

# Babies in Crisis

## 2004 Ventura County Summary of Premature and Low Birthweight Babies

Ventura County



Public Health

In 2004, there were 11,949 births in Ventura County. Of these, 1,504 or 12.6% were born premature. This is higher than California state's 2003 prematurity statistics. The state had 52,881 premature births, representing 10.5% of live births <sup>(1)</sup>.

### Babies Born Too Soon and Too Small

- Premature babies are born at <37 weeks gestational age, and very premature babies are born at <32 weeks <sup>(2)</sup>.
- Babies born prematurely made up the majority of underweight babies. In 2004, 96.7% of the very low birthweight babies, and 69.8% of the low birthweight babies were premature.

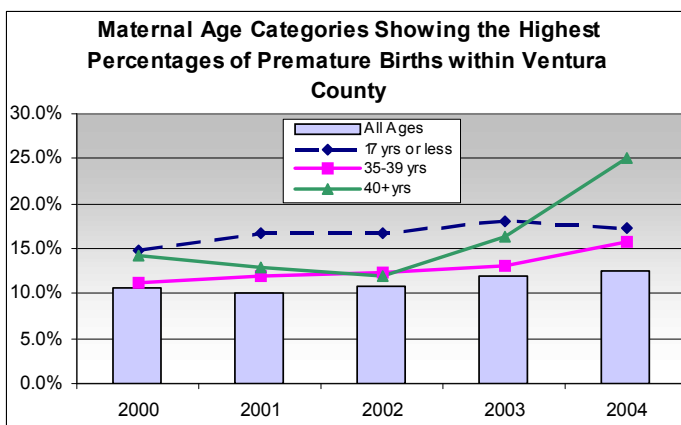
- In 2004, within the group of 1,504 babies born premature, 216 babies were born very premature.

Birth Weight Group (2004)	Premature Births	Births per Weight Group	% Prematurity
Very Low (<1500 g)	148	153	96.7%
Low (1500 to 2499 g)	477	683	69.8%
Normal (2500+ g)	879	11113	7.9%
Total	1,504	11949	12.6%

### Demographic Characteristics for Premature Births

- Between 2000 and 2004 the rate of infants born premature in Ventura County increased from 10.7% to 12.6%. The majority of this increase is due to the increased rate of premature births among women aged 35+.
- All age groups did not meet the Healthy People 2010 goal of 7.6% for % premature births.

- The table below shows the 2004 top 10 cities in Ventura County in terms of having the highest % of premature babies per total city births. Although Oxnard ranks third on the city list, it accounts for the largest amount of premature births given its large population.



Cities (2004)	Premature Births	Births per City	% Prematurity
Oak Park	21	105	20.0%
Westlake Village	29	199	14.6%
Oxnard	595	4306	13.8%
Ojai	25	186	13.4%
Moorpark	61	486	12.6%
Ventura	179	1428	12.5%
Thousand Oaks	112	928	12.1%
Port Hueneme	53	440	12.0%
Camarillo	92	780	11.8%
Santa Paula	70	594	11.8%

- In 2003-2004, the following % prematurities were seen in the Ventura County's ethnic groups: Black (16.1%), Asian (12.9%), Hispanic (12.5%) and White (11.2%). The small number of American Indian births in the county yielded highly varying and unreliable percentages and therefore are not listed.
- Although they do not represent the highest % prematurities, the ethnic groups representing the highest rate increases from 2000 to 2004 are White (2.9 per 100 births) and Asian (2.7 per 100 births).

## Susceptible Populations for Prematurity

- The risk of prematurity in women who receive no prenatal care can be seen in the 2003-2004 data. 45.2% of the births with no prenatal care were premature. In contrast, only 11.8% of the births where the mother received prenatal care in the first trimester were premature.
- In 2003-2004, 10.4 % of singleton births were premature. 63% of the twin births and 100% of the triplet and quadruplet births were premature.

Trimester entry into prenatal care (2003-2004)	Premature Babies	Births per Trimester entry	% Prematurity
No PNC	47	104	45.2%
3rd	71	451	15.7%
2nd	288	1882	15.3%
1st	2535	21495	11.8%
Total	2941	23932	12.3%



## Associated Risk Factors for Premature Labor and Birth

- While the specific causes of spontaneous premature labor and delivery are largely unknown, research indicates they are likely due to a complex interplay of multiple risk factors as opposed to any single isolated risk factor. Approximately three quarters of all premature births occur spontaneously, and the remainder result from medical intervention to deliver the baby early due to maternal or fetal conditions<sup>(3)</sup>.
- The most consistently identified risk factors include a history of premature birth, current multi-fetal pregnancy and some uterine and/or cervical abnormalities<sup>(4)</sup>.
- Other possible risk factors include: infection (especially genito-urinary), diabetes mellitus, hypertension, late or no prenatal care, smoking, alcohol and illicit drug use.
- While being obese does not directly cause premature birth, it does increase rates of medical complications (e.g. hypertension, diabetes) that do contribute to premature birth. In California 20.1% of women of childbearing age were obese in 2003<sup>(5)</sup>.

**Data Sources:** California Automated Vital Statistics System (AVSS), Epi-BC, Ventura County Public Health, Health Data and Statistics Group.

### References:

1. National Center for Health Statistic, final natality data.
2. Peristats website (March of Dimes). Born Too Soon and Too Small in California. Accessed 12/28/05. Updated 11/2005. Available at: [www.marchofdimes.com/peristats](http://www.marchofdimes.com/peristats)
3. Iams JD. The epidemiology of preterm birth. Clin Perinatol. 2003;30:651-654.
4. Risk factors compiled by March of Dimes available at [www.marchofdimes.com/prematurity/riskfactors](http://www.marchofdimes.com/prematurity/riskfactors)
5. Behavioral Risk Factor Surveillance System, Centers for Disease control and Prevention.

For more information contact: Diana Grill by email at [health.data@ventura.org](mailto:health.data@ventura.org) or phone at 805-981-5101.