

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

**Marion 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> .....	14,219	7,605	98	114	506	263	5,617
<b>Birthweight Less than 1500 grams by Gestation in Weeks</b>							
< 28 Weeks .....	60	25	1	–	2	1	31
28-36 Weeks .....	73	41	–	–	4	–	28
37-40 Weeks .....	1	–	–	1	–	–	–
41+ Weeks .....	–	–	–	–	–	–	–
Unknown .....	2	1	–	–	–	–	–
<b>Birthweight Between 1500-2499 grams by Gestation in Weeks</b>							
< 28 Weeks .....	1	–	–	–	–	–	1
28-36 Weeks .....	427	208	4	4	21	12	178
37-40 Weeks .....	242	121	4	3	15	5	94
41+ Weeks .....	11	5	–	–	1	1	4
Unknown .....	2	–	–	–	–	–	2
<b>Birthweight Greater than 2500 grams by Gestation in Weeks</b>							
< 28 Weeks .....	–	–	–	–	–	–	–
28-36 Weeks .....	461	250	1	6	20	7	176
37-40 Weeks .....	10,925	5,803	81	86	383	189	4,372
41+ Weeks .....	2,002	1,146	7	13	59	47	727
Unknown .....	12	5	–	1	1	1	4
<b>All Births</b>							
<b>Tobacco Use</b>							
Did not Smoke .....	12,182	6,006	80	78	472	179	5,355
Prior to Pregnancy <sup>1</sup> .....	353	260	4	7	6	13	62
During Pregnancy .....	1,627	1,305	14	29	25	70	184
Unknown .....	57	34	–	–	3	1	16
<b>Method of Delivery</b>							
Vaginal .....	10,190	5,431	62	81	332	174	4,099
VBAC <sup>2</sup> .....	223	96	1	1	5	2	117
Primary Cesarean .....	2,105	1,219	17	13	88	63	703
Repeat Cesarean .....	1,700	858	18	19	81	24	698
<b>Place of Birth</b>							
In Hospital .....	13,944	7,369	98	113	505	261	5,584
Out-of-Hospital .....	275	236	–	1	1	2	33
<b>Source of Payment</b>							
Medicaid/OHP <sup>3</sup> .....	7,943	3,094	73	76	248	154	4,289
Private Insurance .....	5,752	4,269	19	33	232	104	1,090
Self-Pay .....	437	186	5	3	22	2	217
Other Coverage .....	64	45	1	2	3	3	10
Unknown Mention .....	23	11	–	–	1	–	11
<b>Breastfed</b>							
Yes .....	11,472	6,216	69	80	371	207	4,518
No .....	1,905	944	26	31	100	43	760
Unknown .....	842	445	3	3	35	13	339

– 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.