

MATERNAL AND INFANT HEALTH DATA SNAPSHOT (pg. 1)

San Bernardino County

Birth and Delivery Trends	National Standard	California	San Bernardino County	African American	Asian/Pacific Islander	Hispanic	White
Live births (per 1,000 of total population) 1	NA	12.6	14.5	14.3	18.6	16.5	10.2
Live births (per 1,000 females, 15-44) ¹	NA	62	67.9	63.3	90.2	69.9	58.4
Births to teenage mothers (per 1,000 females,15-19) 1	Goal: 43.3 or less	18.8	25.2	31.7	3	28.9	16.8
Cesarean births (per live births) 1	Goal: 28.6% or less	31.9%	32.8%	39.1%	38.3%	31.2%	31.4%
Cesarean births (per low-risk, first time births) 1	Goal: 21.3% or less	24.9%	23.9%	29.7%	27.6%	22.6%	23.1%
Short birthing interval (conception w/in 18 mos., females 15-44) ¹	Goal: 28.3% or less	26.6%	28.7%	34.5%	23.4%	27.5%	31.1%
Teen short birthing interval (conception w/in 18 mos., females <20) 1	Goal: 66% or less	66%	68.5%	71.8%	NA	66.5%	73.1%
Mistimed or unwanted pregnancies 5,6	NA	31.2%	37.6%	48.2%	27.3%	40.8%	33.8%

Additional Context

Not all information on maternal and infant health indicator trends requested was available at the level of detail provided above. However, data that may provide context for birth and delivery trends, specifically with regard to disparities between priority populations or ethnic groups, is provided below:

- California reported that 2% of all births in 2016 were Vaginal Births after Cesareans (VBACs). 48% of women interested in VBACs did not have the option, due to provider or hospital limitations. White women were the most likely to have a VBAC (16%), followed by Hispanic women (15%), Asian/Pacific Islander women (13%), and African American women (8%). ³
- Across the State, 7% of women had a midwife as a primary care provider, and 9% had one as a birth attendant. Women on Medi-Cal were half as likely to utilize a midwife as their prenatal care provider, at 6% vs 12% for women with private insurance. ³
- 9% of women in California had support from a labor doula, with women on Medi-Cal being more likely to utilize this resource compared to women with private insurance (11% vs 8%).³
- Women (18-49 yo) at or below 200% of the Federal Poverty Line had a contraception use rate of 32.9% compared to a 47.6% rate for women above 200%.9



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MATERNAL AND INFANT HEALTH **DATA SNAPSHOT** (pg. 2)

San Bernardino County

Insurance and Prenatal Care Access	National Standard	California	San Bernardino County	African American	Asian/Pacific Islander	Hispanic	White
Uninsured females (aged 18-64) 1	Goal: 0%	10.2%	10.3%	NA	NA	NA	NA
Uninsured prior to pregnancy 5,6	Goal: 0%	24%	26.6%	10%	14.9%	29.2%	18.8%
Medi-Cal insured deliveries (per live births) 1	NA	43.4%	52.2%	65.8%	17.4%	62.7%	36.4%
Prenatal care in the first trimester (per pregnancies) 1	Goal: 77.9% or higher	83.2%	83.8%	79.3%	80%	84.8%	84.8%
Adequate prenatal care (per pregnancies) 1	NA	44.5%	46.5%	41.1%	45.6%	47.7%	45.9%
Early and adequate prenatal care (per pregnancies) 1	Goal: 77.6% or more	79%	72.8%	71.2%	70.4%	72%	76.3%
Inadequate prenatal care (per pregnancies) 1	Goal: 11.1% or less	10.3%	10.5%	14%	15%	9.9%	8.9%
Late (third trimester) or no prenatal care (per pregnancies) 1	Goal: 3.4% or less	3.9%	3.8%	4.7%	9.5%	2.9%	3.5%
Receipt of dental visit during pregnancy 5,6	NA	33.2%	43%	33.3%	19.3%	33.4%	36.1%

Additional Context

Not all information on maternal and infant health indicator trends requested was available at the level of detail provided above. However, data that may provide context for insurance and prenatal care access, specifically with regard to disparities between priority populations or ethnic groups, is provided below:

- Nationally, pregnancy-related mortality was reported in 2014 as 18 per 100,000 live births. Averages between 2011-14 found that African American women are more than double any other ethnic group on this indicator at 40, compared to White women at 12.4 and all other races combined at 17.8.10
- In California, maternal mortality between 2003-2007 was reported as 12.8 per 100,000 live births, exceeding the HP 2020 goal of 11.4 and trending up.⁷



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MATERNAL AND INFANT HEALTH DATA SNAPSHOT (pg. 3)

San Bernardino County

Infant Health Indicators
Exclusive breastfeeding 1 month after delivery 5,6
Exclusive breastfeeding 3 months after delivery 5,6
Substance-affected infants (per 1,000 hospital births) ¹
Maternal smoking during 3rd trimester 5,6
Births at less than 37 gestational weeks (per live births) 1
Low birth weights (less than 2,500 grams, live singleton births) ¹
Neonatal death (deaths between 0-27 days, per 1,000 live births) 1
Infant death (deaths within the first year, per 1,000 live births) ¹
Infant placed on back to sleep 5,6

National Standard	California	San Bernardino County	African American	Asian/Pacific Islander	Hispanic	White
NA	42.7%	34.7%	33.5%	NA	34%	47%
Goal: 46.2% or more	27.4%	22.6%	25.5%	NA	24%	25.9%
NA	26.6	28.3	42	12.8	26.3	34.7
NA	2.9%	2.8%	NA	NA	NA	NA
Goal: 9.4% or less	8.6%	9.3%	13.1%	7.6%	9.2%	8.4%
Goal: 7.8% or less	5.3%	5.8%	10.1%	4.8%	5.5%	4.9%
Goal: 4.1 or less	3.2	4	6.8	1.7	4	2.9
Goal: 6 or less	4.4	5.5	8	2.8	5.6	4.6
Goal: 75.8% or more	79.7%	80.2%	58.5%	82.1%	84.2%	77.9%

Additional Context

Not all information on maternal and infant health indicator trends requested was available at the level of detail provided above. However, data that may provide context for infant health, specifically with regard to disparities between priority populations or ethnic groups, is provided below:

- California reports a 28% rate of exclusive breastfeeding for the first six months. White women are most likely to breastfeed exclusively for six months (37%), followed by Asian/Pacific Island and Hispanic women (both at 24%), and African American women at 21%.
- Only 66% of recently delivered mothers indicate that support for breastfeeding is available at work. White women reported the highest rate of support (76%), followed by Asian/Pacific Islander women (74%), African American women (59%), and Hispanic women (53%). 11
- Women who stayed home as long as they wanted before returning to work were twice as likely (59% compared to 31%) to have breastfed for as long as they wanted. ³



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MATERNAL AND INFANT HEALTH DATA SNAPSHOT (pg. 4)

San Bernardino County

Maternal Health Indicators	National Standard	California	San Bernardir County
Substance use (per 1,000 hospitalizations of pregnant females, 15-44) ¹	NA	21	26.8
Mental health (diagnoses per 1,000 hospitalizations of pregnant females, 15-44) ¹	NA	59	54.9
Mood disorder hospitalizations (per 100,000 females, 15-44) 1	Goal: 1163 or less	1125.4	1251.4

NA

NA

NA

NA

NA

14.1%

13%

20.3%

9.5%

43%

	San Bernardino County	African Ame	Asian/Pacific Is	Hispanic	White
	26.8	40.1	4.1	23.1	37.8
	54.9	76.3	13	46.9	80.6
	1251.4	2015.6	473.2	783.1	2106.9
	15.3%	24.2%	17.6%	14.2%	10.8%
	11%	16.3%	14.1%	13.1%	10.4%
	22.7%	27%	21.8%	24.8%	17.3%
	8.5%	5.7%	11.9%	9.4%	6.2%
	33.2%	33.3%	19.3%	33.4%	36.1

Additional Context

Prenatal depressive symptoms 5,6

Pre-pregnancy obesity 5,6

Postpartum depressive symptoms 5,6

Receipt of dental visit during pregnancy 4

Gestational diabetes (females aged 15-44 delivering a live birth) ¹

Not all information on maternal and infant health indicator trends requested was available at the level of detail provided above. However, data that may provide context for maternal health, specifically with regard to disparities between priority populations or ethnic groups, is provided below:

- 9% of recently delivered women in California had no postpartum office visits. Hispanic women had the highest rate of no visits (10%), followed by Asian/Pacific Island women (9%) and African American and White women (7% each). Women on Medi-Cal were twice as likely (12% to 6%) to have no postpartum office visits compared to women with private insurance.³
- Women in California with Medi-Cal were more than twice as likely (18% vs 8%) to have no postpartum emotional support compared to those with private insurance.³
- Women with Medi-Cal were more than twice as likely (17% vs 8%) to have no postpartum practical support compared to those with private insurance. ³



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MATERNAL AND INFANT HEALTH DATA SNAPSHOT (pg. 5)

San Bernardino County

Social Determinants of Maternal and Infant Health	National Standard	California	San Bernardino County	African American	Asian/Pacific Islander	Hispanic	White
Mothers born outside the U.S. 5,6	NA	37.9%	26.1%	NA	79.7%	30.7%	6.5%
Lives in a high poverty neighborhood 5,6	NA	38.9%	49.6%	60.7%	28.6%	57.2%	30.3%
Food insecurity during pregnancy 5,6	NA	16.6%	18%	19.5%	NA	15.2%	16.8%
Participated in WIC during pregnancy 5,6	NA	54.1%	60.9%	72.2%	NA	72.4%	39.3%
Received CalFresh (food stamps) during pregnancy 5,6	NA	24.9%	35.4%	68%	NA	40.7%	21.8%
Physical or psychological intimate partner violence 5,6	NA	7.1%	9.7%	10.3%	NA	9.5%	5.8%
Homeless/without reg place to sleep during pregnancy 5,6	NA	2.9%	2.6%	9.1%	NA	2.2%	NA
Participated in WIC duing pregnancy 5,6	NA	54.1%	60.9%	72%	NA	72.4%	39.3%

Additional Context

Not all information on social determinants of health requested was available at the level of detail provided above. However, data that may provide context for social determinants of maternal and infant health, specifically with regard to disparities between priority populations or ethnic groups, is provided below:

- Nationally, .6% of incarcerated women are pregnant during their incarceration. 8
- There are estimated to be 242,000 undocumented and uninsured immigrants in the Inland Empire, and 1,350,000-1,490,000 throughout California. ²



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MATERNAL AND INFANT HEALTH DATA SNAPSHOT (pg. 6)

Data Sources

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- ³Listening to Mothers: Results from a Population-Based Survey of Women's Childbearing Experiences. (September 2018). California Health Care Foundation. Retrieved from https://www.chcf.org/publication/data-snapshot-listening-mothers-california/.
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- ¹¹Workplace Breastfeeding Support in California. California Department of Public Health. Retrieved from https://www.cdph.ca.gov/Programs/CFH/DMCAH/CDPH%20Document%20Library/BFP/BFP-WorkplaceBreastfeedingSupportingCalifornia.pdf