



Prince George's County Health Department
Maternal and Infant

Health Report

2015



Rushon L. Baker, III
County Executive



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Prince George's County Health Department

Introduction

Maternal and Infant Health Report

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.

A variety of data are used to provide an in-depth analysis of the health of the county's maternal and infant population. This document is intended to be used by public health professionals, partners, community members and the general public.

Additional data for Prince George's County is available on our data website at: www.pgchealthzone.org.

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I. Key Findings

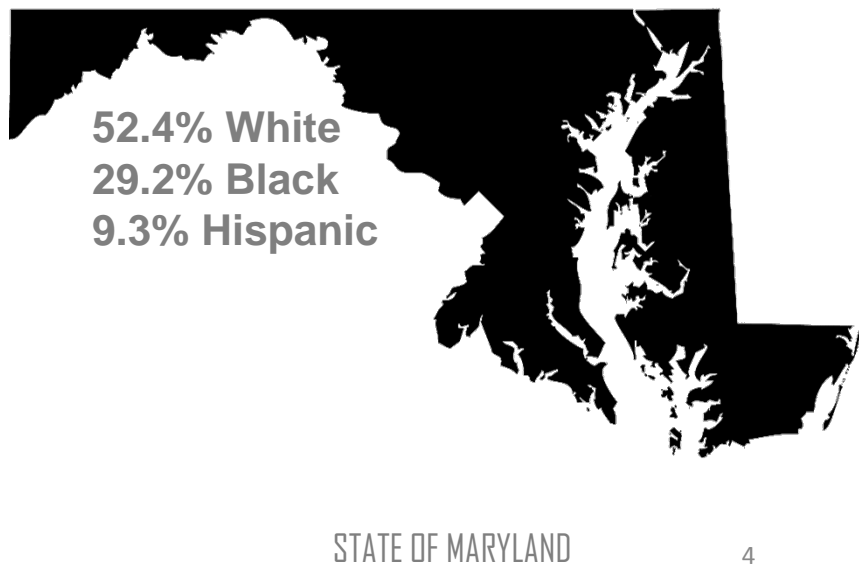
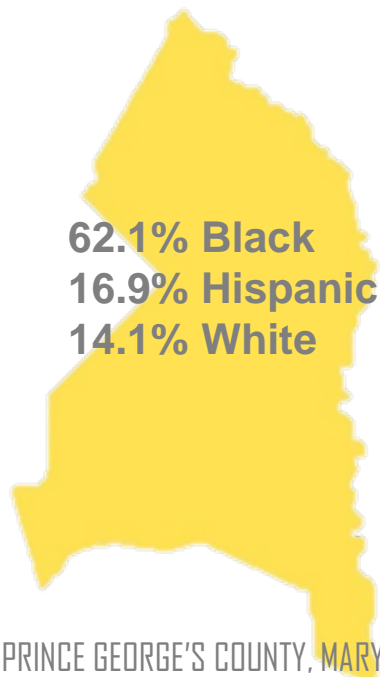


- ❖ There are disparities for women of childbearing age (ages 15-44) for key social determinants:
 - ❖ Fewer women have college degrees in the County compared to Maryland and to surrounding jurisdictions.
 - ❖ More Hispanic women experience poverty compared to other women in the County; 1 in 4 Hispanic women age 25-34 years live in poverty.
- ❖ County births, like the overall population, are diverse; the majority are to Black or African American women, followed by births to Hispanic women. Hispanic women have the highest general fertility rate in the County.
- ❖ The teen birth rate has declined, from 36.7 in 2004 to 24.2 in 2013. However, White non-Hispanic women have a much lower teen birth rate, while Hispanic women are much higher.
- ❖ The birth rate for women ages 35 to 39 years has risen by 27% in the past decade. These same women along with those 40 years and older are more likely to be obese prior to pregnancy, and have pregnancy-related issues such as hypertension and diabetes.
- ❖ In the County, 64% of women receive adequate prenatal care, with another 9% receiving an intermediate level of care; 27% of women, or 1 out of every 4 women, receive inadequate care. Women using Medicaid, and young women (under 25 years) are more likely to lack adequate care.
- ❖ Women born in the U.S. were more likely to have preterm and low birth weight infants, and were less likely to breastfeed compared to women born outside the U.S.
- ❖ Black, non-Hispanic mothers had a higher percent of infants born preterm, and at a lower birth weight compared to other races and Hispanic ethnicity. Age also played a role in outcomes, with younger and older mothers having more low birth weight babies. Older maternal age was also associated with preterm births.
- ❖ The infant death rate has declined over the last decade to a low of 7.8 per 1,000 live births in 2013; a disparity still exists, however, with Black, non-Hispanic women consistently having a higher rate (8.4 in 2013).
- ❖ Half of the County's infant deaths occurred within one day of birth, and half of infant deaths had a gestational age of less than 25 weeks. However, 1 out of every 5 infant deaths were born at full gestation (37 weeks or more).
- ❖ Prenatal care and maternal hypertension and diabetes were similar for infant deaths compared to all births. However, infant deaths were higher among women born in the U.S., Black non-Hispanic women, and younger (less than 20 years) and older (35 to 39 years) women.

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 Hispanics than the state.



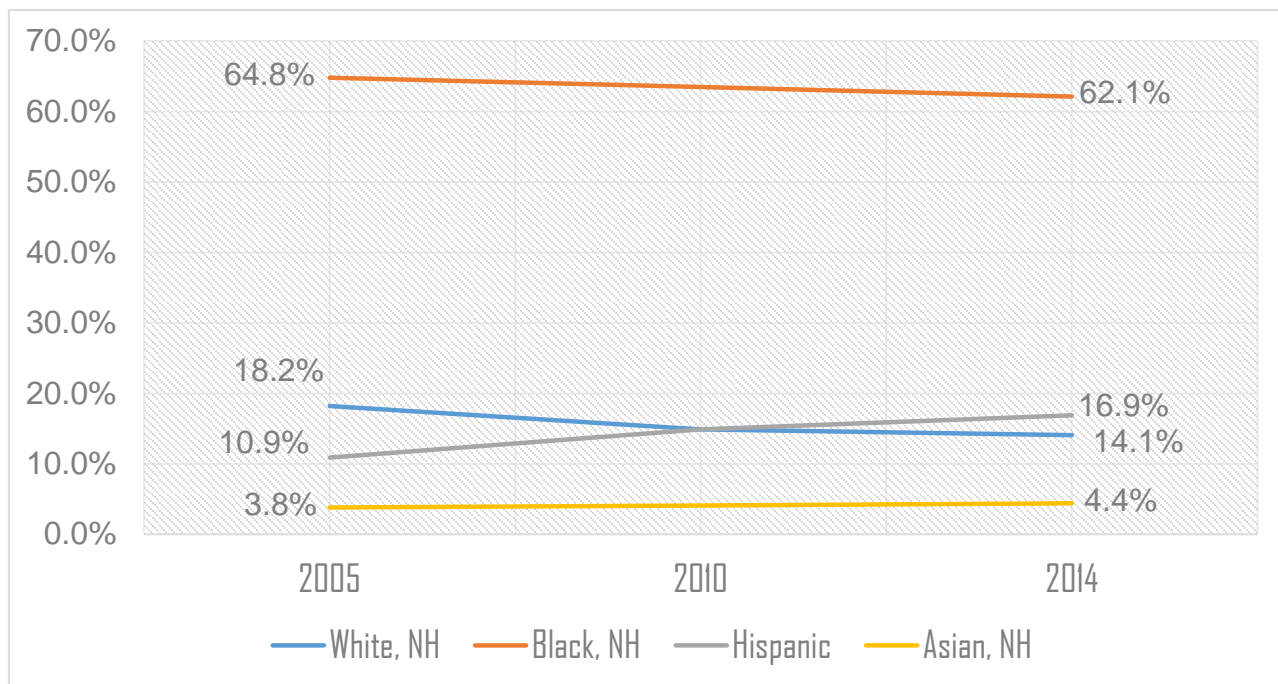
TOTAL POPULATION BY RACE AND ETHNICITY, PRINCE GEORGE'S COUNTY AND MARYLAND, 2014

	Prince George's County		Maryland	
	Number	Percent	Number	Percent
Total Population	904,430		5,976,407	
Race/Ethnicity				
White, non-Hispanic	127,383	14.1%	3,133,653	52.4%
Black, non-Hispanic	561,215	62.1%	1,744,971	29.2%
Asian, non-Hispanic	39,434	4.4%	367,948	6.2%
Hispanic	152,561	16.9%	556,179	9.3%
Other	23,837	2.6%	173,656	2.9%

Source: 2014 American Community Survey 1-year Estimates, Table B03002



PRINCE GEORGE'S COUNTY POPULATION BY RACE AND ETHNICITY, 2005 - 2014





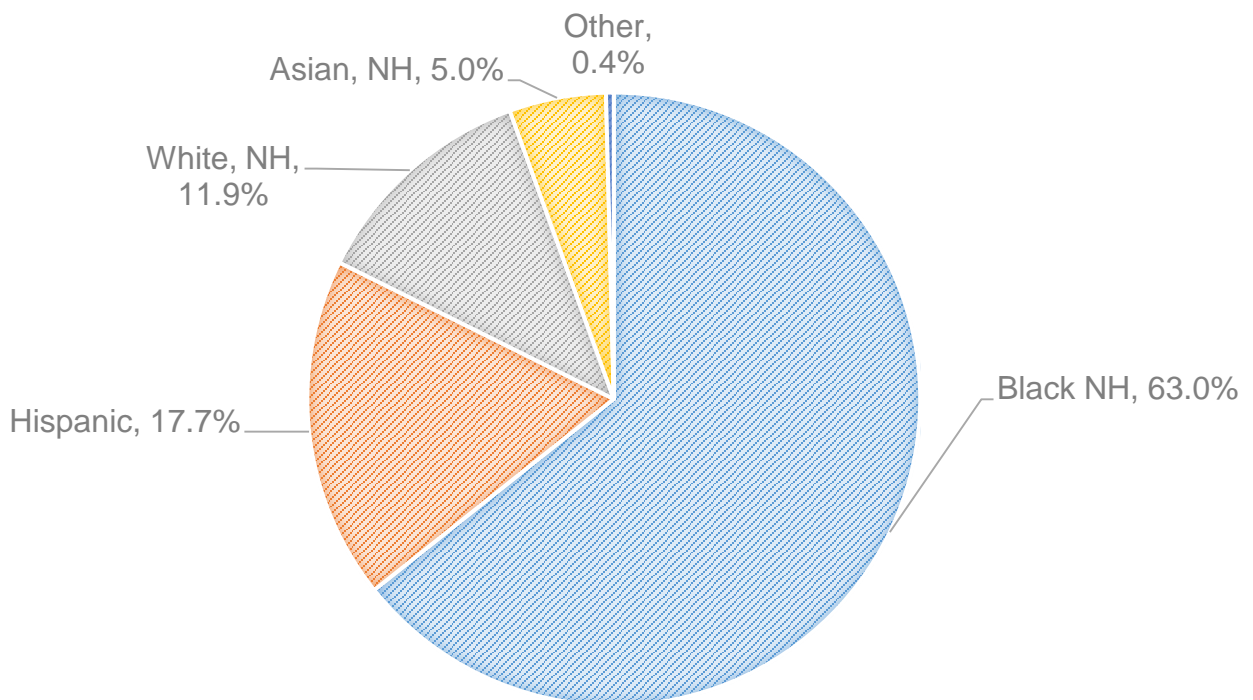
Demographics for women of child-bearing age (15 to 44 years) are similar to the County's overall population, with Black, non-Hispanic (NH) as the majority, followed by Hispanic women, and then White, NH women. Women of child-bearing age are **21.8%** of the County's total population.

WOMEN OF CHILD-BEARING AGE BY RACE AND ETHNICITY, PRINCE GEORGE'S COUNTY, 2014

Age	Total Females	White, Non-Hispanic	Black, Non-Hispanic	Asian/PI, Non-Hispanic	Hispanic
15 to 19 Years	29,779	4,060	18,563	1,478	4,803
20 to 24 Years	33,368	4,723	20,888	1,480	5,368
25 to 29 Years	34,497	4,676	20,835	1,945	6,158
30 to 34 Years	33,709	3,750	20,550	1,843	6,763
35 to 39 Years	31,344	3,041	19,699	1,583	6,340
40 to 44 Years	32,405	2,937	22,359	1,428	5,047
Total	195,102	23,187 (11.9%)	122,894 (63.0%)	9,757 (5.0%)	34,479 (17.7%)

Source: Maryland Department of Planning, Population Estimates, 2014

PRINCE GEORGE'S COUNTY WOMEN, AGES 15-44, BY RACE AND ETHNICITY

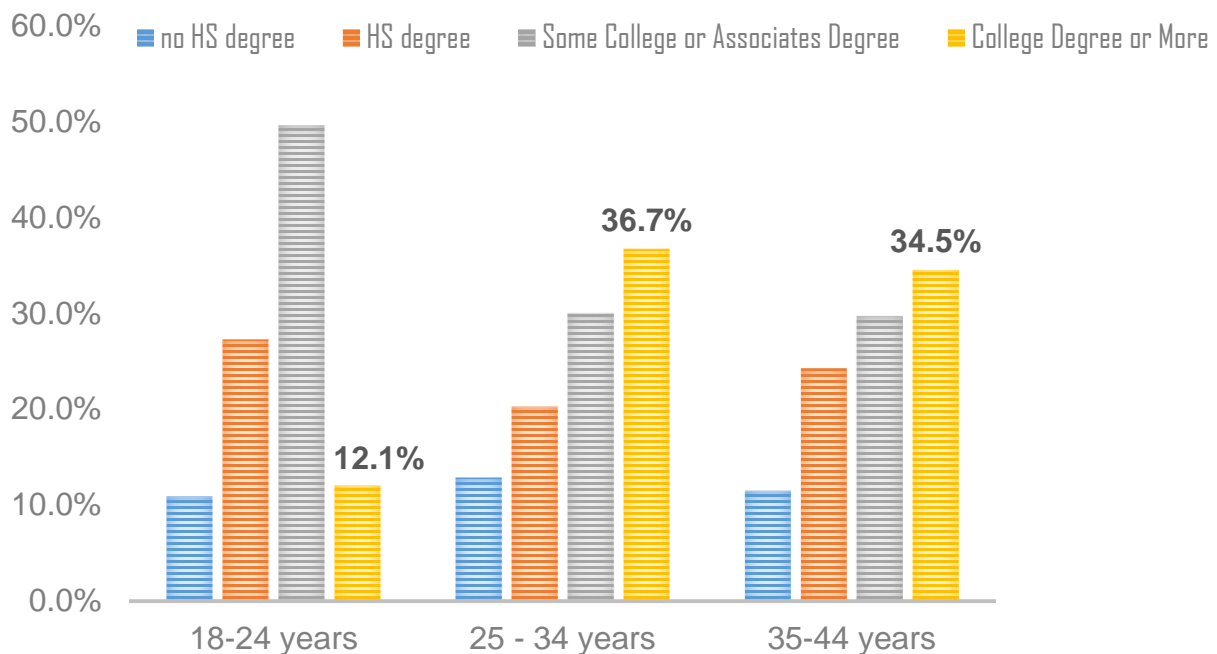


III. Education & Income



Socioeconomic indicators such as maternal education and income have a relationship with maternal and infant health outcomes. These indicators are often used as a measure of wealth and access to resources. In Prince George's County, less than 37% of women of child-bearing age have a college degree. This is lower when compared to the state (44%), and far lower than the neighboring jurisdictions of Montgomery County (57%) and Washington, D.C. (66%).

WOMEN WITH A COLLEGE DEGREE, PRINCE GEORGE'S COUNTY, 2009-2013



Source: 2009-2013 American Community Survey 5-year Estimates, Table B15001

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



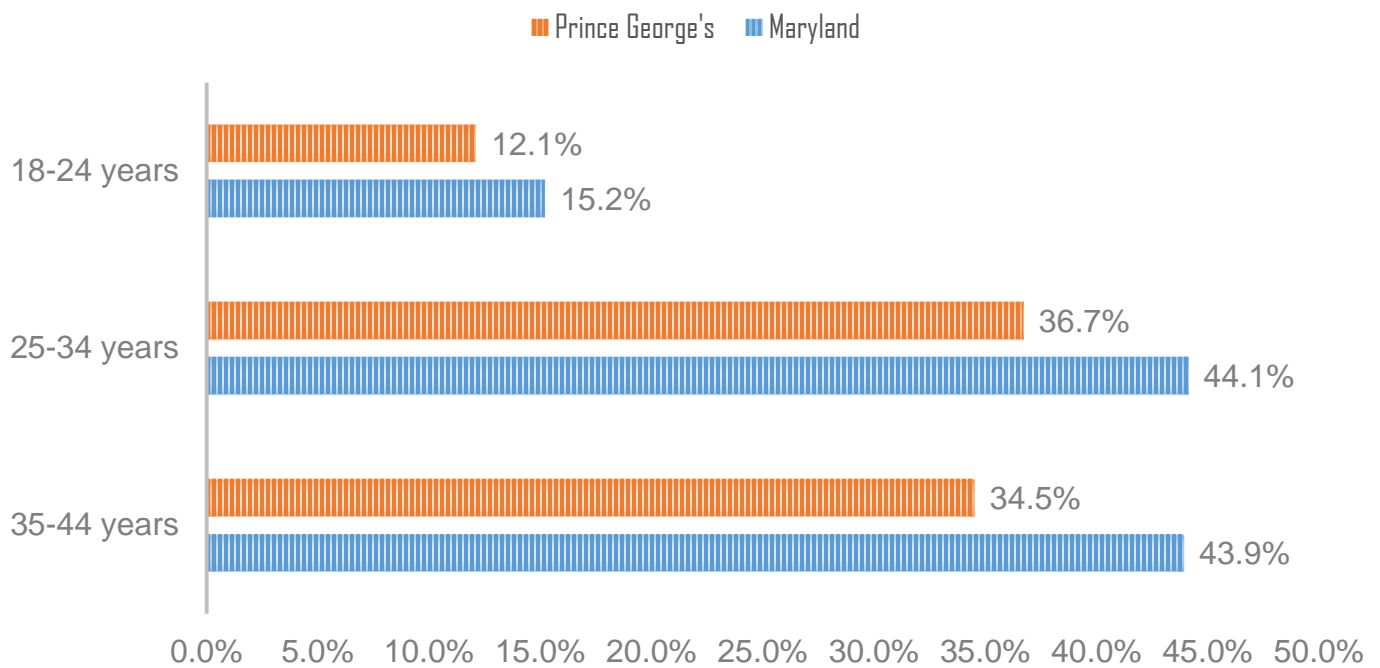
Source: 2009-2013 American Community Survey 5-year Estimates, Table B15001



Compared to the state of Maryland and neighboring jurisdictions, fewer women in Prince George's County have at least a College Degree.



WOMEN WITH AT LEAST A COLLEGE DEGREE

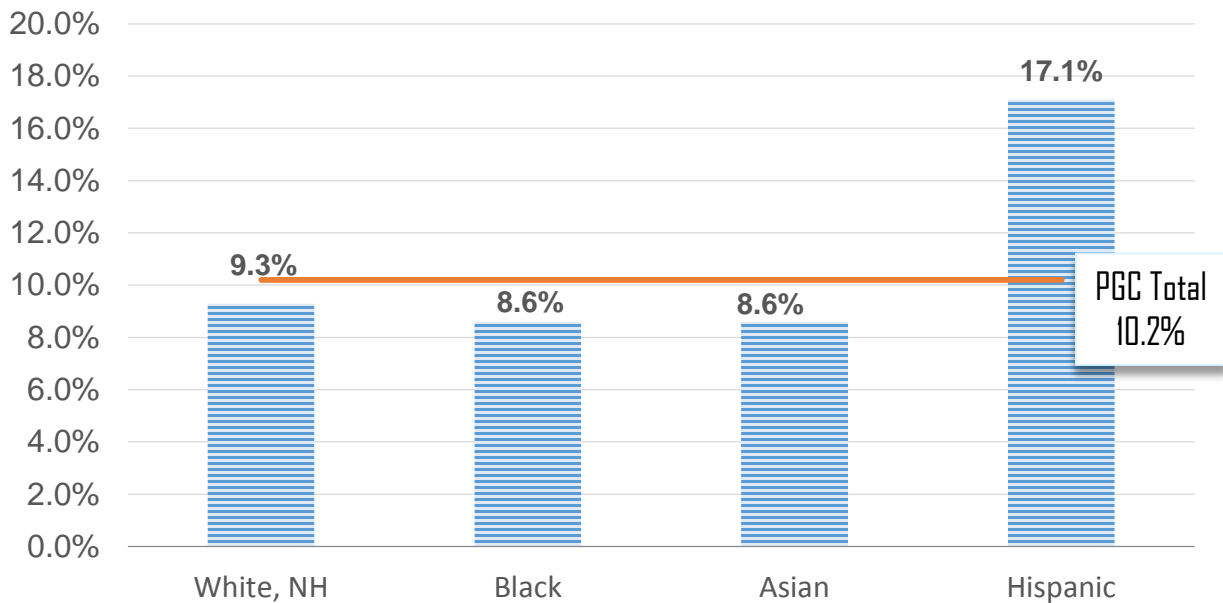


Source: 2009-2013 American Community Survey 5-year Estimates, Table B15001



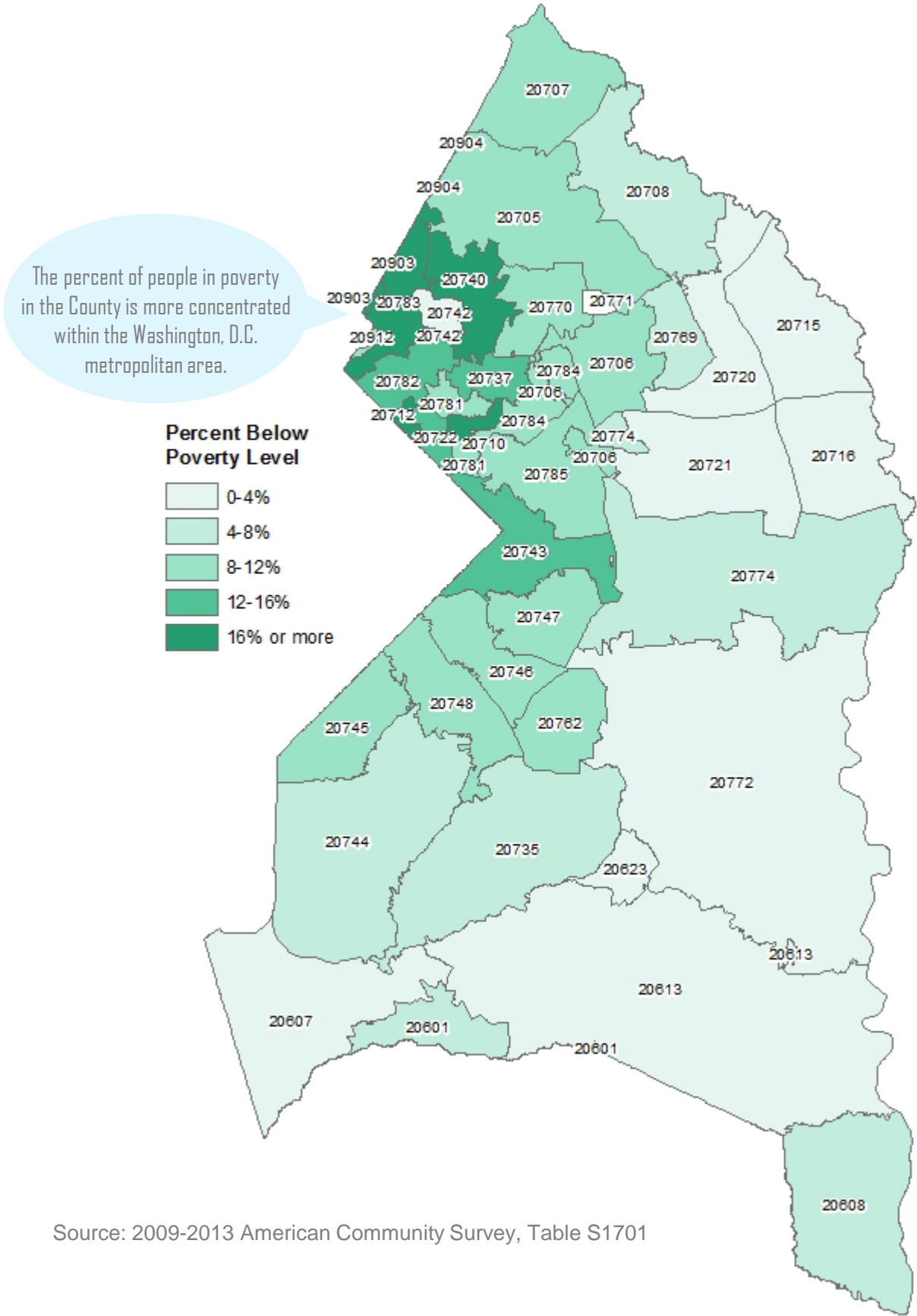
Poverty affects all aspects of life, from housing security and affording healthy foods, to an elevated stress level. Poverty is one of the most noted social indicators tied with poor health outcomes. In the County, there is an overall disparity for the Hispanic population which has double the percent of people living in poverty compared with Black and Asian residents.

RESIDENTS LIVING IN POVERTY IN THE PAST 12 MONTHS, PRINCE GEORGE'S COUNTY 2014



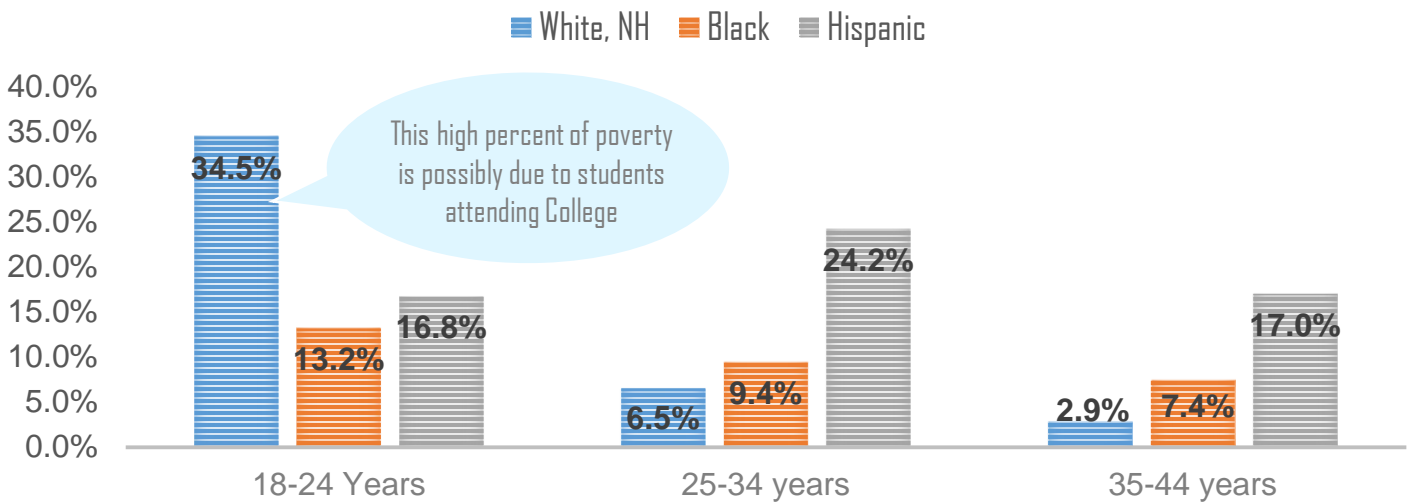
Source: 2014 American Community Survey, Table S1701

RESIDENTS LIVING IN POVERTY IN THE PAST 12 MONTHS BY ZIP CODE, PRINCE GEORGE'S COUNTY 2009-2013



Source: 2009-2013 American Community Survey, Table S1701

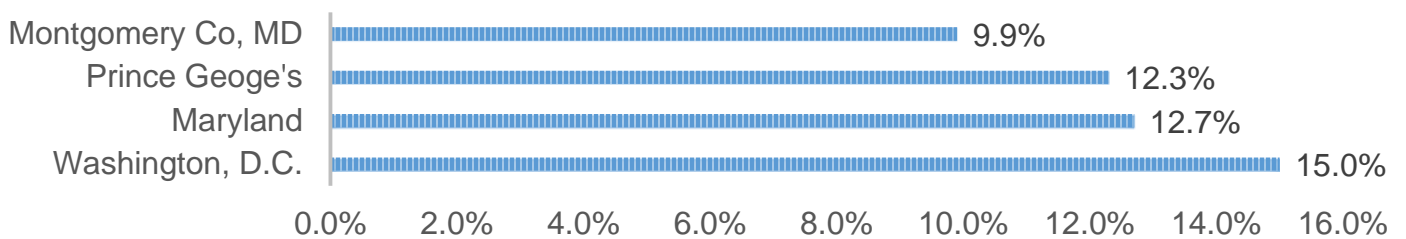
WOMEN BELOW THE POVERTY LEVEL IN PAST 12 MONTHS BY DEMOGRAPHICS, PRINCE GEORGE'S COUNTY, 2009-2013



Source: 2009-2013 American Community Survey 5-year Estimates, Table B17001



PERCENT OF WOMEN AGES 25-34 YEARS LIVING IN POVERTY



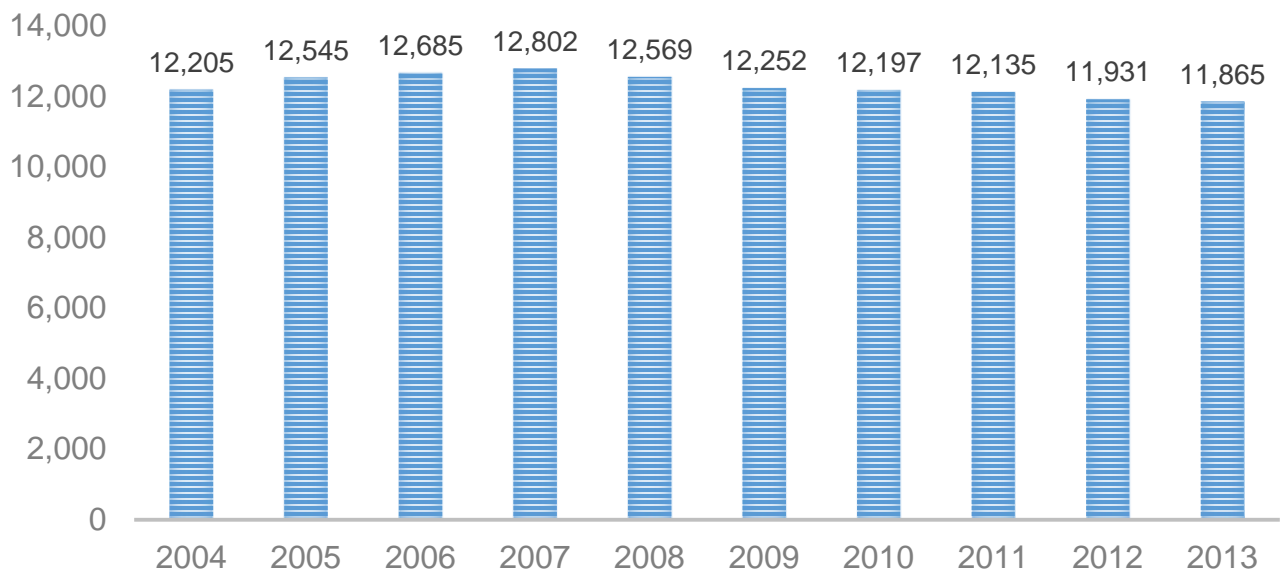
Source: 2009-2013 American Community Survey 5-year Estimates, Table B17001

IV. Births



Births in Prince George's County saw a high in 2007 of 12,802 births, which then declined to a low in 2013 of 11,865 births. This decrease in the number of births between 2007 and 2013 of 7.3% is similar to a decrease in the state during the same time period of 8% (from 78,057 births in 2007 to 71,806 births in 2013).

LIVE BIRTHS, PRINCE GEORGE'S COUNTY 2004-2013



Source: DHMH Vital Statistics Administration, Annual Report

LIVE BIRTHS, PRINCE GEORGE'S COUNTY 2004-2013

What Is Counted?

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

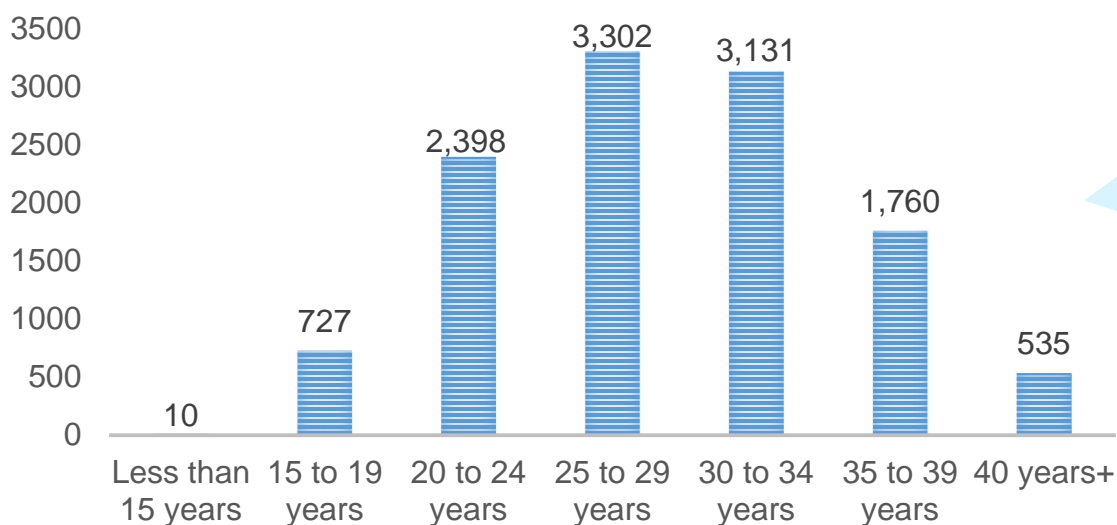
What is not Counted?

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

TOTAL BIRTHS BY MATERNAL CHARACTERISTICS, PRINCE GEORGE'S COUNTY, 2010, 2013

Characteristic	2010		2013	
	Number	Percent	Number	Percent
Total Births	12,197	---	11,865	---
Race/Ethnicity				
White, non-Hispanic (NH)	1,171	9.6%	1,184	10.0%
Black, NH	7,565	62.0%	7,052	59.4%
AI/AN, NH	29	0.2%	30	0.2%
API, NH	533	4.4%	528	4.5%
Hispanic	2,881	23.6%	3,026	25.5%
Other, NH	18	0.2%	45	0.4%
Age				
Less than 15 Years	14	0.1%	10	0.1%
15 to 19 Years	1,074	8.8%	727	6.1%
20 to 24 Years	2,709	22.2%	2,398	20.2%
25 to 29 Years	3,280	26.9%	3,302	27.8%
30 to 34 Years	2,998	24.6%	3,131	26.4%
35 to 39 Years	1,676	13.7%	1,760	14.8%
40 Years and over	446	3.7%	535	4.5%
Marital Status				
Not Married	6,535	53.6%	6,004	50.6%
Married	5,635	46.2%	5,843	49.3%
Missing	27	0.2%	18	0.1%
Education				
Less than High School	2,272	18.6%	2,198	18.5%
High School	2,916	23.9%	2,540	21.4%
More than High School	6,892	56.5%	7,026	59.2%
Missing	117	1.0%	101	0.9%
Medicaid Status				
Not Medicaid	5,489	45.0%	5,136	43.3%
Medicaid	3,090	25.3%	3,503	29.5%
Missing	3,618	29.7%	3,226	27.2%
Nativity				
Not Foreign Born	7,208	59.1%	6,739	56.8%
Foreign-Born	4,848	39.7%	4,909	41.4%
Missing	141	1.2%	217	1.8%

LIVE BIRTHS BY MATERNAL AGE, PRINCE GEORGE'S COUNTY 2013



54%
of births
in 2013
were to
women
ages
25-34
years.

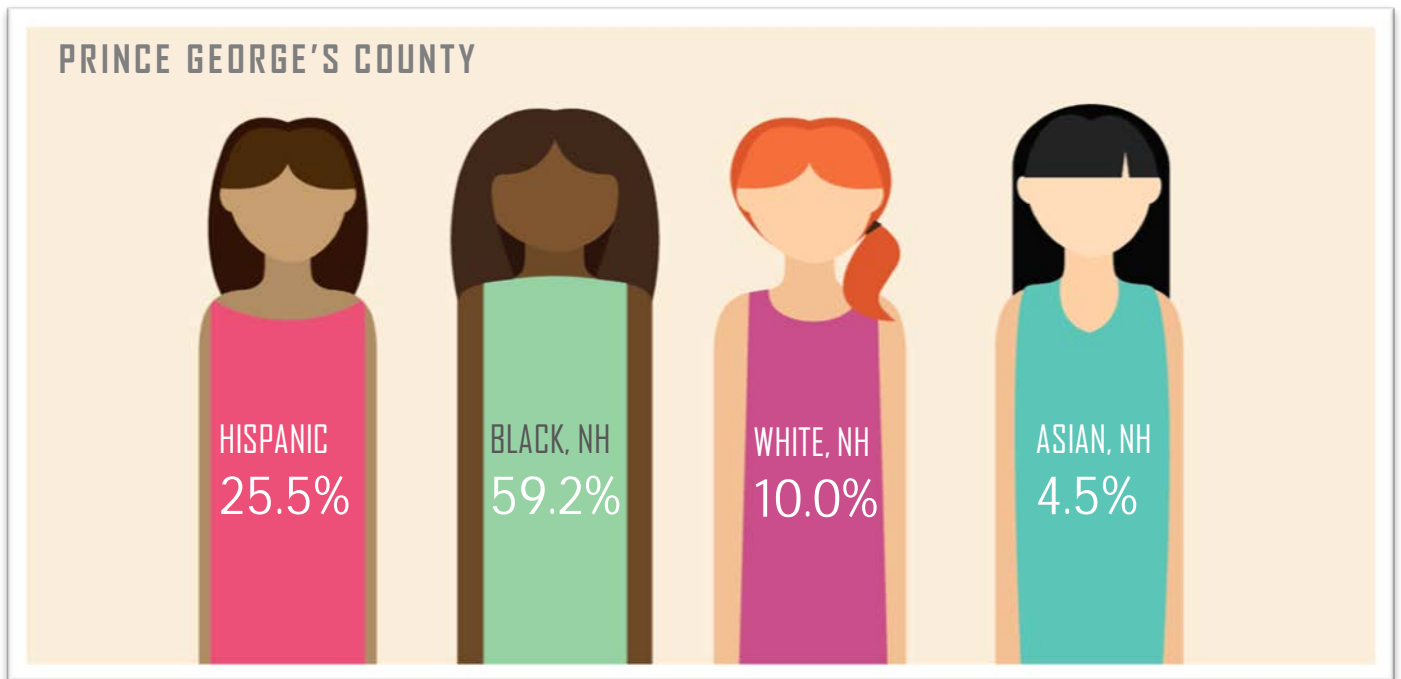
Source: DHMH Vital Statistics Administration, Annual Report

NUMBER OF BIRTHS BY MATERNAL AGE, AND SELECT RACE AND ETHNICITY, PRINCE GEORGE'S COUNTY, 2013

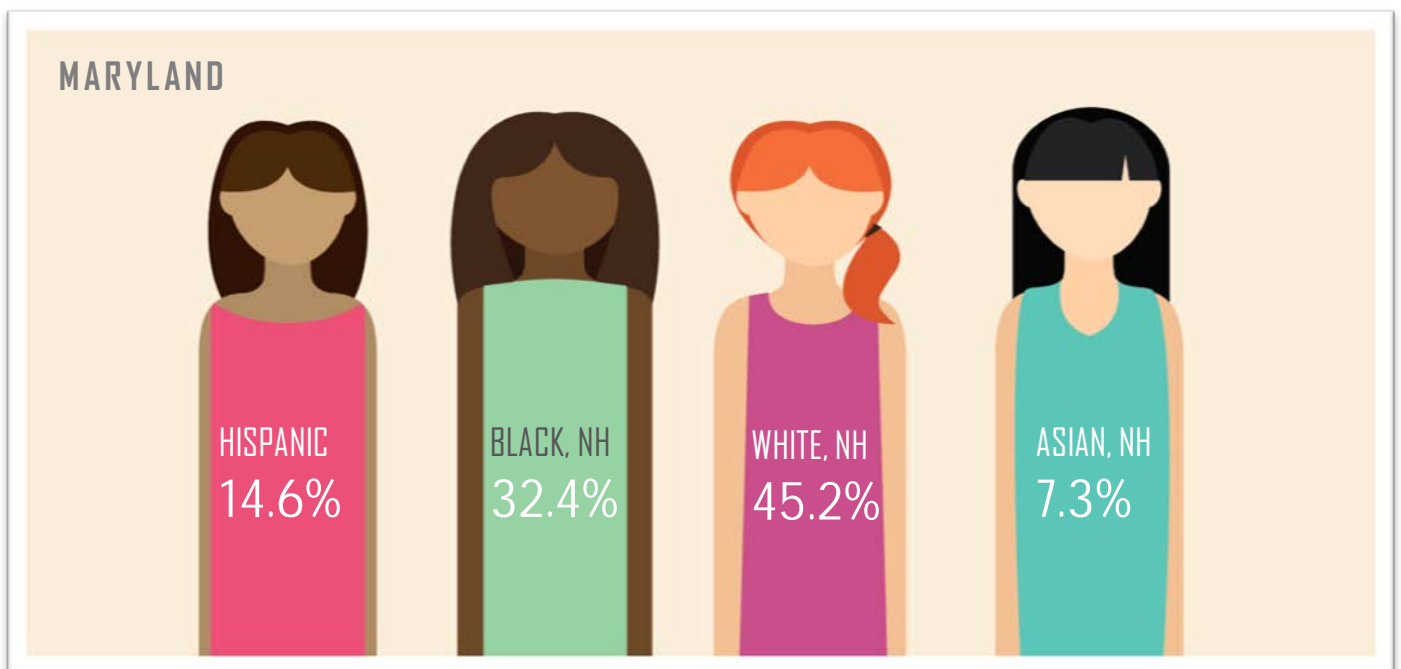
Maternal Age	Total Births	White, NH	Black, NH	Hispanic
Under 15 Years	10	0	6	4
15 to 19 Years	727	25	454	245
20 to 24 Years	2,398	171	1,516	650
25 to 29 Years	3,302	372	1,882	864
30 to 34 Years	3,131	375	1,765	784
35 to 39 Years	1,760	190	1,067	383
40 Years & Over	535	51	362	94
Total	11,865	1,184	7,052	3,026

Source: DHMH Vital Statistics Administration, Annual Report

2013 BIRTH BY MATERNAL RACE AND HISPANIC ETHNICITY



As with the overall population, maternal race and ethnicity differs in Prince George's County compared to Maryland. For the County, 85% of births are to Black, non-Hispanic and Hispanic women. In Maryland these same groups account for only 47% of births.



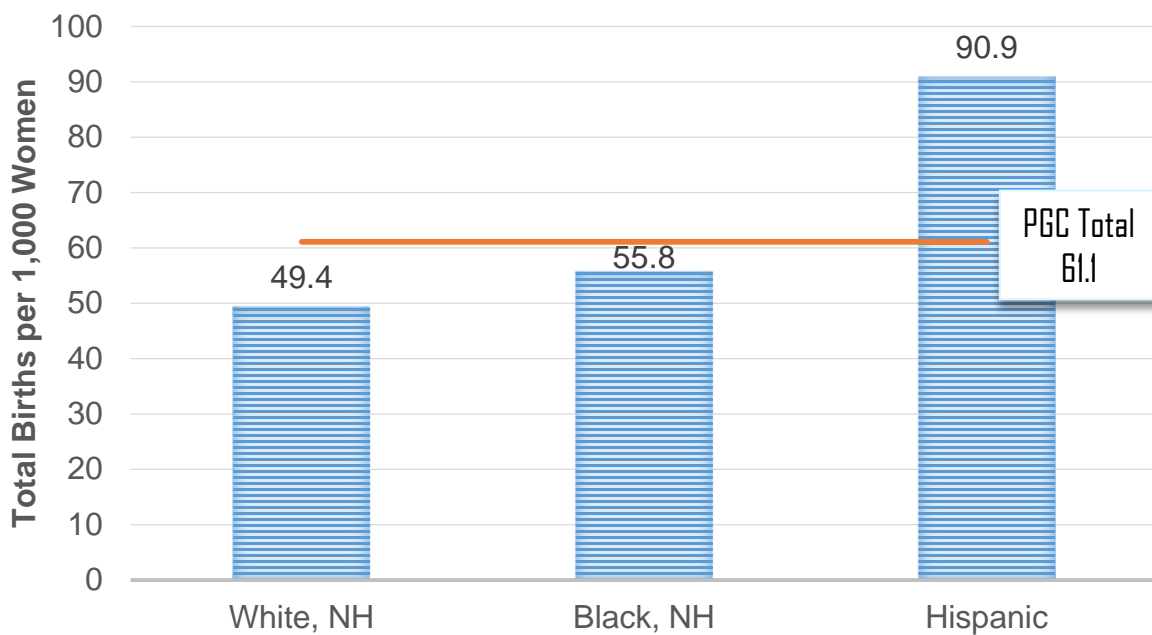
Source: DHMH Vital Statistics Administration, Annual Report

V. Fertility Rate



The General Fertility Rate (GFR) is the total births per women ages 15-44 years. In Prince George's County, the overall GFR is 61.1, but this varies greatly by race and Hispanic Ethnicity. The GFR for the County is similar to Maryland, at 60.0.

GENERAL FERTILITY RATE BY RACE AND HISPANIC ETHNICITY PRINCE GEORGE'S COUNTY, 2013



Source: DHMH Vital Statistics Administration, Annual Report

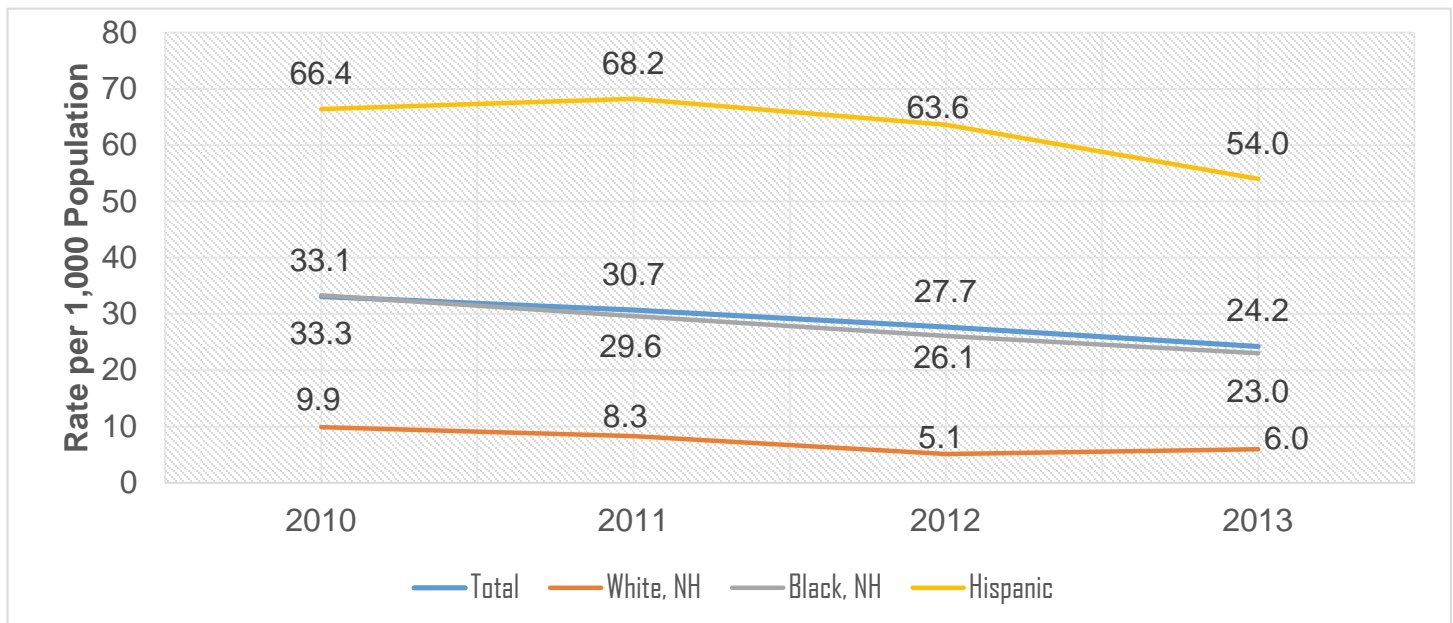
VI. Birth Rate

The Birth Rate is the number of live births per 1,000 women. Over the past decade the birth rate has declined for women age 29 years and younger, while it's increased for those age 30 and older.

BIRTH RATES BY AGE GROUP, PRINCE GEORGE'S COUNTY, 2004, 2009, 2013

Maternal Age	2004	2009	2013
Under 15 Years	0.7	0.8	0.4
15 to 19 Years	36.7	35.4	24.2
20 to 24 Years	93.4	99.4	71.6
25 to 29 Years	112.3	111.4	97.3
30 to 34 Years	90.9	96.2	94.0
35 to 39 Years	45.4	52.5	57.5
40 to 44 Years	11.5	13.1	14.7
45 to 49 Years	0.3	1.6	1.2

TEEN BIRTH RATE BY RACE AND HISPANIC ETHNICITY PRINCE GEORGE'S COUNTY, 2010 - 2013



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

The Teen Birth Rate (TBR) is the number of live births per 1,000 women ages 15 to 19 years. Overall, the TBR is declining in the County, though notable disparities exist. The TBR is highest among Hispanic women, and lowest for White, Non-Hispanic women. For 2013, the County's teen birth rate of 24.2 is higher than

Maryland's (19.3), but lower than the U.S at 26.5. Teen pregnancies have substantial social and economic costs. Teen mothers are more likely to drop out of high school, which results in a lower income. The children of teen parents are more likely to have lower school achievement and drop out, have more health problems, be incarcerated, and also be a teen parent.

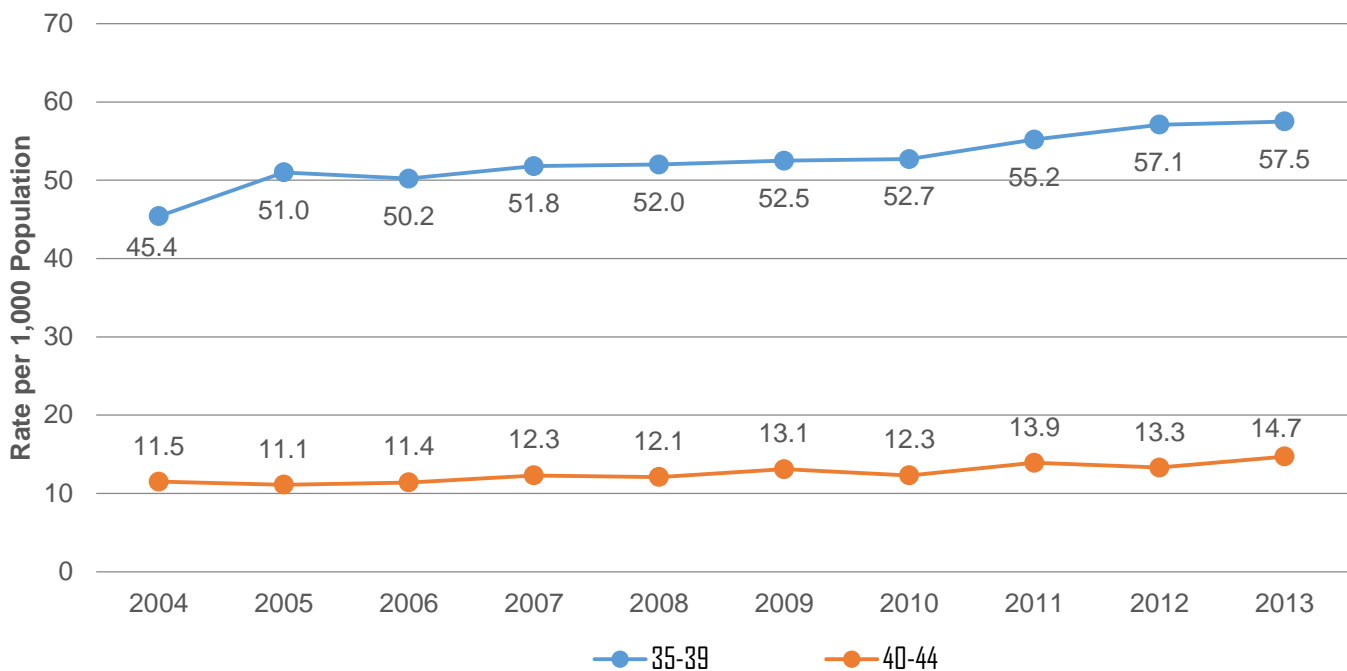
2013 TEEN BIRTH RATE LIVE BIRTHS PER 1,000 WOMEN AGED 15-19 YEARS



BIRTH RATE FOR WOMEN AGES 35-44 YEARS, PRINCE GEORGES COUNTY, 2004-2013

An interesting trend is an increase in the birth rate to women ages 35 to 44 years. This may be due to a variety of reasons, such as delaying pregnancy for education, employment, or economic security, or from an increase in access to assisted reproductive technologies. Pregnancies in older women have an increase in risks for:

- Having twins
- Developing gestational diabetes
- Developing high blood pressure
- Premature birth and low birth weight baby
- Chromosome abnormalities in the baby
- Pregnancy loss



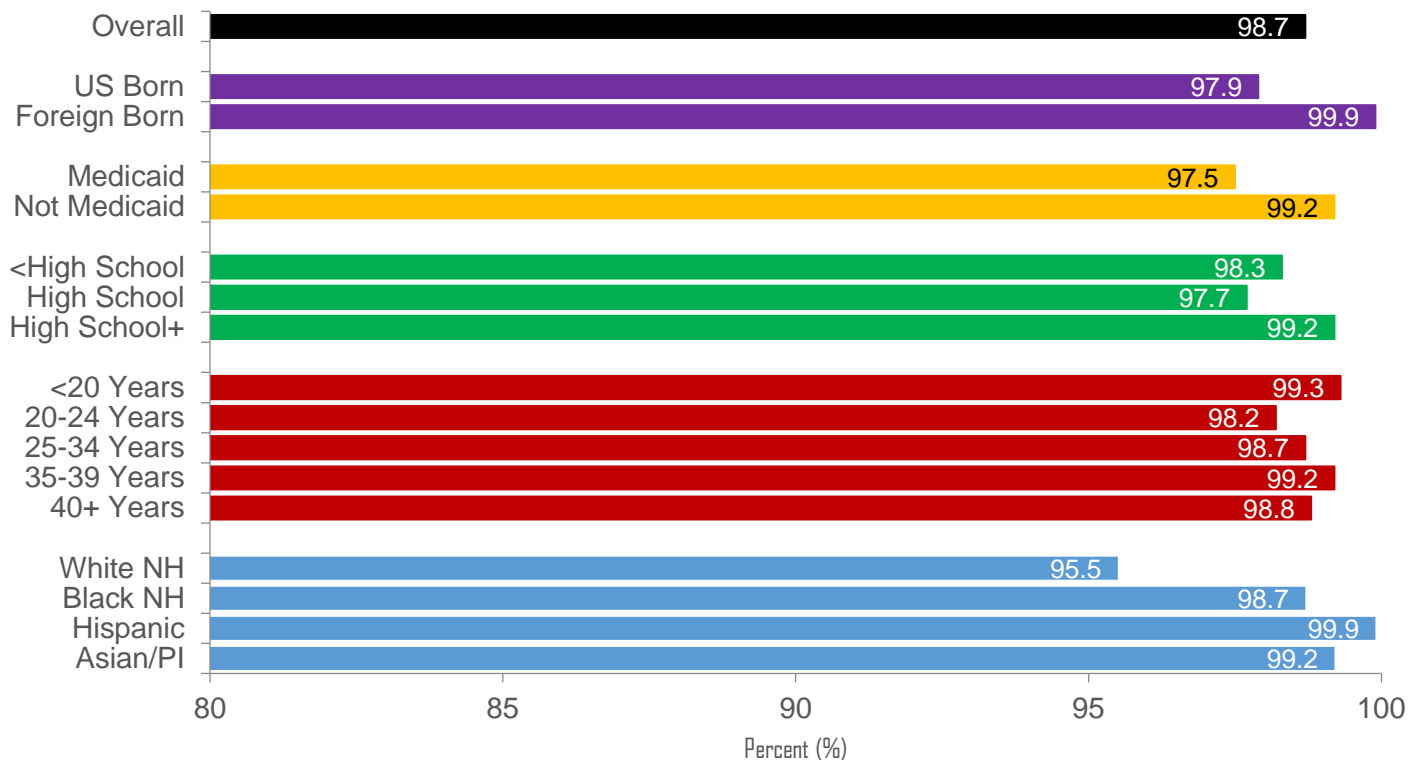
VII. Maternal Factors



PERCENT OF MOTHERS WHO ABSTAINED FROM SMOKING DURING THE LAST THREE MONTHS OF PREGNANCY, PRINCE GEORGE'S COUNTY, 2013

Smoking during pregnancy can cause premature births, birth defects, and infant death. Smoking also makes it harder for a woman to get pregnant. Women who smoke during pregnancy are more likely than other women to have a miscarriage. It can also cause problems with the placenta, such

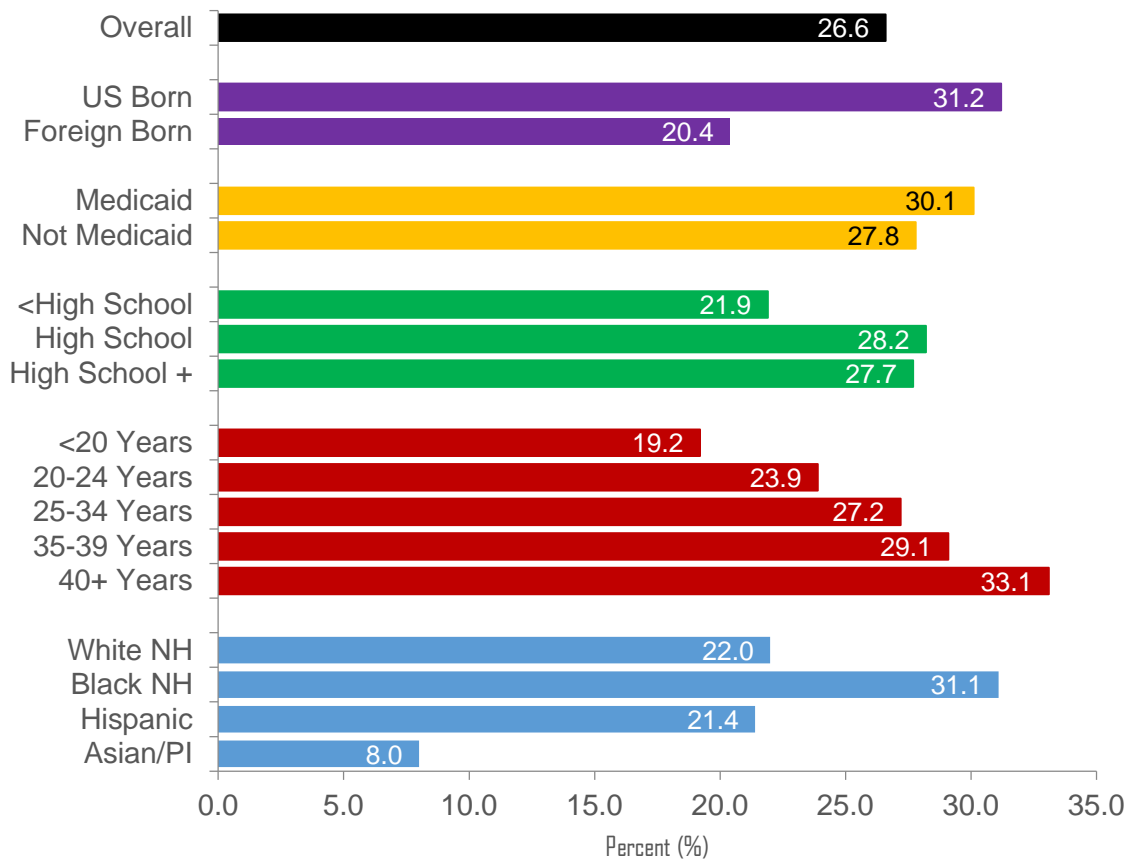
as separating from the womb too early, which is dangerous to the mother and baby. Smoking during pregnancy can cause a baby to be born too early or to have low birth weight. Babies born to women who smoke are more likely to have certain birth defects such as cleft lip and cleft palate.



PERCENT OF MOTHERS WHO WERE OBESE (BMI ≥ 30) BEFORE PREGNANCY, PRINCE GEORGE'S COUNTY, 2013

Overweight and obese women are at increased risk of several pregnancy complications, including gestational diabetes, hypertension, preeclampsia, C-section delivery, and postpartum weight retention.

Babies of pregnant women who are overweight or obese are at an increased risk of prematurity, stillbirth, congenital anomalies, and childhood obesity. Obese women are also less likely to initiate and sustain breastfeeding.



Source: DHMH Vital Statistics Administration; Birth Data Analysis

The percent of mothers who were obese before pregnancy increased with age: mothers under 20 years of age had the lowest percentage of obesity while mothers older than 35 years of age had the highest percentage of obesity.

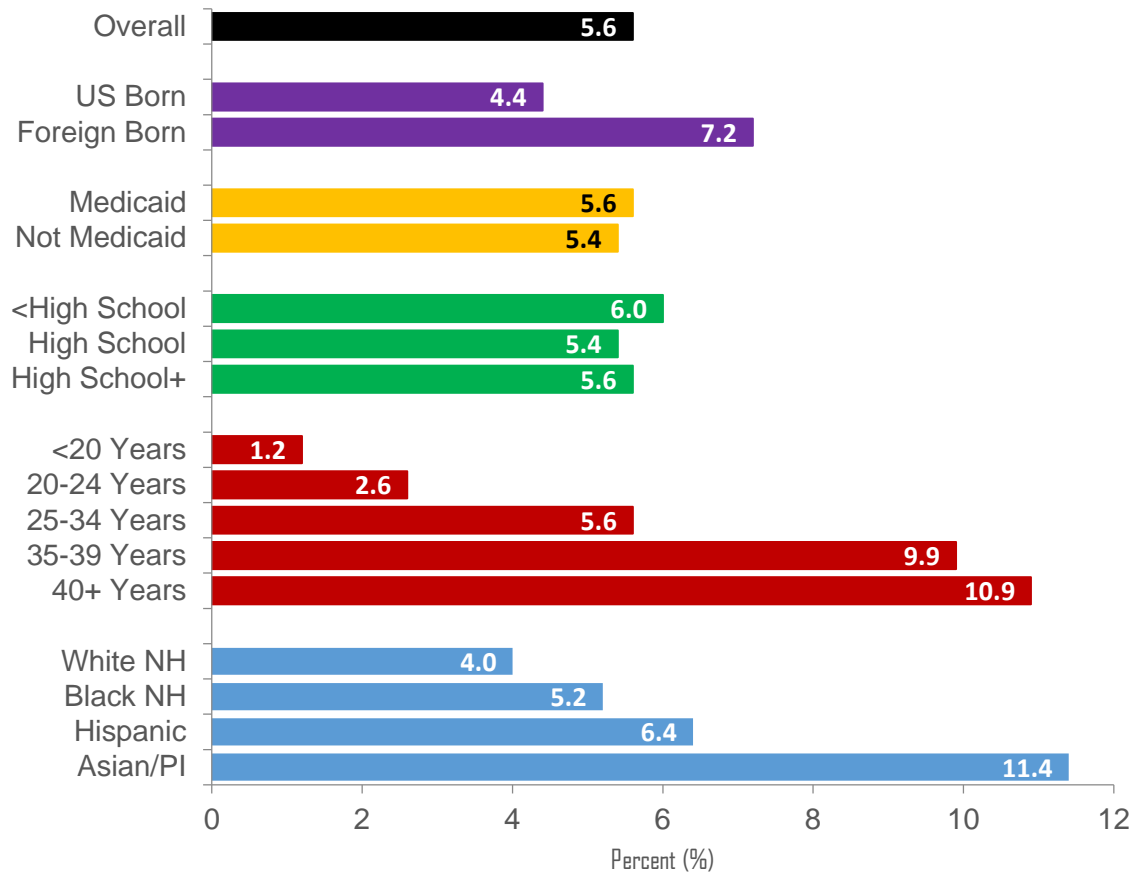
Black, non-Hispanic mothers had a higher likelihood of being obese compared to other

racial groups, followed by White non-Hispanics and Hispanics. Asians and Pacific Islanders had the lowest likelihood of being obese before pregnancy compared to other racial groups. Women born outside the U.S. were less likely to be obese prior to pregnancy.

PERCENT OF MOTHERS WITH DIABETES DURING PREGNANCY, PRINCE GEORGE'S COUNTY, 2013

Diabetes during pregnancy increases the chances of problems for the mother and baby. High blood sugar levels can be harmful to the baby during the first weeks of pregnancy, even before the mother knew she was pregnant.

It is important to keep blood sugar as close to normal as possible before and during pregnancy to keep both the mother and baby healthy. Diabetes during pregnancy increases the mother's risk of developing type 2 diabetes later in life, with the baby also at risk for type 2 diabetes and obesity.



Source: DHMH Vital Statistics Administration; Birth Data Analysis

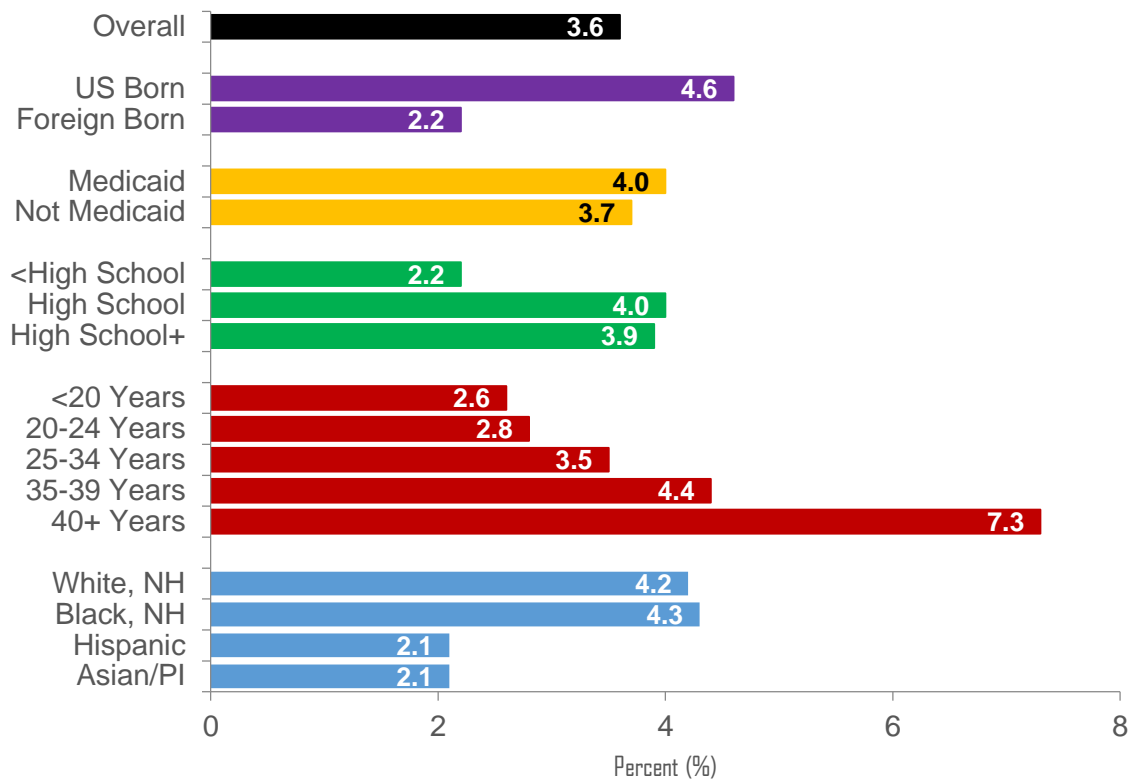
The percentage of mothers with diabetes did not differ by Medicaid status. However, as maternal age increased, so did the percentage of mothers who had maternal diabetes with 1 out of every 10 women age 35 years and older developing diabetes during pregnancy. For race and

ethnicity, Asians and Pacific Islanders had the highest percentage of maternal diabetes followed by Hispanics and Black non-Hispanics. White non-Hispanics had the lowest percentage of maternal diabetes compared to other races and ethnicities.

PERCENT OF MOTHERS WHO HAD PREGNANCY-ASSOCIATED HYPERTENSION, PRINCE GEORGE'S COUNTY, 2013

Many pregnant women with high blood pressure have healthy babies without serious problems. However, the effects of high blood pressure can range from mild to severe. High blood pressure can harm the mother's kidneys and other organs and it can cause low birth weight and early delivery. In the most serious cases, the mother develops preeclampsia, a condition that typically

starts after the 20th week of pregnancy. It affects the placenta and can affect the mother's kidneys, liver, and brain. When preeclampsia causes seizures, the condition is known as eclampsia, the second leading cause of maternal death in the U.S. Preeclampsia is also the leading cause of fetal complications which include low birth weight, premature birth, and stillbirth.



Source: DHMH Vital Statistics Administration; Birth Data Analysis

The percentage of mothers with pregnancy-associated hypertension increased with age, with mothers aged over 35 having the highest percentage of hypertension. For race and ethnicity, Black non-Hispanic mothers had the highest percentage of pregnancy-related hypertension, followed by White non-Hispanic

mothers. Hispanics and Asian mothers had the lowest likelihood of having pregnancy-associated hypertension compared to other races and ethnicities. Also, mothers born outside the U.S. were less likely to have hypertension compared to mothers born in the U.S.

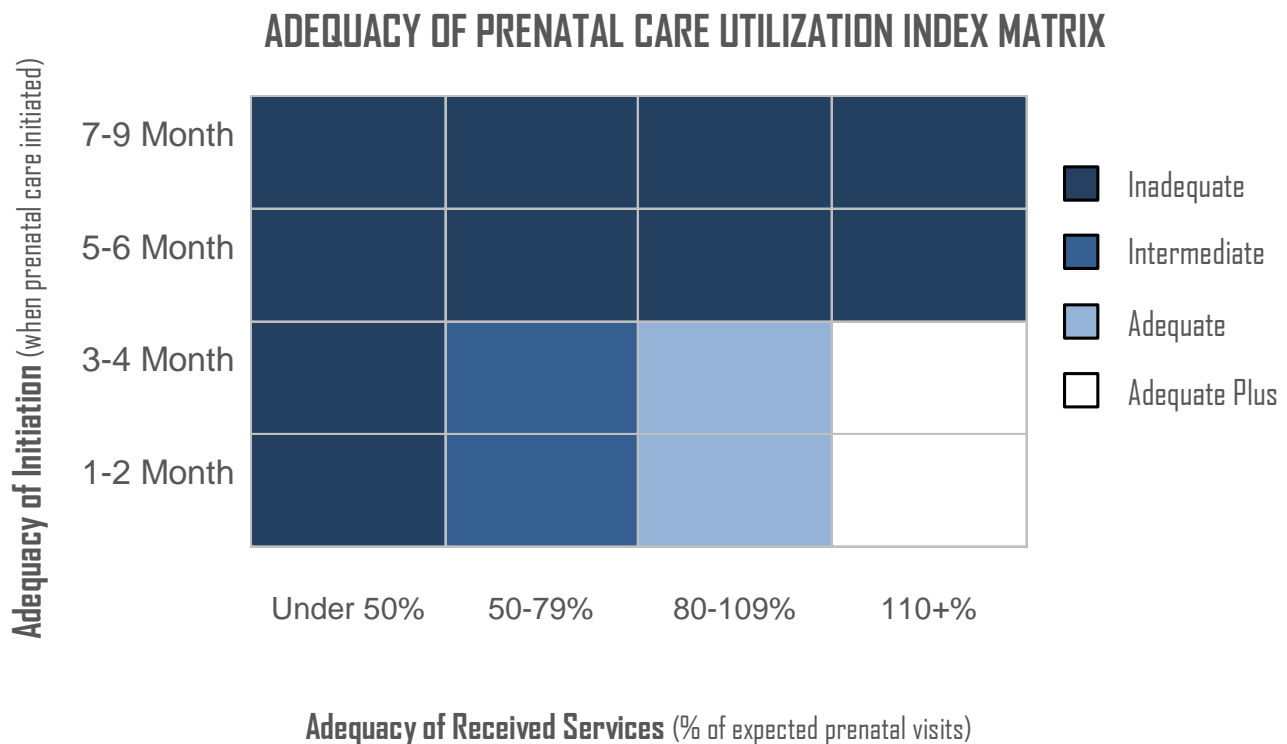
VIII. Prenatal Care

Prenatal care is medical attention given to the expectant mother and her developing baby. Prenatal care involves the mother’s caring for herself by following her healthcare provider’s advice, and helps reduce the baby’s risk for health problems. 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.¹

ADEQUACY OF PRENATAL CARE

The Adequacy of Prenatal Care Utilization Index (APNCU) measures the utilization of prenatal care on 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

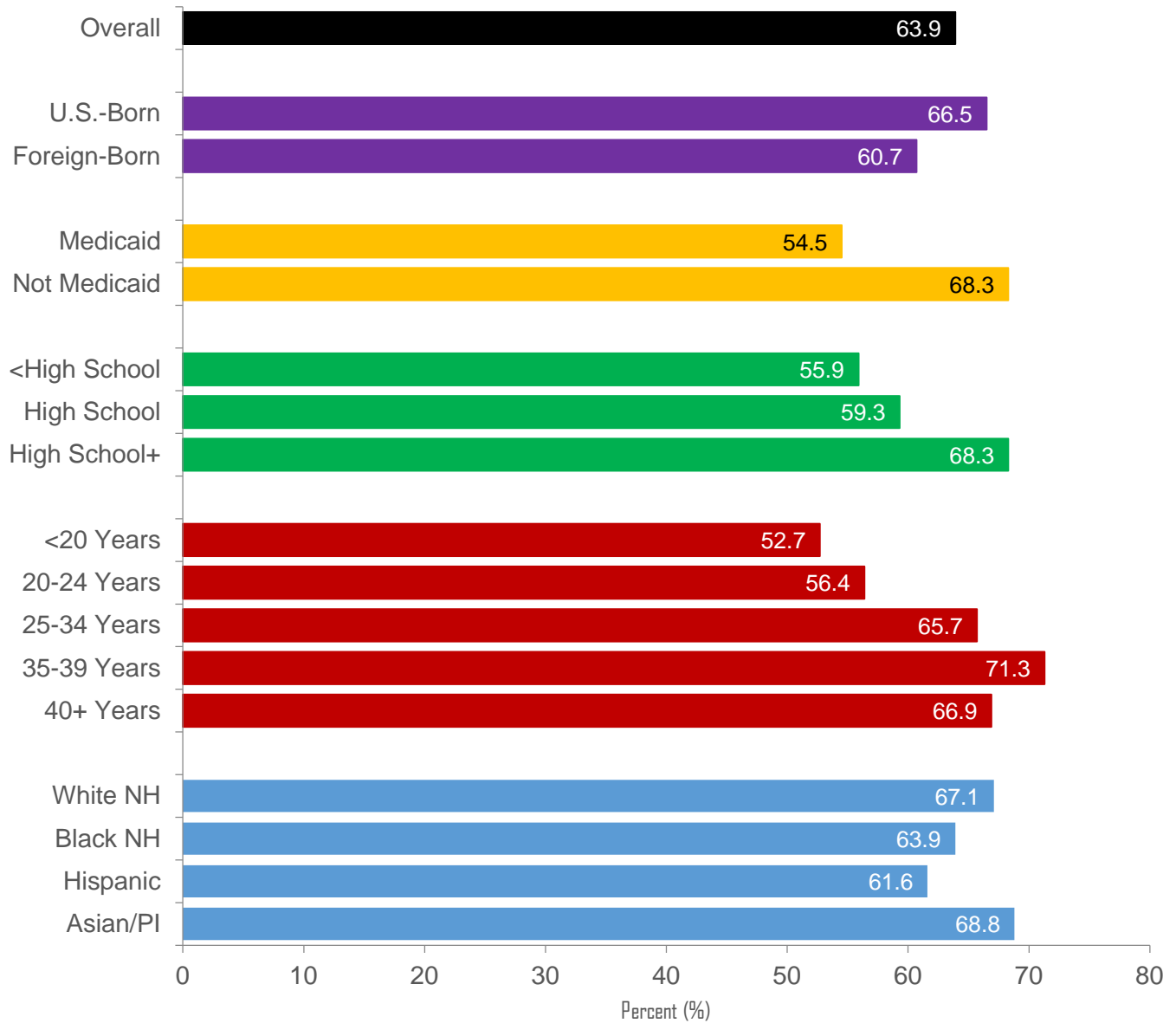
measured by taking the ratio of the actual number of visits reported on the birth certificate to the expected number of visits. It is based on the American College of Obstetrics and Gynecology prenatal care visitations standards for uncomplicated pregnancies and is adjusted for the gestational age at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



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

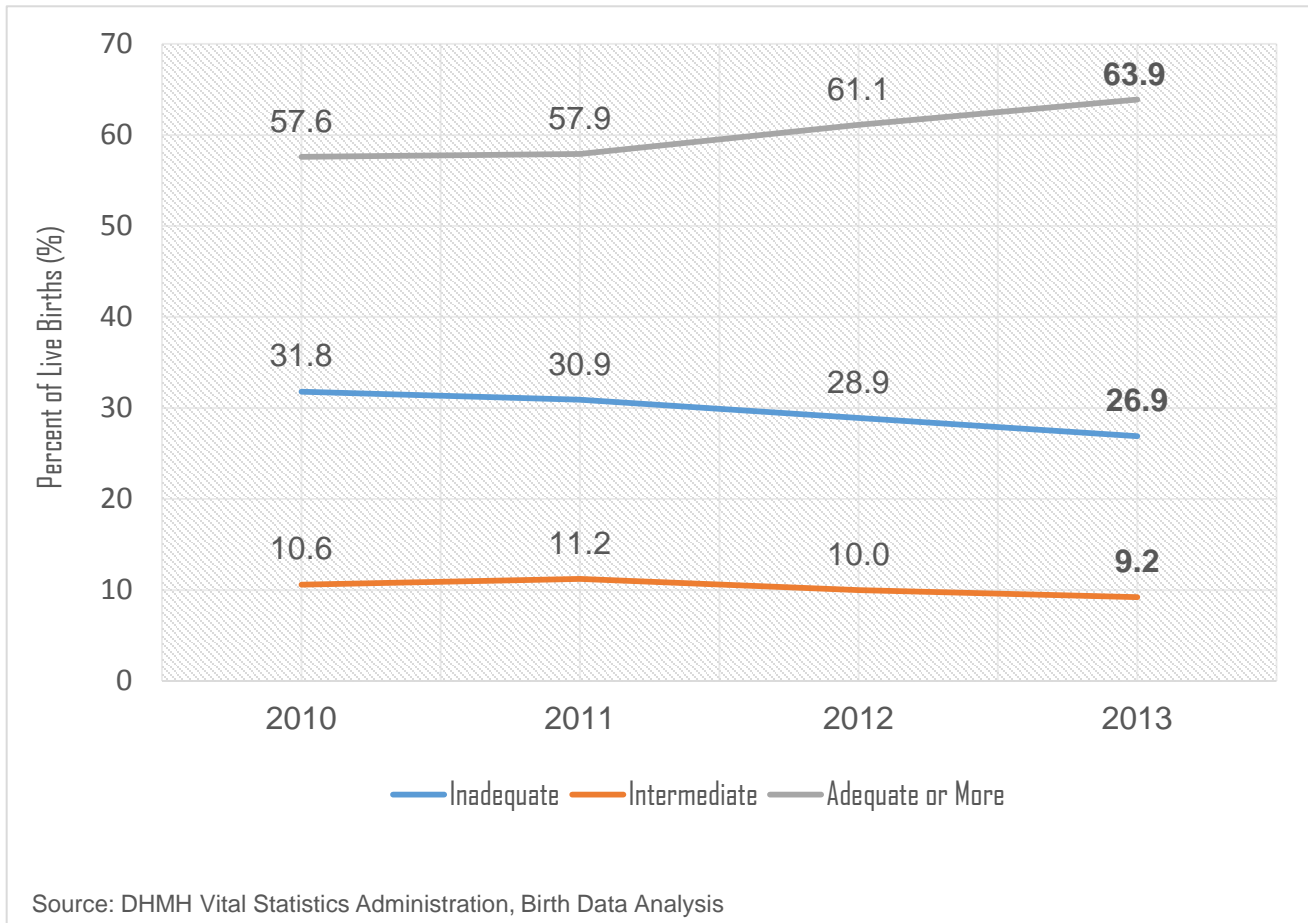
**PERCENT OF MOTHERS WHO RECEIVED AT LEAST ADEQUATE PRENATAL CARE*,
PRINCE GEORGE'S COUNTY, 2013**

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.



*Adequate prenatal care based on the Adequacy of Prenatal Care Utilization Index.
Source: DHMH Vital Statistics Administration; Birth Data Analysis

ADEQUACY OF PRENATAL CARE UTILIZATION INDEX, PRINCE GEORGE'S COUNTY, 2010-2013



The adequacy of prenatal care in Prince George's County has improved: From 2010 to 2013, the percentage of mothers who received adequate prenatal care increased from below 58% to 64%. The percentage of mothers who had inadequate prenatal care and intermediate prenatal care decreased during the same time period.

The adequacy of prenatal care varies among certain demographics. Women who are born in the U.S. had a higher likelihood of receiving adequate prenatal care compared to women who were foreign-born. Women who weren't on Medicaid, and those who received more than a

high school education were also more likely to receive adequate prenatal care than mothers who had Medicaid and mothers who had less education.

The percentage of mothers who received adequate prenatal care increased with age, with mothers who were 35 to 39 years having the highest likelihood of receiving adequate prenatal care. For race and ethnicity, Asian and Pacific Islanders had the highest percentage of mothers who received adequate prenatal care, followed by White non-Hispanics, Black non-Hispanics, and Hispanics.

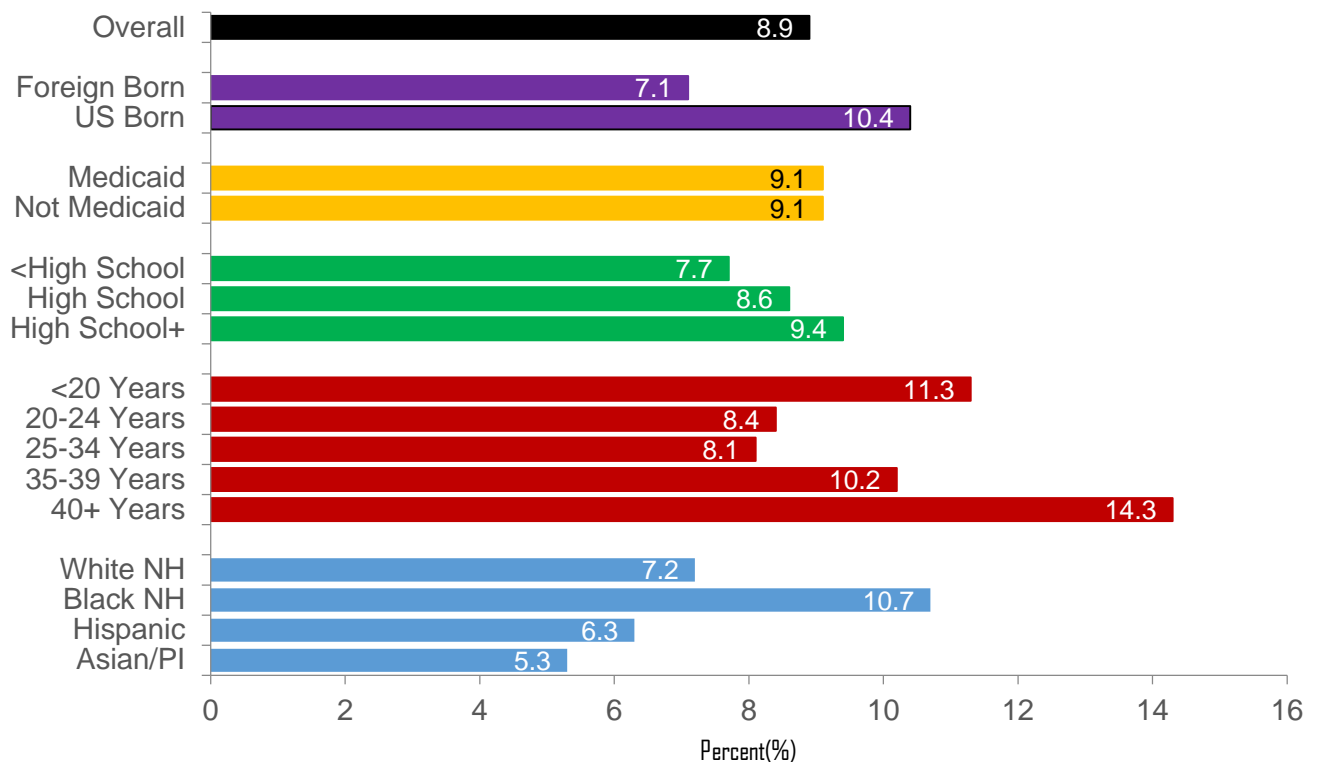
IX. Birth Outcomes



PERCENT OF LOW BIRTH WEIGHT INFANTS (<2,500 GRAMS), PRINCE GEORGE'S COUNTY 2013

A low birth weight is less than 5.5 pounds (or 2,500 grams). A low birth weight baby can be born too small, too early, or both. This can happen for many different reasons including health problems in the mother, genetic factors, problems with the placenta, and substance

abuse by the mother. Some low birth weight babies may be more at risk for certain health problems. Some may become sick in the first days of life or develop infections. Others may suffer from long-term problems such as delayed motor and social development or learning disabilities.



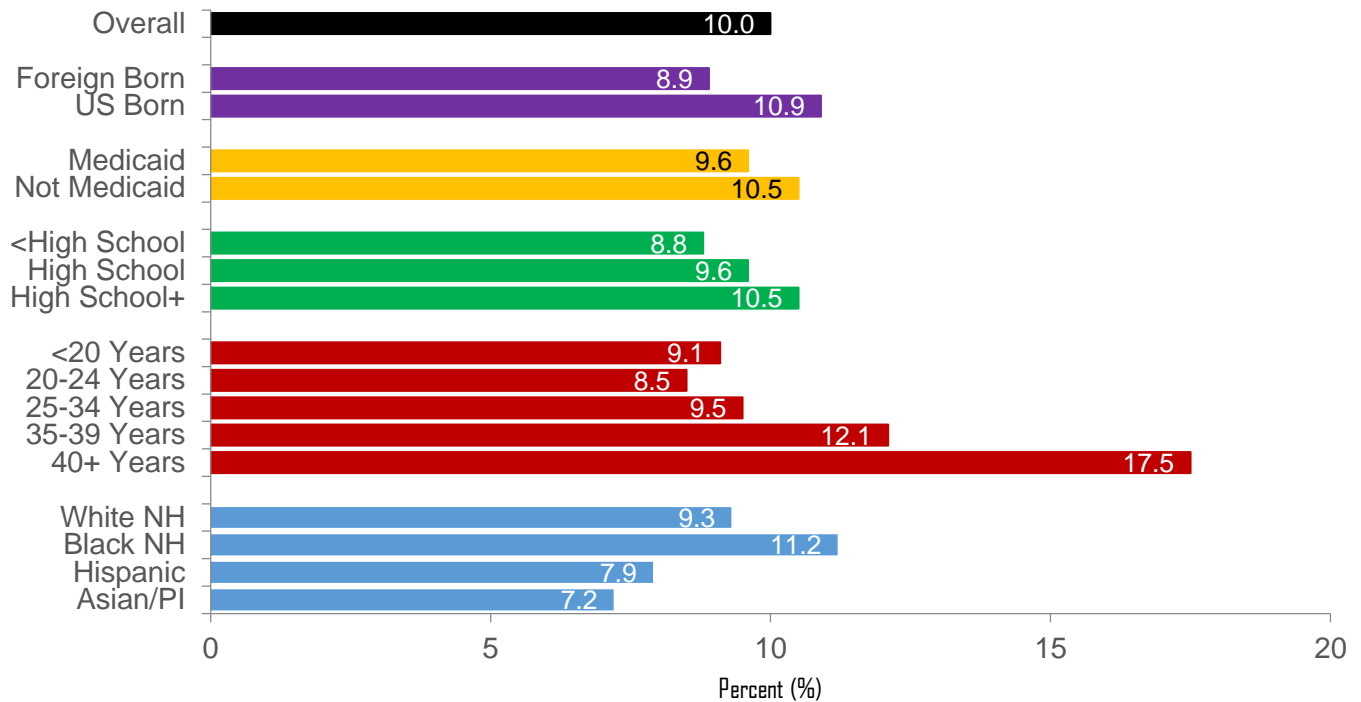
Young mothers (<20 years) and older mothers (35+ years) were more likely to have a low birth weight baby than mothers who were between the ages of 20 and 34 years. For race and ethnicity, Black non-Hispanic mothers had the highest likelihood of having a low birth weight

baby followed by White non-Hispanic, Hispanic, and Asian/Pacific Islanders. Mothers born outside the U.S. were less likely to have a low birth weight baby than those born in the U.S. The percentage of low birth weight babies increased as the level of education mothers received increased.

PERCENT OF BIRTHS THAT WERE DELIVERED PRETERM (<37 WEEKS), PRINCE GEORGE'S COUNTY 2013

Preterm birth is the birth of an infant before 37 weeks of pregnancy. In the U.S., preterm-related causes of death accounted for 35% of all infant deaths in 2010, more than any other single cause.¹ Preterm birth is also 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.



Source: DHMH Vital Statistics Administration, Birth Data Analysis

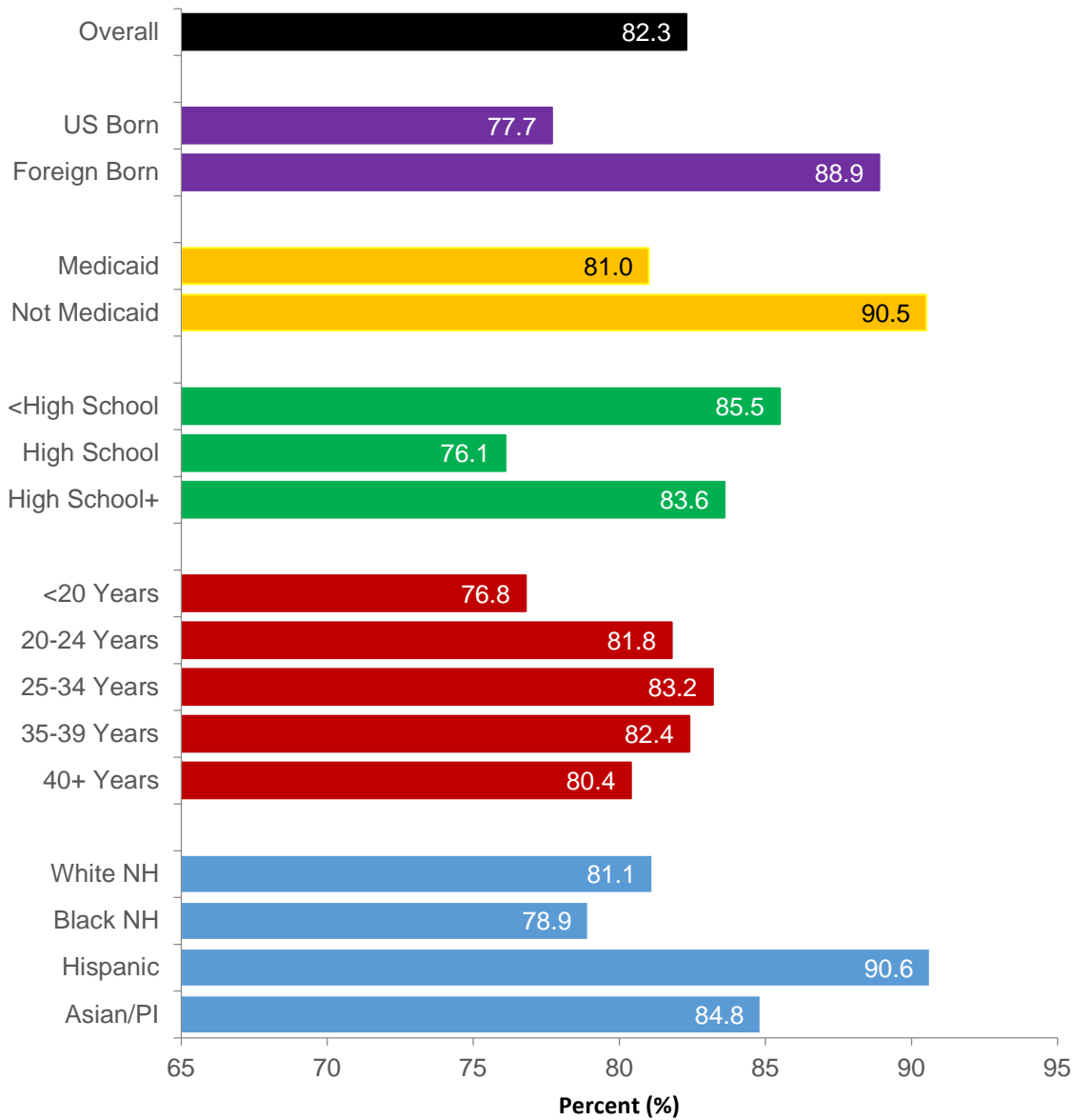
In 2013, women over the age of 35 years had the highest likelihood of delivering a preterm infant compared to other age groups. Compared to other races and ethnicities, Black non-Hispanic mothers had the highest likelihood of delivering a preterm infant; while Asian/Pacific Islanders had the lowest. The likelihood of having

a preterm infant increased with education, those with more than a high school education had a higher percentage of having a preterm infant than mothers who had a high school or less than high school education. Mothers born in the U.S. were more likely to have a preterm infant compared to those born outside the U.S.

1. <http://www.cdc.gov/reproductivehealth/maternalinfanthealth/pretermbirth.htm>

PERCENT OF NEWBORNS THAT WERE BREASTFED WHEN DISCHARGED FROM MEDICAL CARE, PRINCE GEORGE'S COUNTY, 2013

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. Mothers born outside the U.S. were more likely to breastfeed, as were women not enrolled in Medicaid, and Hispanic women. Mothers both in the U.S., those with a high school degree, those under 20 years of age, and Black non-Hispanic women were less likely to breastfeed.



Source: DHMH Vital Statistics Administration, Birth Data Analysis

X. Infant Deaths

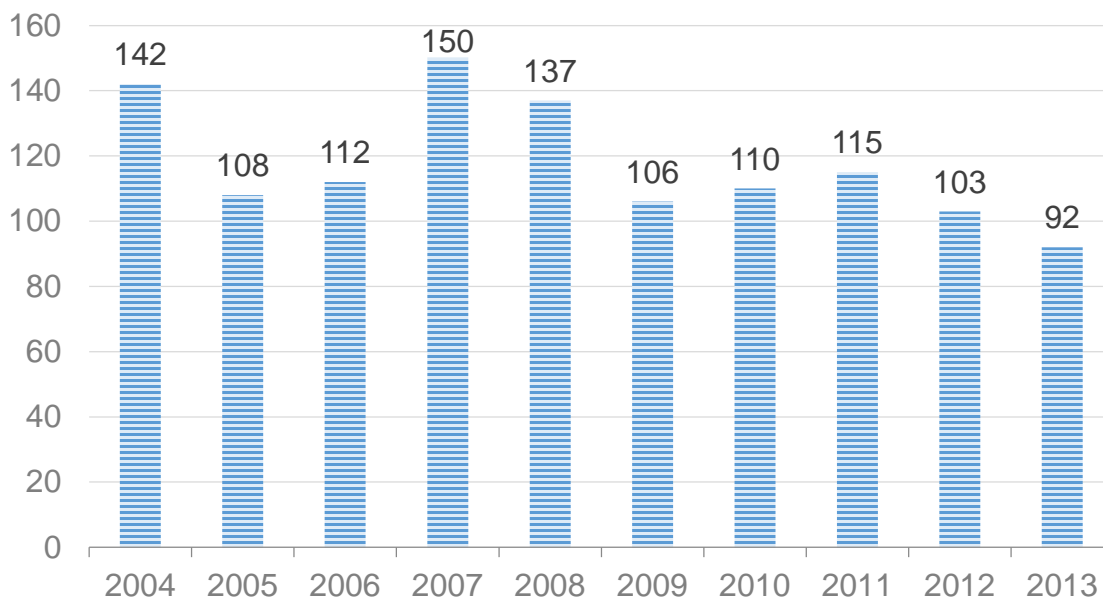


INFANT DEATHS, PRINCE GEORGE'S COUNTY, 2004-2013

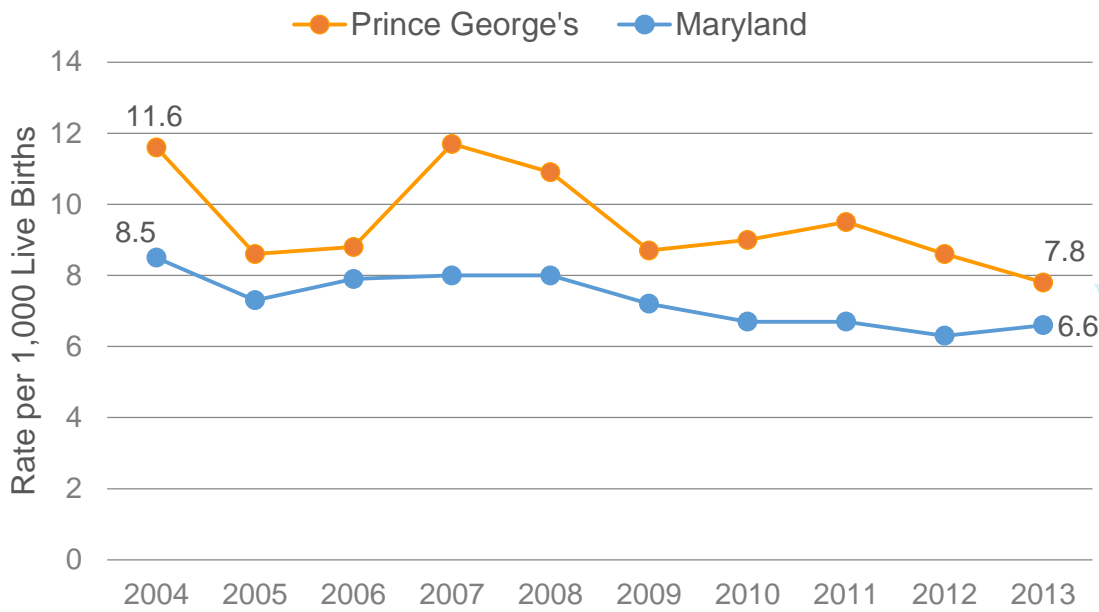
Infant death is the death of a baby before their first birthday. While most infants flourish, there are some who die as a result of:

- ❖ Birth defects;
- ❖ Preterm birth and low birth weight;
- ❖ Sudden Infant Death Syndrome (SIDS);
- ❖ Maternal complications; and
- ❖ Injuries.

Preventing infant deaths starts with women being healthy before becoming pregnant, and continues with healthy behaviors and appropriate medical care during pregnancy and after birth. In Prince George's County, the number of infant deaths as well as the Infant Death Rate, or number of deaths per 1,000 live births, are currently the lowest they have been over the past decade. While this is encouraging, there are still disparities with some groups more affected by infant death.



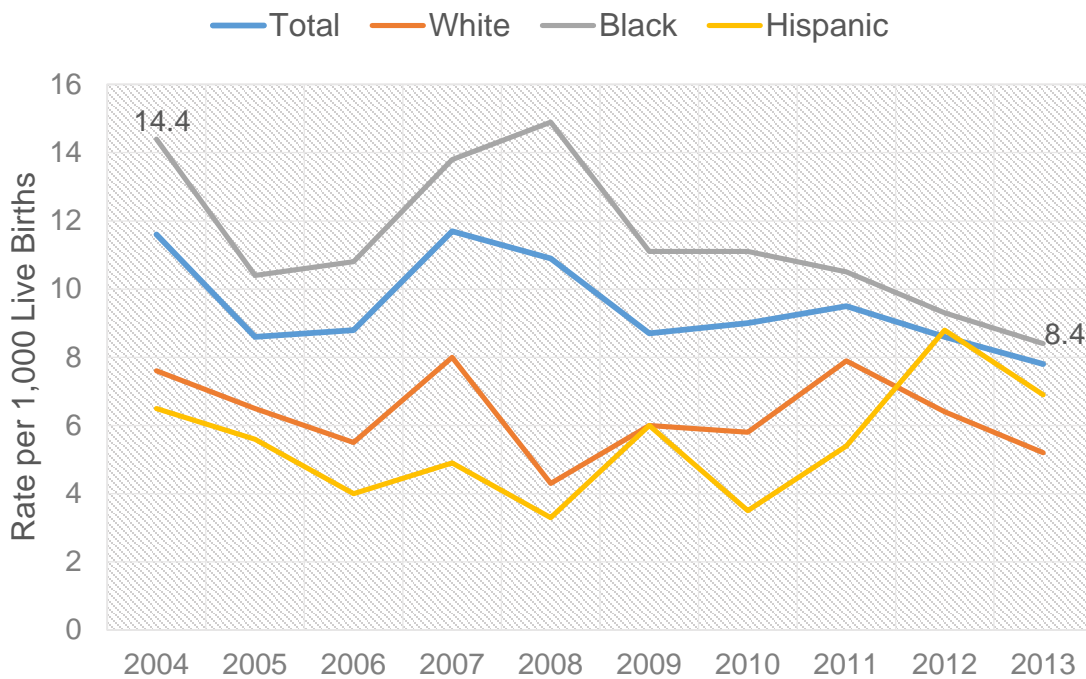
INFANT DEATH RATE, 2004-2013



7.8
is the lowest infant death rate for the County in the last decade.

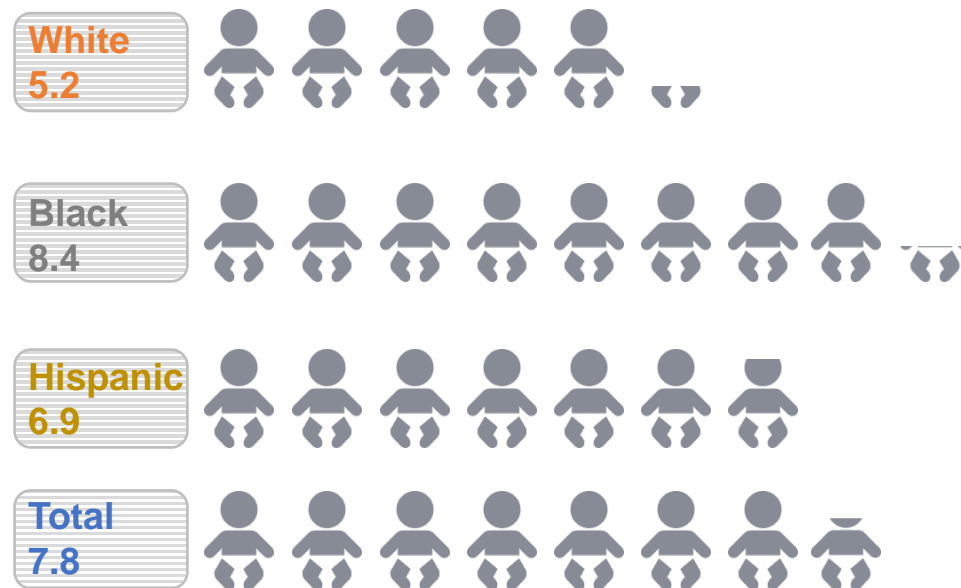
Source: DHMH Vital Statistics Administration, Annual Report

PRINCE GEORGE'S COUNTY INFANT DEATH RATE BY RACE AND ETHNICITY, 2004 - 2014



Source: DHMH Vital Statistics Administration, Annual Report

PRINCE GEORGE'S COUNTY INFANT DEATH RATE BY RACE AND ETHNICITY, 2013 NUMBER OF DEATHS FOR EVERY 1,000 BABIES BORN:



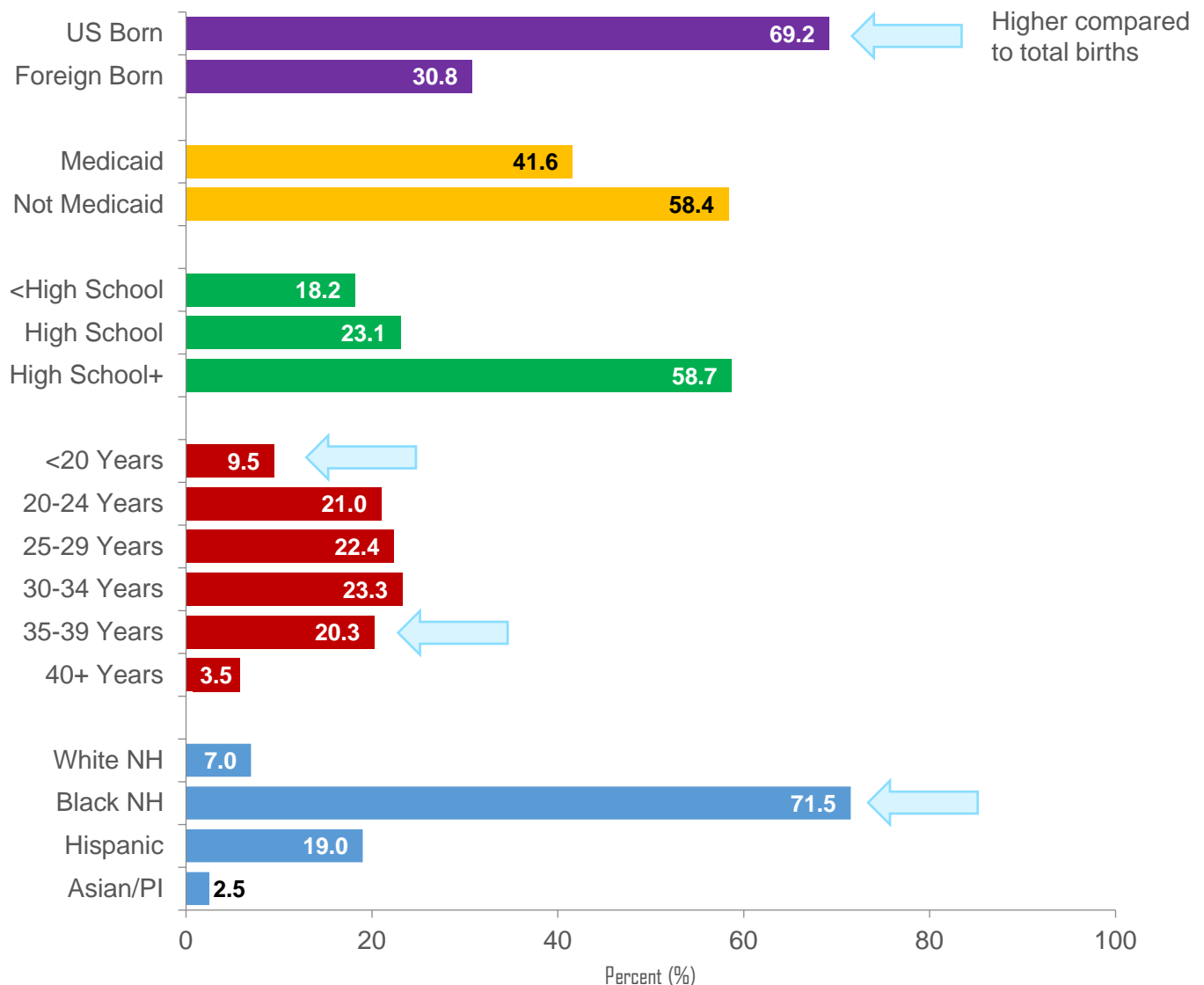
Source: DHMH Vital Statistics Administration, Annual Report

From 2004 to 2013 Black infants consistently had the highest infant death rate in Prince George's County. White infants have had the lowest infant death rate starting in 2012; prior to that Hispanic infants had the lowest rate. The infant death rate for Black and White

infants has decreased overall during the last decade, while the Hispanic infant death rate is higher in 2013 than it was in 2004. However, the rates for both White and Hispanic are based on a small number of deaths which can cause some fluctuation from year to year.



MATERNAL CHARACTERISTICS FOR INFANT DEATHS (N=432), PRINCE GEORGE'S COUNTY, 2010-2013



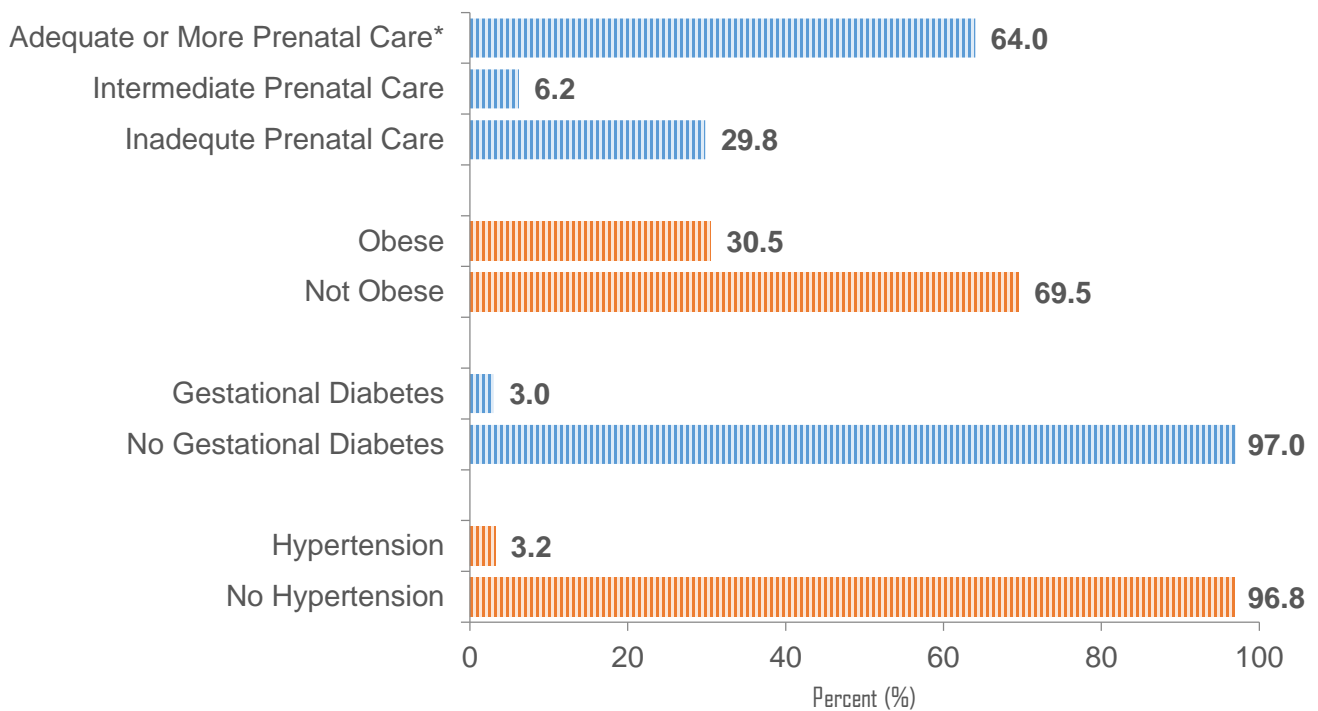
Source: DHMH Vital Statistics Administration, Infant Death Data Analysis

Between 2010 and 2013, there were **432 infant deaths** in Prince George's County. While infant deaths occur across all races, maternal ages, and other indicators, there are some noticeable disparities. In 2013, about 57% of all births were to women born in the U.S., while 69% of infant deaths were born to U.S. born mothers. Two age groups were over-represented for infant deaths compared to all births: mothers less than 20 years of age, and mothers between the ages of 35-39.

While 59.4% of all births were to Black, Non-Hispanic women, they accounted for 71.5% of infant deaths. Some factors were associated with fewer infant deaths. Women ages 25-34 gave birth to 54.2% to all infants, but accounted for only 45.7% of infant deaths. Women born outside the U.S. also had a lower percent of infant deaths compared to overall births. And both White, Non-Hispanic and Hispanic women had a smaller percent of infant deaths compared to total births.

INFANT DEATHS BY MATERNAL HEALTH AND PRENATAL CARE, PRINCE GEORGE'S COUNTY, 2010-2013

Overall, the maternal health indicators for those with infant deaths was similar to all mothers in the County. The percent of women with gestation diabetes and hypertension was slightly lower and pre-pregnancy obesity was slightly higher compared to all 2013 births. The percent of women with adequate prenatal care was nearly identical compared to all 2013 births.

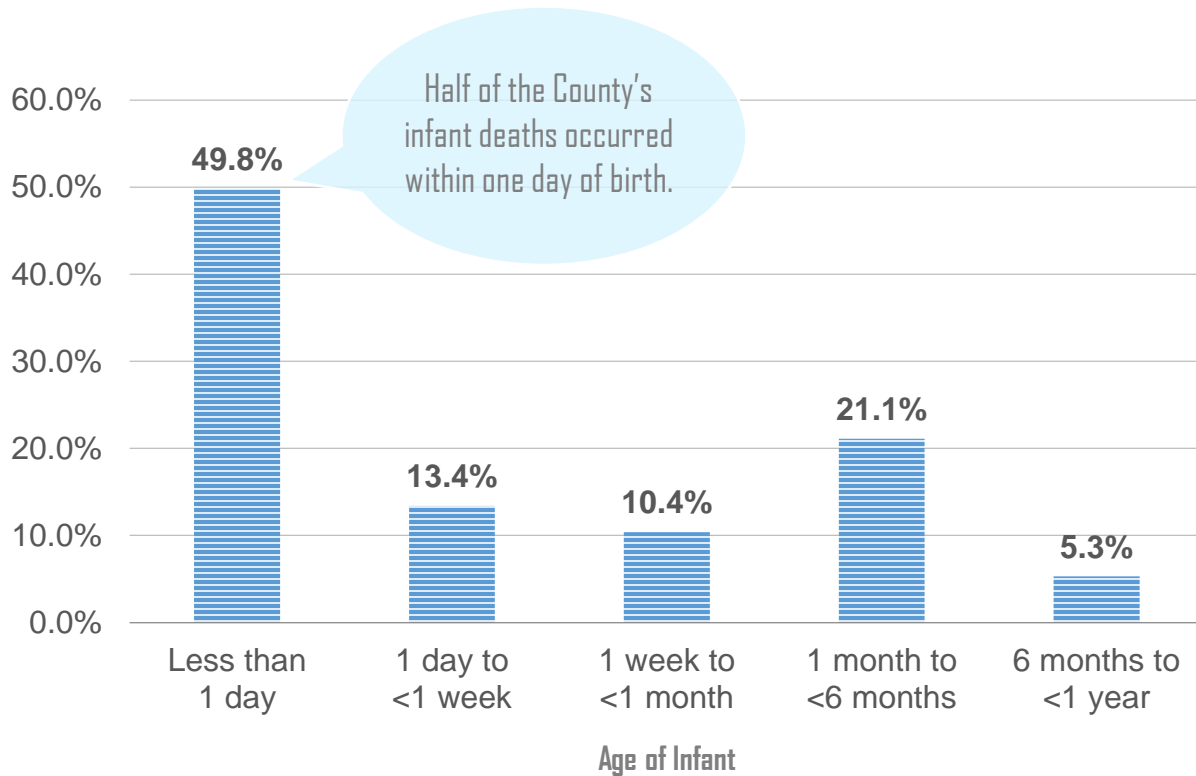


*Adequate prenatal care based on the Adequacy of Prenatal Care Utilization Index;; 111 infant deaths were missing to determine prenatal care.

Source: DHMH Vital Statistics Administration; Infant Death Data Analysis

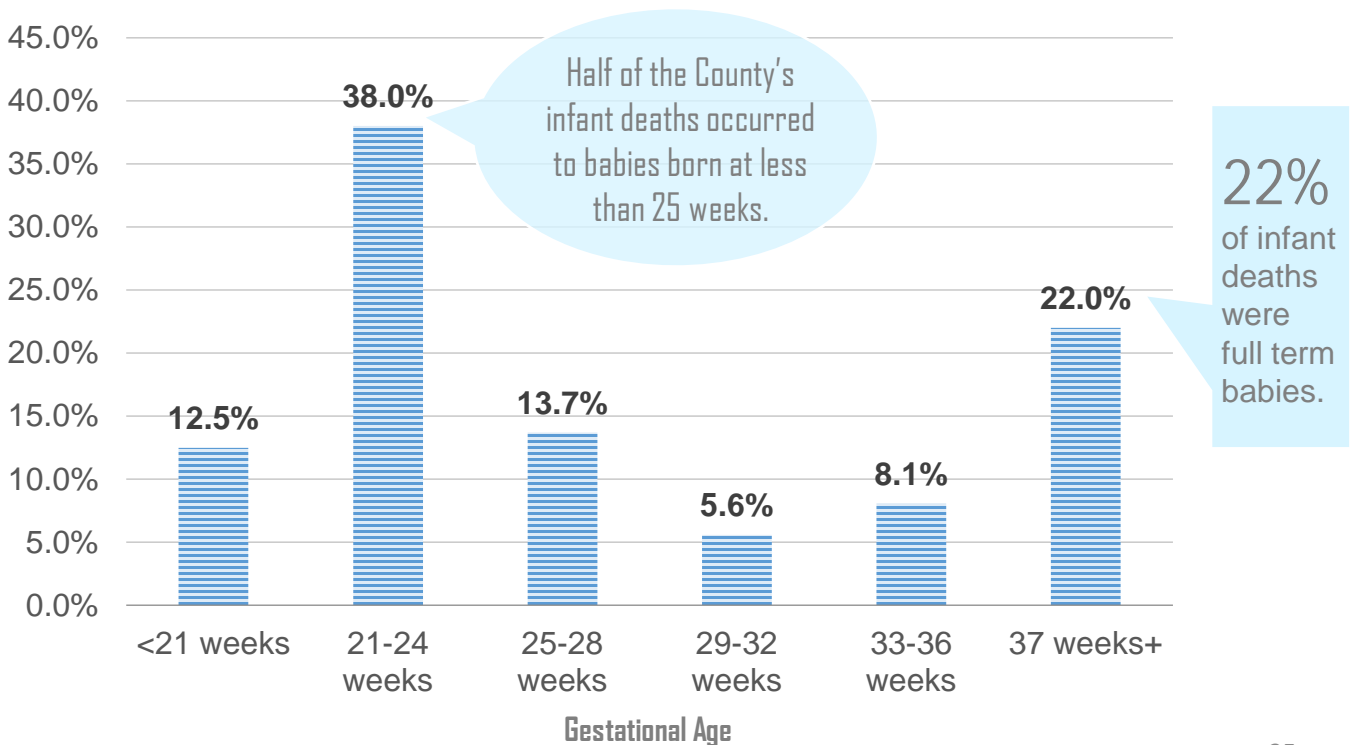


INFANT DEATHS BY AGE, PRINCE GEORGE'S COUNTY, 2010-2013



Data Source: DHMH Vital Statistics Administration, Infant Death Data Analysis

INFANT DEATHS BY GESTATIONAL AGE AT BIRTH, PRINCE GEORGE'S COUNTY, 2010-2013



Data Source: Vital Statistics Administration, Maryland DHMH, Infant Death Data Analysis

XI. Appendix: Select Birth Data by ZIP Code

NUMBER OF BIRTHS BY ZIP CODE OF RESIDENCE, PRINCE GEORGE'S COUNTY, 2011-2013

Zip Code	City	Births (N)	Percent (%)
20601	Waldorf	<10	---
20607	Accokeek	246	0.7
20608	Aquasco	25	0.1
20613	Brandywine	353	1.0
20623	Cheltenham	81	0.2
20703	Lanham	<10	---
20704	Beltsville	<10	---
20705	Beltsville	1,216	3.4
20706	Lanham	1,830	5.1
20707	Laurel	1,443	4.0
20708	Laurel	1,415	3.9
20709	Laurel	<10	---
20710	Bladensburg	511	1.4
20712	Mount Rainier	367	1.0
20715	Bowie	746	2.1
20716	Bowie	784	2.2
20717	Bowie	<10	---
20718	Bowie	<10	---
20719	Bowie	<10	---
20720	Bowie	842	2.3
20721	Bowie	786	2.2
20722	Brentwood	260	0.7
20725	Laurel	<10	---
20726	Laurel	<10	---
20731	Capitol Heights	<10	---
20735	Clinton	1,016	2.8
20737	Riverdale	1,332	3.7
20738	Riverdale	<10	---
20740	College Park	779	2.2
20741	College Park	<10	---
20742	College Park	<10	---
20743	Capitol Heights	1,507	4.2
20744	Fort Washington	1,283	3.6
20745	Oxon Hill	1,001	2.8
20746	Suitland	1,200	3.3

Continued on Next Page

NUMBER OF BIRTHS BY ZIP CODE OF RESIDENCE, PRINCE GEORGE'S COUNTY, 2011-2013 (continued)

Zip Code	City	Births (N)	Percent (%)
20747	District Heights	1,518	4.2
20748	Temple Hills	1,252	3.5
20750	Oxon Hill	<10	---
20753	District Heights	<10	---
20757	Temple Hills	<10	---
20762	Andrews AFB	311	0.9
20768	Greenbelt	<10	---
20769	Glenn Dale	197	0.5
20770	Greenbelt	1,200	3.3
20771	Greenbelt	<10	---
20772	Upper Marlboro	1,280	3.6
20773	Upper Marlboro	<10	---
20774	Upper Marlboro	1,458	4.1
20775	Upper Marlboro	<10	---
20781	Hyattsville	635	1.8
20782	Hyattsville	1,364	3.8
20783	Hyattsville	2,496	6.9
20784	Hyattsville	1,536	4.3
20785	Hyattsville	1,789	5.0
20788	Hyattsville	<10	---
20903	Silver Spring	234	0.7
20904	Silver Spring	18	0.1
20912	Takoma Park	213	0.6

Source: DHMH Vital Statistics Administration, Birth Data Analysis

**NUMBER OF LOW BIRTH WEIGHT (<2,500g) BIRTHS BY ZIP CODE OF RESIDENCE,
PRINCE GEORGE'S COUNTY, 2011-2013**

Zip Code	City	Frequency (N)	Percent (%)
20601	Waldorf	<10	---
20607	Accokeek	22	0.6
20608	Aquasco	<10	---
20613	Brandywine	49	1.4
20623	Cheltenham	12	0.4
20703	Lanham	<10	---
20704	Beltsville	<10	---
20705	Beltsville	99	2.9
20706	Lanham	158	4.6
20707	Laurel	127	3.7
20708	Laurel	117	3.4
20709	Laurel	0	0.0
20710	Bladensburg	40	1.2
20712	Mount Rainier	30	0.9
20715	Bowie	58	1.7
20716	Bowie	83	2.4
20717	Bowie	<10	---
20718	Bowie	0	0.0
20719	Bowie	<10	---
20720	Bowie	106	3.1
20721	Bowie	84	2.5
20722	Brentwood	38	1.1
20725	Laurel	0	0.0
20726	Laurel	0	0.0
20731	Capitol Heights	0	0.0
20735	Clinton	105	3.1
20737	Riverdale	93	2.7
20738	Riverdale	0	0.0
20740	College Park	51	1.5
20741	College Park	0	0.0
20742	College Park	<10	---
20743	Capitol Heights	171	5.0
20744	Fort Washington	166	4.9
20745	Oxon Hill	127	3.7
20746	Suitland	144	4.2

Continued on Next Page

**NUMBER OF LOW BIRTH WEIGHT (<2,500g) BIRTHS BY ZIP CODE OF RESIDENCE,
PRINCE GEORGE'S COUNTY, 2011-2013 (continued)**

Zip Code	City	Frequency (N)	Percent (%)
20747	District Heights	166	4.9
20748	Temple Hills	152	4.5
20750	Oxon Hill	0	0.0
20753	District Heights	0	0.0
20757	Temple Hills	0	0.0
20762	Andrews AFB	22	0.6
20768	Greenbelt	0	0.0
20769	Glenn Dale	25	0.7
20770	Greenbelt	104	3.1
20771	Greenbelt	0	0.0
20772	Upper Marlboro	121	3.6
20773	Upper Marlboro	0	0.0
20774	Upper Marlboro	172	5.0
20775	Upper Marlboro	0	0.0
20781	Hyattsville	51	1.5
20782	Hyattsville	117	3.4
20783	Hyattsville	207	6.1
20784	Hyattsville	145	4.3
20785	Hyattsville	190	5.6
20788	Hyattsville	0	0.0
20903	Silver Spring	21	0.6
20904	Silver Spring	<10	---
20912	Takoma Park	17	0.5

Source: DHMH Vital Statistics Administration, Birth Data Analysis

**NUMBER INFANT DEATHS BY ZIP CODE* OF RESIDENCE,
PRINCE GEORGE'S COUNTY, 2011-2013**

Zip Code	City	Frequency (N)	Percent (%)
20705	Beltsville	14	4.6
20706	Lanham	13	4.2
20707	Laurel	12	3.9
20708	Laurel	10	3.3
20737	Riverdale	13	4.2
20743	Capitol Heights	17	5.5
20744	Fort Washington	12	3.9
20745	Oxon Hill	13	4.2
20746	Suitland	13	4.2
20747	District Heights	15	4.9
20748	Temple Hills	17	5.5
20772	Upper Marlboro	13	4.2
20774	Upper Marlboro	11	3.6
20782	Hyattsville	14	4.6
20783	Hyattsville	24	7.8
20785	Hyattsville	19	6.2

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

Source: DHMH Vital Statistics Administration, Infant Death Data Analysis

**NUMBER OF TEEN BIRTHS (<20 YEARS OF AGE) BY ZIP CODE OF RESIDENCE,
PRINCE GEORGE'S COUNTY, 2011-2013**

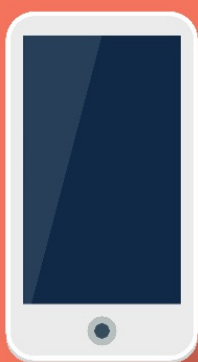
Zip Code	City	Frequency (N)	Percent (%)
20601	Waldorf	0	0.0
20607	Accokeek	17	0.7
20608	Aquasco	<10	---
20613	Brandywine	12	0.5
20623	Cheltenham	<10	---
20703	Lanham	0	0.0
20704	Beltsville	0	0.0
20705	Beltsville	58	2.3
20706	Lanham	124	4.9
20707	Laurel	47	1.8
20708	Laurel	65	2.5
20709	Laurel	0	0.0
20710	Bladensburg	42	1.6
20712	Mount Rainier	36	1.4
20715	Bowie	22	0.9
20716	Bowie	32	1.3
20717	Bowie	0	0.0
20718	Bowie	0	0.0
20719	Bowie	0	0.0
20720	Bowie	28	1.1
20721	Bowie	33	1.3
20722	Brentwood	19	0.7
20725	Laurel	<10	---
20726	Laurel	0	0.0
20731	Capitol Heights	0	0.0
20735	Clinton	79	3.1
20737	Riverdale	133	5.2
20738	Riverdale	<10	---
20740	College Park	39	1.5
20741	College Park	0	0.0
20742	College Park	0	0.0
20743	Capitol Heights	200	7.8
20744	Fort Washington	119	4.7
20745	Oxon Hill	108	4.2
20746	Suitland	131	5.1

Continued on Next Page

**NUMBER OF TEEN BIRTHS (15-19 YEARS OF AGE) BY ZIP CODE OF RESIDENCE,
PRINCE GEORGE'S COUNTY, 2011-2013 (continued)**

Zip Code	City	Frequency (N)	Percent (%)
20747	District Heights	169	6.6
20748	Temple Hills	136	5.3
20750	Oxon Hill	0	0.0
20753	District Heights	0	0.0
20757	Temple Hills	0	0.0
20762	Andrews AFB	<10	---
20768	Greenbelt	0	0.0
20769	Glenn Dale	11	0.4
20770	Greenbelt	58	2.3
20771	Greenbelt	0	0.0
20772	Upper Marlboro	77	3.0
20773	Upper Marlboro	0	0.0
20774	Upper Marlboro	73	2.9
20775	Upper Marlboro	0	0.0
20781	Hyattsville	52	2.0
20782	Hyattsville	88	3.4
20783	Hyattsville	191	7.5
20784	Hyattsville	131	5.1
20785	Hyattsville	152	6.0
20788	Hyattsville	0	0.0
20903	Silver Spring	13	0.5
20904	Silver Spring	<10	---
20912	Takoma Park	10	0.4

Source: DHMH Vital Statistics Administration, Birth Data Analysis



Contact Us!

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Prince George's
County Health
Department



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