

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

**Wheeler 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> .....	42	36	-	1	-	-	5
<b>Birthweight Less than 1500 grams by Gestation in Weeks</b>							
< 28 Weeks .....	-	-	-	-	-	-	-
28-36 Weeks .....	-	-	-	-	-	-	-
37-40 Weeks .....	-	-	-	-	-	-	-
41+ Weeks .....	-	-	-	-	-	-	-
Unknown .....	-	-	-	-	-	-	-
<b>Birthweight Between 1500-2499 grams by Gestation in Weeks</b>							
< 28 Weeks .....	-	-	-	-	-	-	-
28-36 Weeks .....	1	1	-	-	-	-	-
37-40 Weeks .....	2	2	-	-	-	-	-
41+ Weeks .....	-	-	-	-	-	-	-
Unknown .....	-	-	-	-	-	-	-
<b>Birthweight Greater than 2500 grams by Gestation in Weeks</b>							
< 28 Weeks .....	-	-	-	-	-	-	-
28-36 Weeks .....	2	2	-	-	-	-	-
37-40 Weeks .....	35	29	-	1	-	-	5
41+ Weeks .....	2	2	-	-	-	-	-
Unknown .....	-	-	-	-	-	-	-
<b>All Births</b>							
<b>Tobacco Use</b>							
Did not Smoke .....	35	29	-	1	-	-	5
Prior to Pregnancy <sup>1</sup> .....	-	-	-	-	-	-	-
During Pregnancy .....	5	5	-	-	-	-	-
Unknown .....	2	2	-	-	-	-	-
<b>Method of Delivery</b>							
Vaginal .....	27	24	-	1	-	-	2
VBAC <sup>2</sup> .....	1	-	-	-	-	-	1
Primary Cesarean .....	11	9	-	-	-	-	2
Repeat Cesarean .....	3	3	-	-	-	-	-
<b>Place of Birth</b>							
In Hospital .....	36	31	-	1	-	-	4
Out-of-Hospital .....	6	5	-	-	-	-	1
<b>Source of Payment</b>							
Medicaid/OHP <sup>3</sup> .....	20	15	-	1	-	-	4
Private Insurance .....	17	16	-	-	-	-	1
Self-Pay .....	4	4	-	-	-	-	-
Other Coverage .....	-	-	-	-	-	-	-
Unknown Mention .....	1	1	-	-	-	-	-
<b>Breastfed</b>							
Yes .....	35	29	-	1	-	-	5
No .....	1	1	-	-	-	-	-
Unknown .....	6	6	-	-	-	-	-

- 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.