NATIONAL CENTER FOR HEALTH STATISTICS DATA LINE

Births to U.S. Teens on the Decline

For the first time since 1986, the birth rate for U.S. teenagers ages 15–17 declined in 1992, according to a new report (*1*) from the National Center for Health Statistics (NCHS).

NCHS is the Federal Government's principal vital and health statistics agency. NCHS data systems cover the health field from birth to death, including overall health status, lifestyle and exposure to unhealthful influences, the onset and diagnosis of illness and disability, and the use of health care. NCHS is part of the Public Health Service's Centers for Disease Control and Prevention.

"The Advance Report of Final Natality Statistics, 1992" shows that the birth rate for teens ages 15–17 was 37.8 per 1,000 in 1992, down from 38.7 per 1,000 in 1991. From 1986 to 1991, the birth rate among these young teens increased 27 percent, but declined 2 percent from 1991 to 1992.

Overall, U.S. births declined for the second consecutive year in 1992, to 4,065,014. The 1992 birth rate was 15.9 live births per 1,000 population, and the fertility rate was 68.9 live births per 1,000 women ages 15–44 years.

Birth Rates Leveling Off Among Older Women

Meanwhile, the substantial increases in birth rates for women in their thirties measured since the mid to late 1970s appear to have stopped. However, despite the fact that these rates stabilized in 1991 and 1992, a record number of babies were born to women ages 30–34 years—nearly 900,000. Births to women ages 35–44 also were at record levels.

Birth rates for women in their twenties, the peak childbearing years, declined by 1 percent. These rates had fallen in the early 1980s and then increased, but the net effect was little change in rates from 1980 to 1992. The number of births to these women in 1992 was 3 percent below the 1991 total.

Births to Unwed Mothers Declining

Births to unmarried mothers hit record levels again in 1992, but the increase from 1991 was the smallest since 1983. There were 1,224,876 births to unmarried women in 1992, while the birth rate was 45.2 per 1,000 unmarried women ages 15–44, unchanged from 1991.

Thirty percent of all U.S. births were to unmarried women, including 69 percent of black births, 39 percent of Hispanic births, and 23 percent of white births. The lowest proportions were among Asian women, at 15 percent for this group.

More than 4 of 10 women giving birth in 1992 had at least some college education, and 1 of 5 were college graduates. There were wide variations in educational attainment for racial and Hispanic subgroups, with the proportions completing high school ranging from 46 percent of Hispanic women to 98 percent of Japanese women.

The report highlights many important maternal and infant health factors. The proportion of mothers beginning prenatal care in the critical first trimester rose for the first time in more than a decade to 78 percent in 1992, the highest level ever reported. The proportion whose care was delayed until the third trimester or who had no care at all fell to 5 percent.

The report also features information on weight gain during pregnancy, which provides important insights into the nutrition of pregnant women and is directly associated with infant birth weight. Median weight gain was 2.1 pounds higher for white than for black mothers, and very low weight gains of less than 16 pounds were nearly twice as frequent for black as for white mothers (15.8 percent compared with 8.3 percent).

Among other racial groups, Chinese mothers were least likely to have a weight gain of less than 16 pounds at 7 percent and American Indian mothers most likely at 14 percent. Mothers in their late twenties and early thirties were at lowest risk of a very low weight gain, with mothers ages 40–49 at highest risk.

Medical risk factors in the study show that, of all racial and Hispanic-origin groups, American Indian mothers had the highest reported rates for anemia, diabetes, pregnancy associated hypertension, and uterine bleeding, all of which complicate pregnancy and compromise pregnancy outcome. The rates for Chinese mothers were among the lowest for these factors, although these rates for diabetes were comparable to the level for American Indians.

Fewer Women Smoke During Pregnancy

Cigarette smoking by pregnant women declined in 1992 for the third consecutive year, to 16.9 percent. Among white mothers, 17.9 percent smoked during pregnancy compared with 13.8 percent of black mothers. Asian and Hispanic women generally have much lower smoking rates, an average of between 5 and 6 percent.

The strong association between maternal cigarette smoking and reduced infant birth weight persists. In 1992, 11.5 percent of babies born to smokers weighed less than 2,500 grams at birth compared with 6.3 percent of births to nonsmokers. An estimated 40,000 fewer infants would have been with low birth weight if their mothers did not smoke.

Electronic fetal monitoring was used on more than 3 million births, or 77 percent of the total in 1992. This monitoring was the third consecutive year there has been an increase of this procedure, up from 68 percent in 1989. Ultrasound was the second most commonly reported obstetric procedure, at 58 percent. The proportion of births delivered by physicians in hospitals declined again in 1992, continuing a trend since 1975, to 94.2 percent; midwife-attended deliveries in hospitals rose to 4.4 percent of all births.

The national cesarean rate declined again in 1992, to 22.3 percent of all births compared with 22.8 percent in 1989. In 1992, the highest rates were for women ages 35–39 having their first child, and women in their forties having their first or second child. Teens were least likely to have a cesarean delivery.

The frequency of vaginal birth after a previous cesarean delivery continued to increase, to 22.6 percent of births to mothers with a previous cesarean, 20 percent higher than the rate of 18.9 percent in 1989. Forceps deliveries continued to decline in 1992 (4.3 percent of births), while vacuum extraction continued to increase (4.8 percent of births).

The steady decline in the average

number of births on Saturdays and Sundays compared with the daily average continued in 1992, with the Sunday deficit increasing to 21 percent and the Saturday deficit to 15 percent. The weekend deficit is far greater for cesarean births, particularly repeat cesareans, than for vaginal births. The growing deficit of both vaginal and cesarean deliveries on weekends is associated with the increased use of induction of labor on weekdays. There were 11 percent more births on Tuesdays, the peak day of occurrence, than the daily average.

The proportion of babies born preterm (less than 37 completed weeks of gestation) declined slightly to 10.7 percent in 1992. All of the improvement occurred among births to black women, while the proportion for births to whites remained steady. The preterm level for black births was the lowest since 1987.

The incidence of low birth weight (less than 2,500 grams) remained at 7.1 percent in 1992, the highest level reported since 1978. There has been no improvement in this important predictor of infant survival. Black babies continue to be at twice the risk of low birth weight as white babies, 13.3 percent compared with 5.8 percent, although there was a small decline in the low birth weight rate for black infants, from 13.6 percent in 1991.

The rate of occurrence of Down's syndrome per 100,000 live births was twice as high for women ages 30–34 years as for teenagers, 56.0 compared with 28.9, and 12 times as high for women ages 40–49 years (343.0). Congenital anomaly rates for live births were higher for black than for white births for only 4 of the 20 anomalies identified on birth certificates.

The number of plural births, especially triplets and higher-order plural births, increased in 1992 more than in any previous year. Most of the increase was among mothers 30 years and older, and among white mothers.

Nearly 3 Million Hospitalized for Injury and Poisoning

A new NCHS study reveals that in 1991 approximately 2.8 million Americans were hospitalized for injury or poisoning, and close to 150,000 persons died from injuries (*2*). Apart from women giving birth, injury was the leading cause of hospital admissions for people younger than 45 years and the leading cause of death in the same age group. It has been estimated that one in four Americans are injured annually, and that injuries cost the United States more than $100 billion per year due to lost productivity and medical care.

The overall hospitalization rate for injury and poisoning diagnoses was 110.5 per 10,000 population, but it ranged from 51.9 per 10,000 for children younger than 15 to 279.6 per 10,000 for persons 65 years or older. The most common injury and poisoning diagnosis was fracture, at 37 percent. More than one-half of Americans 65 years or older with injury and poisoning diagnoses had fractures, with most of these being hip fractures.

Males had higher hospital discharge rates than females for intracranial injuries, lacerations and open wounds, dislocations, burns, and internal injuries. Females had higher rates in the poisoning and toxic effects category. White and black persons had similar overall hospital discharge rates for injury and poisoning. But white persons had higher rates of lacerations and open wounds, burns, poisonings, and internal injuries than black persons.

Source of Payment

Private health insurance was the expected source of payment for more than one-half of the patients hospitalized for injury and poisoning diagnoses in the younger than 15 years age group, and for close to one-half (47 percent) of the patients in the 15–44-year-old age group. The vast majority (87 percent) of the 65 or older group hospitalized for injury or poisoning diagnoses expected their hospital care to be paid for by Medicare. Only 5 percent of the elderly cited private insurance as their expected principal source of payment, and only 2 percent of this age group were in the self-pay category.

Medicaid was expected to pay for the care of 23 percent of persons younger than 15 years. Another 10 percent of the patients in this age group were in the self-pay category—an indication of no or inadequate health insurance.

Of the 15–44-year-olds, 18 percent were in the self-pay category. In this age group, more than one-quarter of the patients with diagnoses of lacerations and open wounds and internal injuries of the chest, abdomen, and pelvis; more than one-fifth with intracranial injuries and poisonings and toxic effects; and 19 percent with fractures were in the self-pay category. It is probable that many of these patients required emergency care which hospitals provided regardless of their lack of insurance.

Overall, 4 percent of persons hospitalized in 1991 for injury and poisoning diagnoses expected workers' compensation to cover the cost of their hospital care.

Of the 119,000 discharges expecting this source of payment, 69 percent were in the 15–44-year-old group. In this age group, 31 percent of the burns, 15 percent of the dislocations, and 16 percent of the sprains and strains were expected to be paid for by workers' compensation. Another 25 percent of the discharges expecting their hospitalization to be paid for by workers' compensation were in the 45–64-year-old group. In this age group, 16 percent of the persons with sprains and strains and 15 percent with burns who had workers' compensation indicated it as the anticipated payment source.

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NCHS publications and assistance in obtaining printed and electronic data products are available from NCHS, Data Dissemination Branch, Room 1064, 6525 Belcrest Rd., Hyattsville, MD 20782; tel. (301) 436–8500.

References

1. National Center for Health Statistics: Advance report of final natality statistics, 1992. Monthly Vital Stat Rep, Vol. 43, No. 5. DHHS Publication No. (PHS) 95–1120. Centers for Disease Control and Prevention, Hyattsville, MD, 1994.

2. National Center for Health Statistics: Hospitalization for injury and poisoning in the United States, 1991. Advance Data, No. 252. DHHS Publication No. (PHS) 94–1250. Centers for Disease Control and Prevention, Hyattsville, MD, 1994.