

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

**Clackamas 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> .....	12,163	9,344	97	62	574	261	1,752
<b>Birthweight Less than 1500 grams by Gestation in Weeks</b>							
< 28 Weeks .....	43	29	1	1	1	–	11
28-36 Weeks .....	74	49	1	1	3	5	15
37-40 Weeks .....	2	2	–	–	–	–	–
41+ Weeks .....	–	–	–	–	–	–	–
Unknown .....	–	–	–	–	–	–	–
<b>Birthweight Between 1500-2499 grams by Gestation in Weeks</b>							
< 28 Weeks .....	–	–	–	–	–	–	–
28-36 Weeks .....	399	299	6	4	28	6	52
37-40 Weeks .....	209	156	5	1	15	2	29
41+ Weeks .....	3	2	–	–	1	–	–
Unknown .....	2	2	–	–	–	–	–
<b>Birthweight Greater than 2500 grams by Gestation in Weeks</b>							
< 28 Weeks .....	–	–	–	–	–	–	–
28-36 Weeks .....	426	326	5	2	27	9	57
37-40 Weeks .....	9,719	7,465	70	49	457	219	1,400
41+ Weeks .....	1,257	992	9	4	41	19	183
Unknown .....	29	22	–	–	1	1	5
<b>All Births</b>							
<b>Tobacco Use</b>							
Did not Smoke .....	10,661	8,064	77	51	554	201	1,662
Prior to Pregnancy <sup>1</sup> .....	221	189	4	2	1	9	15
During Pregnancy .....	1,199	1,037	13	9	12	50	69
Unknown .....	82	54	3	–	7	1	6
<b>Method of Delivery</b>							
Vaginal .....	8,461	6,561	68	40	355	178	1,210
VBAC <sup>2</sup> .....	202	134	2	–	17	4	45
Primary Cesarean .....	2,305	1,773	14	16	140	57	288
Repeat Cesarean .....	1,194	875	13	6	62	22	209
<b>Place of Birth</b>							
In Hospital .....	11,794	8,995	97	61	569	258	1,742
Out-of-Hospital .....	369	349	–	1	5	3	10
<b>Source of Payment</b>							
Medicaid/OHP <sup>3</sup> .....	3,923	2,446	46	33	92	109	1,173
Private Insurance .....	7,685	6,461	44	26	460	140	510
Self-Pay .....	348	296	1	–	11	2	37
Other Coverage .....	153	108	5	3	7	9	20
Unknown Mention .....	54	33	1	–	4	1	12
<b>Breastfed</b>							
Yes .....	8,369	6,414	62	34	389	189	1,237
No .....	745	551	15	11	45	17	101
Unknown .....	3,049	2,379	20	17	140	55	414

– 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.