

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

**Lake 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> .....	203	169	-	4	1	6	23
<b>Birthweight Less than 1500 grams by Gestation in Weeks</b>							
< 28 Weeks .....	-	-	-	-	-	-	-
28-36 Weeks .....	2	2	-	-	-	-	-
37-40 Weeks .....	-	-	-	-	-	-	-
41+ Weeks .....	-	-	-	-	-	-	-
Unknown .....	-	-	-	-	-	-	-
<b>Birthweight Between 1500-2499 grams by Gestation in Weeks</b>							
< 28 Weeks .....	-	-	-	-	-	-	-
28-36 Weeks .....	10	10	-	-	-	-	-
37-40 Weeks .....	5	4	-	-	-	-	1
41+ Weeks .....	-	-	-	-	-	-	-
Unknown .....	-	-	-	-	-	-	-
<b>Birthweight Greater than 2500 grams by Gestation in Weeks</b>							
< 28 Weeks .....	-	-	-	-	-	-	-
28-36 Weeks .....	8	8	-	-	-	-	-
37-40 Weeks .....	162	132	-	3	1	5	21
41+ Weeks .....	15	12	-	1	-	1	1
Unknown .....	1	1	-	-	-	-	-
<b>All Births</b>							
<b>Tobacco Use</b>							
Did not Smoke .....	154	126	-	4	1	5	18
Prior to Pregnancy <sup>1</sup> .....	6	6	-	-	-	-	-
During Pregnancy .....	41	35	-	-	-	1	5
Unknown .....	2	2	-	-	-	-	-
<b>Method of Delivery</b>							
Vaginal .....	145	118	-	2	1	6	18
VBAC <sup>2</sup> .....	-	-	-	-	-	-	-
Primary Cesarean .....	42	38	-	1	-	-	3
Repeat Cesarean .....	16	13	-	1	-	-	2
<b>Place of Birth</b>							
In Hospital .....	200	166	-	4	1	6	23
Out-of-Hospital .....	3	3	-	-	-	-	-
<b>Source of Payment</b>							
Medicaid/OHP <sup>3</sup> .....	91	70	-	1	-	4	16
Private Insurance .....	106	95	-	3	1	2	5
Self-Pay .....	5	3	-	-	-	-	2
Other Coverage .....	1	1	-	-	-	-	-
Unknown Mention .....	-	-	-	-	-	-	-
<b>Breastfed</b>							
Yes .....	159	133	-	2	-	5	19
No .....	25	19	-	2	1	1	2
Unknown .....	19	17	-	-	-	-	2

- 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.