

MATERNAL AND INFANT

HEALTH REPORT - Prince George's County Health Department



2019 MATERNAL AND INFANT HEALTH REPORT

Prince George's County Health Department

Prepared by the Office of Assessment and Planning



**HEALTH
DEPARTMENT**
Prince George's County



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INTRODUCTION

The Prince George's County Maternal and Infant Health Report describes the health and well-being of reproductive-age women and infants in Prince George's County, Maryland. The goal of this report is to provide and highlight data that can be used to monitor maternal and infant outcomes, as well as inform related programs and interventions in Prince George's County. This document is intended to be used by public health professionals, partners, community members and the general public.

Many of the health topics included in this report are updates to the [2015 Maternal and Infant Health Report](#), so that trends over time may be directly compared. Included for the first time in 2019 are data related to maternal mortality.

Additional health reports for Prince George's County are available at: health.mypgc.us/data.

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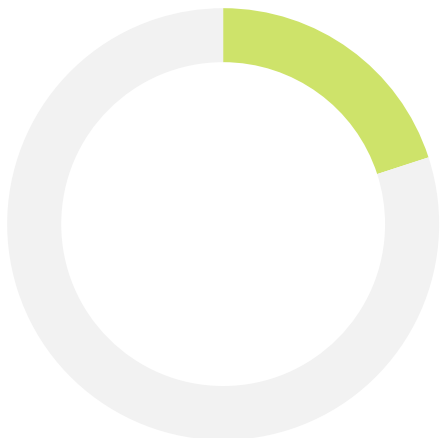


I. KEY FINDINGS

Women of childbearing age (15-44 years) comprise nearly **21%** of county residents.



Mothers ages 35 and over represented **22%** of births in 2017, an increase from 17% in 2010.



Key social determinants of health continue to show disparity for women of childbearing age:

- Women in the county are less likely to have a college degree compared to other areas of the National Capital Region and the state of Maryland.
- One in five Hispanic women aged 25-44 years lives below poverty, much higher than Black, non-Hispanic and White, non-Hispanic women of the same age group.
- Areas of poverty are concentrated in ZIP codes closer to the District of Columbia.

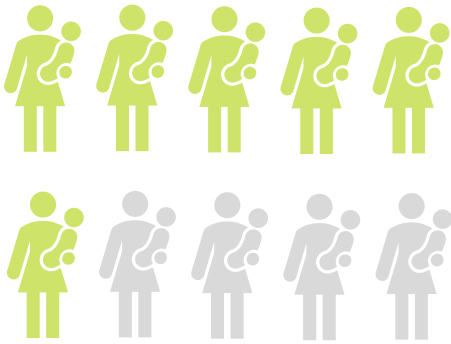
While the majority of births are to Black, non-Hispanic mothers in the county, births to Hispanic mothers are on the rise, comprising almost one-third of all births in 2017.

The teen birth rate (ages 15-19) declined by 20% from 24.2 in 2013 to a low of 19.3 in 2017. However, the rate among Hispanic teens (53.9) was significantly higher compared to Black, non-Hispanic (12.8) and White, non-Hispanic teens (4.7).

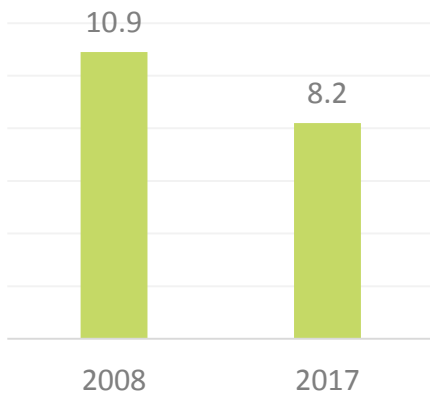
About one in ten births in the county are delivered pre-term. Black, non-Hispanic women were more likely to have preterm and low birth weight infants, compared to other races and ethnicities.



I. KEY FINDINGS



Six out of ten county mothers received adequate prenatal care in 2017. Hispanic mothers were less likely to receive adequate prenatal care compared to other races/ethnicities.



In the past 10 years, the infant mortality rate fell by **25%** in the county, from 10.9 deaths per 1,000 live births in 2008 to 8.2 in 2017.

Maternal risk factors have increased:

- **Obesity:** 29.4% of mothers in 2017 were obese prior to pregnancy (BMI \geq 30), an increase from 26.6% in 2013. Obesity steadily increased with maternal age; by race, non-Hispanic Black mothers were more likely to be obese (33.7%).
- **Diabetes:** 7.2% of mothers in 2017 had diabetes during pregnancy, an increase from 5.6% in 2013. Age is a factor with 11.7% of mothers ages 35-39 and 15.3% of mothers ages 40 and over having diabetes during pregnancy in 2017.
- **Hypertension:** 5.4% of mothers developed pregnancy-associated hypertension in 2017, an increase from 3.4% in 2013. 7.6% of mothers ages 35-39 developed hypertension, and 8.6% of mothers ages 40 and over in 2017.

Breastfeeding has increased in the county with 88.2% of newborns being breastfed when discharged from medical care in 2017, compared to 82.3% in 2013.

While the overall infant mortality rate has declined in the county, there are still disparities. In 2017, the infant mortality rate among Black, non-Hispanic infants (12.0 deaths per 1,000 live births) was more than double the rate among Hispanic infants (5.0 per 1,000 live births).

For 2008-2017, the pregnancy-related maternal mortality rate in the county (28.6 deaths per 100,000 live births) was higher than Maryland (26.9). Within the county, Black, non-Hispanic mothers had the highest rate of 37.4 maternal deaths per 100,000 births.



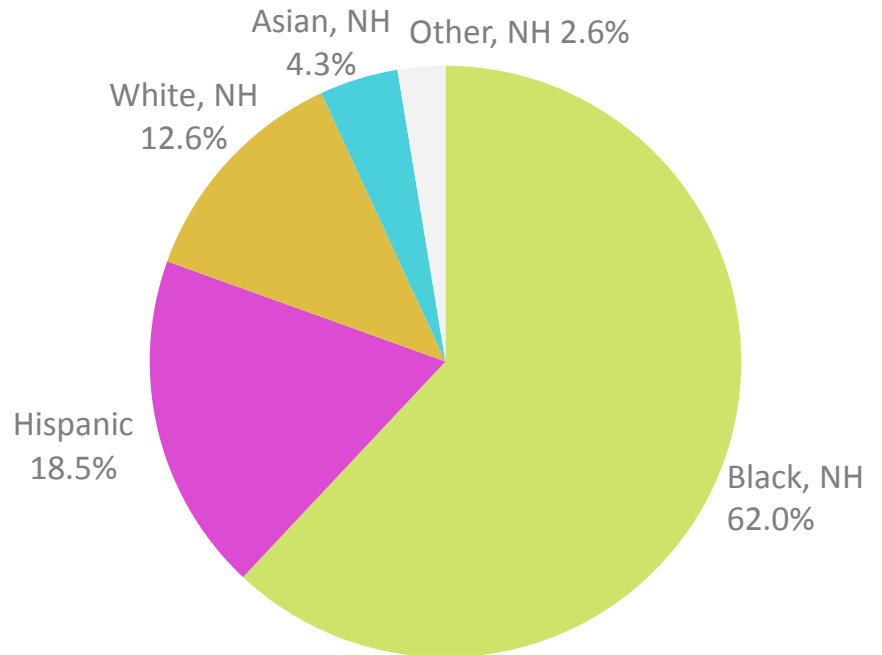
II. POPULATION CHARACTERISTICS



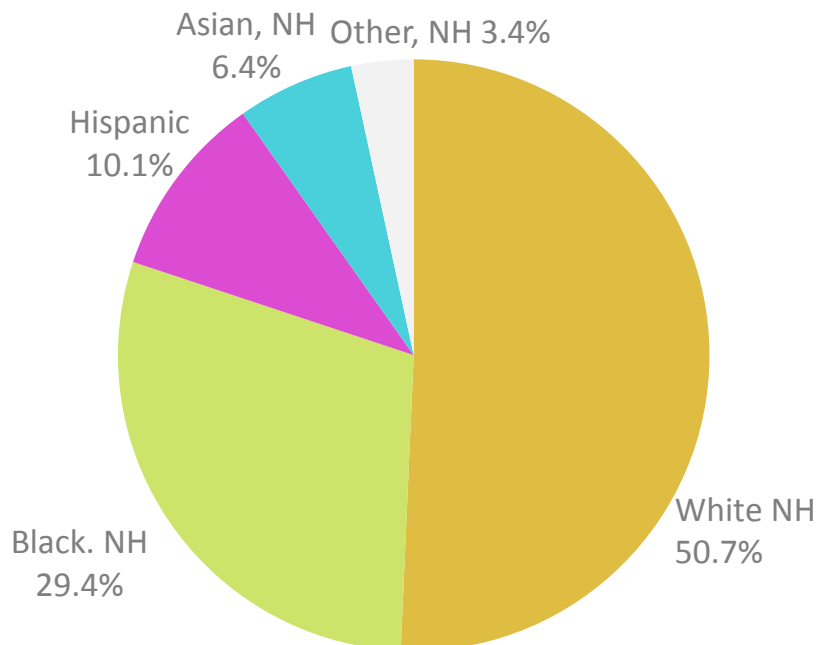
Overall, the demographics of Prince George's County differ from the state of Maryland. While Maryland has a majority White, non-Hispanic (NH) population, Prince George's County has a majority Black, NH population. Prince George's County also has a higher proportion of Hispanic residents than the state, a population that has grown by 68% within the county over the past decade.



PRINCE GEORGE'S COUNTY, MARYLAND



STATE OF MARYLAND

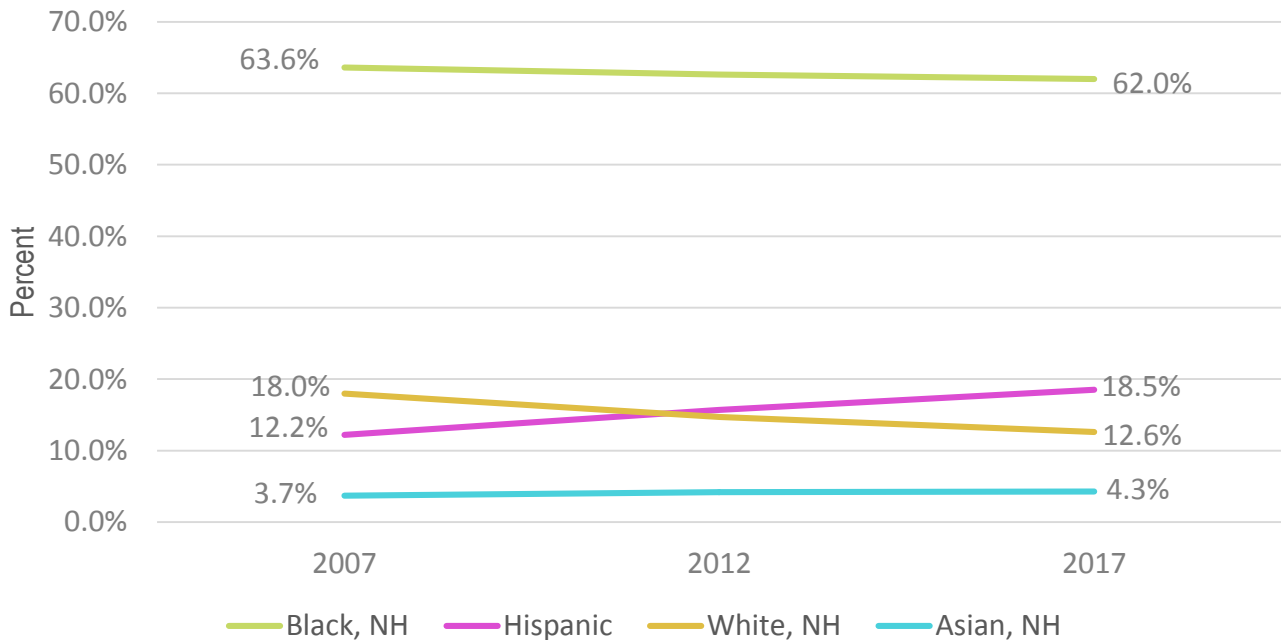


OVERALL POPULATION BY RACE AND ETHNICITY, PRINCE GEORGE'S COUNTY AND MARYLAND, 2017

	PRINCE GEORGE'S COUNTY		MARYLAND	
	Number	Percent	Number	Percent
TOTAL POPULATION	912,756		6,052,177	
RACE/ETHNICITY				
Black, non-Hispanic	566,032	62.0%	1,776,692	29.4%
Hispanic	169,039	18.5%	612,709	10.1%
White, non-Hispanic	115,126	12.6%	3,066,146	50.7%
Asian, non-Hispanic	38,838	4.3%	389,297	6.4%
Other	23,721	2.6%	207,333	3.4%

Source: 2017 American Community Survey 1-year Estimates, Table DP05

OVERALL POPULATION BY RACE AND ETHNICITY, PRINCE GEORGE'S COUNTY, 2007 - 2017



Source: 2017 American Community Survey 1-year Estimates, Table DP05



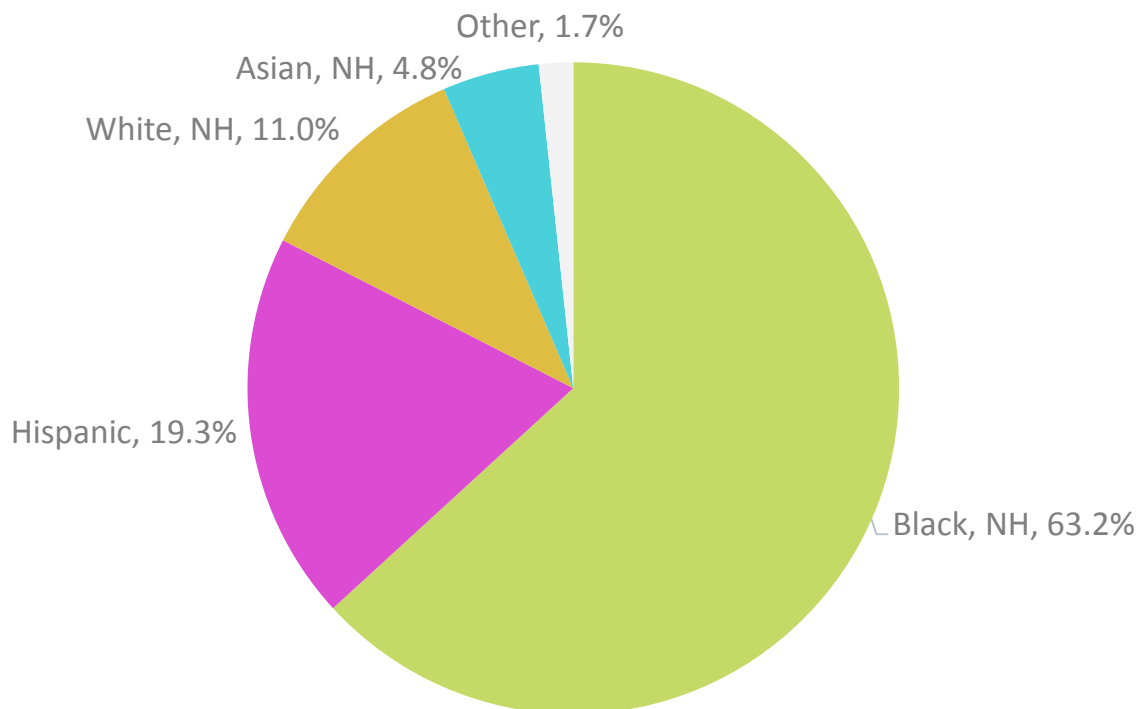
Demographics for women of childbearing age (15 to 44 years) are similar to the county's overall population, with Black, non-Hispanic (NH) as the majority, followed by Hispanic women, and then White, NH women. Women of childbearing age comprise **20.7%** of the county's total population.

WOMEN OF CHILDBEARING AGE (15-44 YEARS) BY RACE AND ETHNICITY, PRINCE GEORGE'S COUNTY, 2017

AGE	TOTAL FEMALES	BLACK, NON-HISPANIC	HISPANIC	WHITE, NON-HISPANIC	ASIAN, NON-HISPANIC
15 to 19 Years	28,987	17,094	5,695	3,603	1,398
20 to 24 Years	31,342	19,880	5,526	3,730	1,475
25 to 29 Years	33,885	22,121	5,940	3,995	1,783
30 to 34 Years	32,653	20,704	6,215	3,647	1,604
35 to 44 Years	62,334	39,774	13,052	5,764	2,769
TOTAL	189,201	119,573 (63.2%)	36,428 (19.3%)	20,739 (11.0%)	9,029 (4.8%)

Source: U.S. Census, American Community Survey, 2017 1-Year Estimates

WOMEN OF CHILDBEARING AGE (15-44 YEARS) BY RACE AND ETHNICITY, PRINCE GEORGE'S COUNTY, 2017



Source: U.S. Census, American Community Survey, 2017 1-Year Estimates

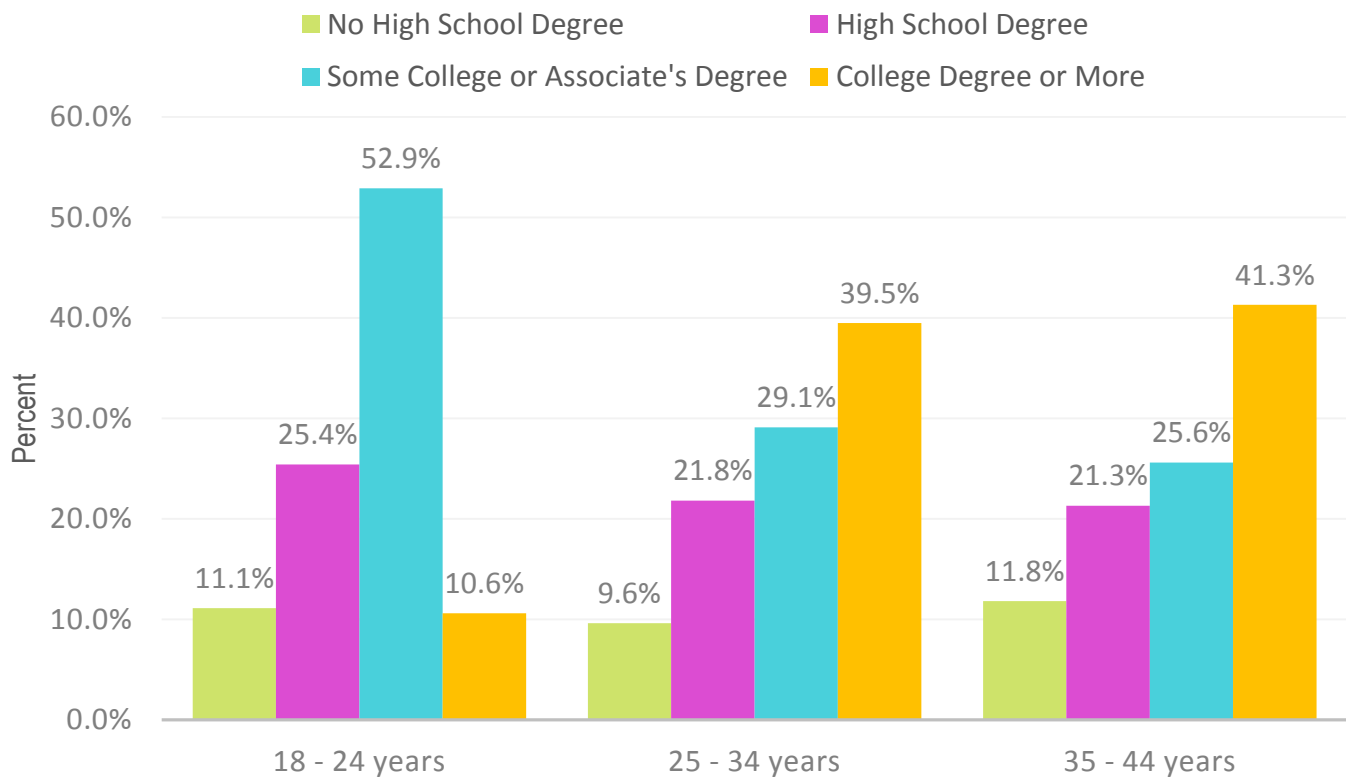


III. EDUCATION & POVERTY



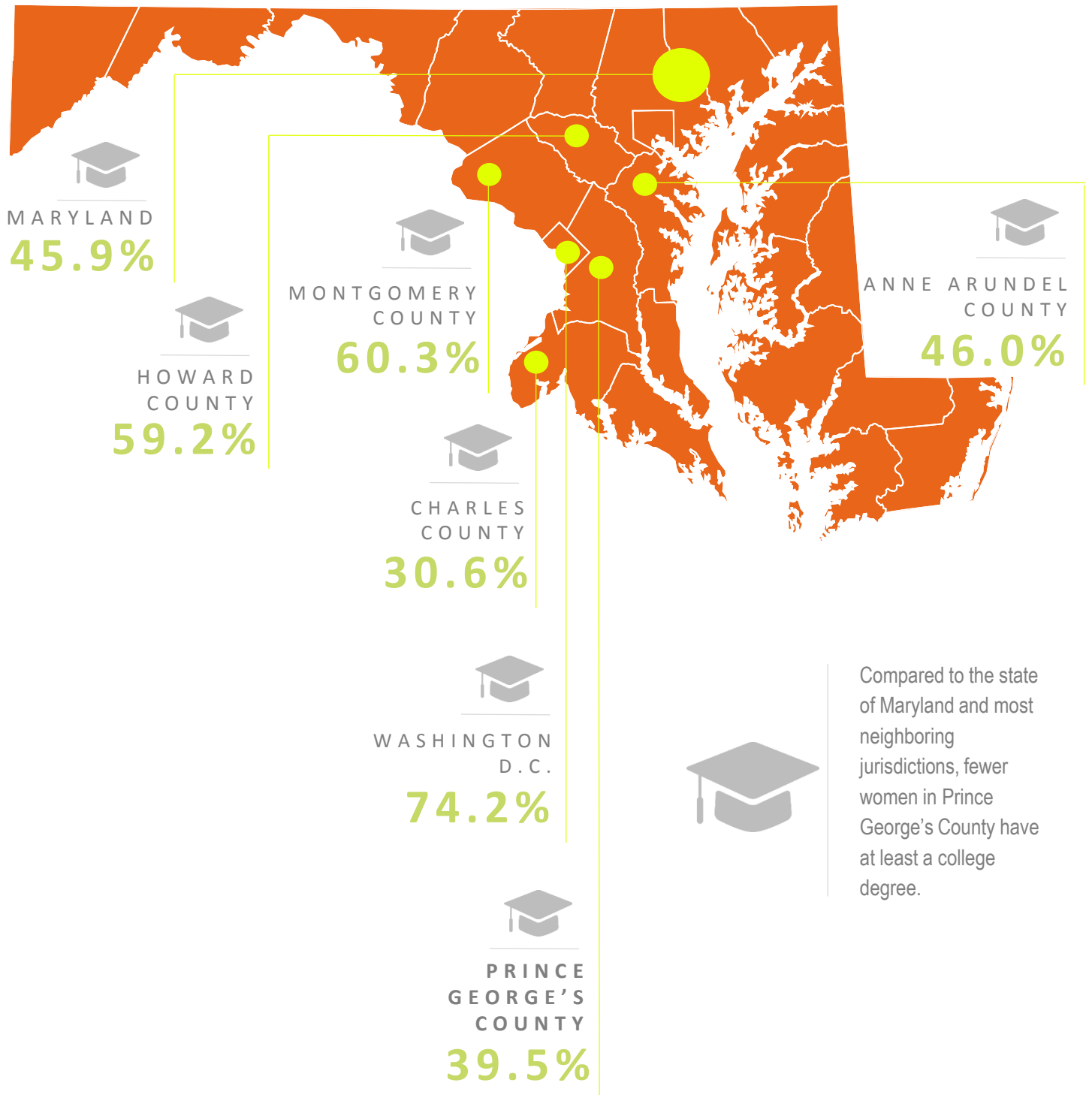
Maternal education and income are socioeconomic indicators related to the access of resources that can impact maternal and infant health outcomes. As of 2017, only one-third of women of childbearing age (18-44 years) have a college degree in the county (32.7%). This is considerably lower compared to the state (39.7%), and far lower than the neighboring jurisdictions of Montgomery County (51.7%) and Washington, D.C. (59.5%). One in ten (10.7%) women of childbearing age (18-44 years) in Prince George's County do not have a high school degree (including equivalency), almost double the proportion in Washington, D.C. (5.6%).

WOMEN WITH A COLLEGE DEGREE BY AGE GROUP, PRINCE GEORGE'S COUNTY, 2017



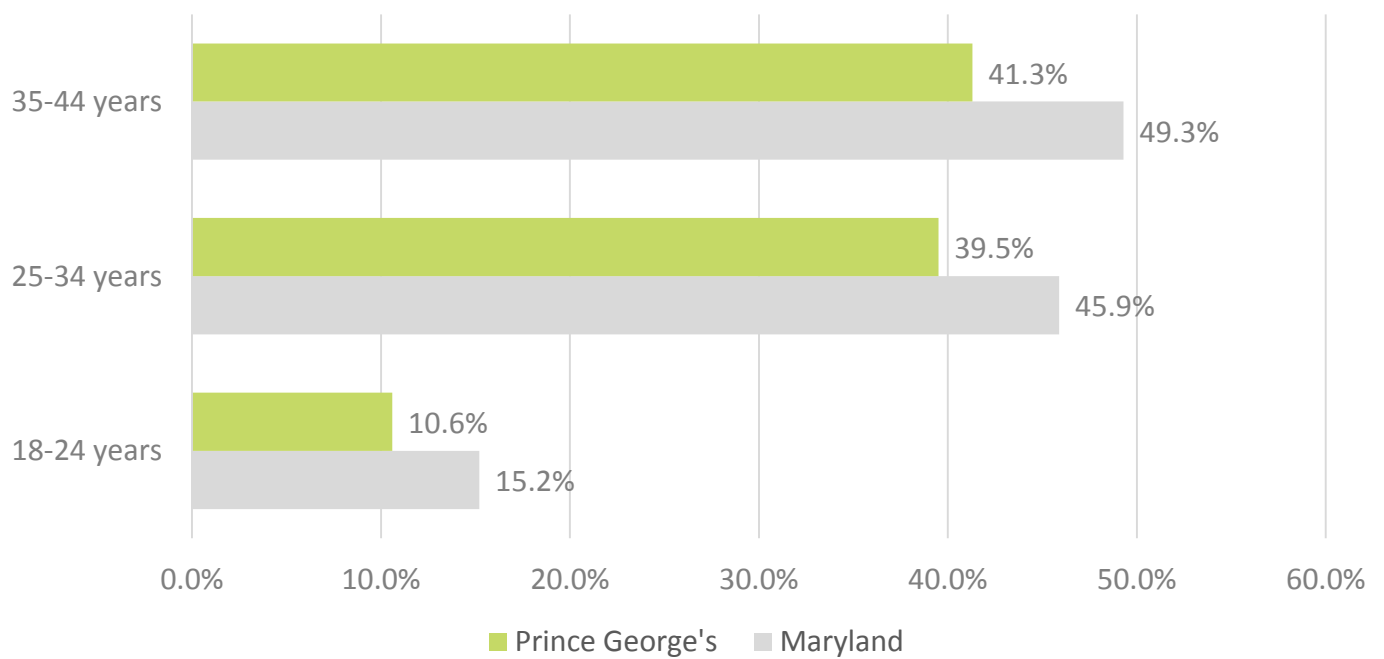
Source: 2017 American Community Survey 1-year Estimates, Table B15001

COMPARISON OF WOMEN AGES 25-34 YEARS WITH A COLLEGE DEGREE





WOMEN WITH AT LEAST A COLLEGE DEGREE, PRINCE GEORGE'S COUNTY AND MARYLAND, 2017

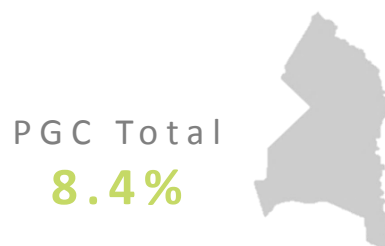
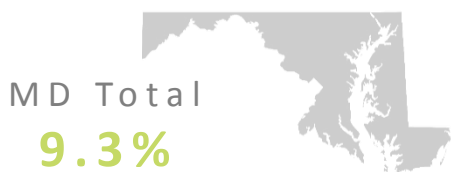
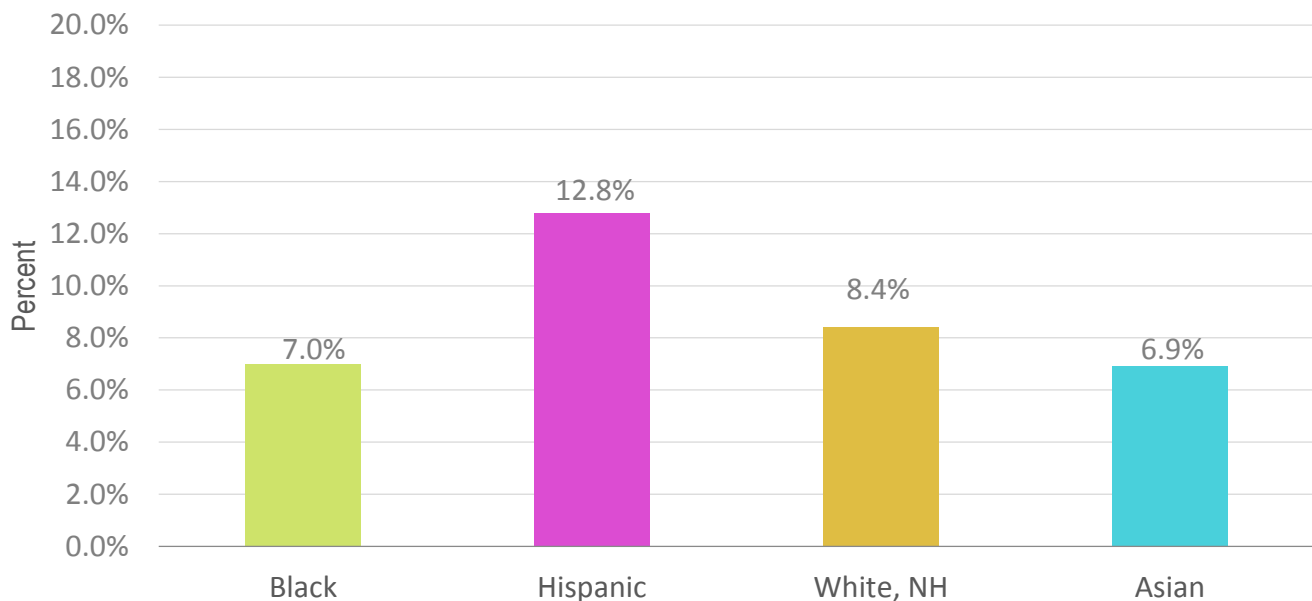




Poverty is another factor that can be associated with maternal and child health outcomes. Women living in poverty are more likely to lack adequate prenatal care, deliver prematurely and have less access to resources to care for their child after birth. Poverty contributes to both short-term health outcomes for infants, such as low birth weight and higher risk of infant mortality, as well as long-term developmental and behavioral outcomes. Children raised in impoverished households can face life-long consequences of health disparities.

The percentage of residents living in poverty decreased in 2017 to 8.4%, compared to 10.2% in 2014. However, poverty remained higher among Hispanic residents compared to other residents in 2017.

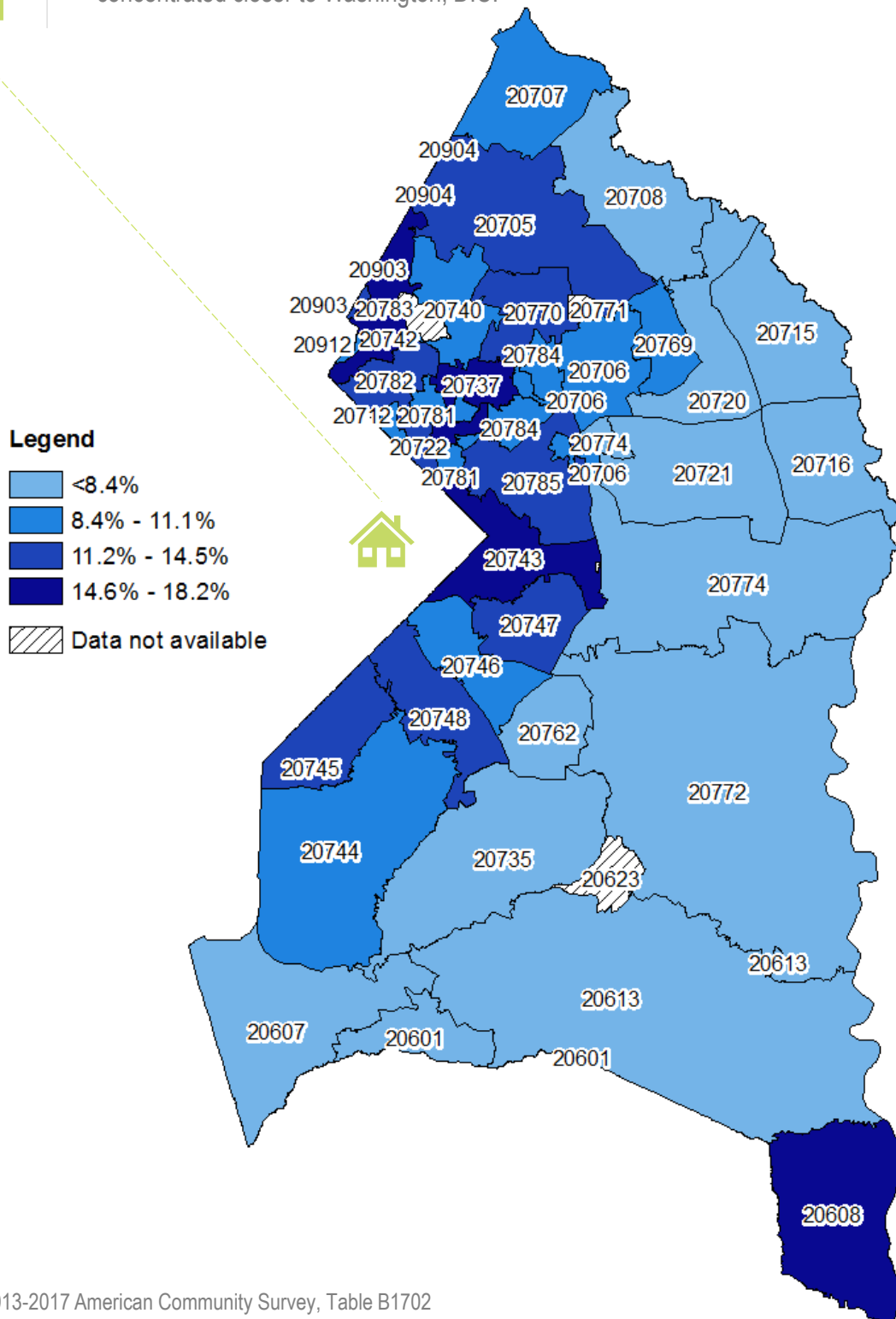
RESIDENTS LIVING IN POVERTY IN THE PAST 12 MONTHS BY RACE AND ETHNICITY, PRINCE GEORGE'S COUNTY, 2017



FAMILIES WITH CHILDREN UNDER 18 YEARS, LIVING IN POVERTY IN THE PAST 12 MONTHS BY ZIP CODE, PRINCE GEORGE'S COUNTY, 2013-2017

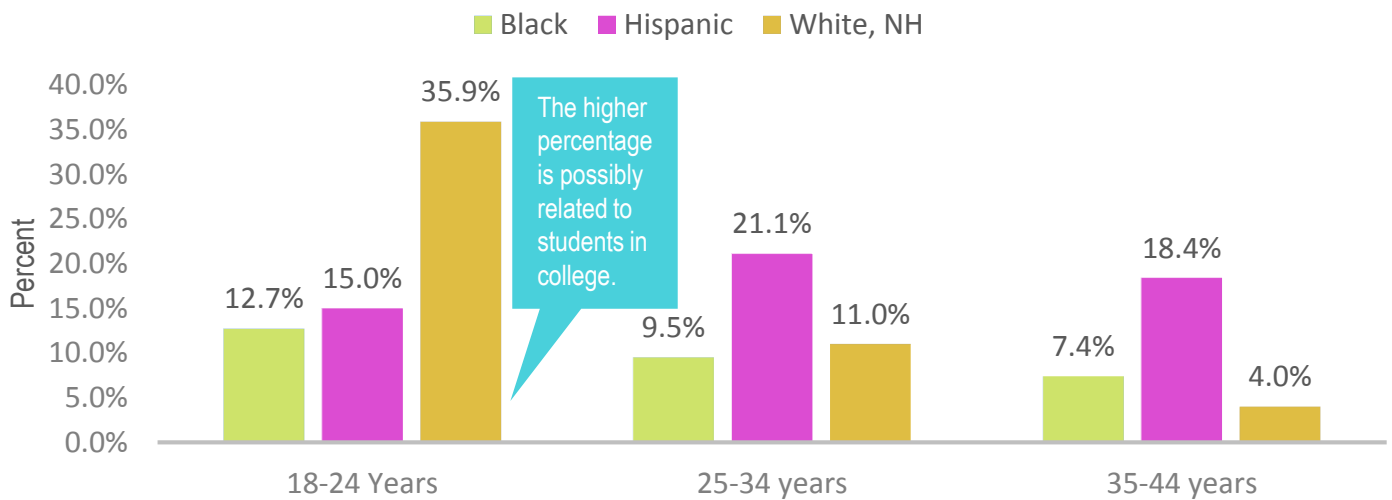


Families living in poverty in the county are largely concentrated closer to Washington, D.C.



Source: 2013-2017 American Community Survey, Table B1702

WOMEN LIVING IN POVERTY IN THE PAST 12 MONTHS BY AGE AND RACE/ETHNICITY, PRINCE GEORGE'S COUNTY, 2013-2017



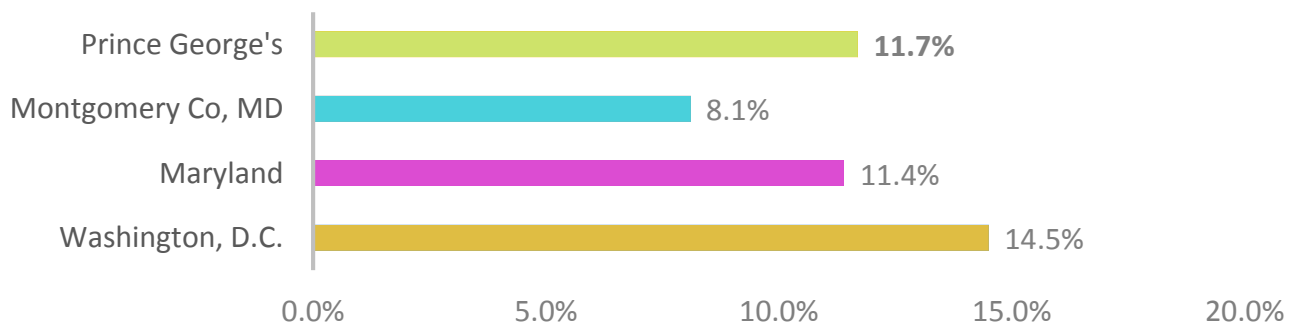
Source: 2013-2017 American Community Survey 5-year Estimates, Table B17001



Compared to poverty levels in 2013, poverty among Black women, 18-44 years, remained about the same across each of the age groups in 2017. Poverty among White, non-Hispanic women 18-44 years increased slightly across the three age groups. Poverty among Hispanic women 18-34 years decreased compared to 2013, while poverty among Hispanic women 35-44 years rose slightly in 2017.

For women ages 25-34, Prince George's has a poverty level similar to the state.

WOMEN AGES 25-34 YEARS BELOW THE POVERTY LEVEL IN PAST 12 MONTHS BY JURISDICTION, 2017



Source: 2017 American Community Survey 1-year Estimates, Table B17001

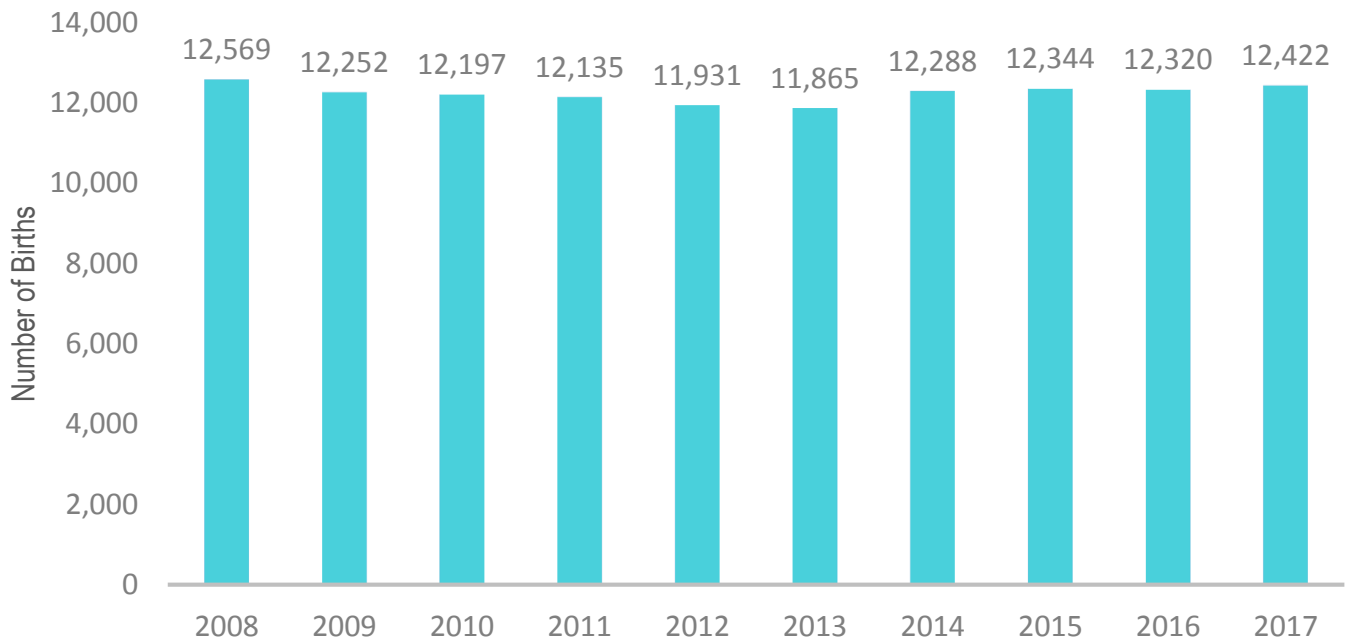


IV. BIRTHS



Births in Prince George’s County declined to a low in 2013 of 11,865 births, but have increased over the past five years. In 2017, there were 12,422 births in Prince George’s County, which represents 17% of all births in Maryland.

LIVE BIRTHS, PRINCE GEORGE’S COUNTY, 2008 - 2017



Source: MDH Vital Statistics Administration, Annual Report

LIVE BIRTHS, PRINCE GEORGE'S COUNTY, 2013 and 2017

What Is Counted?



- Births to county residents, even if the birth happens somewhere else
- Babies born alive



What Is Not Counted?

- Births that occur in the county, but who reside outside the county at the time of birth
- Stillbirths
- Babies who move to the county after birth

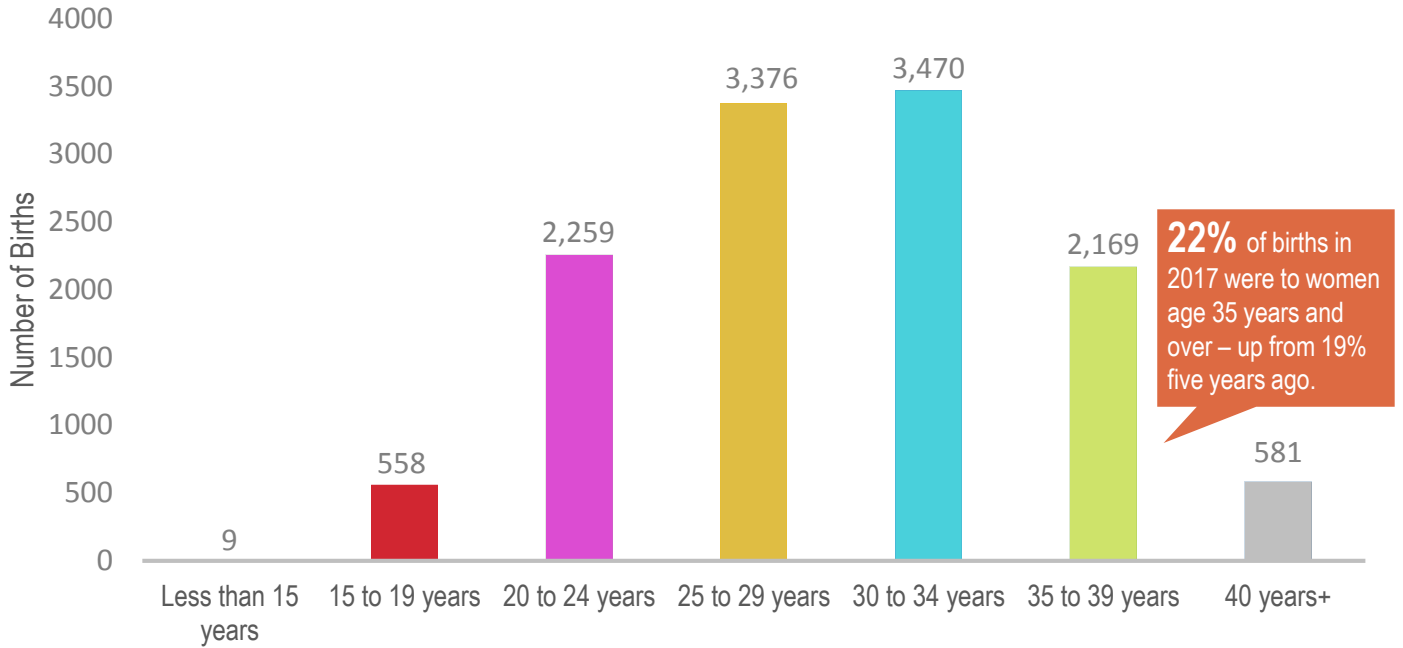
LIVE BIRTHS BY MATERNAL CHARACTERISTICS, PRINCE GEORGE'S COUNTY, 2013 AND 2017

	2013		2017	
	Number	Percent	Number	Percent
TOTAL BIRTHS	11,865	---	12,422	---
RACE/ETHNICITY				
Black, non-Hispanic (NH)	7,052	59.4%	6,805	54.8%
Hispanic	3,026	25.5%	3,819	30.7%
White, NH	1,184	10.0%	1,178	9.5%
Asian/Pacific Islander, NH	528	4.4%	528	4.3%
American Indian/Alaska Native, NH	30	0.3%	24	0.2%
Other, NH	45	0.4%	68	0.5%
AGE				
Less than 15 Years	10	0.1%	9	0.1%
15 to 19 Years	727	6.1%	558	4.5%
20 to 24 Years	2,398	20.2%	2,259	18.2%
25 to 29 Years	3,302	27.9%	3,376	27.1%
30 to 34 Years	3,131	26.4%	3,470	27.9%
35 to 39 Years	1,760	14.8%	2,169	17.5%
40 Years and over	537	4.5%	581	4.7%
MARITAL STATUS				
Not Married	6,004	50.6%	6,183	49.8%
Married	5,843	49.2%	6,212	50.0%
Missing	18	0.2%	27	0.2%
EDUCATION				
Less than High School	2,198	18.5%	2,334	18.8%
High School	2,540	21.4%	2,804	22.6%
More than High School	7,026	59.2%	7,186	57.8%
Missing	101	0.9%	98	0.8%
MEDICAID STATUS AT DELIVERY				
Not Medicaid	5,136	43.3%	4,036	42.4%
Medicaid	3,503	29.5%	5,263	32.5%
Missing	3,226	27.2%	3,123	25.1%
NATIVITY				
Native Born*	6,783	57.2%	6,625	53.3%
Foreign Born	4,865	41.0%	5,649	45.5%
Missing	217	1.8%	148	1.2%

Source: MDH Vital Statistics Administration, Annual Reports; Birth Data Analysis

*Native born includes mothers who were U.S. citizens at birth, including born in the United States or any of its territories

LIVE BIRTHS BY MATERNAL AGE, PRINCE GEORGE'S COUNTY, 2017



Source: MDH Vital Statistics Administration, Annual Report

LIVE BIRTHS BY MATERNAL AGE, AND RACE/ETHNICITY, PRINCE GEORGE'S COUNTY, 2017

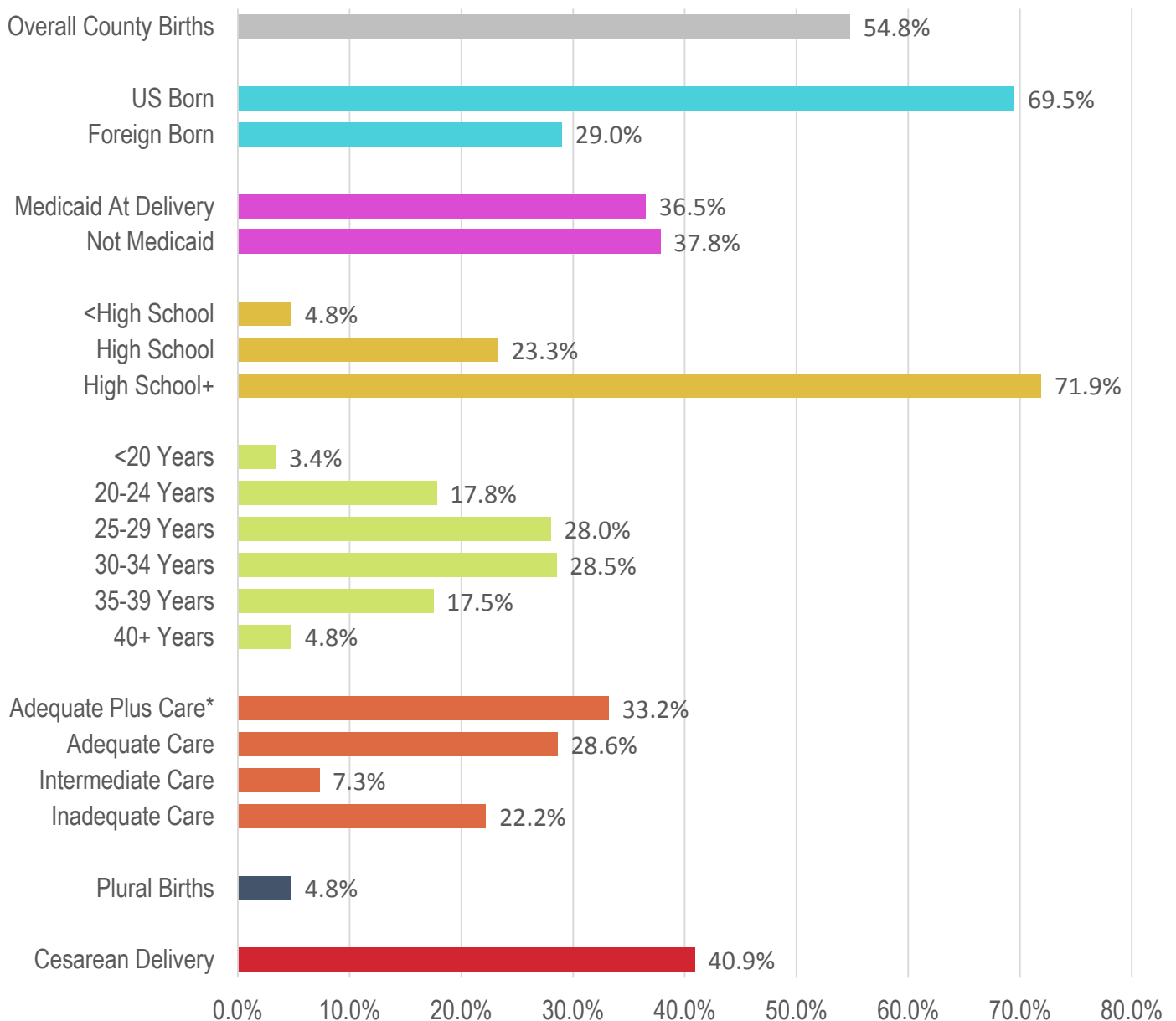
Maternal Age	Total Births	Black, NH	Hispanic	White, NH	Asian, NH
Under 15 Years	9	4	5	0	0
15 to 19 Years	558	227	307	18	2
20 to 24 Years	2,259	1,214	859	122	47
25 to 29 Years	3,376	1,903	1,013	299	140
30 to 34 Years	3,470	1,938	884	422	196
35 to 39 Years	2,169	1,191	594	262	108
40 Years & Over	581	328	157	55	35
Total	12,422	6,805	3,819	1,178	528

Source: MDH Vital Statistics Administration, Annual Report

MATERNAL AND BIRTH CHARACTERISTICS FOR BLACK, NON-HISPANIC MOTHERS, PRINCE GEORGE'S COUNTY, 2017



There were 6,805 births to Black, non-Hispanic mothers of Prince George's County in 2017, representing over half of all county births. The majority of Black, NH mothers had at least a high school education, and over two-thirds were U.S. born. 41% of Black NH mothers had a cesarean delivery, compared to only 28% for Hispanic mothers. Nearly 5% of births to Black NH mothers were plural births (twins, for example) which is the highest of any racial/ethnic group in the county. Nearly 62% of births to Black NH mothers received at least adequate prenatal care.



* See page 30 for more information about prenatal care classification

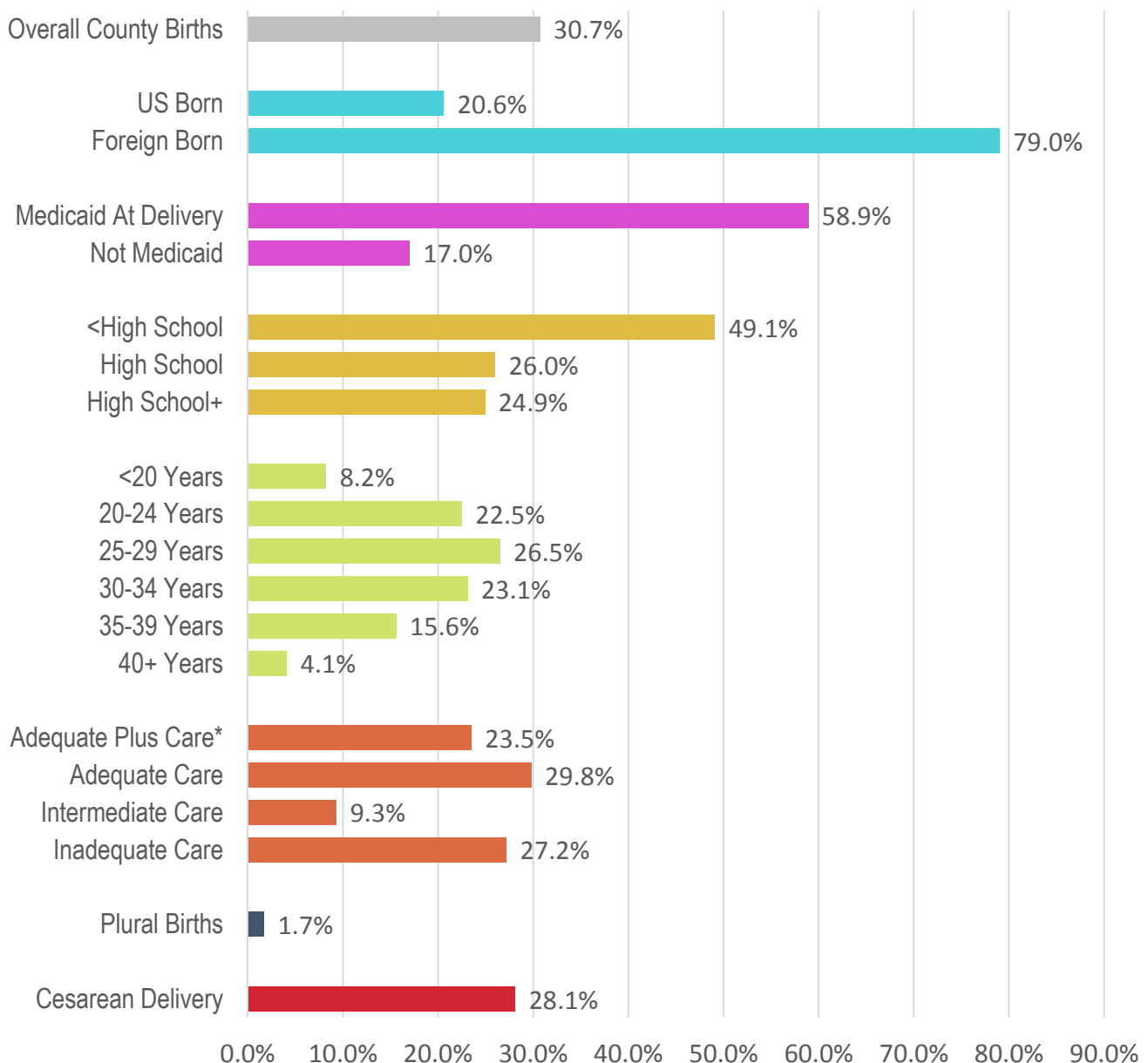
NOTE: Due to records with missing information, insurance, education, country of birth, and/or prenatal care initiation, percentages may not add to 100%

Source: MDH Vital Statistics Administration, Birth Data Analysis

MATERNAL AND BIRTH CHARACTERISTICS FOR HISPANIC MOTHERS, PRINCE GEORGE'S COUNTY, 2017



There were 3,819 births to Hispanic women in Prince George's County in 2017, representing 31% of all county births. Four out of every five Hispanic mothers were born outside of the U.S., and more Hispanic mothers are younger with nearly three out of five being under the age of 30. Maternal education is lower for Hispanic mothers, with nearly half of births to mothers with less than a high school education. Only 53% of Hispanic mothers received adequate prenatal care compared to 69% for White NH births. Hispanic births had the lowest proportion of cesarean deliveries in the county, and also had the fewest plural births (twins, for example). Medicaid at delivery was the majority health insurance among births to Hispanic women.



* See page 30 for more information about prenatal care classification

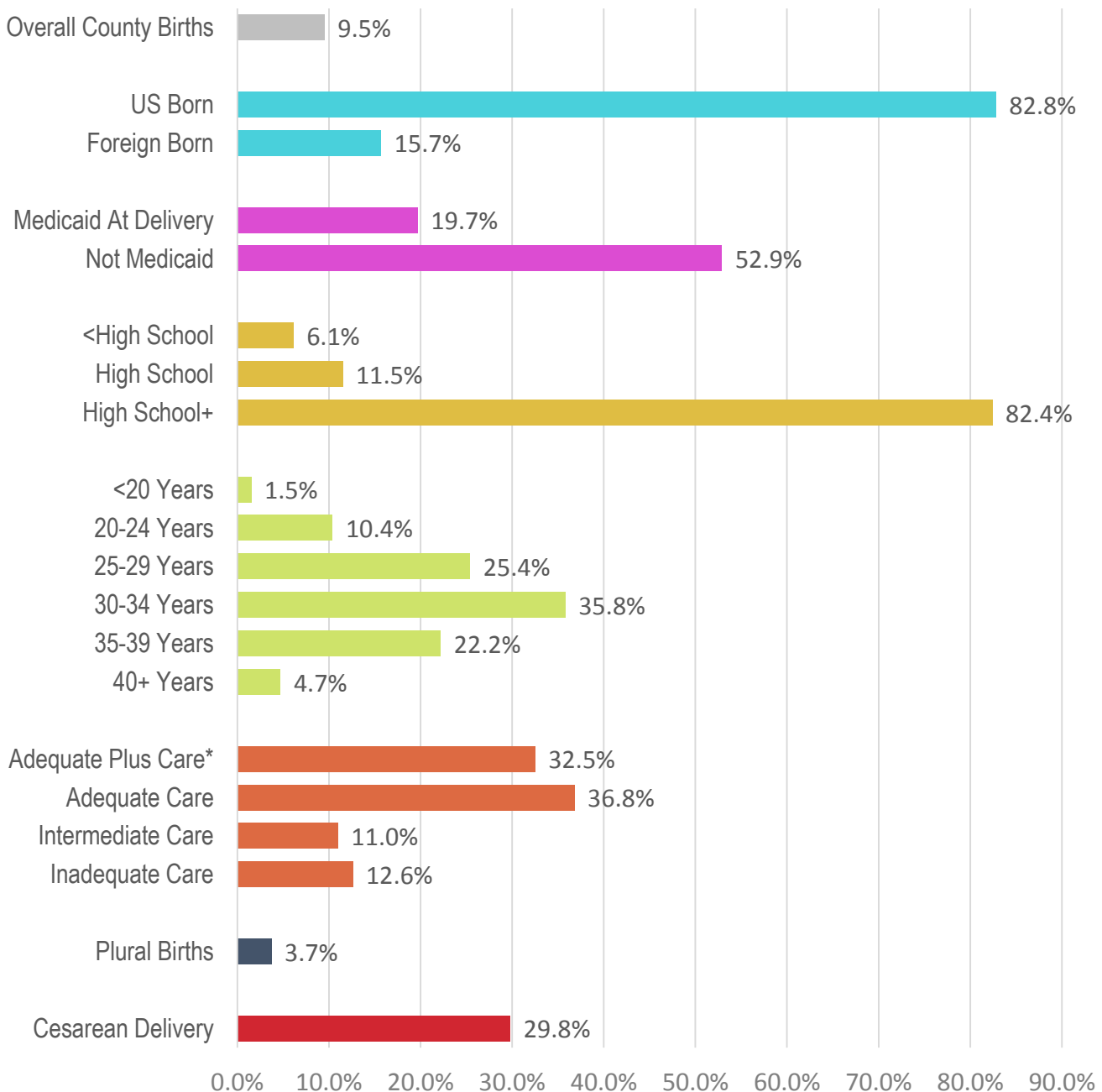
NOTE: Due to records with missing information, insurance, education, country of birth, and/or prenatal care initiation, percentages may not add to 100%

Source: MDH Vital Statistics Administration, Birth Data Analysis

MATERNAL AND BIRTH CHARACTERISTICS FOR WHITE, NON-HISPANIC MOTHERS, PRINCE GEORGE'S COUNTY, 2017



There were 1,178 births to White, non-Hispanic mothers in Prince George's County in 2017, representing almost 10% of all county births. Most White, NH mothers had more than a high school education (82.4%) and one in four were age 35 and older (27.4%). More White NH mothers received at least adequate prenatal care (69.3%) in the county compared to other births. Fewer White NH births utilized Medicaid at delivery as the primary health insurance (19.7%) compared to 58.9% of births to Hispanic mothers.



* See page 30 for more information about prenatal care classification

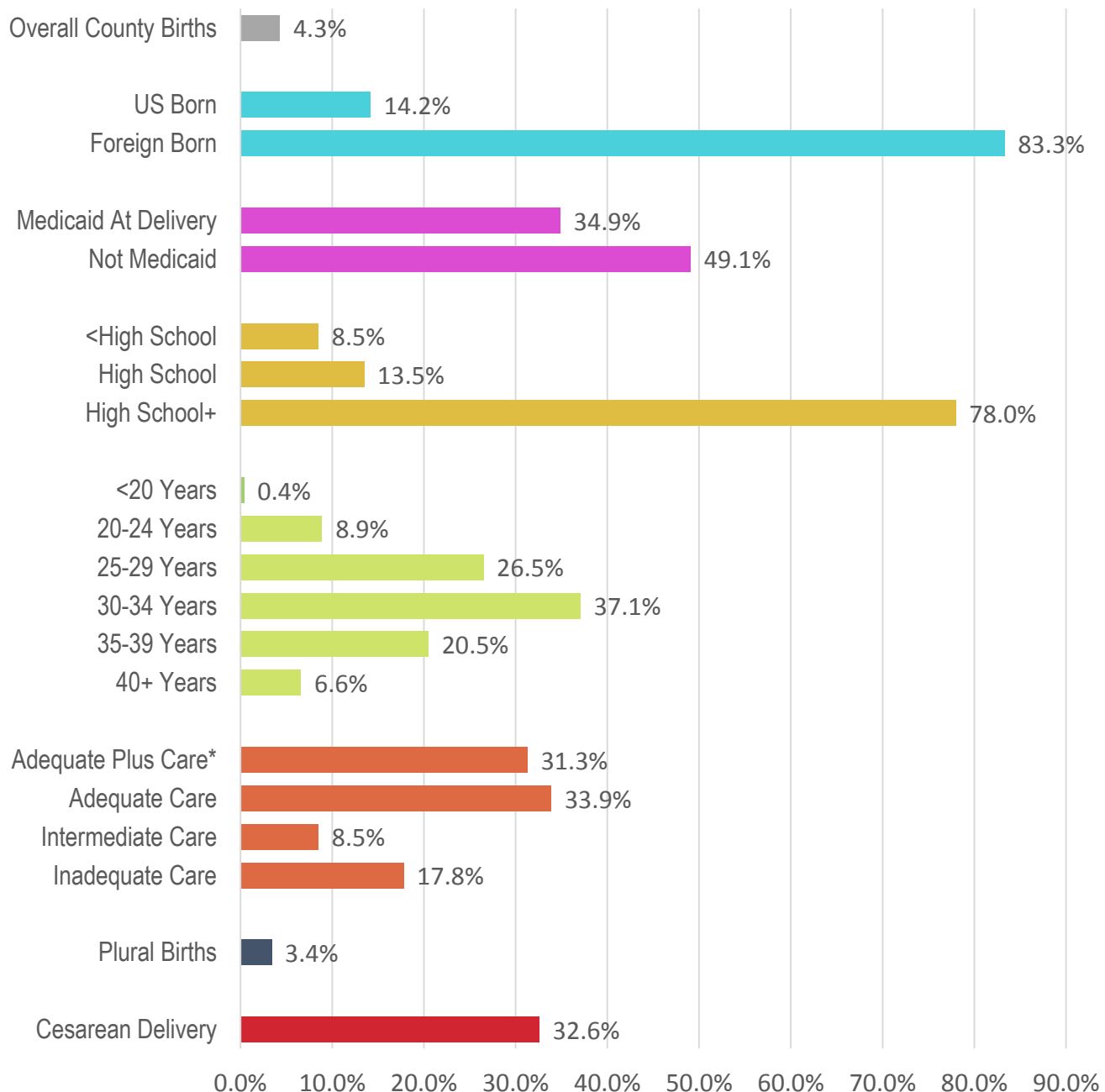
NOTE: Due to records with missing information, insurance, education, country of birth, and/or prenatal care initiation, percentages may not add to 100%

Source: MDH Vital Statistics Administration, Birth Data Analysis

MATERNAL AND BIRTH CHARACTERISTICS FOR ASIAN/PACIFIC ISLANDER, NON-HISPANIC MOTHERS, PRINCE GEORGE'S COUNTY, 2017



There were 528 births to Asian/Pacific Islander, non-Hispanic mothers of Prince George's County in 2017, representing 4.3% of all county births. The majority of these births were to mothers born outside of the U.S. (83.3%), with more than a high school education (78.0%). Almost one-third (32.6%) of births to Asian/Pacific Islander, NH mothers were delivered by cesarean section, and almost two-thirds (65.2%) of births were to mothers receiving at least adequate prenatal care. Over one-quarter of births were to women over the age of 35 years. Medicaid at delivery was the primary payer for 35% of Asian/Pacific Islander, NH births.



* See page 30 for more information about prenatal care classification

NOTE: Due to records with missing information, insurance, education, country of birth, and/or prenatal care initiation, percentages may not add to 100%

Source: MDH Vital Statistics Administration, Birth Data Analysis

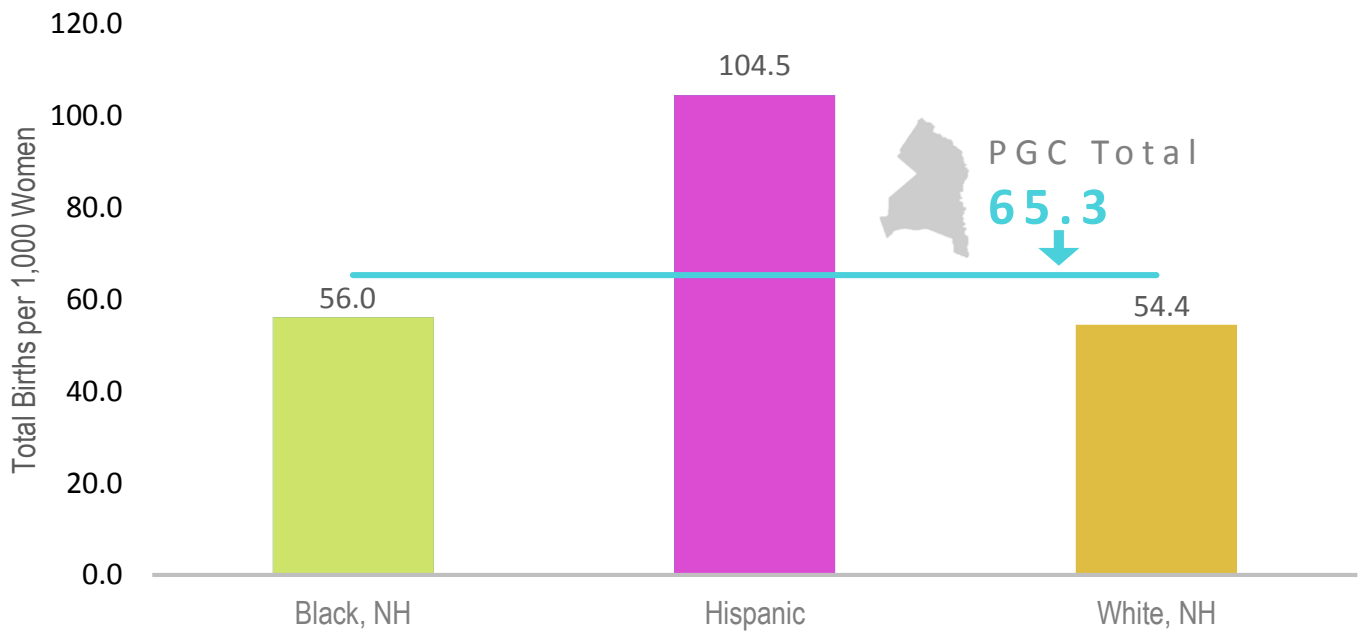


V. FERTILITY



GFR (General Fertility Rate) is the total births per 1,000 women ages 15-44 years and serves to measure the annual rate women are having children. In Prince George's County the overall 2017 GFR of 65.3 is the second highest in the state, increasing over the last five years from 61.1 in 2013. The GFR among Hispanic women is double that of Black, non-Hispanic and White, non-Hispanic women.

GENERAL FERTILITY RATE BY RACE AND ETHNICITY, PRINCE GEORGE'S COUNTY, 2017



Source: MDH Vital Statistics Administration, Annual Report



VI. BIRTH RATE

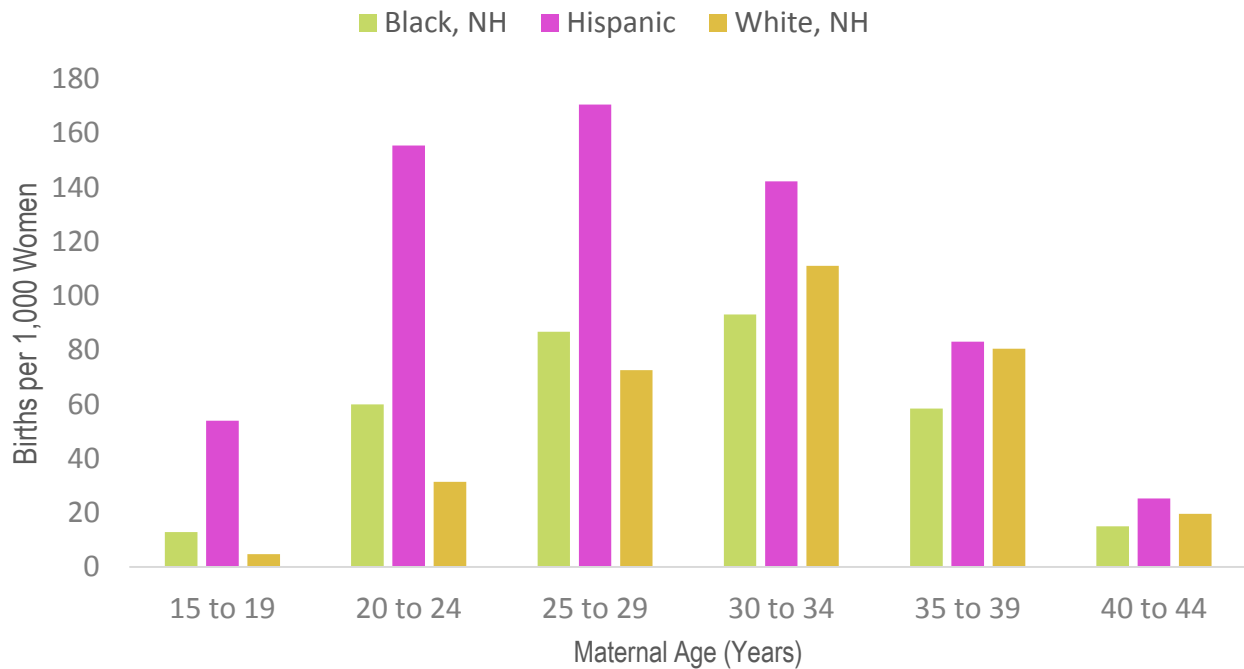


The age-specific birth rate is the number of live births per 1,000 women by age group. Over the past five years, the birth rate among women 30 years and older has increased, while the teen birth rate (15-19 years) has decreased.

BIRTH RATES BY AGE GROUP, PRINCE GEORGE'S COUNTY, SELECT YEARS

Maternal Age	2013	2015	2017
Under 15 Years	0.4	0.2	0.1
15 to 19 Years	24.2	21.1	19.3
20 to 24 Years	71.6	73.5	72.1
25 to 29 Years	97.3	98.4	99.2
30 to 34 Years	94.0	100.3	105.9
35 to 39 Years	57.5	61.4	66.8
40 to 44 Years	14.7	16.7	17.8
45 to 49 Years	1.2	1.7	1.4

BIRTH RATE BY MATERNAL AGE AND RACE/ETHNICITY, PRINCE GEORGE'S COUNTY, 2017



BIRTH RATE BY MATERNAL AGE AND RACE/ETHNICITY, PRINCE GEORGE'S COUNTY, 2017

Maternal Age	Total Birth Rate	Black, NH	Hispanic	White, NH
Under 15 Years	0.1	***	0.2	**
15 to 19 Years	19.3	12.8	53.9	4.7
20 to 24 Years	72.1	59.9	155.4	31.4
25 to 29 Years	99.2	86.8	170.6	72.6
30 to 34 Years	105.9	93.1	142.2	111.1
35 to 39 Years	66.8	58.4	83.1	80.5
40 to 44 Years	17.8	15.0	25.2	19.6
45 to 49 Years	1.4	1.3	1.7	**

**Data not presented; <5 births in specified age group
Source: MDH Vital Statistics Administration, Annual Report



In 2010, the teen birth rate in Prince George's County was 33.1. In just seven years this has been reduced by 42% to a rate of 19.3 births for every 1,000 women aged 15-19 years. However, there are notable differences by race and ethnicity, with Hispanic teens having a much higher birth rate (53.9) compared to all other groups. In addition, while the Black, NH and White, NH teen birth rates have declined since 2013, there has been little change to the Hispanic teen birth rate.

TEEN BIRTH RATE (LIVE BIRTHS PER 1,000 WOMEN AGED 15-19 YEARS)



PRINCE GEORGE'S
19.3

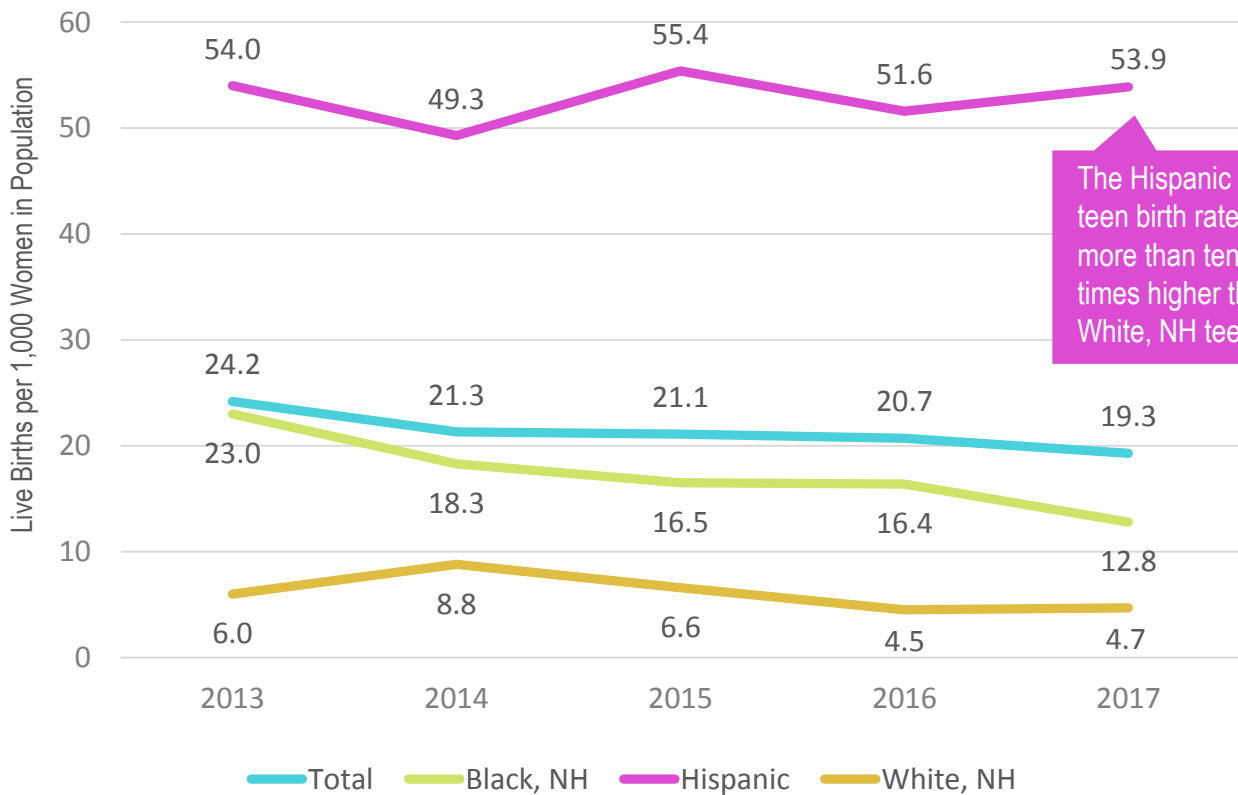


MARYLAND
14.2



U.S.
18.8

TEEN BIRTH RATE BY RACE AND ETHNICITY, PRINCE GEORGE'S COUNTY, 2013 - 2017

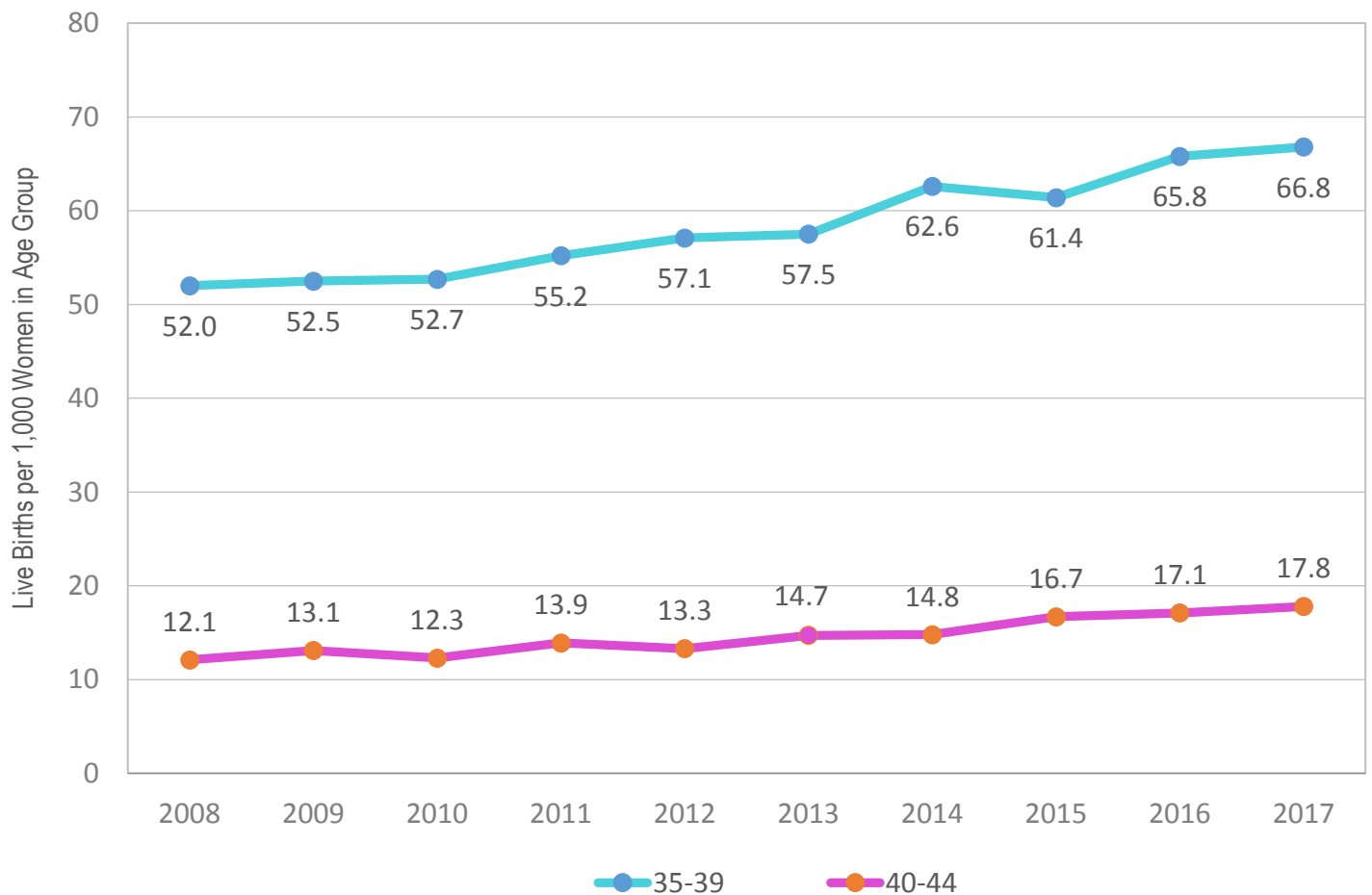


BIRTH RATE FOR WOMEN AGES 35-44 YEARS, PRINCE GEORGE'S COUNTY, 2008-2017



The birth rate among women 35 to 44 years continued to rise in 2017, particularly for White, non-Hispanic (NH) and Hispanic mothers. In 2013, the birth rate for White, NH women aged 35-39 years was 63.0 per 1,000; for Hispanic women, aged 35-39 years it was 65.4 per 1,000; in 2017, the birth rates for those populations increased to 80.5 and 83.1 per 1,000, respectively.

Women may delay childbearing for a number of reasons, including completing higher levels of education, advancing their career or waiting to have children until they feel financially secure. The ability for women to conceive later in life has also been supported by advances in fertility technologies. Pregnancies later in childbearing years are at a higher risk of some health conditions, such as hypertension or gestational diabetes, preterm and low birth weight births and other genetic abnormalities for the baby.



Source: MDH Vital Statistics Administration, Annual Report, Table 11G

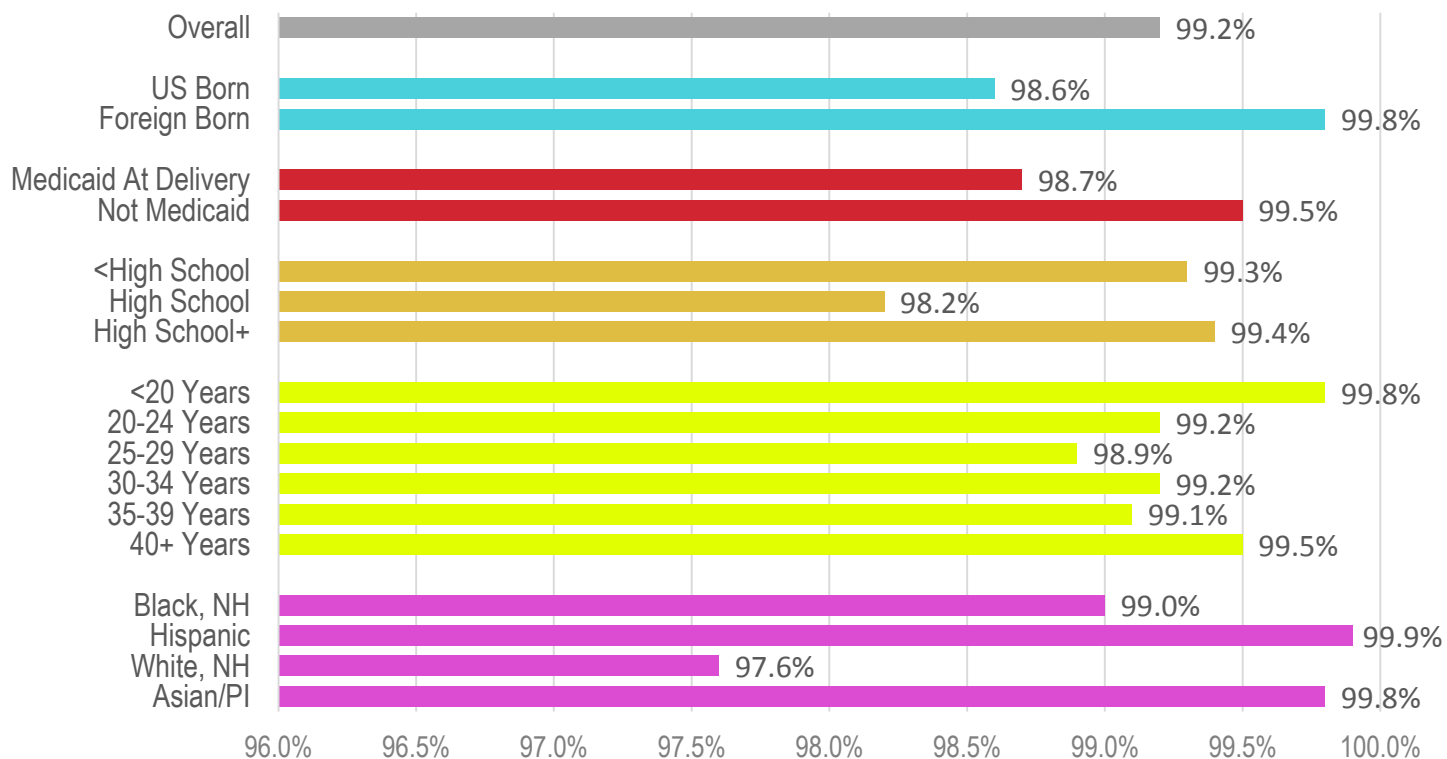


VII. MATERNAL FACTORS



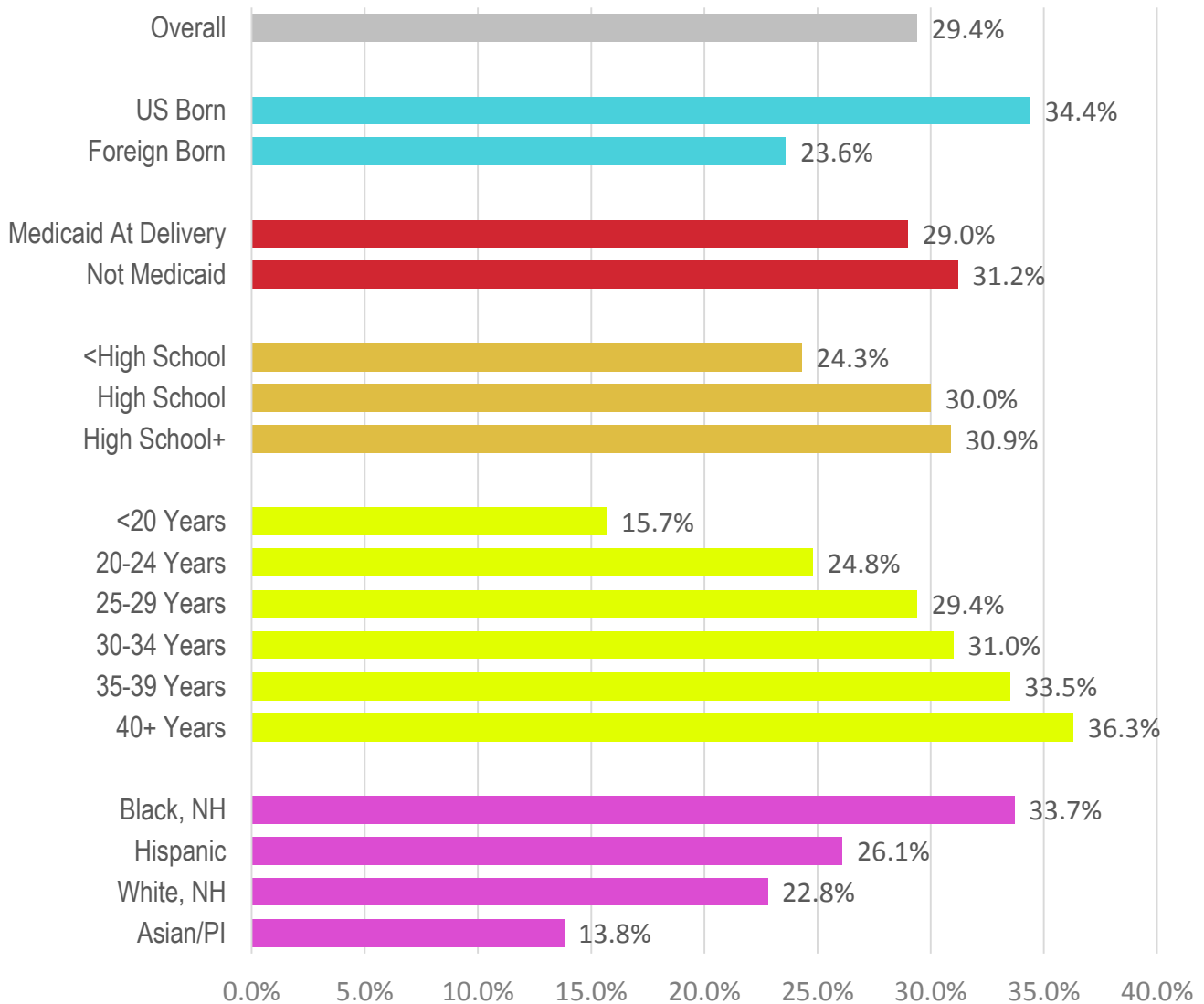
Smoking during pregnancy is associated with many health problems, including premature birth, low birth weight, certain birth defects and pregnancy loss. Overall, only 1.6% of women in Prince George's County smoked at any time during pregnancy, with less than 1% continuing to smoke through the third trimester.

PERCENTAGE OF MOTHERS WHO ABSTAINED FROM SMOKING DURING THE LAST THREE MONTHS OF PREGNANCY, PRINCE GEORGE'S COUNTY, 2017



PERCENTAGE OF MOTHERS WHO WERE OBESE (BMI ≥ 30) BEFORE PREGNANCY, PRINCE GEORGE'S COUNTY, 2017

Overweight and obese women have an increased risk of several pregnancy complications, including gestational diabetes, hypertension, preeclampsia, C-section delivery, and postpartum weight retention. Almost 30% of women were obese before their pregnancy in 2017, less than the estimated 39% obesity among all women of childbearing age (18-44 years) in Prince George's County.



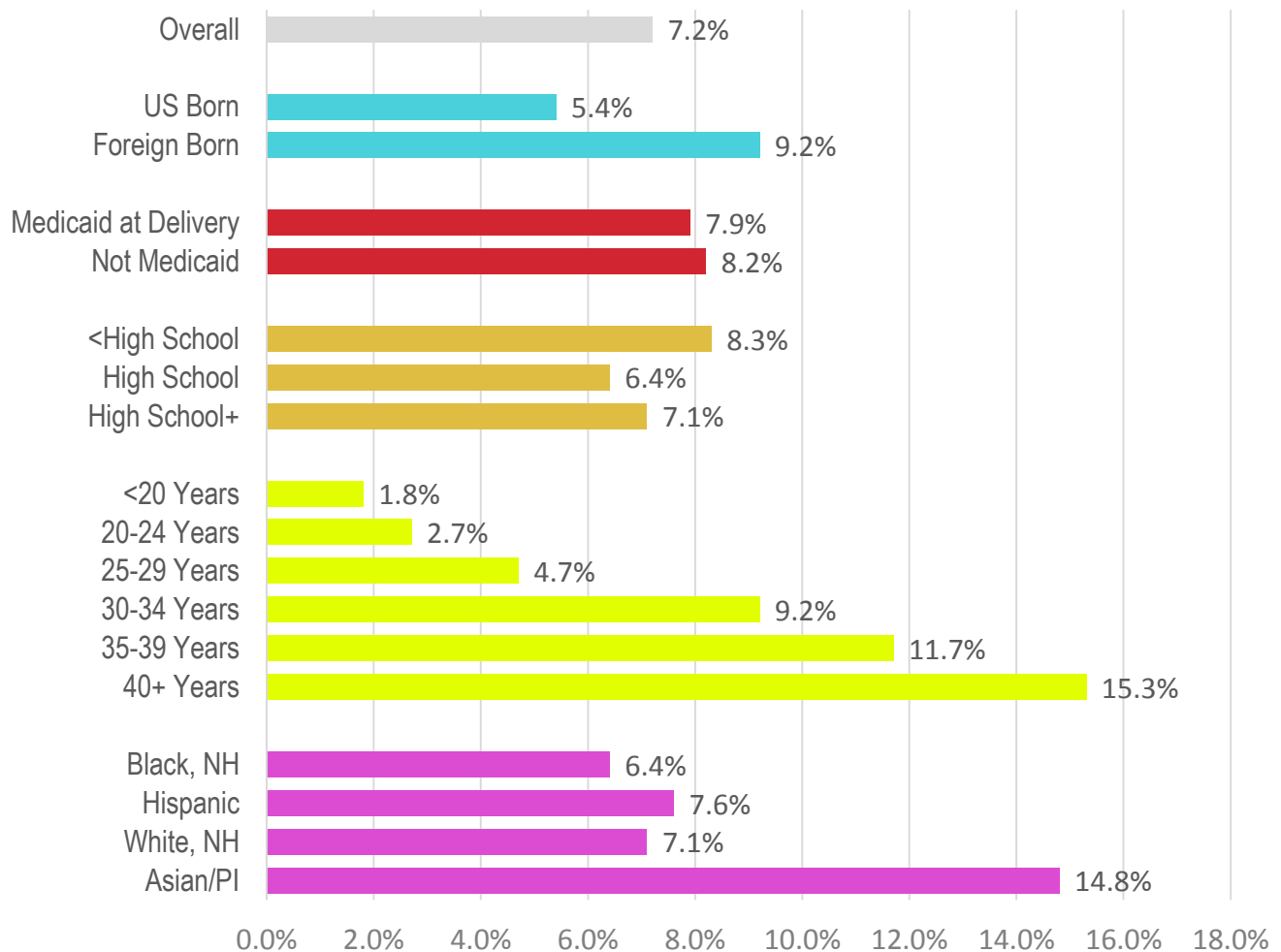
Source: MDH Vital Statistics Administration, Birth Data Analysis

Obesity before pregnancy increased steadily with age, affecting one in three mothers 35 years of age and older. One-third of Black, non-Hispanic (NH) mothers were obese prior to pregnancy, higher than Hispanic and White, NH mothers. Asian/Pacific Islander mothers had the lowest likelihood of being obese before pregnancy

compared to other races. Women born in the U.S. were more likely to be obese before pregnancy compared to women born outside of the United States. Overall, obesity is increasing, with more mothers in the county obese prior to pregnancy in 2017 (29.4%) than in 2013 (26.6%).

PERCENTAGE OF MOTHERS WITH DIABETES DURING PREGNANCY, PRINCE GEORGE'S COUNTY, 2017

Diabetes is a disease that affects how blood sugar is processed in the body; during pregnancy it can cause harm to women and their developing babies. Women may have diabetes prior to pregnancy, or may develop it during pregnancy, a condition called gestational diabetes. Diabetes can affect a baby even during the first weeks of pregnancy, so it is important to keep blood sugar as close to normal as possible before pregnancy as well. High blood sugar during the first two months of pregnancy increases the risk of birth defects in the baby since it is the time when most organs begin to form. Diabetes also increases the risk of preterm birth and fetal loss. Diabetes during pregnancy increases the mother's risk of developing diabetes later in life, with the baby also at risk for developing diabetes and obesity.



Source: MDH Vital Statistics Administration, Birth Data Analysis

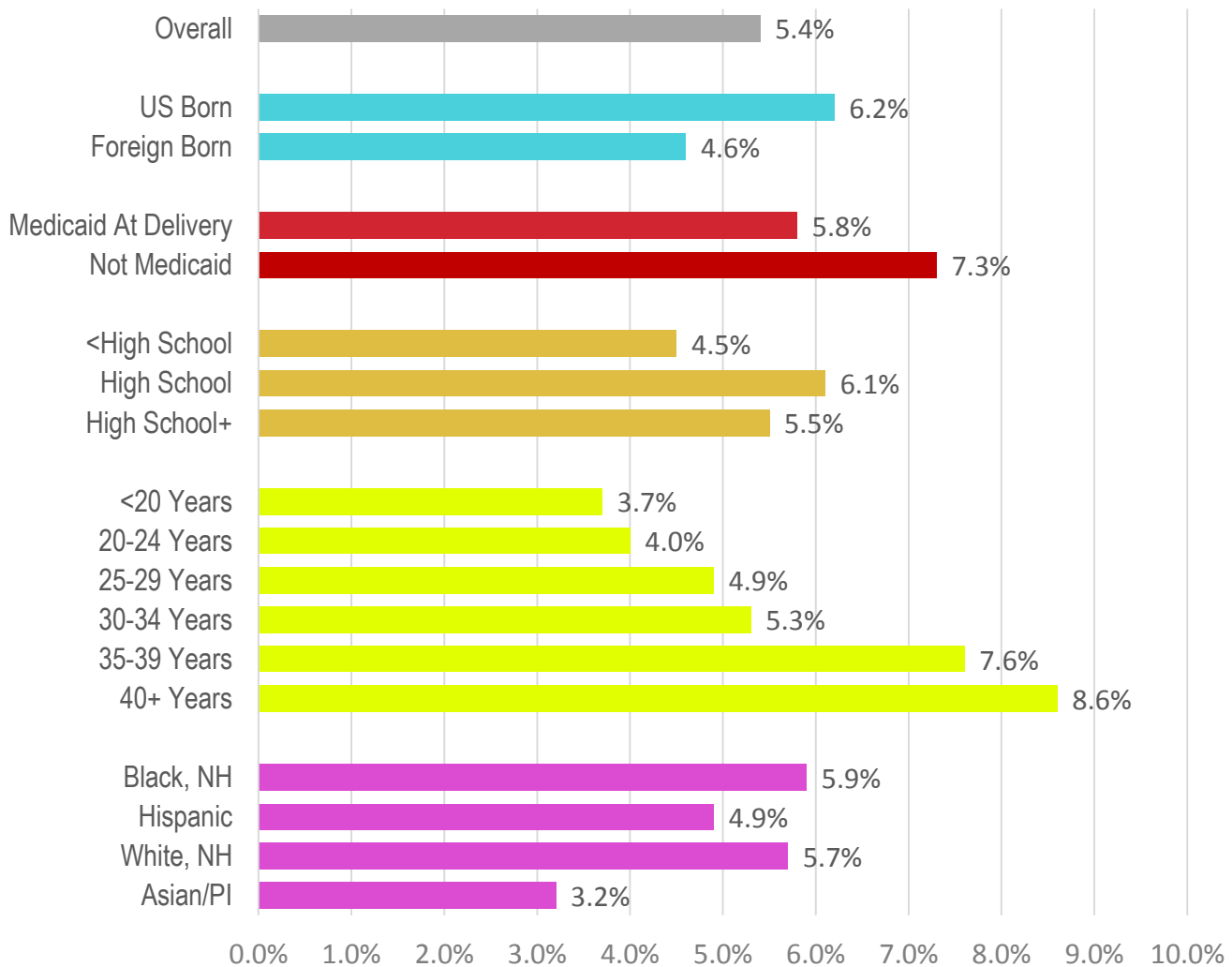
Overall, about 7% of women in Prince George's County experienced diabetes during their pregnancies in 2017. Similar to obesity, the percentage of mothers with diabetes increased by age: over 1 out of every 10 women age 35 years and older experienced diabetes during pregnancy in the county.

While Asians and Pacific Islanders had a lower pre-pregnancy obesity prevalence, they were twice as likely as other races and ethnicities to experience maternal diabetes. Overall, the proportion of mothers with diabetes during pregnancy increased in the county from 5.6% in 2013 to 7.2% in 2017.

PERCENTAGE OF MOTHERS WITH PREGNANCY-ASSOCIATED HYPERTENSION, PRINCE GEORGE'S COUNTY, 2017

Hypertension, or high blood pressure, during pregnancy can cause decreased blood flow to the placenta, slowed/decreased growth of the baby, premature birth, maternal organ damage and future risk of maternal heart disease.

Gestational hypertension that progresses to show signs of organ damage is called preeclampsia. It affects the placenta and can affect the mother's kidneys, liver, and brain. When preeclampsia causes seizures, the condition is known as eclampsia, a leading cause of maternal death in the U.S.



Source: MDH Vital Statistics Administration, Birth Data Analysis

Pregnancy-related hypertension increased with age, with mothers aged 35 and over having the highest percentage of hypertension. Black, non-Hispanic and White, non-Hispanic mothers had the highest percentages of pregnancy-related hypertension compared to other races and ethnicities. Among Asian/Pacific Islanders, the risk of pregnancy-associated hypertension was nearly half that of Black, non-Hispanic and White, non-Hispanic women. Women with Medicaid insurance at delivery were less likely to experience hypertension during their pregnancies. Pregnancy-associated hypertension increased from 3.6% of births in 2013 to 5.4% in 2017.



VIII. PRENATAL CARE



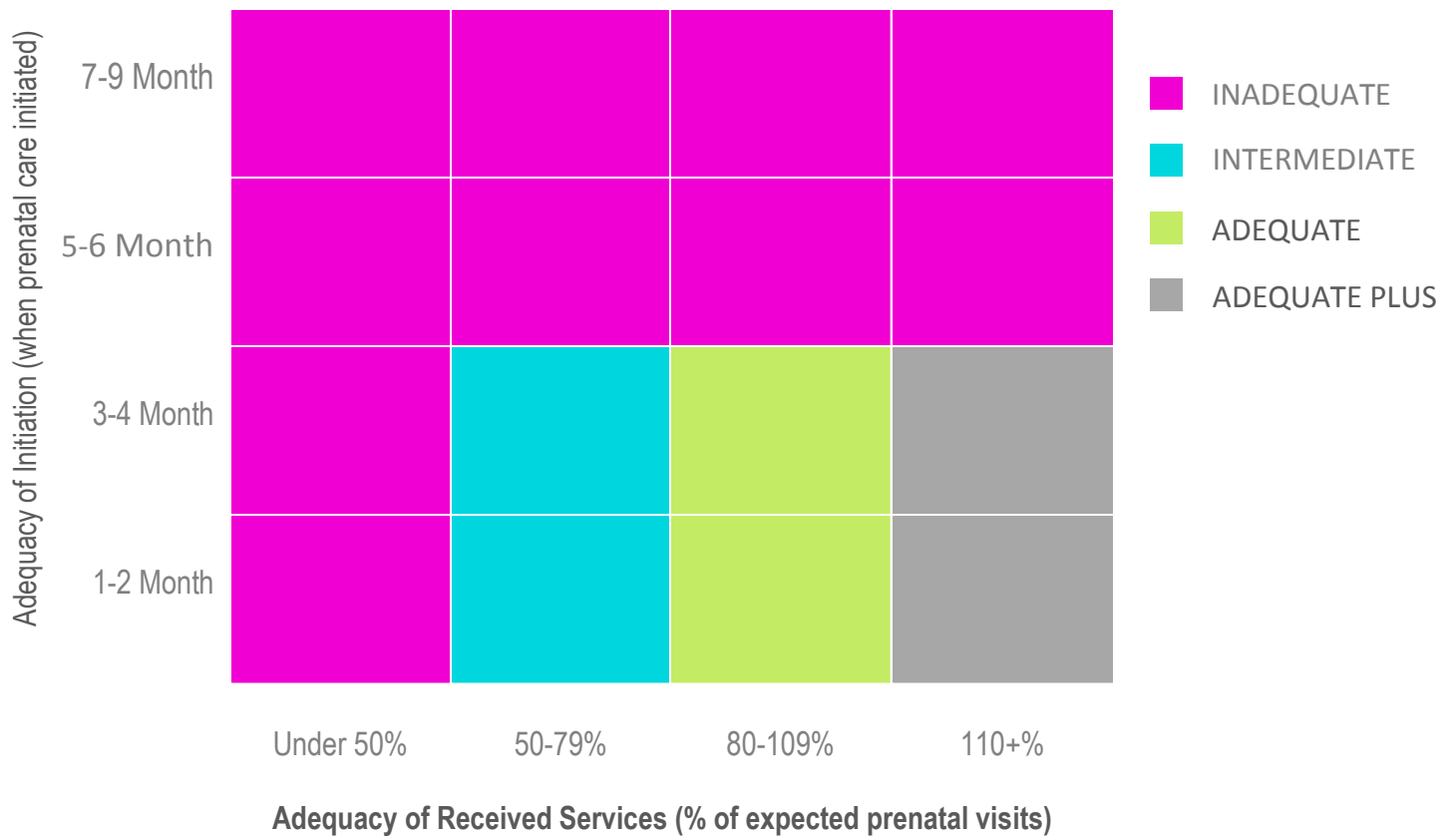
Prenatal care is medical attention given to the expectant mother and her developing baby. Prenatal care involves the mothers caring for herself by following her healthcare provider's advice, and helps reduce the baby's risk for health problems. Nationally, babies born to mothers who received no prenatal care are three times more likely to be born at low birth weight, and five times more likely to die, than those whose mothers received prenatal care.

ADEQUACY OF PRENATAL CARE

The Adequacy of Prenatal Care Utilization Index (APNCU) measures the utilization of prenatal care in two dimensions. The first dimension, adequacy of initiation of prenatal care, measures the timing of initiation using the month prenatal care began reported on the birth certificate. The second dimension, adequacy of received

services, is measured by taking the ratio of the actual number of visits reported on the birth certificate to the expected number of visits. It is based on the American College of Obstetrics and Gynecology prenatal care visitations standards for uncomplicated pregnancies and is adjusted for the gestational age at initiation of care and for the gestational age at delivery.

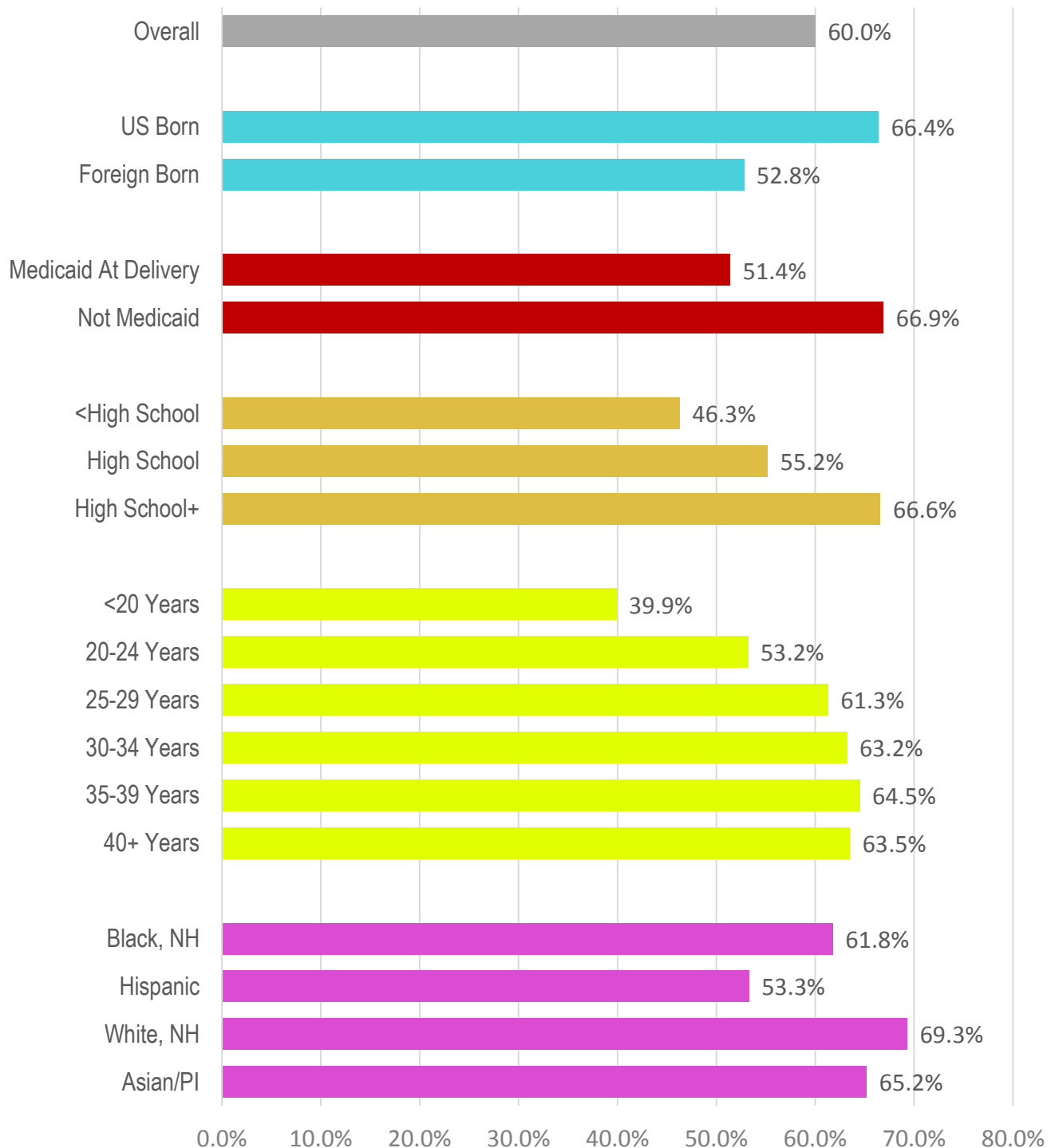
ADEQUACY OF PRENATAL CARE UTILIZATION INDEX



1. <http://mchb.hrsa.gov/programs/womeninfants/prenatal.html>

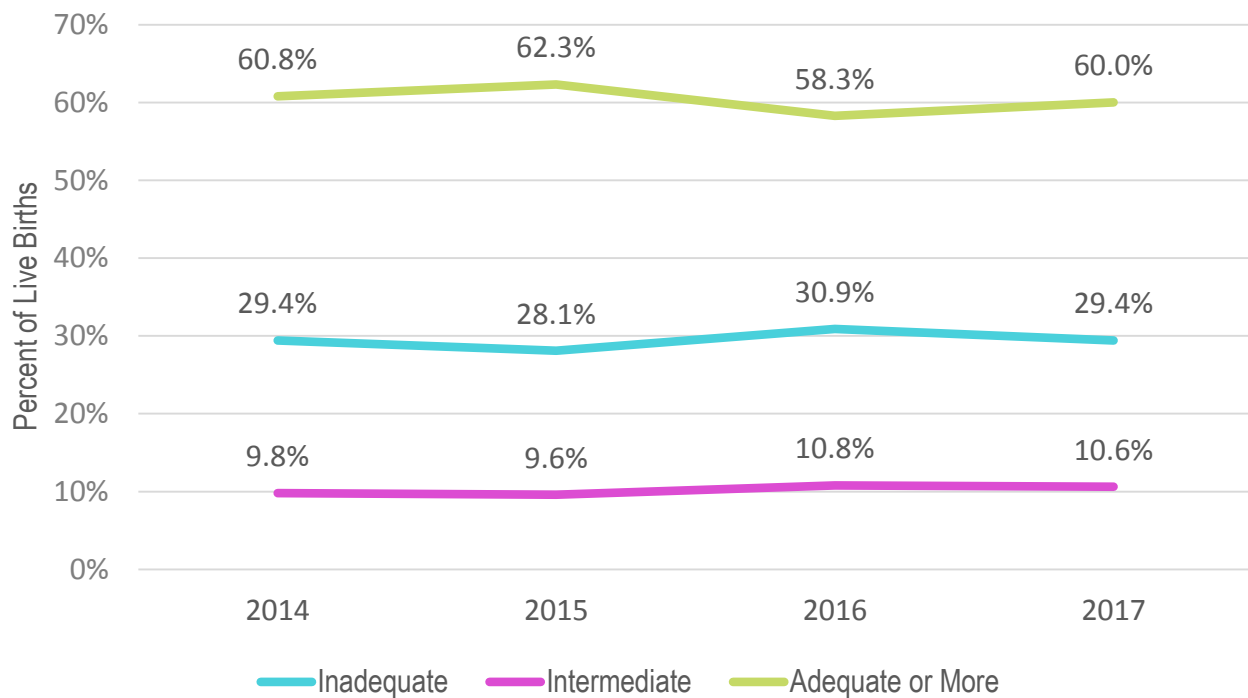
PERCENTAGE OF MOTHERS WHO RECEIVED AT LEAST ADEQUATE
 PRENATAL CARE*, PRINCE GEORGE'S COUNTY

Prenatal care helps keep the mother and baby healthy. Getting early and regular prenatal care helps produce healthier babies, decrease the chance of delivering too early, and decreases the likelihood of having other serious problems related to pregnancy. In the county, only six out of every ten mothers received at least adequate prenatal care.



Source: MDH Vital Statistics Administration, Birth Data Analysis

ADEQUACY OF PRENATAL CARE UTILIZATION INDEX*, PRINCE GEORGE'S COUNTY, 2014-2017



Source: MDH Vital Statistics Administration, Birth Data Analysis

* Birth Records with missing data about prenatal care were excluded from APNCU Estimates: 2014: 9.0% of births missing data; 2015: 8.0% of births missing data; 2016: 7.6% of births missing data; 2017: 7.5% of births missing data

Overall, mothers receiving adequate prenatal care in Prince George's County has not significantly changed over the past four years. Only six in ten Prince George's mothers receive adequate prenatal care.

The adequacy of prenatal care varies among certain demographics. Foreign-born women and women with Medicaid at the time of birth were less likely to receive adequate prenatal care than women born in the United States and women with other forms of insurance.

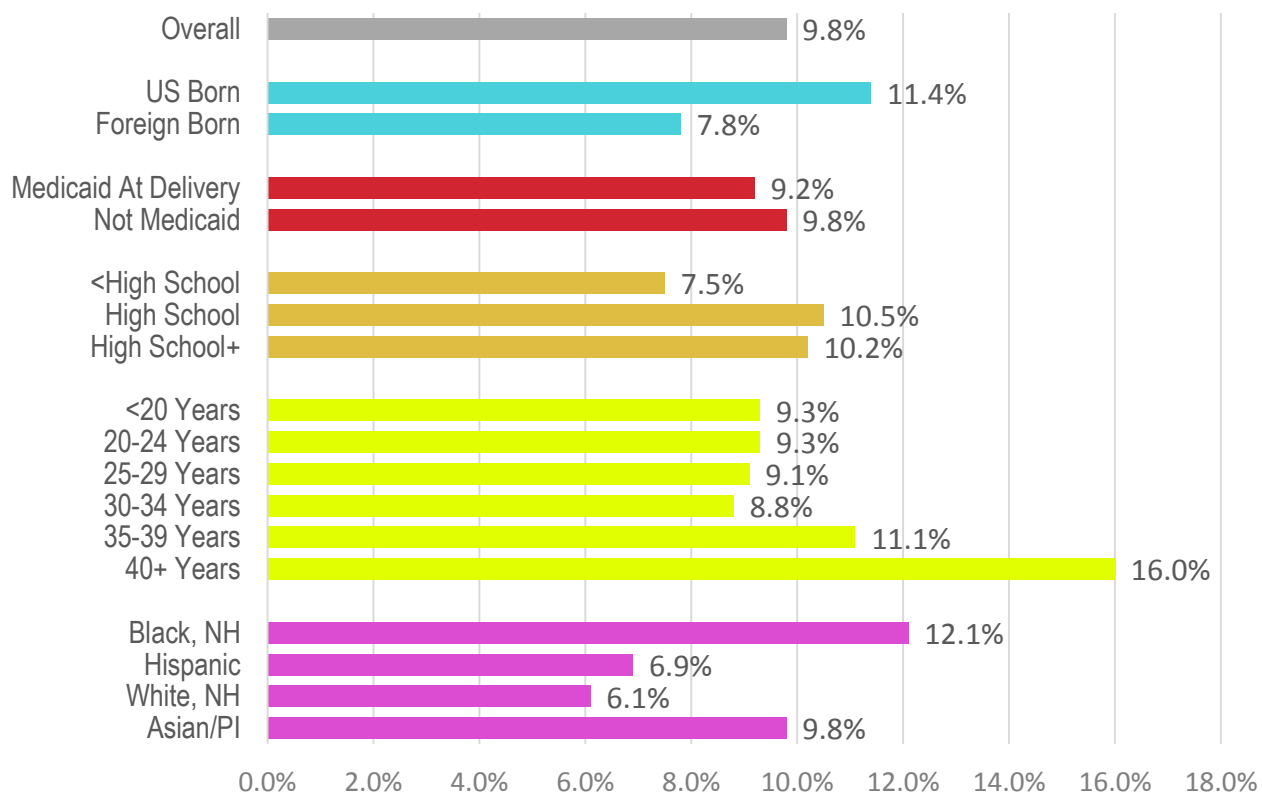
Adequate prenatal care increased with educational level. Mothers age 25 and older were more likely to have adequate prenatal care compared to mothers 24 years and younger. Only half of Hispanic mothers received adequate prenatal care in 2017, and Black, non-Hispanic mothers were less likely than White, non-Hispanic and Asian or Pacific Islanders to receive adequate prenatal care.



IX. BIRTH OUTCOMES

A low birth weight is less than 5.5 pounds (or 2,500 grams). Although some low birth weight babies may not experience any severe effects, others may develop infections in the first few days of life, have delayed motor and social development, or have learning disabilities later on in life. Women aged 35+ years were more likely to have a low birth weight baby, as well as women born in the U.S. Black, non-Hispanic infants had the highest likelihood of having a low birth weight followed by Asian/Pacific Islanders.

PERCENTAGE OF LOW BIRTH WEIGHT INFANTS (<2,500 GRAMS), PRINCE GEORGE'S COUNTY 2017

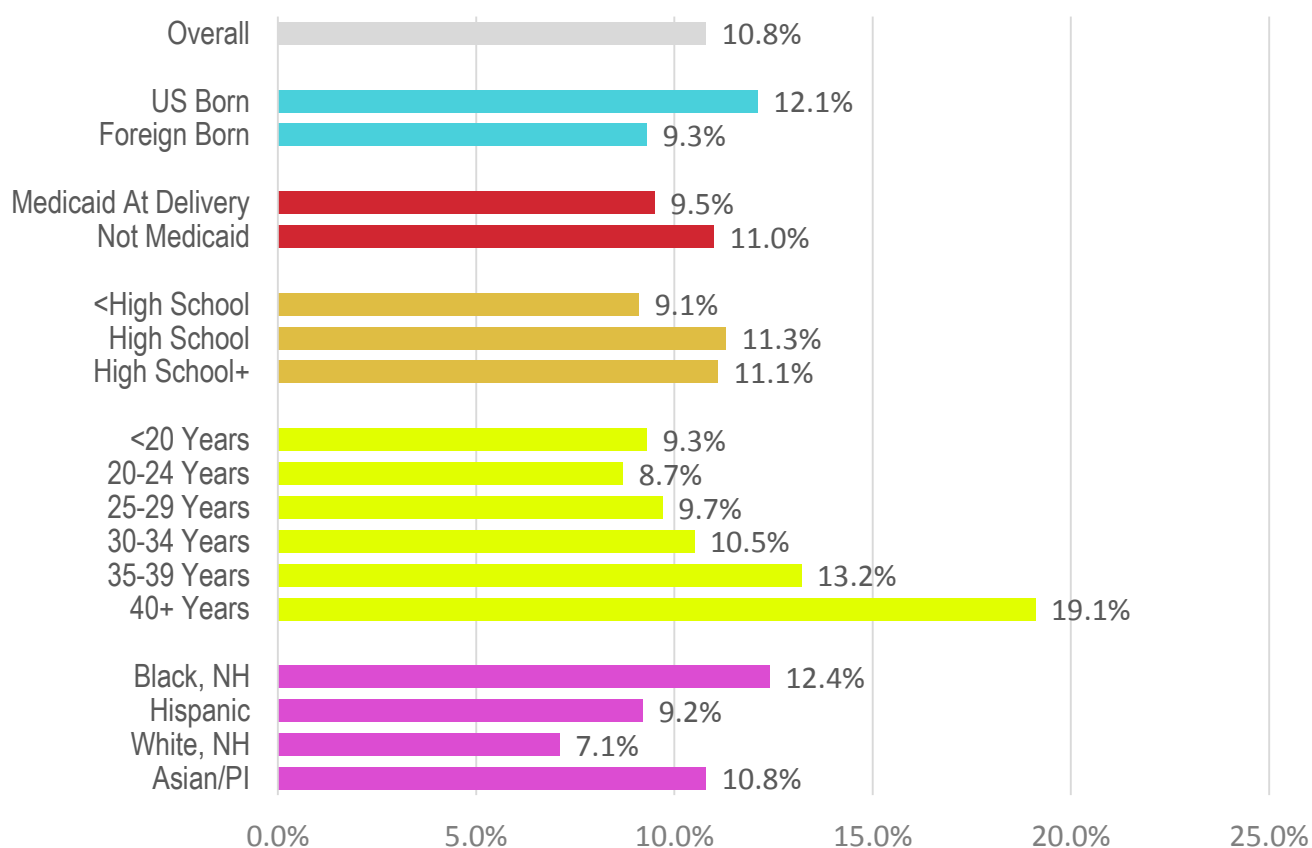


Source: MDH Vital Statistics Administration, Birth Data Analysis

PERCENTAGE OF BIRTHS THAT WERE DELIVERED PRETERM (<37 WEEKS), PRINCE GEORGE'S COUNTY 2017

Preterm birth is the birth of an infant before 37 weeks of pregnancy. Preterm birth is a leading cause of long-term neurological disabilities in children. Other problems that a baby born too early may face include breathing

problems, feeding difficulties, cerebral palsy, developmental delay, vision problems, and hearing impairment. One in ten babies born in Prince George's County were delivered preterm in 2017.



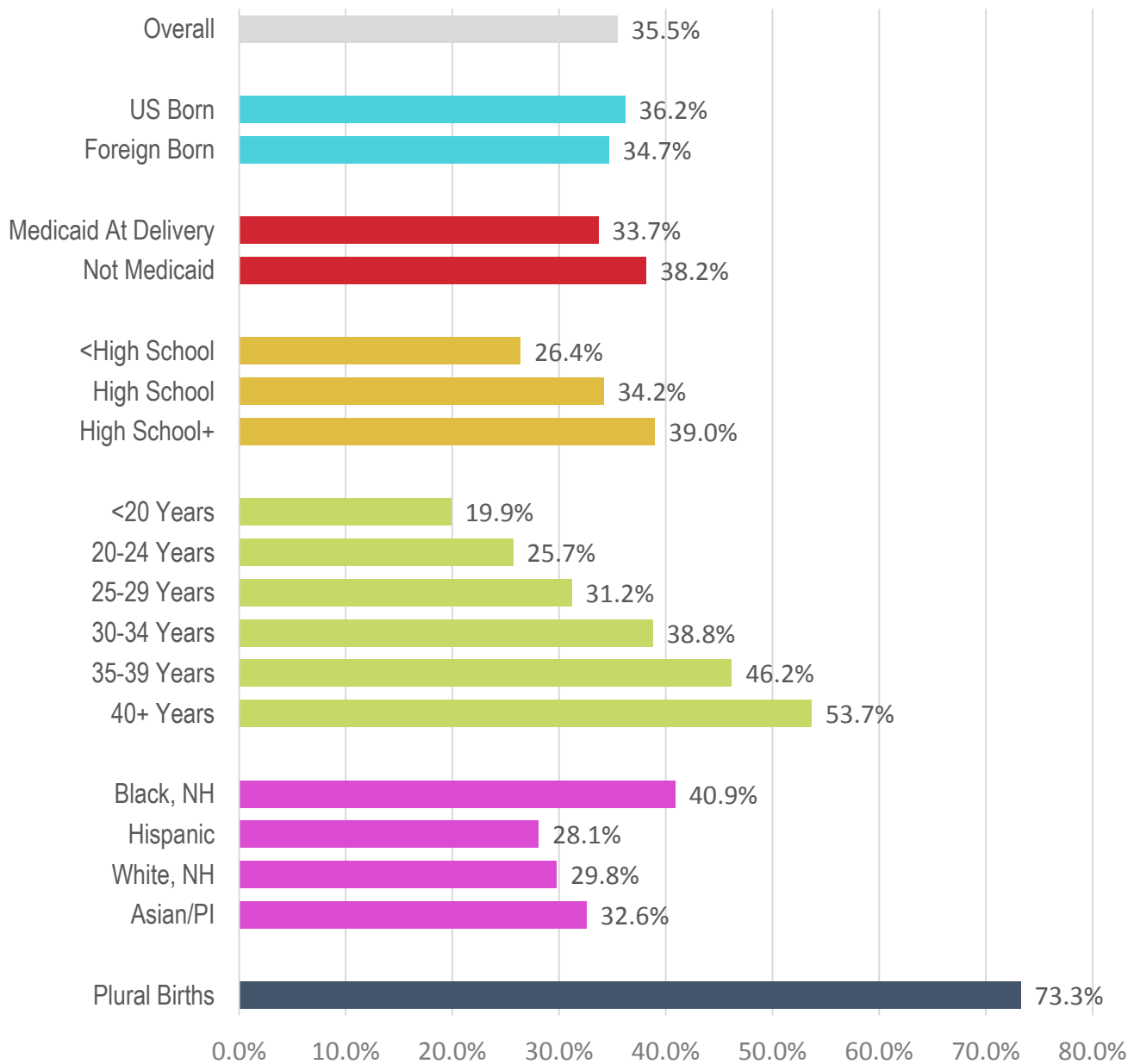
Source: MDH Vital Statistics Administration, Birth Data Analysis

In 2017, women over the age of 40 years had the highest likelihood of delivering a preterm baby compared to other age groups. Similar to low birth weight, Black, non-Hispanic mothers had the highest likelihood of delivering a preterm infant, followed by Asian/Pacific Islanders.

Mothers born in the U.S. were more likely to have a preterm infant compared to those born outside the U.S. Mothers with Medicaid at delivery were less likely to deliver preterm in 2017, compared to those not utilizing Medicaid.

PERCENTAGE OF NEWBORNS DELIVERED BY CESAREAN SECTION, PRINCE GEORGE'S COUNTY, 2017

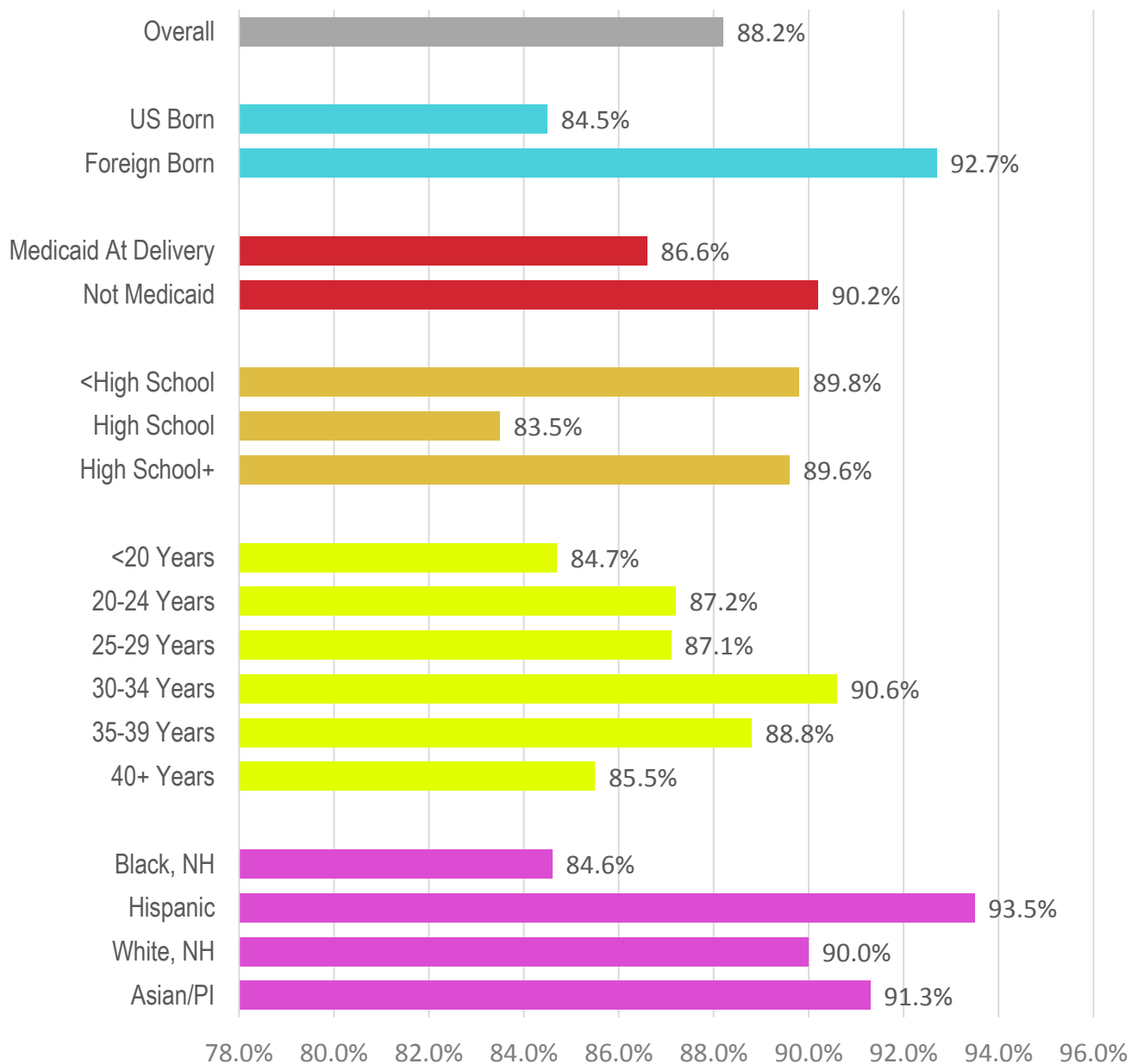
Over one-third of all births to county mothers were delivered by cesarean section (C-section) in 2017. Four in ten births to Black, NH mothers were delivered by C-section, substantially higher than other race/ethnicities. C-sections increased with age and level of education. More mothers in the county delivered by C-section (35.5%) compared to all Maryland births (33.8%). Delivery by C-section may be recommended for the safety of mother and baby if labor isn't progressing, the baby is in distress, or if it is a plural birth, for example. However, C-sections are major surgery and increase maternal risk of infection and heavy bleeding during and after delivery.



Source: MDH Vital Statistics Administration, Birth Data Analysis

PERCENTAGE OF BREASTFED NEWBORNS WHEN DISCHARGED FROM MEDICAL CARE, PRINCE GEORGE'S COUNTY, 2017

Breastfeeding offers many benefits to babies, and breast milk contains the nutrients babies need. Breast milk also helps to protect babies from some illnesses and infections. The American Academy of Pediatrics recommends that breastfeeding continue for at least 12 months. In 2017, 88.2% of Prince George's County mothers breastfed upon discharge following delivery, an increase from 82.3% in 2013. Mothers born outside the U.S. were more likely to breastfeed, as were women not utilizing Medicaid at delivery, and Hispanic women. Mothers born in the U.S., those with a high school degree only, those under 20 years of age, and Black, non-Hispanic women were less likely to breastfeed.



Source: MDH Vital Statistics Administration, Birth Data Analysis

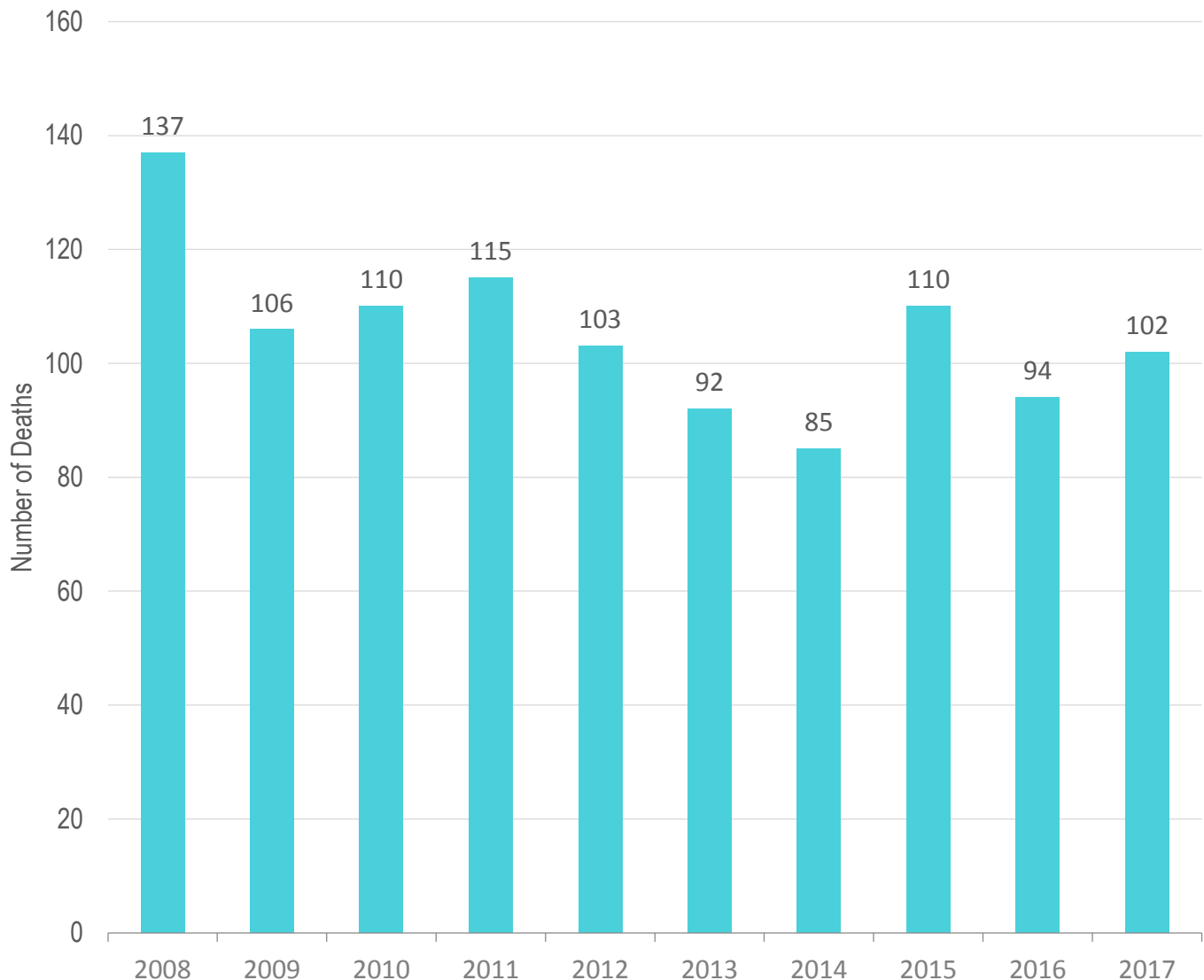


X. INFANT DEATHS

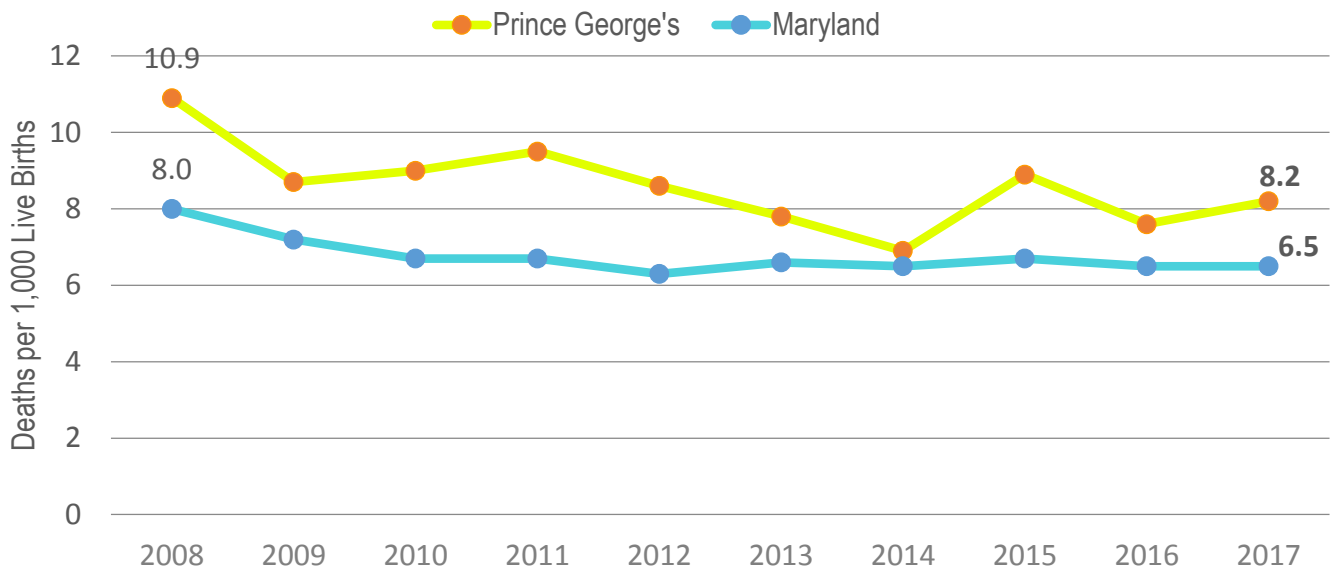
Infant death is the death of a baby before their first birthday. While most infants flourish, there are some who die as a result of birth defects, preterm birth and low birth weight, Sudden Infant Death Syndrome (SIDS), maternal complications or injuries.

The infant mortality rate, or number of infant deaths per 1,000 live births, has decreased in Prince George's County by 16% for 2013-2017 compared to the previous five year period, 2008-2012. However, disparities still exist related to infant mortality, with Black, non-Hispanic infants having the highest rate by race and ethnicity.

INFANT DEATHS, PRINCE GEORGE'S COUNTY, 2008 - 2017

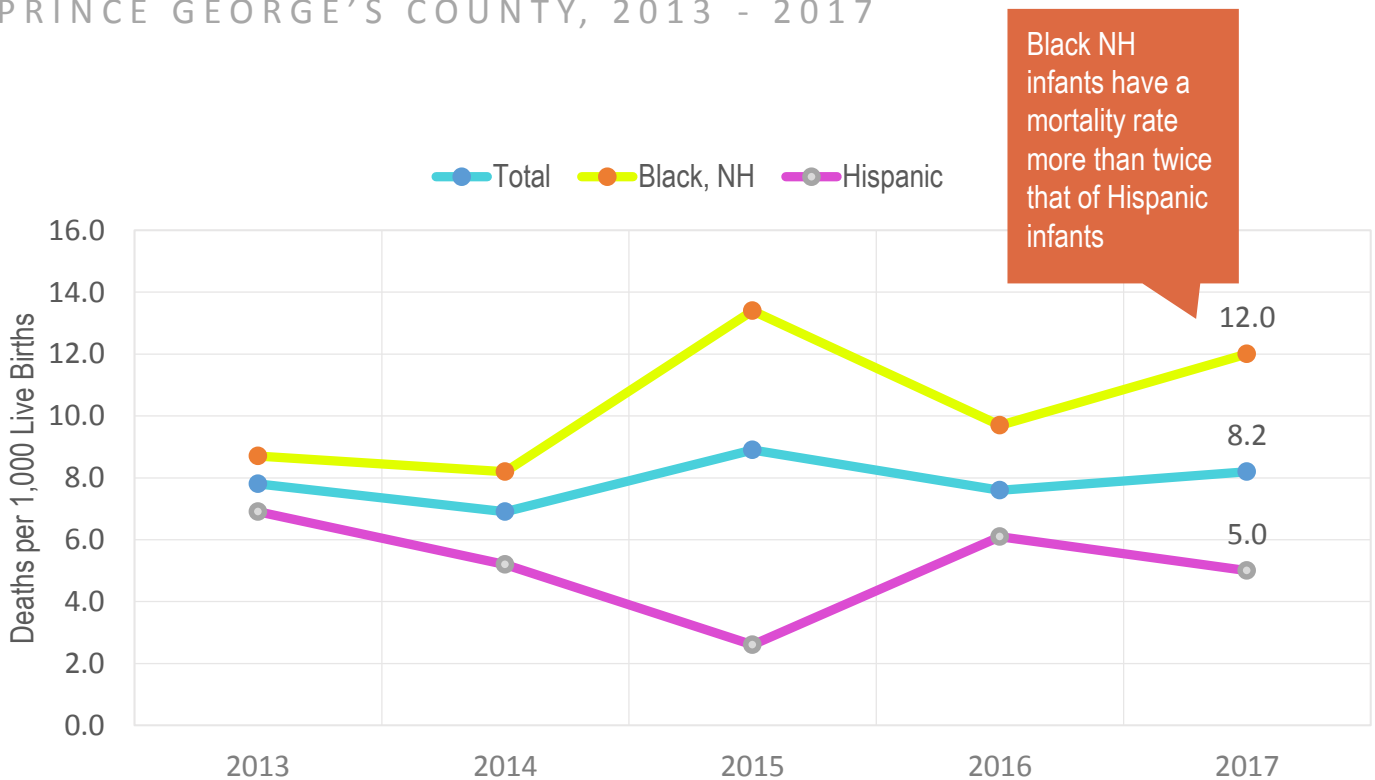


INFANT MORTALITY RATE, 2008-2017



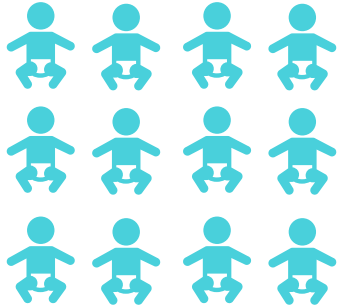
Source: MDH Vital Statistics Administration, Annual Report

INFANT MORTALITY RATE BY RACE AND ETHNICITY, PRINCE GEORGE'S COUNTY, 2013 - 2017

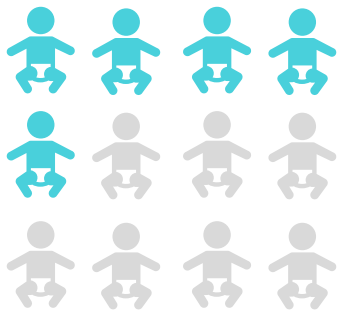


*Data unavailable for White, NH, due to <5 observations
 Source: MDH Vital Statistics Administration, Annual Report

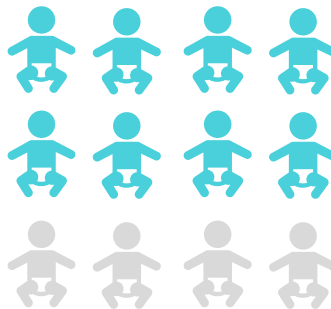
INFANT MORTALITY RATE BY RACE AND ETHNICITY, PRINCE GEORGE'S COUNTY, 2017



12.0 per 1,000 is the death rate for Black, non-Hispanic infants



5.0 per 1,000 is the death rate for Hispanic infants

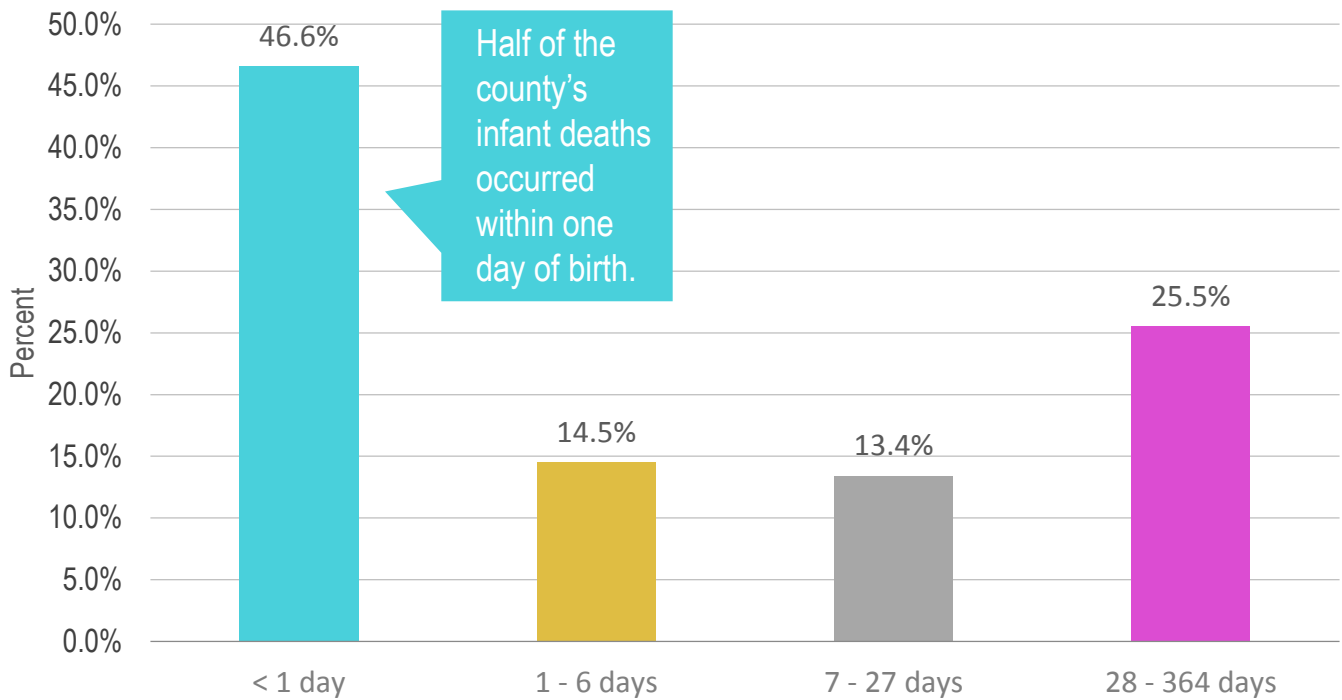


8.2 per 1,000 is the death rate for all Prince George's County infants

In 2017, the infant death rate in Prince George's County among Black, non-Hispanic (NH) infants (12.0 per 1,000 live births) was more than double the rate among Hispanic infants (5.0 per 1,000 live births). There were 82 total deaths among Black, NH infants in 2017.

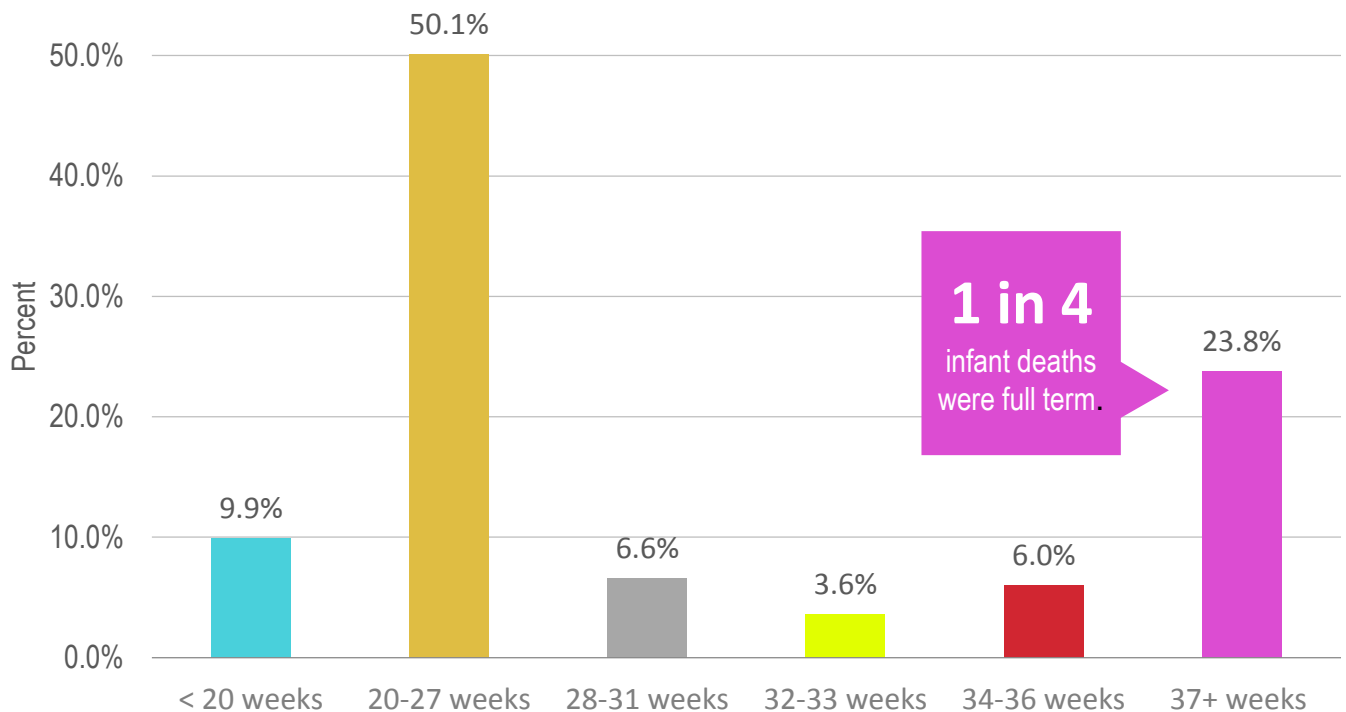
The overall mortality rate in Prince George's County was 8.2 per 1,000 in 2017, higher than the state's rate of 6.5 per 1,000, and almost double than neighboring Montgomery County (4.6 per 1,000). Over 22% of all infant deaths in Maryland were from Prince George's County.

INFANT DEATHS BY AGE AT DEATH, PRINCE GEORGE'S COUNTY, 2013-2016



Source: CDC Wonder, Infant Death Data Analysis

INFANT DEATHS BY GESTATIONAL AGE AT BIRTH, PRINCE GEORGE'S COUNTY, 2013-2016



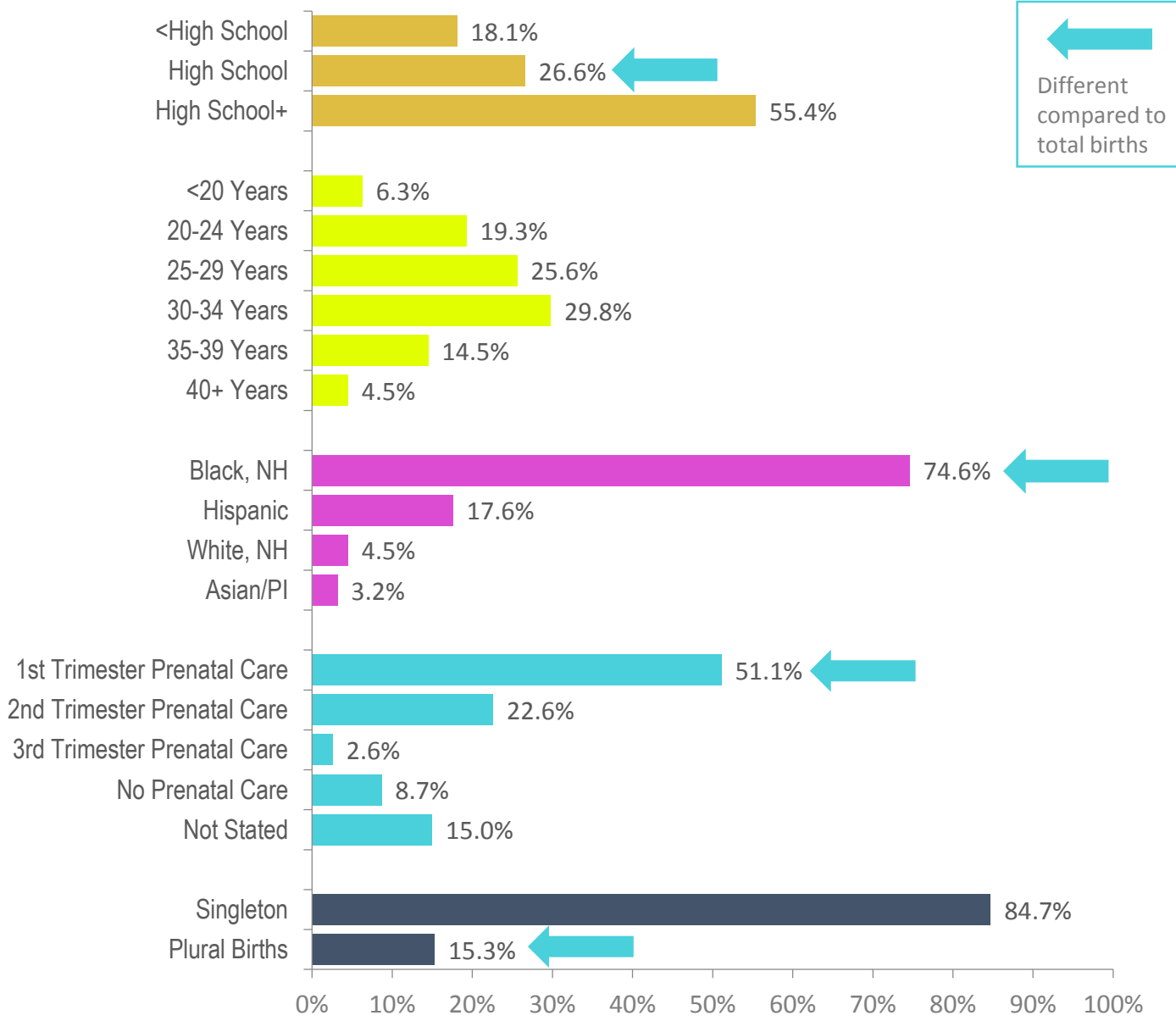
Source: CDC Wonder, Infant Death Data Analysis

MATERNAL AND BIRTH CHARACTERISTICS FOR INFANT DEATHS (N=380), PRINCE GEORGE'S COUNTY, 2013-2016



Between 2013 and 2016, there were 380 infant deaths in Prince George's County. Although about half of all births in Prince George's County were to Black, non-Hispanic women, they represent three-quarters of infant deaths. The percentage of infant deaths was also higher for women with a high school education (26.6%) compared to all births (22.6%).

Prenatal care was initiated in the first trimester for just over half of infant deaths between 2013-2016 (51.1%), lower compared to all births (56.0%). Fifteen percent of infant deaths involved plural births, compared to only 3.4% of all county births during the same time period.



Source: CDC Wonder, Infant Death Data Analysis

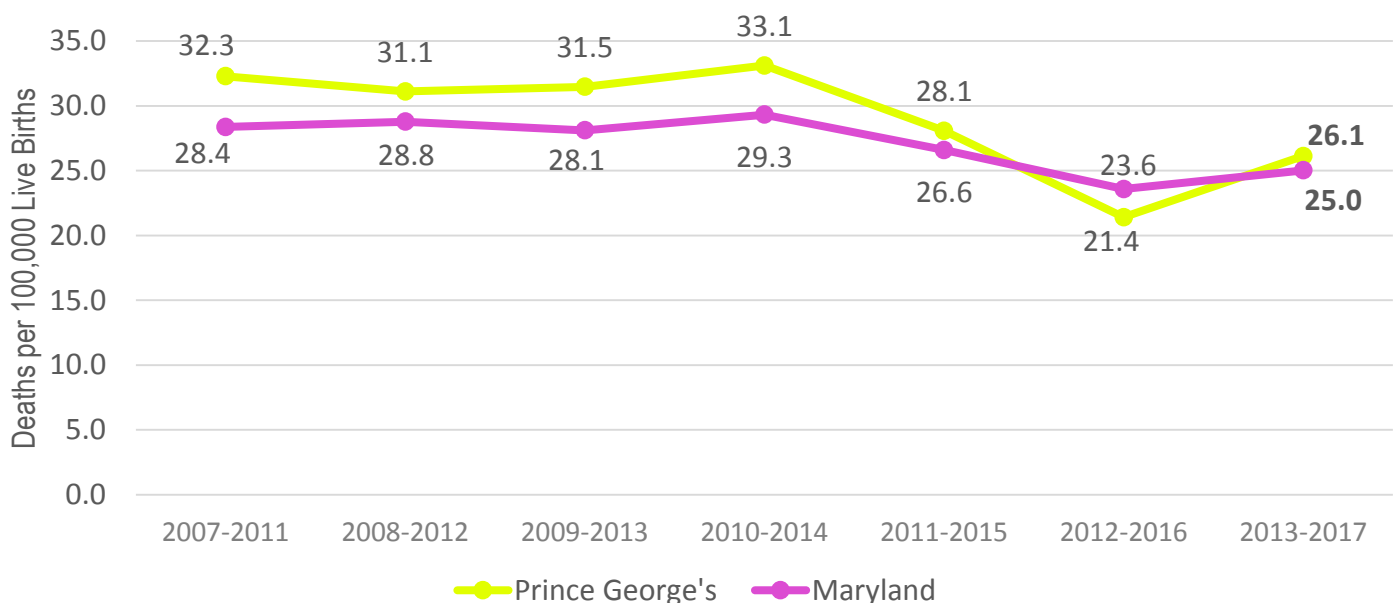


XI. PREGNANCY-RELATED MORTALITY



Pregnancy-related mortality is the death of a woman while pregnant or within one year of the conclusion of pregnancy, irrespective of the duration of the pregnancy, from any cause related to or aggravated by her pregnancy or its management; accidental or incidental causes are not included. In 2017, the pregnancy-related mortality in Prince George's County was 26.1 deaths per 100,000 live births, slightly higher compared to Maryland (25.0 per 100,000), but lower than the U.S. rate (29.1 per 100,000). The pregnancy-related mortality rate for the county has decreased in the past few years, from a high of 33.1 in 2010-2014.

5-YEAR PREGNANCY-RELATED MORTALITY RATE, 2007-2017



Source: CDC Wonder Online Database, Underlying Cause of Death; Maryland Department of Health Vital Statistics Administration, 2007-2017 Annual Report

PREGNANCY-RELATED MORTALITY BY RACE AND ETHNICITY, PRINCE GEORGE'S COUNTY AND MARYLAND, 2008-2017



In Prince George's County, the pregnancy-related mortality rate for Black, non-Hispanic (NH) mothers was nearly one-third higher compared to all mothers. For the state of Maryland, there is even more disparity for Black, NH mothers with a pregnancy-related mortality rate that is two-thirds higher compared to all mothers. The national pregnancy-related mortality rate for Black, NH mothers is 56.0 per 100,000 live births, higher than both the county and Maryland.

	Prince George's Number of Deaths	Prince George's Rate per 100,000 live births	Maryland Number of Deaths	Maryland Rate per 100,000 live births
TOTAL DEATHS	35	28.6	198	26.9
Black, NH	27	37.4	108	44.9
White, NH	*	*	63	19.1
Hispanic	*	*	17	15.6
Asian/PI, NH	*	*	10	18.8

*Data unavailable.

Source: CDC Wonder Online Database, Underlying Causes of Death; CDC Wonder Online Database, Births

From 2008-2017 in Prince George's County, there were 35 pregnancy-related deaths. The average maternal age** was 33.4 years, and ranged from 21-49 years. Although Black, NH women represent only 59% of births in the county from 2008-2017, they accounted for 82% of the pregnancy-related deaths during this time frame.

Half of the pregnancy-related deaths (16) in Prince George's County were from three causes: other specified pregnancy-related conditions [ICD-10*** code O26.8]; diseases of the circulatory system complicating pregnancy [ICD-10 code O99.4]; and death from indirect obstetric cause occurring more than 42 days but less than 1 year after delivery [ICD-10 code O96.1].

**Excludes two deaths with unknown age.

*** [International Classification of Diseases, Tenth Revision](#)

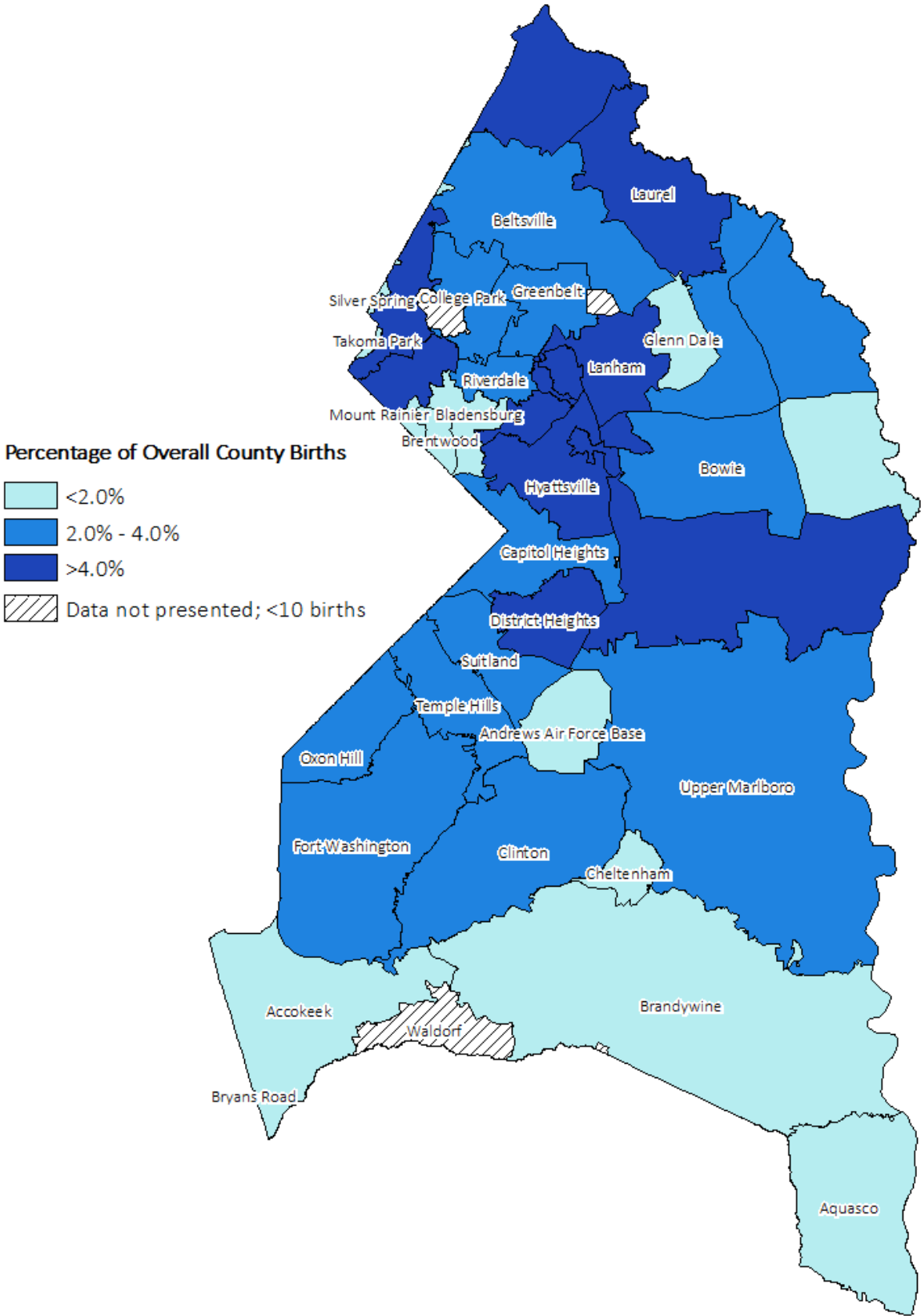
Source: CDC Wonder Online Database, Underlying Causes of Death; CDC Wonder Online Database, Births

XII. APPENDIX A: SELECT BIRTH DATA BY ZIP CODE

NUMBER AND PERCENTAGE OF BIRTHS BY ZIP CODE OF RESIDENCE, PRINCE GEORGE'S COUNTY, 2015-2017

ZIP Code	ZIP Name	Births (N)	Percent (%)
20601	Waldorf	<10	--
20607	Accokeek	268	0.7%
20608	Aquasco	33	0.1%
20613	Brandywine	364	1.0%
20623	Cheltenham	63	0.2%
20705	Beltsville	1,212	3.3%
20706	Lanham	1,893	5.1%
20707	Laurel	1,478	4.0%
20708	Laurel	1,492	4.0%
20710	Bladensburg	549	1.5%
20712	Mount Rainier	453	1.2%
20715	Bowie	846	2.3%
20716	Bowie	681	1.8%
20720	Bowie	767	2.1%
20721	Bowie	798	2.2%
20722	Brentwood	275	0.7%
20735	Clinton	909	2.5%
20737	Riverdale	1,307	3.5%
20740	College Park	861	2.3%
20742	College Park	<10	--
20743	Capitol Heights	1,455	3.9%
20744	Fort Washington	1,175	3.2%
20745	Oxon Hill	1,063	2.9%
20746	Suitland	1,097	3.0%
20747	District Heights	1,470	4.0%
20748	Temple Hills	1,242	3.3%
20762	Andrews AFB	95	0.3%
20769	Glenn Dale	194	0.5%
20770	Greenbelt	1,179	3.2%
20772	Upper Marlboro	1,263	3.4%
20774	Upper Marlboro	1,497	4.0%
20781	Hyattsville	706	1.9%
20782	Hyattsville	1,500	4.0%
20783	Hyattsville	2,847	7.7%
20784	Hyattsville	1,606	4.3%
20785	Hyattsville	2,022	5.5%
20903	Silver Spring	269	0.7%
20904	Silver Spring	13	0.1%
20912	Takoma Park	210	0.6%

PERCENTAGE OF BIRTHS BY ZIP CODE OF RESIDENCE, PRINCE GEORGE'S COUNTY, 2015-2017



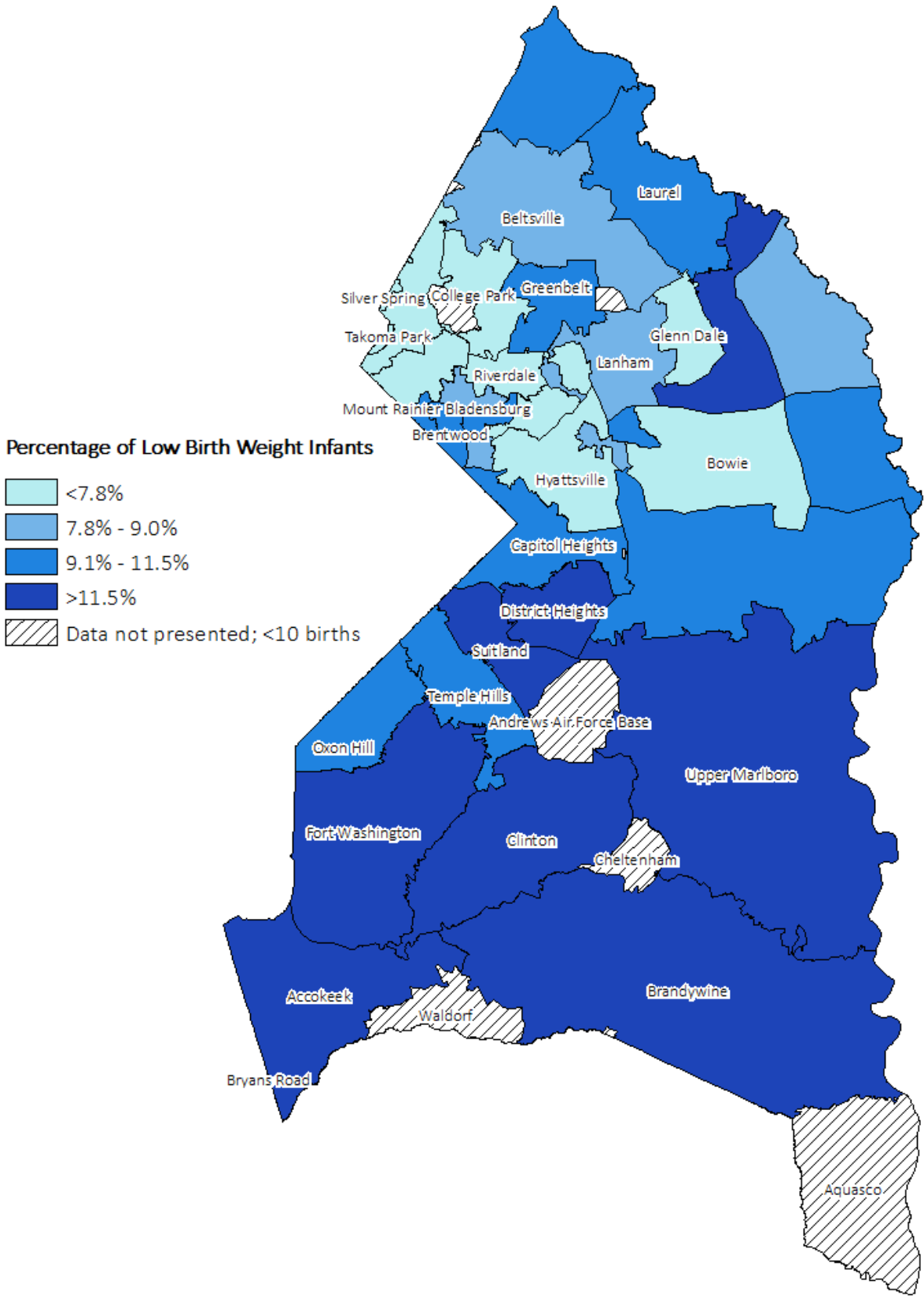
Source: MDH Vital Statistics Administration, Birth Data Analysis

NUMBER AND PERCENTAGE OF LOW BIRTH WEIGHT (<2,500 g)
 BIRTHS BY ZIP CODE OF RESIDENCE,
 PRINCE GEORGE'S COUNTY, 2015-2017

ZIP Code	ZIP Name	Low Weight Births (N)	Percent of Births(%)
20601	Waldorf	0	0.0%
20607	Accokeek	35	13.1%
20608	Aquasco	<10	--
20613	Brandywine	44	12.1%
20623	Cheltenham	<10	--
20705	Beltsville	106	8.7%
20706	Lanham	159	8.4%
20707	Laurel	150	10.1%
20708	Laurel	146	9.8%
20710	Bladensburg	51	9.3%
20712	Mount Rainier	44	9.7%
20715	Bowie	71	8.4%
20716	Bowie	64	9.4%
20720	Bowie	91	11.9%
20721	Bowie	62	7.8%
20722	Brentwood	25	9.1%
20735	Clinton	111	12.2%
20737	Riverdale	93	7.1%
20740	College Park	66	7.7%
20742	College Park	<10	--
20743	Capitol Heights	166	11.4%
20744	Fort Washington	141	12.0%
20745	Oxon Hill	113	10.6%
20746	Suitland	146	13.3%
20747	District Heights	182	12.4%
20748	Temple Hills	136	11.0%
20762	Andrews AFB	<10	--
20769	Glenn Dale	13	6.7%
20770	Greenbelt	124	10.5%
20772	Upper Marlboro	160	12.7%
20774	Upper Marlboro	161	10.8%
20781	Hyattsville	58	8.2%
20782	Hyattsville	104	6.9%
20783	Hyattsville	208	7.3%
20784	Hyattsville	122	7.6%
20785	Hyattsville	156	7.7%
20903	Silver Spring	10	3.7%
20904	Silver Spring	<10	--
20912	Takoma Park	14	6.7%

Source: MDH Vital Statistics Administration, Birth Data Analysis

PERCENTAGE OF LOW BIRTH WEIGHT (<2,500g) BIRTHS BY ZIP CODE OF RESIDENCE, PRINCE GEORGE'S COUNTY, 2015-2017



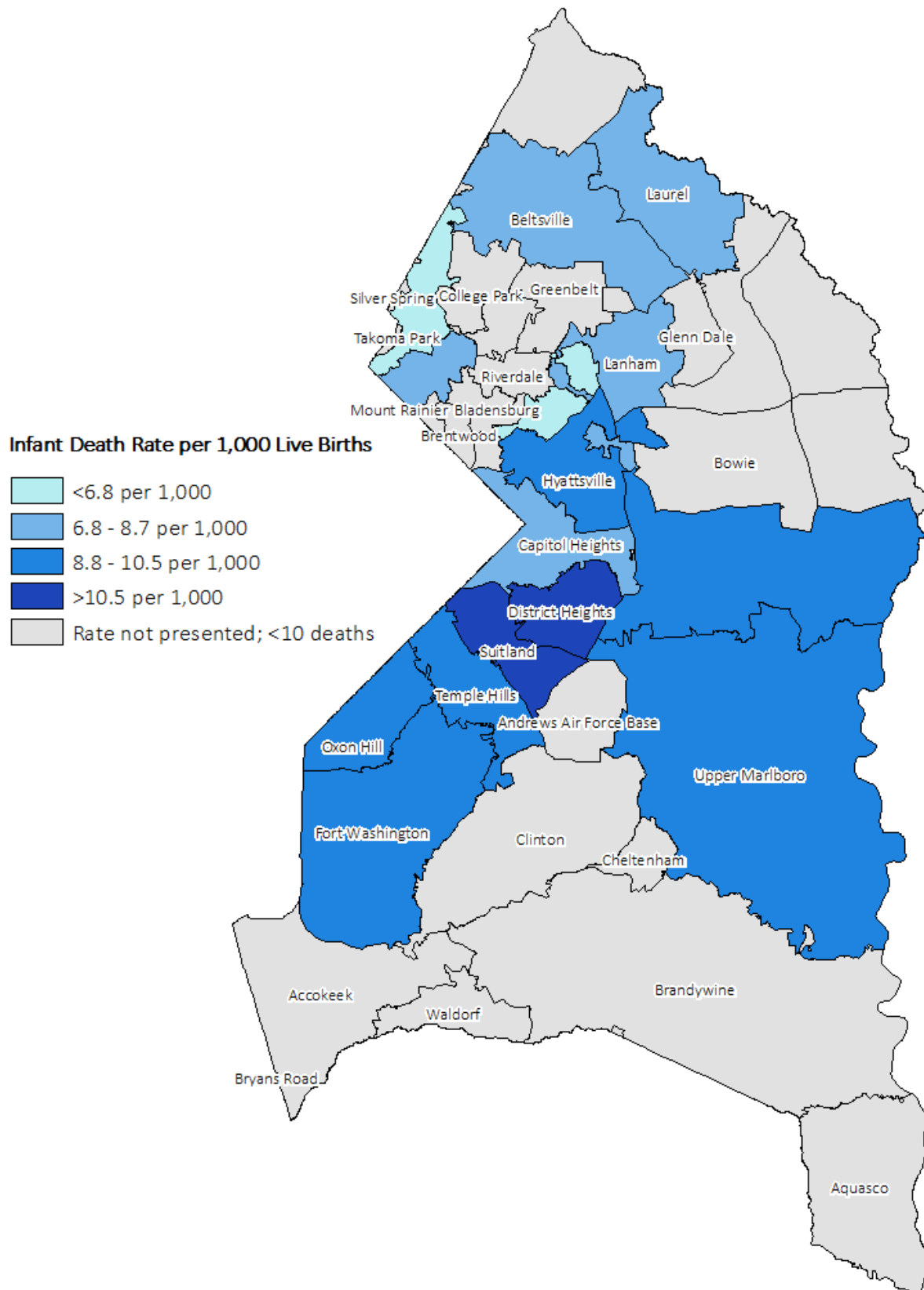
NUMBER AND RATE OF INFANT DEATHS BY ZIP CODE* OF RESIDENCE, PRINCE GEORGE'S COUNTY, 2015-2017

ZIP Code	ZIP Name	Number of Deaths (N)	Rate per 1,000 Live Births
20705	Beltsville	10	8.3
20706	Lanham	13	6.9
20708	Laurel	11	7.4
20743	Capitol Heights	11	7.6
20744	Fort Washington	11	9.4
20745	Oxon Hill	11	10.3
20746	Suitland	24	21.9
20747	District Heights	26	17.7
20748	Temple Hills	13	10.5
20772	Upper Marlboro	13	10.3
20774	Upper Marlboro	14	9.4
20782	Hyattsville	13	8.7
20783	Hyattsville	18	6.3
20784	Hyattsville	10	6.2
20785	Hyattsville	19	9.4

* Only ZIP Codes with at least 10 deaths are displayed.

Source: MDH Vital Statistics Administration, Death Data Analysis

INFANT MORTALITY RATE PER 1,000 LIVE BIRTHS BY ZIP CODE OF RESIDENCE, PRINCE GEORGE'S COUNTY, 2015-2017

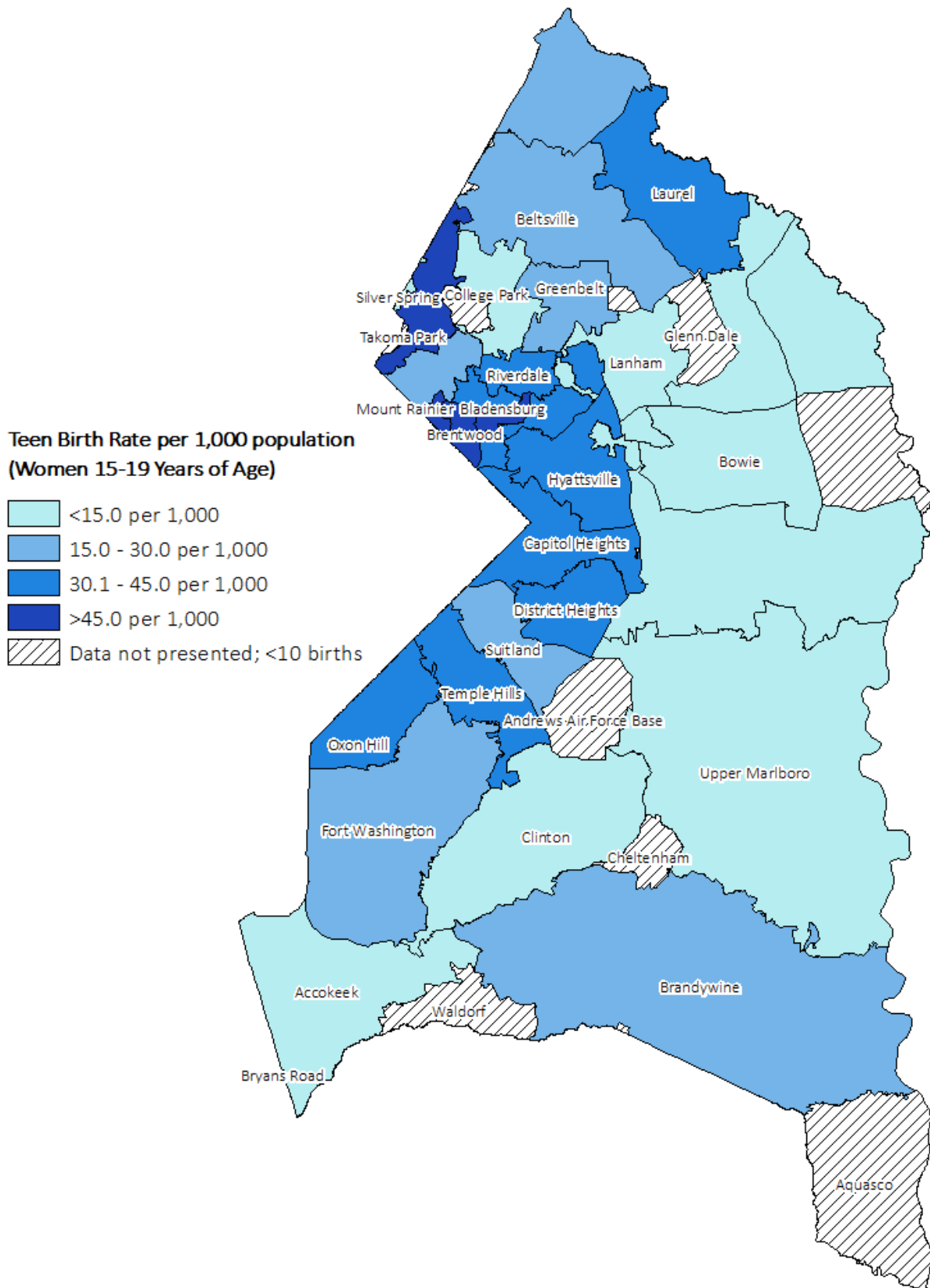


NUMBER AND RATE OF TEEN BIRTHS (15-19 YEARS OF AGE) BY ZIP CODE OF RESIDENCE, PRINCE GEORGE'S COUNTY, 2015-2017

ZIP Code	ZIP Name	Teen Births (N)	Rate per 1,000 Population*
20601	Waldorf	<10	--
20607	Accokeek	13	9.2
20608	Aquasco	<10	--
20613	Brandywine	22	20.0
20623	Cheltenham	<10	--
20705	Beltsville	37	16.8
20706	Lanham	69	14.9
20707	Laurel	48	20.4
20708	Laurel	50	32.2
20710	Bladensburg	43	46.5
20712	Mount Rainier	33	50.7
20715	Bowie	13	4.3
20716	Bowie	<10	--
20720	Bowie	14	9.2
20721	Bowie	11	3.3
20722	Brentwood	24	60.6
20735	Clinton	43	13.4
20737	Riverdale	79	41.5
20740	College Park	32	6.4
20742	College Park	<10	--
20743	Capitol Heights	111	33.0
20744	Fort Washington	66	15.6
20745	Oxon Hill	75	38.2
20746	Suitland	72	25.9
20747	District Heights	108	30.6
20748	Temple Hills	90	30.6
20762	Andrews AFB	<10	--
20769	Glenn Dale	<10	--
20770	Greenbelt	42	16.9
20772	Upper Marlboro	31	5.6
20774	Upper Marlboro	44	11.9
20781	Hyattsville	34	36.9
20782	Hyattsville	81	26.8
20783	Hyattsville	222	57.5
20784	Hyattsville	87	35.7
20785	Hyattsville	109	33.7
20903	Silver Spring	20	9.4
20904	Silver Spring	<10	--
20912	Takoma Park	<10	--

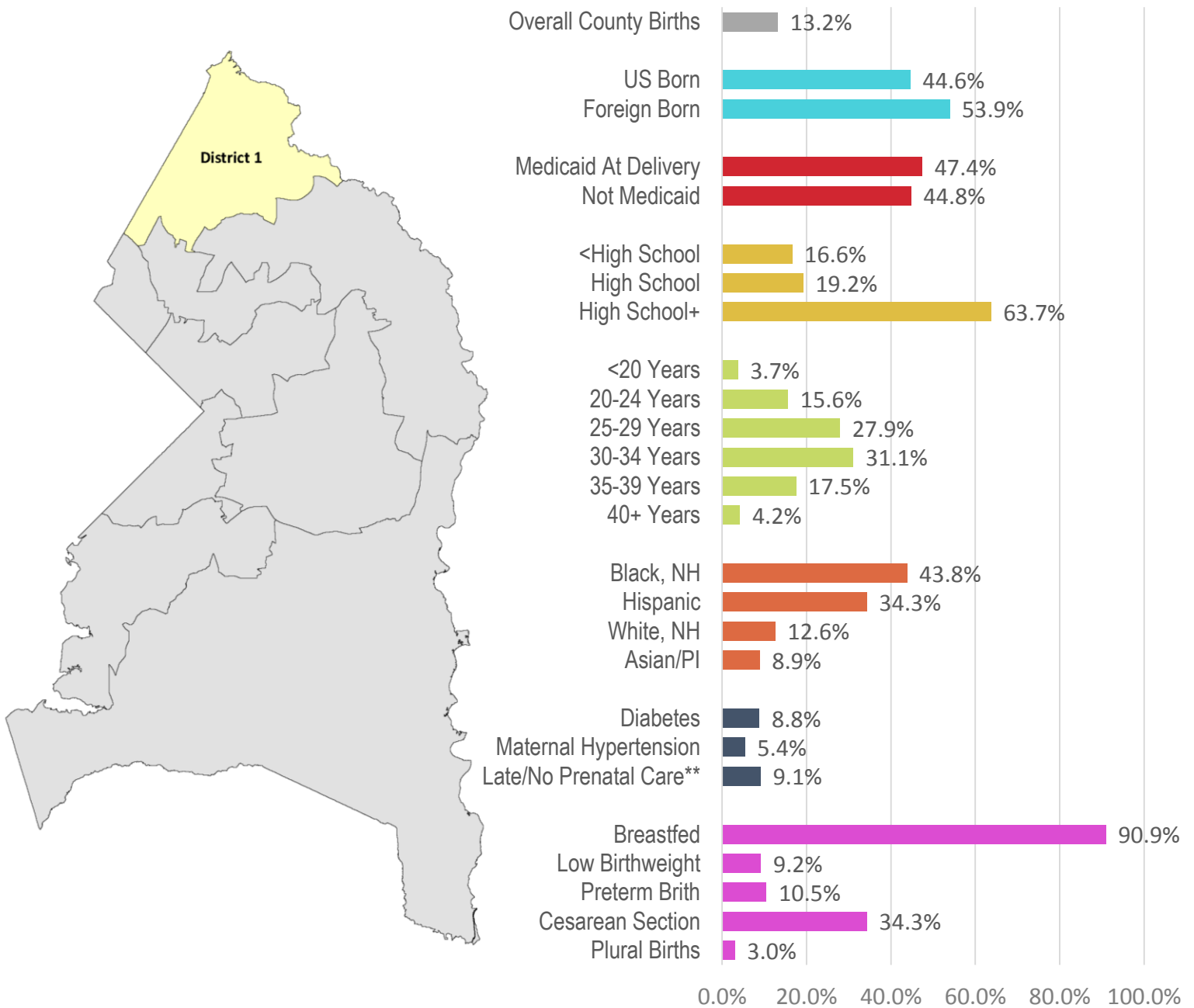
Source: MDH Vital Statistics Administration, Birth Data Analysis; *Rate per 1,000 women aged 15-19 years

TEEN BIRTH RATE (15-19 YEARS OF AGE) BY ZIP CODE OF RESIDENCE, PRINCE GEORGE'S COUNTY, 2015-2017



XIII. APPENDIX B: SELECT BIRTH DATA BY COUNCIL DISTRICT

COUNCIL DISTRICT 1 (N = 1,637 BIRTHS IN 2017)*

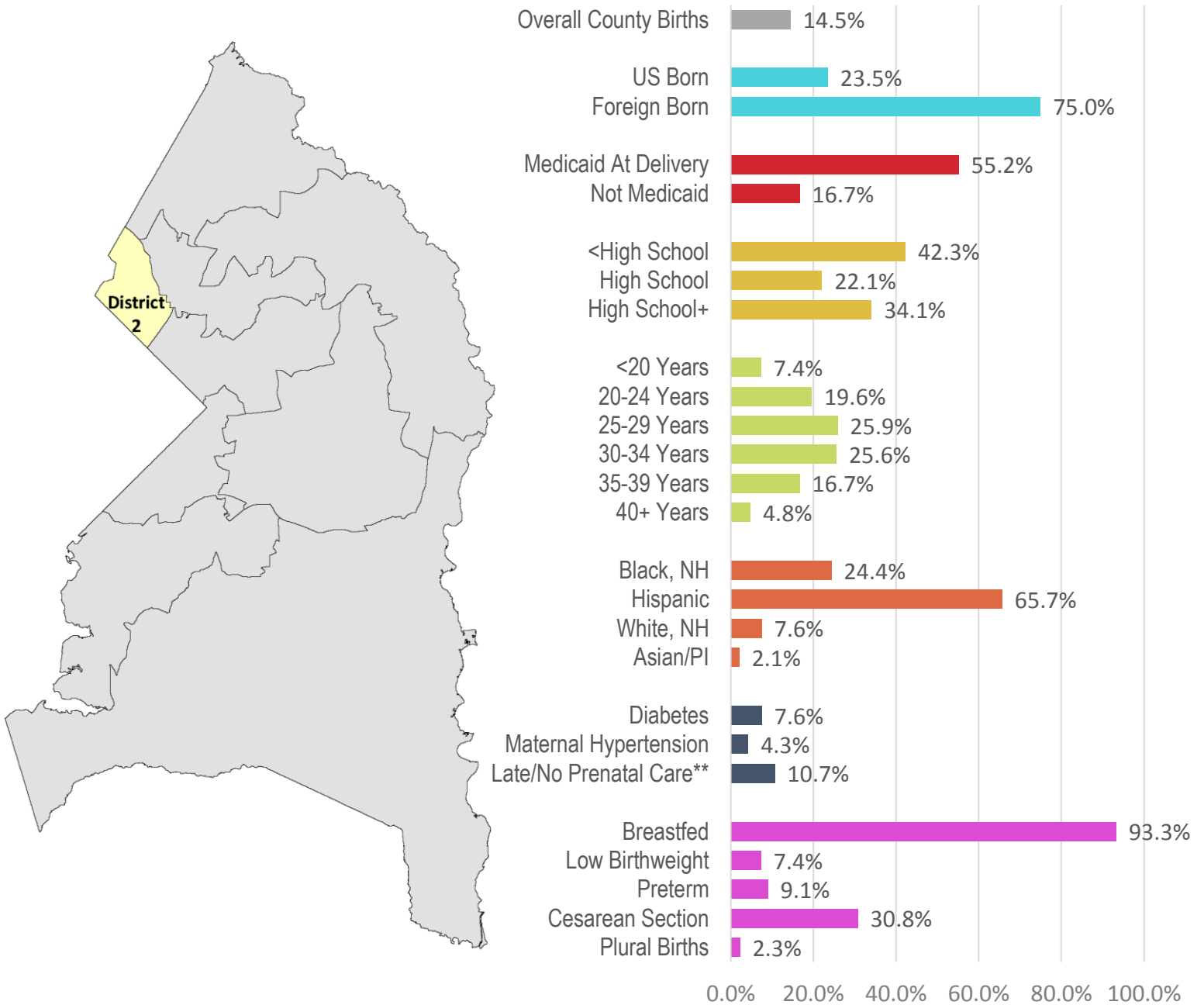


* Due to records with missing information percentages may not add to 100%

** Late prenatal care is care initiated in the third trimester

Source: MDH Vital Statistics Administration, Birth Data Analysis

COUNCIL DISTRICT 2 (N = 1,802 BIRTHS IN 2017)*

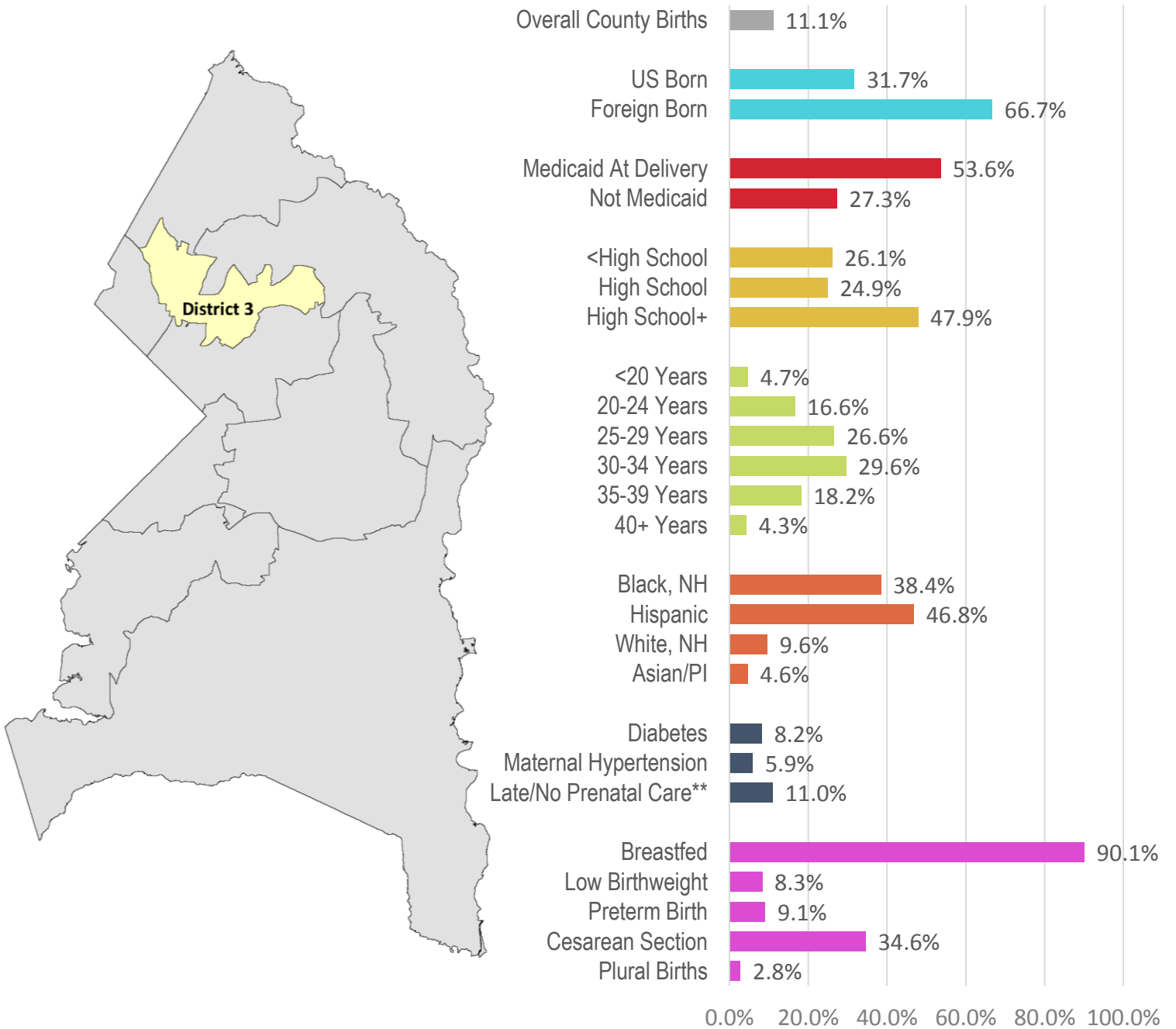


* Due to records with missing information percentages may not add to 100%

** Late prenatal care is care initiated in the third trimester

Source: MDH Vital Statistics Administration, Birth Data Analysis

COUNCIL DISTRICT 3 (N = 1,380 BIRTHS IN 2017)*

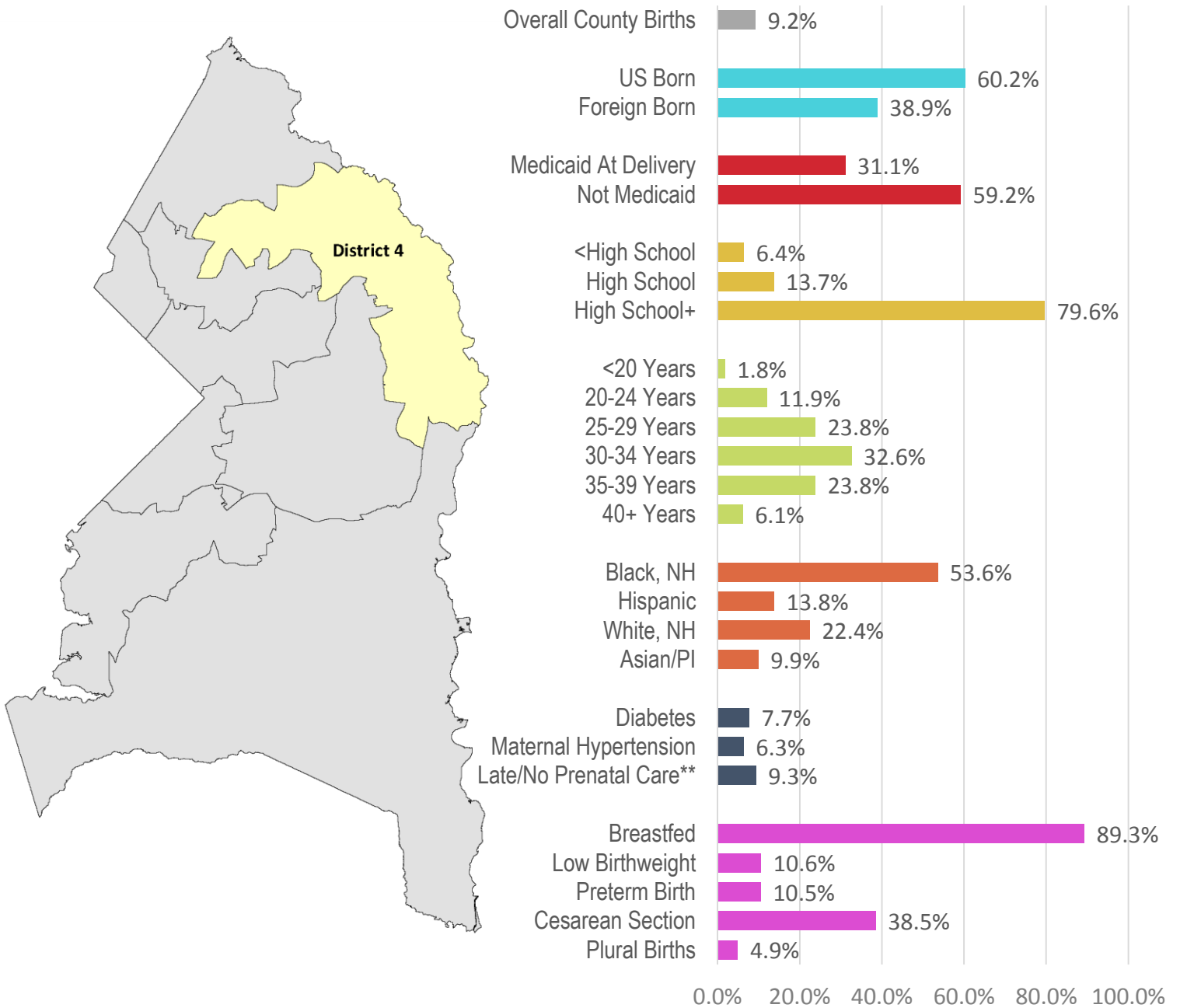


* Due to records with missing information percentages may not add to 100%

** Late prenatal care is care initiated in the third trimester

Source: MDH Vital Statistics Administration, Birth Data Analysis

COUNCIL DISTRICT 4 (N = 1,148 BIRTHS IN 2017)*

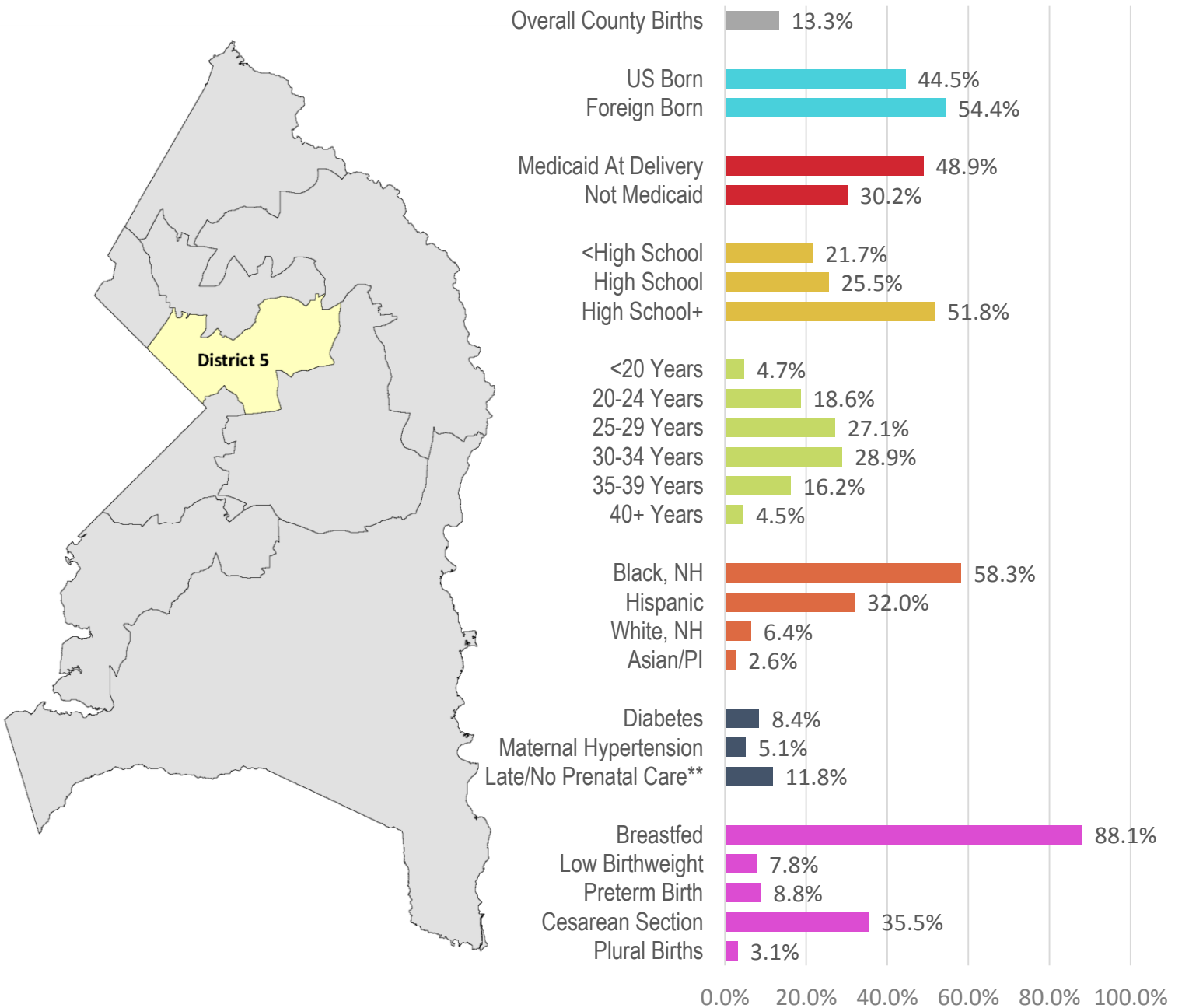


* Due to records with missing information percentages may not add to 100%

** Late prenatal care is care initiated in the third trimester

Source: MDH Vital Statistics Administration, Birth Data Analysis

COUNCIL DISTRICT 5 (N = 1,652 BIRTHS IN 2017)*

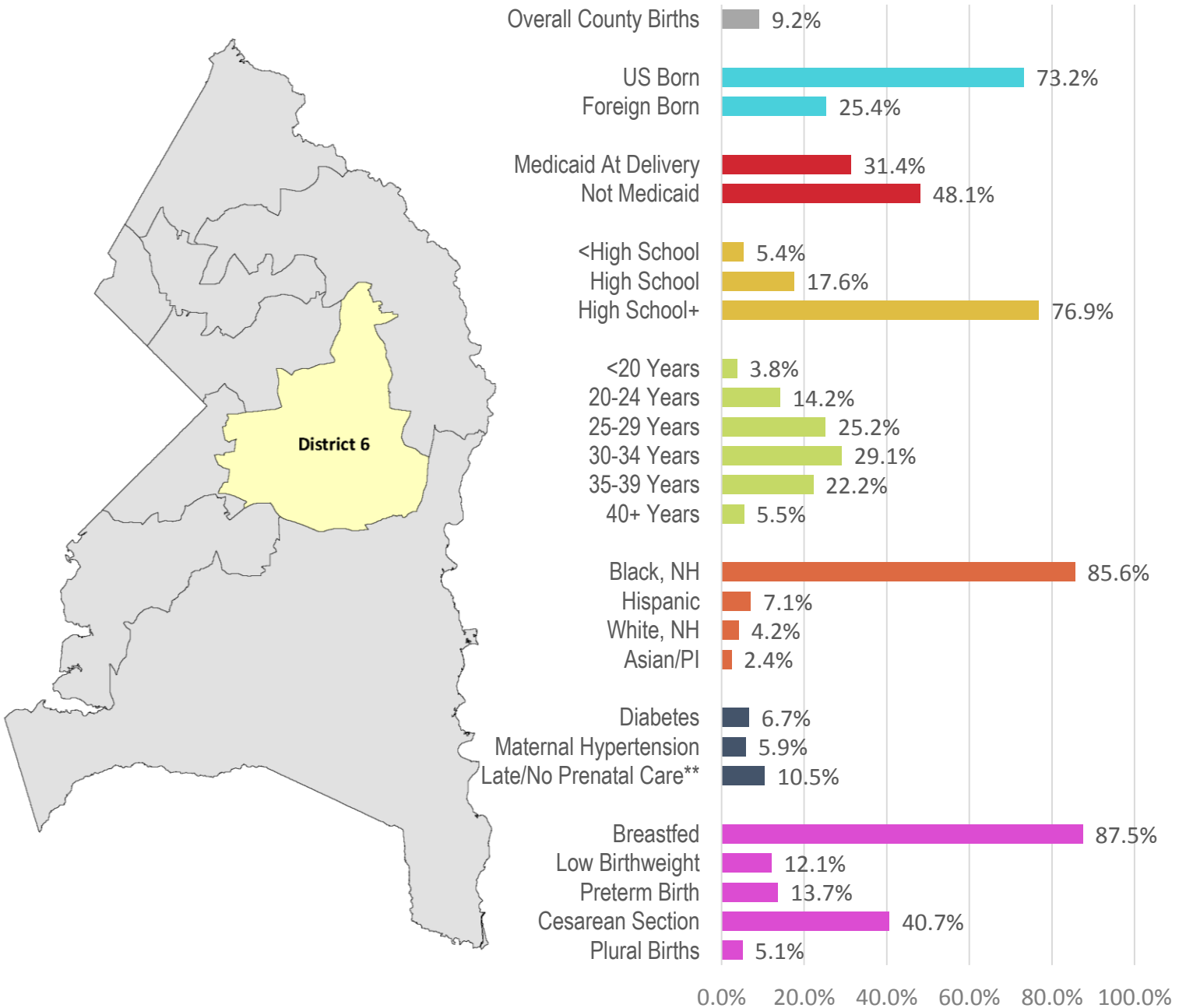


* Due to records with missing information percentages may not add to 100%

** Late prenatal care is care initiated in the third trimester

Source: MDH Vital Statistics Administration, Birth Data Analysis

COUNCIL DISTRICT 6 (N = 1,145 BIRTHS IN 2017)*

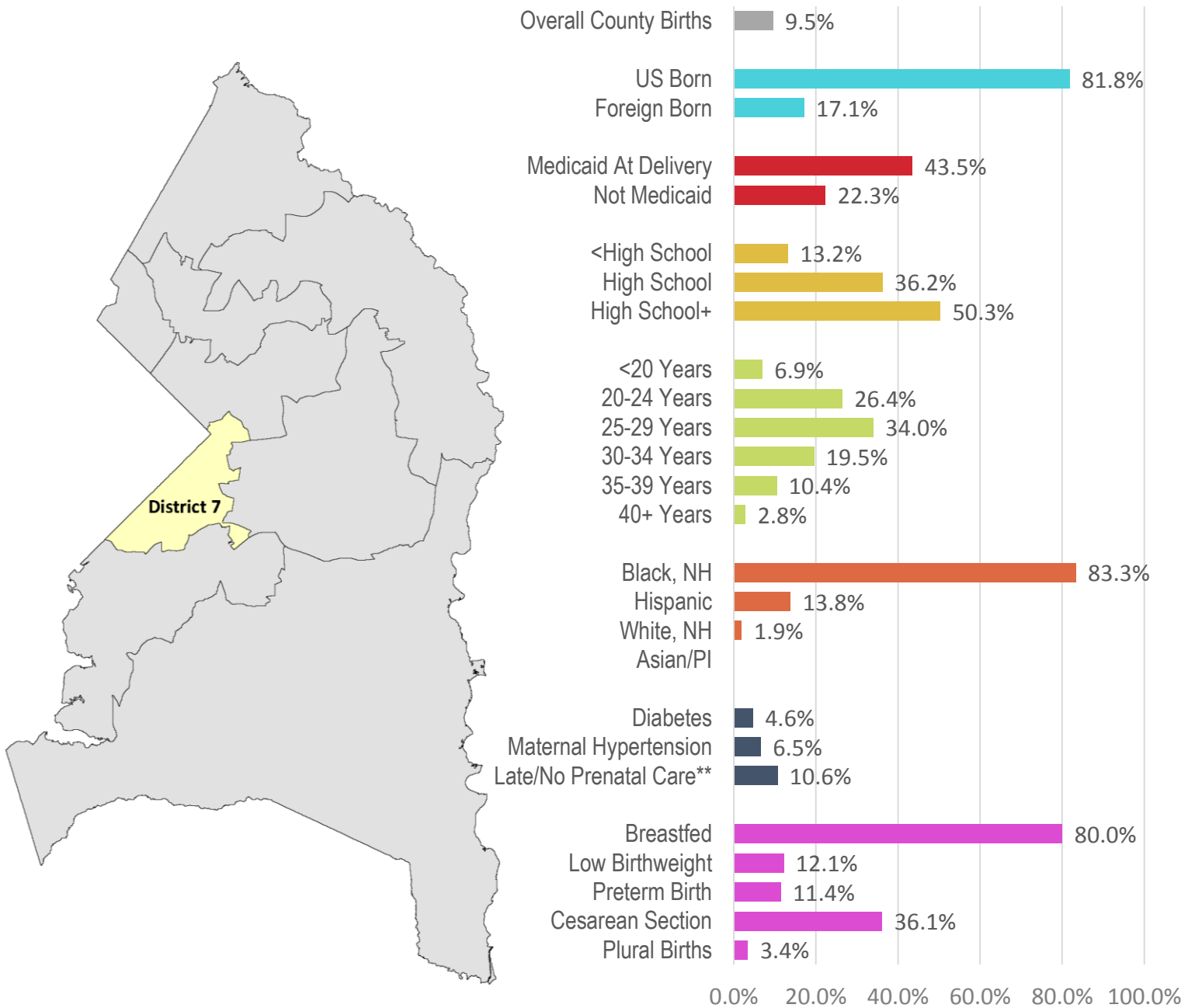


* Due to records with missing information percentages may not add to 100%

** Late prenatal care is care initiated in the third trimester

Source: MDH Vital Statistics Administration, Birth Data Analysis

COUNCIL DISTRICT 7 (N = 1,184 BIRTHS IN 2017)*

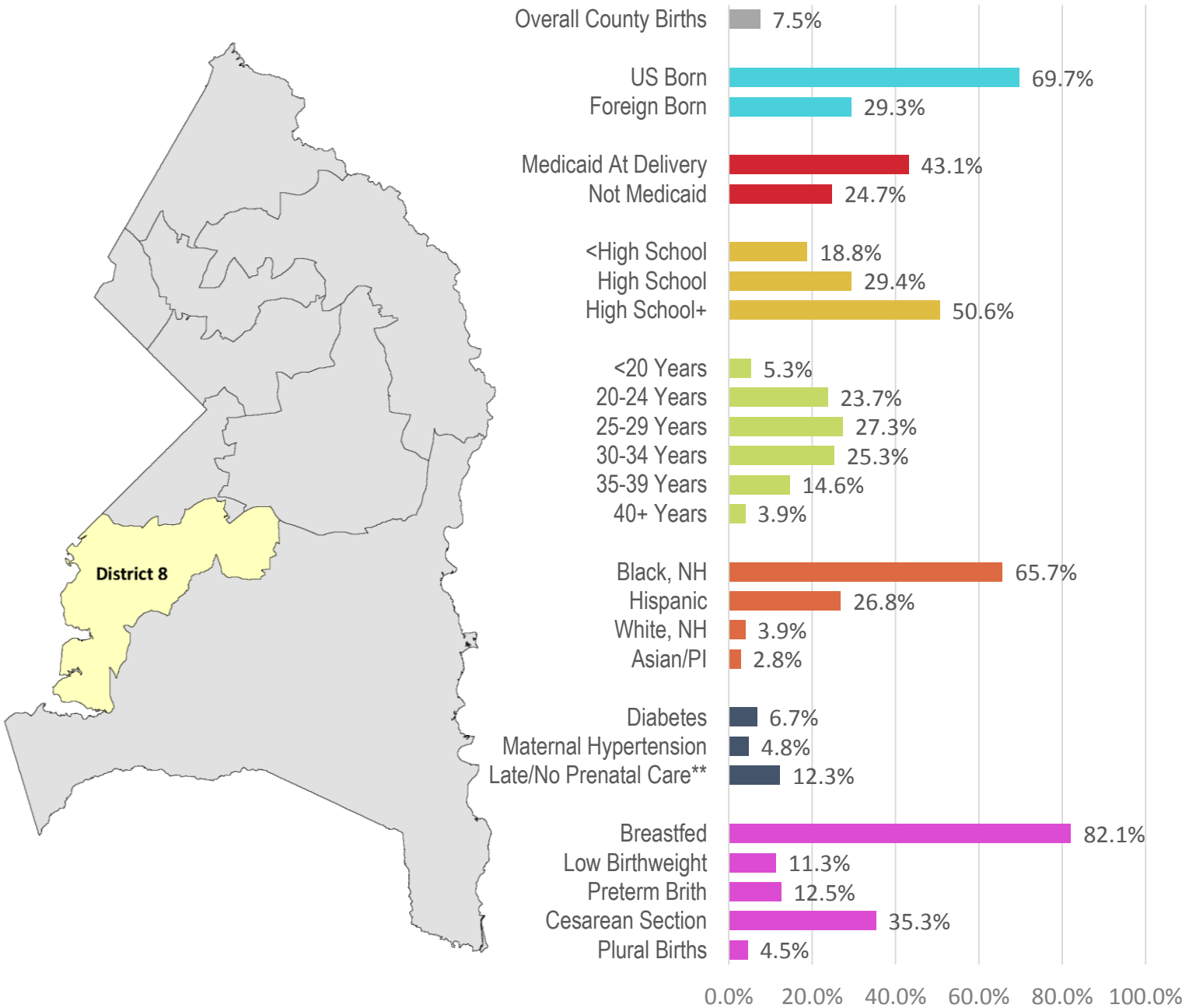


* Due to records with missing information percentages may not add to 100%

**Less than 10 births; data not presented.

Source: MDH Vital Statistics Administration, Birth Data Analysis

COUNCIL DISTRICT 8 (N = 932 BIRTHS IN 2017)*

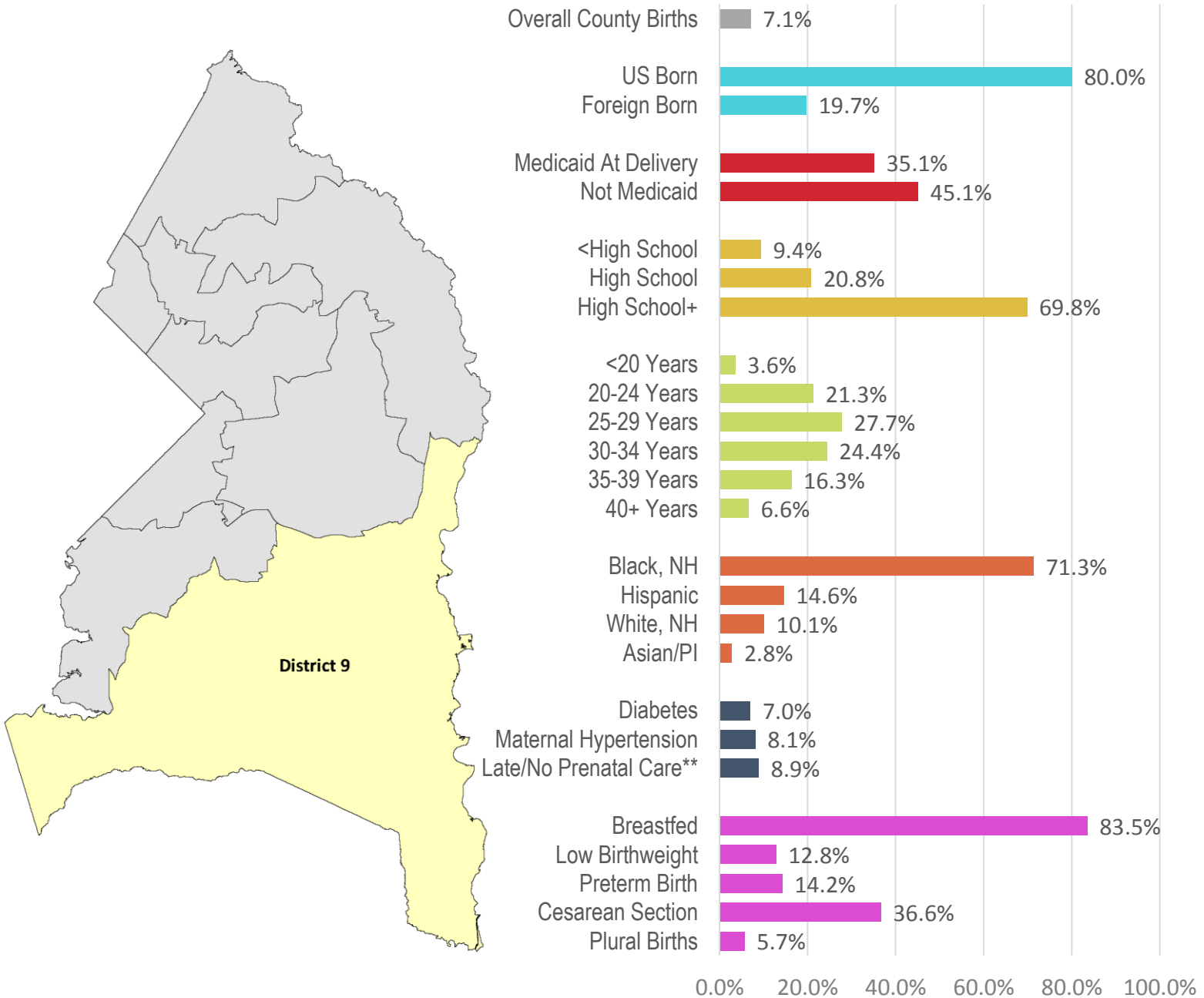


* Due to records with missing information percentages may not add to 100%

**Less than 10 births; data not presented.

Source: MDH Vital Statistics Administration, Birth Data Analysis

COUNCIL DISTRICT 9 (N = 888 BIRTHS IN 2017)*



* Due to records with missing information percentages may not add to 100%

**Less than 10 births; data not presented.

Source: MDH Vital Statistics Administration, Birth Data Analysis



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