

**Medical and health characteristics of birth by race/ethnicity, Oregon residents,  
2010-2012**

**Harney County**

| Selected medical or health characteristics                       | Total | Non-Hispanic single mention race |       |                        |       |                        |               |                  | Hispanic |
|--|-------|----------------------------------|-------|------------------------|-------|------------------------|---------------|------------------|----------|
|  |       | White                            | Black | AI/<br>AN <sup>1</sup> | Asian | NH/<br>PI <sup>2</sup> | Other/<br>unk | Multiple<br>race |          |
| <b>Total Births</b> .....  | 228   | 195                              | -     | 13                     | -     | 1                      | 1             | 2                | 13       |
| <b>Birthweight less than 1500 grams by gestation in weeks</b>    |       |                                  |       |                        |       |                        |               |                  |          |
| < 28 weeks .....   | -     | -                                | -     | -                      | -     | -                      | -             | -                | -        |
| 28-36 weeks .....  | 1     | 1                                | -     | -                      | -     | -                      | -             | -                | -        |
| 37-40 weeks .....  | -     | -                                | -     | -                      | -     | -                      | -             | -                | -        |
| 41+ weeks .....  | -     | -                                | -     | -                      | -     | -                      | -             | -                | -        |
| Unknown .....  | -     | -                                | -     | -                      | -     | -                      | -             | -                | -        |
| <b>Birthweight between 1500-2499 grams by gestation in weeks</b> |       |                                  |       |                        |       |                        |               |                  |          |
| < 28 weeks .....   | -     | -                                | -     | -                      | -     | -                      | -             | -                | -        |
| 28-36 weeks .....  | 9     | 7                                | -     | 1                      | -     | -                      | -             | -                | 1        |
| 37-40 weeks .....  | 8     | 8                                | -     | -                      | -     | -                      | -             | -                | -        |
| 41+ weeks .....  | -     | -                                | -     | -                      | -     | -                      | -             | -                | -        |
| Unknown .....  | -     | -                                | -     | -                      | -     | -                      | -             | -                | -        |
| <b>Birthweight greater than 2500 grams by gestation in weeks</b> |       |                                  |       |                        |       |                        |               |                  |          |
| < 28 weeks .....   | -     | -                                | -     | -                      | -     | -                      | -             | -                | -        |
| 28-36 weeks .....  | 10    | 7                                | -     | 1                      | -     | -                      | -             | 1                | 1        |
| 37-40 weeks .....  | 162   | 142                              | -     | 8                      | -     | 1                      | 1             | 1                | 6        |
| 41+ weeks .....  | 35    | 28                               | -     | 2                      | -     | -                      | -             | -                | 5        |
| Unknown .....  | 3     | 2                                | -     | 1                      | -     | -                      | -             | -                | -        |
| <b>All births</b>  |       |                                  |       |                        |       |                        |               |                  |          |
| <b>Tobacco use</b>   |       |                                  |       |                        |       |                        |               |                  |          |
| Didn't smoke .....   | 177   | 152                              | -     | 9                      | -     | 1                      | 1             | -                | 12       |
| Prior to pregnancy <sup>3</sup> .....                            | 5     | 3                                | -     | 2                      | -     | -                      | -             | -                | -        |
| During pregnancy ..  | 45    | 40                               | -     | 2                      | -     | -                      | -             | 1                | 1        |
| Unknown .....  | 1     | -                                | -     | -                      | -     | -                      | -             | 1                | -        |
| <b>Method of delivery</b>  |       |                                  |       |                        |       |                        |               |                  |          |
| Vaginal .....  | 132   | 110                              | -     | 7                      | -     | 1                      | 1             | 1                | 9        |
| VBAC <sup>4</sup> .....  | 1     | 1                                | -     | -                      | -     | -                      | -             | -                | -        |
| Primary cesarean ..  | 61    | 55                               | -     | 4                      | -     | -                      | -             | -                | 2        |
| Repeat cesarean ...  | 34    | 29                               | -     | 2                      | -     | -                      | -             | 1                | 2        |
| <b>Place of birth</b>  |       |                                  |       |                        |       |                        |               |                  |          |
| In hospital .....  | 221   | 191                              | -     | 12                     | -     | 1                      | 1             | 2                | 11       |
| Out-of-hospital .....  | 7     | 4                                | -     | 1                      | -     | -                      | -             | -                | 2        |
| <b>Source of Payment</b>   |       |                                  |       |                        |       |                        |               |                  |          |
| Medicaid/OHP <sup>5</sup> .....                                  | 124   | 101                              | -     | 10                     | -     | 1                      | 1             | 1                | 8        |
| Private insurance ...  | 97    | 88                               | -     | 2                      | -     | -                      | -             | 1                | 5        |
| Self-pay .....   | 4     | 4                                | -     | -                      | -     | -                      | -             | -                | -        |
| Other coverage .....   | 3     | 2                                | -     | 1                      | -     | -                      | -             | -                | -        |
| Unknown mention ..   | -     | -                                | -     | -                      | -     | -                      | -             | -                | -        |
| <b>Breast fed</b>  |       |                                  |       |                        |       |                        |               |                  |          |
| Yes .....  | 205   | 180                              | -     | 9                      | -     | 1                      | 1             | 1                | 11       |
| No .....   | 8     | 5                                | -     | 2                      | -     | -                      | -             | -                | 1        |
| Unknown .....  | 15    | 10                               | -     | 2                      | -     | -                      | -             | 1                | 1        |

- Quantity is zero.  
<sup>1</sup> Includes American Indian and Alaskan Native.  
<sup>2</sup> Includes Native Hawaiian and Pacific Islander.  
<sup>3</sup> Smoking only during the three months prior to pregnancy.  
<sup>4</sup> Vaginal birth after a previous cesarean section.  
<sup>5</sup> Oregon Health Plan.