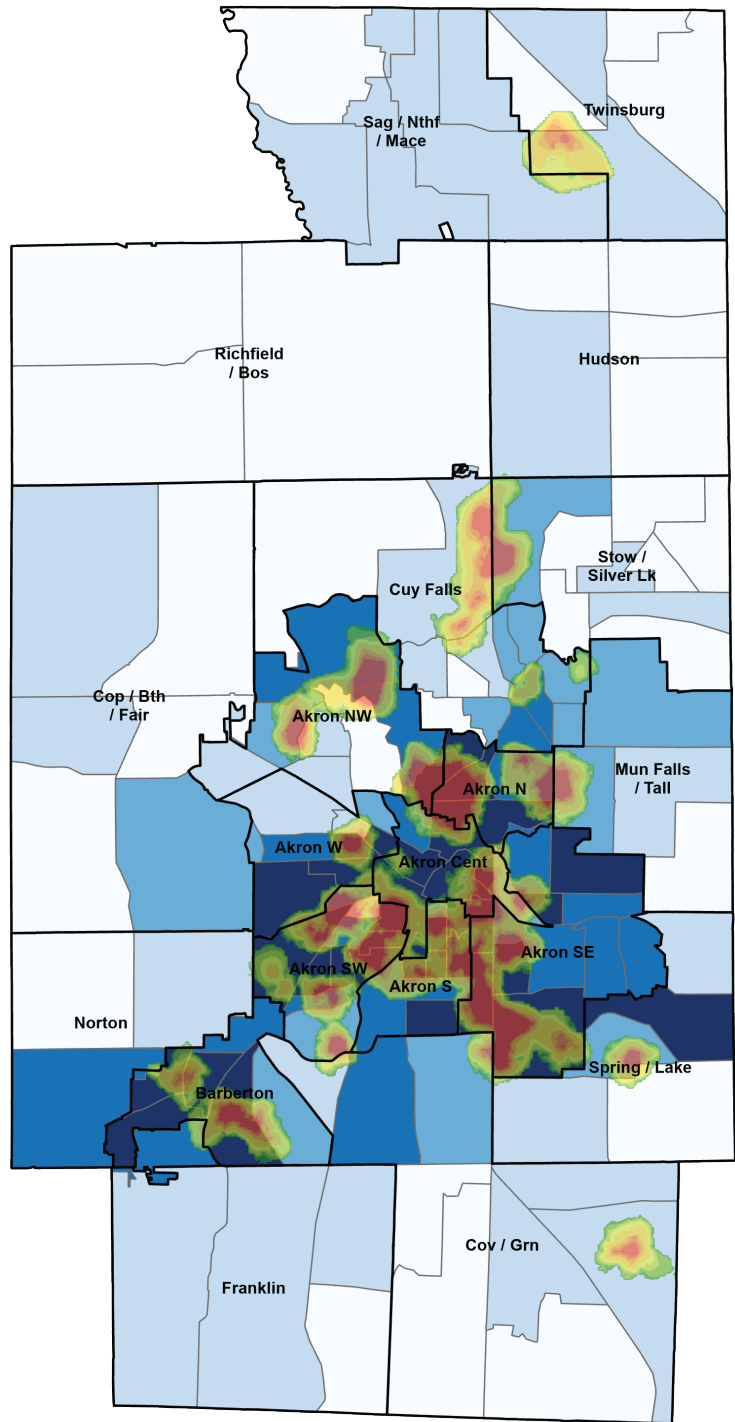
² Increase the proportion of pregnant women who receive early and adequate prenatal care - mich-08. Increase the proportion of pregnant women who receive early and adequate prenatal care - MICH-08 - Healthy People 2030. (n.d.). <https://health.gov/healthypeople/objectives-and-data/browse-objectives/pregnancy-and-childbirth/increase-proportion-pregnant-women-who-receive-early-and-adequate-prenatal-care-mich-08>

Poor Birth Outcomes by Geography -- Disparities in poor birth outcomes aren't just confined to race.

Figure 18 presents the percent of all births from 2007 to 2021 which had at least one poor birth outcome (mothers who had either no 1st trimester prenatal care, a premature birth, or a low birthweight birth). The map shows a clear geographic pattern, with hotspots for births with at least one poor outcome in all Akron clusters, as well as in the the Barberton, Twinsburg, Coventry/ Green and Springfield / Lakemore clusters.

The map also presents data from the CDC's Social Vulnerability Index or SVI.⁴ The SVI is made up of the indicators shown in the table below. The blue shading on the map presents the overall percentile ranking on the five Socioeconomic Status (SES) variables listed below. The higher the percentile ranking, the more vulnerable the SES is in each census tract.

Nearly all of these poor birth outcome hot spots fall into the highest SES vulnerability census tracts. Those few that don't are either located near such tracts or tracts that show above-average SES vulnerability.



Overall Vulnerability	Socioeconomic Status	<ul style="list-style-type: none"> Below 150% Poverty Unemployed Housing Cost Burden No High School Diploma No Health Insurance
	Household Characteristics	<ul style="list-style-type: none"> Aged 65 & Older Aged 17 & Younger Civilian with a Disability Single-Parent Households English Language Proficiency
	Racial & Ethnic Minority Status	<ul style="list-style-type: none"> Hispanic or Latino (of any race) Black or African American, Not Hispanic or Latino Asian, Not Hispanic or Latino American Indian or Alaska Native, Not Hispanic or Latino Native Hawaiian or Pacific Islander, Not Hispanic or Latino Two or More Races, Not Hispanic or Latino Other Races, Not Hispanic or Latino
	Housing Type & Transportation	<ul style="list-style-type: none"> Multi-Unit Structures Mobile Homes Crowding No Vehicle Group Quarters

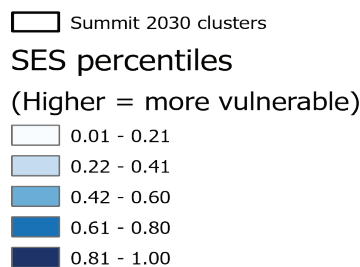


Figure 18: Any Poor Birth Outcome Hotspots 2007-2021 and Social Vulnerability Index (Socioeconomic Status), 2020

Source: SCPH / Ohio Department of Health (ODH) Certificate Data

⁴ Centers for Disease Control and Prevention. (2023, July 12). CDC/ATSDR social vulnerability index (SVI). Centers for Disease Control and Prevention. <https://www.atsdr.cdc.gov/placeandhealth/svi/index.html>