Medical and health characteristics of birth by race/ethnicity, Oregon residents, 2014-2016

Gilliam County

Non-Hispanic single mention race or health characteristics						· ,					
Characteristics	Selected medical	Total	Non-Hispanic single mention race								
See See	or health		White	Black		Asian				Hispanic	
28 weeks	Total births	53	43	_	_	-	1	_	4	5	
28-36 weeks	Birthweight less than 1500 grams by gestation in weeks										
37-40 weeks		_	_	_	_	_	_	_	_	_	
Sirthweight between 1500-2499 grams by gestation in weeks Sirthweight between 1500-2499 grams by gestation in weeks Sirthweight greater than 2500 grams by gestation in weeks Sirt		_	_	_	_	_	_	_	_	_	
Sirthweight between 1500-2499 grams by gestation in weeks		_	_	_	_	_	_	_	_	_	
28 weeks		_	_	_	_	_	_	_	_	_	
28-36 weeks	Birthweight between 1500-2499 grams by gestation in weeks										
28-36 weeks	< 28 weeks	_	_	_	_	_	_	_	_	_	
37-40 weeks		6	6	_	_	_	_	_	_	_	
Sirthweight greater than 2500 grams by gestation in weeks Sirthweight greater than 2500 grams by gestation in weeks Sirthweight greater than 2500 grams by gestation in weeks Sirthweeks	37-40 weeks		_	_	_	_	_	_	1	_	
Sirthweight greater than 2500 grams by gestation in weeks		_	_	_	_	_	_	_	_	_	
Vaginal	Unknown		_	_	_	_	_	_	_	_	
28-36 weeks	Birthweight greater than 2500 grams by gestation in weeks										
37-40 weeks 37 30 - - 1 - 2 4 41 + weeks 7 6 - - - - 1 - 2 4 41 + weeks 7 6 - - - - - - - - -		_	_	_	_	_	_	_	_	_	
All births Tobacco use Didn't smoke 43 35 - - - - - - 1 - 3 4		-	_	_	_	_	_	_	_	1	
Tobacco use Didn't smoke 43 35 -					_	_	1	_		4	
Tobacco use		/	6	_	_		_		1	_	
Tobacco use Didn't smoke 43 35 - - 1 - 3 4 Prior to pregnancy³ 3 2 - - - - 1 - 3 4 Prior to pregnancy³ 3 2 - - - - - 1 1 - - - - 1 1 - - - - - 1 1 -	UNKNOWN		_	_	_	_	_	_		_	
Didn't smoke	All births										
Prior to pregnancy3 During pregnancy During pregnancy To be pregnancy .											
During pregnancy 7 6 -				_	_	_	1	_	3	4	
Unknown - </td <td>Prior to pregnancy</td> <td></td> <td></td> <td>_</td> <td>_</td> <td>_</td> <td>_</td> <td>_</td> <td>_</td> <td>1</td>	Prior to pregnancy			_	_	_	_	_	_	1	
Method of delivery Vaginal 30 25 - - 1 - 2 2 VBAC4 1 1 - <td< td=""><td></td><td></td><td>0</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>			0								
Vaginal 30 25 - - - 1 -			_	_			_	_		_	
VBAC4 1 1 - <td></td> <td>30</td> <td>25</td> <td>_</td> <td>_</td> <td>_</td> <td>1</td> <td>_</td> <td>2</td> <td>2</td>		30	25	_	_	_	1	_	2	2	
Repeat cesarean 13 10 - - - - - - 3	VBĂC ⁴	1		_	_	_	_	_	_	_	
Place of birth In hospital 53 43 - - - 1 - 4 5 Out-of-hospital -				_	_	_	_	_	2	_	
In hospital		13	10	_	_	_	_	_	_	3	
Out-of-hospital - <		50	40						4	_	
Source of Payment Medicaid/OHP5 23 19 - - - - - - 2 2 2 2 2 2 2 2 2 2 2 2 2 2 1 - <t< td=""><td>Out of bospital</td><td>53</td><td>43</td><td>_</td><td>_</td><td>_</td><td>1</td><td>_</td><td>4</td><td>5</td></t<>	Out of bospital	53	43	_	_	_	1	_	4	5	
Medicaid/OHP ⁵ 23 19 - - - - - - 2 2 Private insurance 27 22 - - - 1 1 3 Self-pay 2 1 - - - - - 1 - Other coverage 1 1 -	Source of Payment	_	_	_	_	_	_	_	_	_	
Private insurance 27 22 - - - 1 - 1 3 Self-pay 2 1 - - - - - 1 - Other coverage 1 1 - - - - - - - Unknown mention - - - - - - - - - Breast fed Yes	Medicaid/OHP ⁵	23	19	_	_	_	_	_	2	2	
Self-pay 2 1 - - - - 1 -<				_	_	_	1	_			
Other coverage 1 1 -	Self-pay			_	_	_	_	_	1	_	
Breast fed Yes 45 39 - - - - 1 - 1 4 No 7 4 - - - - - - 3 -	Other coverage	1	1	_	_	_	_	_	_	_	
Yes		_	_	-	_	_	_	_	_	_	
No 7 4 - - - 3 -		<i>A</i> F	20				4		A	,	
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Quantity is zero.
 Includes American Indian and Alaskan Native.
 Includes Native Hawaiian and Pacific Islander.
 Smoking only during the three months prior to pregnancy.
 Vaginal birth after a previous cesarean section.
 Oregon Health Plan.