

# Healthier Moms & Babies

## ANALYSIS OF 2016-2020 CDC NATALITY DATA FOR ALLEN COUNTY AND INDIANA

November 17, 2022

Prepared by the Purdue University Fort Wayne Community Research  
Institute for Healthier Moms and Babies

Includes parental demographics, use of prenatal care, maternal and infant health characteristics,  
and labor and delivery data.

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## Executive summary

Using publicly available data from the Centers for Disease Control and Prevention's database of birth certificate records, the Purdue University Fort Wayne's Community Research Institute (CRI) compared Allen County's data for all births, births paid for by Medicaid, and births paid for with private insurance between 2016 and 2020 with Indiana as the comparison geography.

Key findings from this data include:

- **Annual number of births:** Allen County's total number of births remained relatively steady over the five years studied while Indiana's total births declined year over year.
- **Number of births by payment source:** Allen County's number of Medicaid births declined while private insurance births increased, likely reflecting the strength of the local job market, which improved access to employer-based health insurance during the five years studied.
- **Parental race and ethnicity:** Allen County's mothers are more racially diverse when compared to Indiana but mirror the state's share who identify as Hispanic. For fathers, Allen County had a larger share of non-white for race and slightly lower for non-Hispanic and most other Hispanic categories with a larger share of paternal race and ethnicity not identified compared to Indiana.
- **Birth rate and fertility rate:** Allen County had both a higher birth rate, which is measured against the total population, and fertility rate, which is measured against the population of women of child-bearing age, than Indiana.
- **Birth interval:** Allen County's average birth interval, when measured by the time between current and previous live birth, was shorter than Indiana's in all years studied, ranging between about 2.5 to 3.5 months shorter. The most common interval cohort was 24 to 35 months for not-first live birth across all geographies and payment sources. Allen County's Medicaid births were more likely to report a birth interval of less than 24 months compared to the other populations studied.
- **Mother's age:** Women giving birth with Medicaid tend to be younger than the women giving birth with private insurance in both geographies.
- **Mother's education level:** Births with private insurance more likely to have a mother with a bachelor's degree or higher in Allen County and Indiana, which is consistent with the older maternal age of women who give birth with private insurance.
- **Marital status:** About 72% of Medicaid births were to unmarried women compared to less than a quarter of births with private insurance.
- **Paternity acknowledgement:** Allen County consistently reported a larger share of births to unmarried women without paternity acknowledgement for all time periods and populations studied.
- **Father's age:** Just over half of births in Allen County and Indiana with reported paternity were to men ages 25 to 34.
- **Start of prenatal care by trimester:** The majority of women got prenatal care in the first trimester locally and in Indiana, regardless of payment source. More Medicaid births in Allen County had care start between the 4<sup>th</sup> and 6<sup>th</sup> month as compared to private insurance births despite being a smaller number of total births.

- **Start of prenatal care by month:** Women in Allen County were more likely than women statewide to start prenatal care in the third month, regardless of payment source. Indiana women were more likely to start prenatal care in the second month. More than half of Allen County births covered by private insurance had prenatal care start in the third month.
- **Tobacco use:** The majority of births involving tobacco use across both geographies were Medicaid births.
- **Gestational diabetes:** Allen County's birth showed an up-and-down trend for the number of infants born to mothers with gestational diabetes, with numbers going up between 2016 and 2018, going down for 2019 and then going up again in 2020.
- **Gestational hypertension:** Gestational hypertension showed an up-and-down trend during the time studied for Allen County and an upward trend in Indiana.
- **Induction of labor:** Medicaid births were less likely than private insurance births to be induced, although that separation started to shrink in Allen County over time while it remained constant with Indiana's births.
- **Anesthesia:** Allen County and Indiana births showed a downward trend for births using anesthesia over time. This cannot be fully attributed to the pandemic's onset in 2020 as it was declining in the years preceding that public health event.
- **Delivery method:** Women were more likely in Allen County than Indiana to delivery vaginally, excluding vaginal births after a Cesarean delivery, during the time period studied. Consistent with the vaginal delivery data, Allen County women were less likely to have a repeat C-section.
- **Gestational age:** Most births in Allen County and Indiana, regardless of payment source, occurred between 37 and 39 weeks. Allen County's number of reported preterm births – infants born before 37 weeks – went up during the time period studied.
- **Low birthweight:** Allen County's number of reported low birthweight births went up slightly while the number of reported very low birthweight births showed an up-and-down trend but the data is incomplete so any conclusions about the findings should be balanced against the potential for missing data. Allen County's number of reported very low birthweight births showed an up-and-down trend in the five years studied. Again, since this is incomplete data, this variation should be interpreted with caution.
- **Breastfeeding at birth:** Most infants in Allen County and Indiana received breastmilk before being discharged from the hospital.
- **NICU admissions:** Local NICU admissions remained relatively even while Indiana's admissions increased over time.

## Introduction

Healthier Moms and Babies contracted with Purdue University Fort Wayne (PFW) to collect and analyze data about infants and their families to understand the events and circumstances that may lead to or directly cause infant mortality, which for this project is defined as death before the infant's first birthday.

PFW's Center for Social Research (CSR) with help from the Community Research Institute (CRI) conducted a survey of women in Allen County who either had a baby in the past year, were currently pregnant, or were thinking about getting pregnant in the future, and a separate survey of women in

Allen County who could become pregnant in the future. The surveys' findings are in reports separate from this data.

For this portion of the project, CRI focused on publicly available data from the Centers for Disease Control and Prevention's Wonder data portal for Allen County with Indiana as the comparison geography. Data were available annually for 2016 to 2020 when CRI pulled the data in March 2022.

The CDC's data here are remarkably comprehensive and inclusive because it is pulled from birth certificate records to capture essentially all births that occurred during the period studied. The information is reported based on the county of residence, not the county of birth.

For most of the charts and tables, CRI compared total births to births covered by Medicaid and births paid for with private insurance. When possible, CRI converted number of births to percentage of births to make a direct comparison between the two geographies. When that was not possible, total numbers are reported. Each chart or table identifies the measure, geography, and when relevant, the population (all, Medicaid, and private insurance).

This report includes annual information about the following:

- Number of live births
- Payment source for the birth
- Averages about infants and mothers including mother's age, infant's birthweight, and gestational age
- Parental demographic information include race, Hispanic origin, education level, and marital status
- Interval since last live birth
- Use of prenatal care including number of prenatal visits and when prenatal care began
- Maternal health characteristics including gestational diabetes, gestational hypertension, and tobacco use
- Labor and delivery data including induction of labor, anesthesia, and delivery method
- Maternal morbidity including unplanned hysterectomy, admission to the intensive care unit, or a blood transfusion to mother
- Infant health characteristics including gestational age, birthweight, Apgar scores, and abnormal or congenital conditions

When comparing the data over the reported timeseries as presented, it is important to remember that the number of total live births in Allen County stayed essentially level during the five years studied while the total births statewide declined year over year. Accordingly, when statewide total numbers trend upward on specific measures, it represents a larger share of live births because the state's overall births declined by more than 5% in the five years studied. In comparison, the percentage decline between Allen County's highest and lowest birth years was 2.8% with no consistent pattern or trend of increase or decline during the five years studied.

## Data source

CRI used the CDC's Wonder Natality Data Extended for years 2016 to 2020. It uses information collected from mothers and birthing facilities (hospitals, birthing centers, other clinics) for the birth certificate for live births occurring within the United States to U.S. residents.

The CDC suppresses public data release for counts on any measure with fewer than 10 births for the respective geography. Blank cells could be between 0 and 9 births.

The extended natality data from the CDC has information in the following categories, although not all data categories were used for this report:<sup>1</sup>

- Parental demographics
  - Race
  - Hispanic origin
  - Age
  - Education level
  - Marital status and paternity acknowledgement
- Pregnancy history of mother
  - Interval since last live birth, last other pregnancy outcome, and interval of last pregnancy
  - Prior pregnancy outcomes including prior births now living and prior births now dead
  - Birth order
  - Prenatal care including number of prenatal visits and when prenatal care began
  - WIC use
  - External cephalic version obstetric procedures
- Maternal risk factors
  - Height
  - Pre-pregnancy weight and body mass index
  - Delivery weight
  - Weight gain
  - Tobacco use including number of cigarettes before and during pregnancy
- Pregnancy risk factors
  - Pre-pregnancy and gestational diabetes
  - Pre-pregnancy and gestational hypertension
  - Eclampsia
  - Previous pre-term birth
  - Previous and number of cesarean deliveries
  - Fertility assistance including infertility treatments, fertility-enhancing medications, and assistive reproduction technology
- Maternal infections
  - Gonorrhea
  - Syphilis
  - Chlamydia

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<sup>1</sup> <https://wonder.cdc.gov/wonder/help/Natality-expanded.html#>

- Hepatitis B
  - Hepatitis C
- Labor characteristics
  - Induction and augmentation of labor
  - Steroids
  - Antibiotics for mother
  - Chorioamnionitis
  - Anesthesia
- Delivery characteristics
  - Year
  - Month
  - Weekday
  - Time of day
  - Location of birth
  - If mother was transferred to another hospital/medical facility
  - Medical attendant
  - Fetal presentation
  - Final route and method of delivery
  - Trial of labor attempted for cesarean deliveries
  - Delivery payment source
- Maternal morbidity
  - Maternal transfusion
  - Third or fourth degree perineal laceration
  - Ruptured uterus
  - Unplanned hysterectomy
  - Admission to intensive care unit
- Infant characteristics
  - Sex
  - Birth weight
  - Multiple births
  - Gestational age at birth
  - Apgar score
  - Infant breastfed at discharge
  - Infant transferred to another hospital/medical facility
  - Infant living at time of report
- Abnormal conditions of newborn
  - Assisted ventilation
  - NICU admission
  - Surfactant replacement therapy
  - Antibiotics for suspected neonatal sepsis
  - Seizures
- Congenital anomalies of newborn:
  - Anencephaly
  - Cleft Palate Alone



- Cleft Lip with or without Cleft Palate
- Cyanotic Congenital Heart Disease
- Congenital Diaphragmatic Hernia
- Omphalocele
- Gastroschisis
- Hypospadias
- Meningocele / Spina Bifida
- Limb Reduction Defect
- Down Syndrome
- Suspected Chromosomal Disorder
- Congenital Anomalies Checked

### Data use restrictions

From the CDC's website:

These data are provided for the purpose of statistical reporting and analysis only.

The *CDC/ATSDR Policy on Releasing and Sharing Data* prohibits linking these data with other data sets or information for the purpose of identifying an individual. If the identity of a(n) individual described in a data set is discovered inadvertently, make no disclosure or other use of this information and report the discovery to:

Associate Director for Science  
Office of Science Policy and Technology Transfer, CDC  
Mail Stop D50  
Phone: 404-639-7240

The Public Health Service Act (42 U.S.C. 242m(d)) provides that the data collected by the National Center for Health Statistics (NCHS) may be used only for the purpose for which they were obtained; any effort to determine the identity of any reported cases, or to use the information for any purpose other than for statistical reporting and analysis, is against the law. Therefore users will:

- Use these data for statistical reporting and analysis only.
- For sub-national geography, do not present or publish death or birth counts of 9 or fewer or rates based on counts of nine or fewer (in figures, graphs, maps, table, etc.).
- Make no attempt to learn the identity of any person or establishment included in these data.
- Make no disclosure or other use of the identity of any person or establishment discovered inadvertently and advise the Director, NCHS of any such discovery.

Confidentiality Officer  
National Center for Health Statistics  
3311 Toledo Road  
Hyattsville, MD 20782  
Phone: 888-642-4159  
Email: [nchsconfidentiality@cdc.gov](mailto:nchsconfidentiality@cdc.gov)

## Datasets, presentation

This report reflects information gathered for the CDC Wonder Natality Extended Dataset 2016-2020.

The CDC publishes annual county-level natality data for counties with a population of more than 100,000. For this project, CRI used information for select measures for Allen County and Indiana by the following births:

- All births
- Medicaid births
- Private insurance births

CRI opted not to include the data for self-pay and “other” births because of the small total number, which would then encounter significant suppression issues across the studied data points because the CDC does not publish information for less than 10 births. CRI encountered suppressed data in Allen County for select measures even with the larger populations studied.

CRI selected the measures within this report with guidance from Healthier Moms and Babies to identify events or circumstances that may be related to risk for infant mortality or death of an infant before his or her first birthday. Some measures are general in nature, like parental demographics while others are key health indicators like mothers’ gestational diabetes or infants’ admission to NICU.

The CDC natality data set does not collect any information specifically about household income so Medicaid use is the best proxy for household income. Information about parents’ education levels indicates that births with private insurance reflect higher-income parents.<sup>2</sup>

## Births and payment source

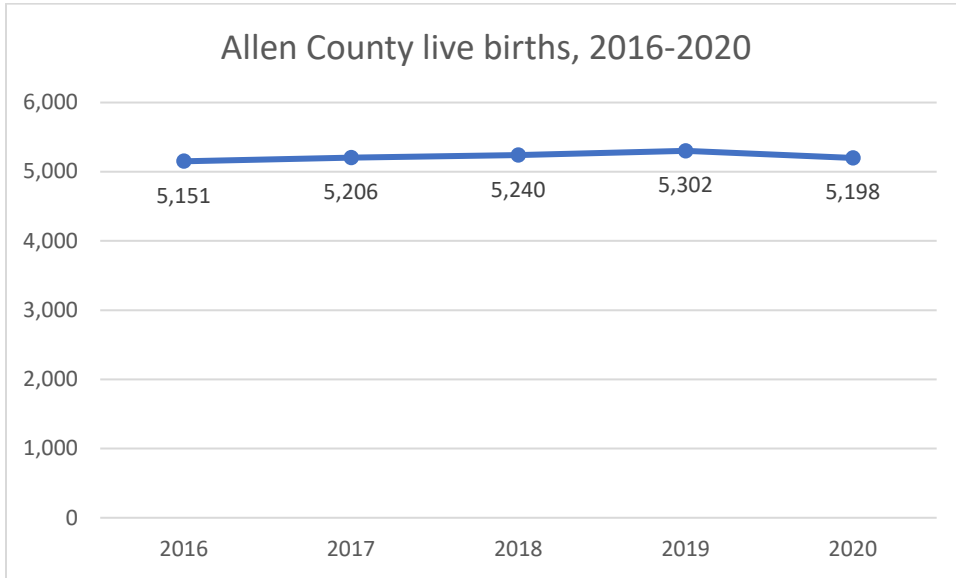
This section looks at the number of live births of the two geographies studied from 2016 to 2020. When CRI pulled this data in March 2022 from the CDC Wonder website,<sup>3</sup> 2020 was the most recent year available for this project in spring 2022.

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<sup>2</sup> American Community Survey data from the U.S. Census Bureau consistently reflects that people with a bachelor’s degree have higher income than their peers who ended their education with a high school diploma or with some college or an associate’s degree.

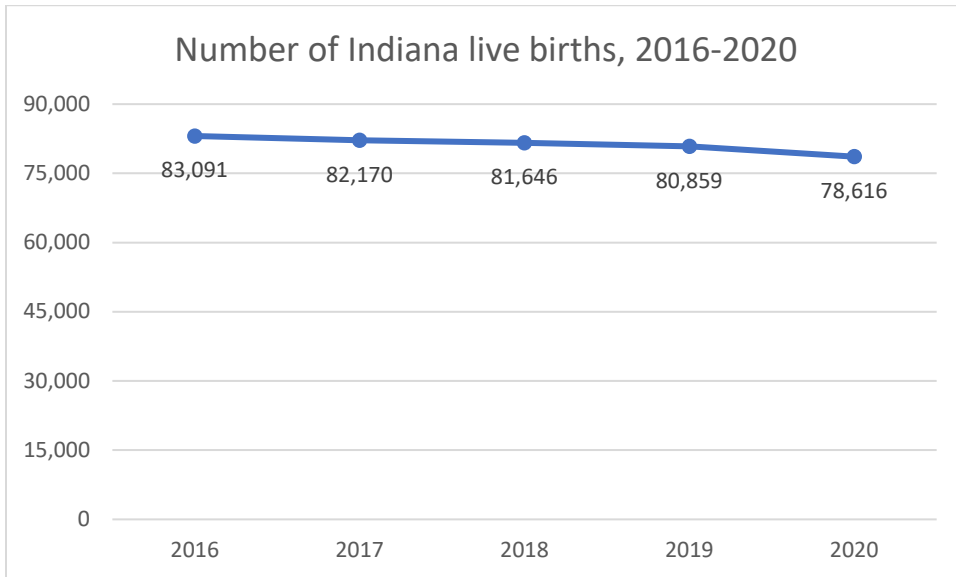
<sup>3</sup> <https://wonder.cdc.gov/controller/datarequest/D149>

Chart 1: Allen County live births



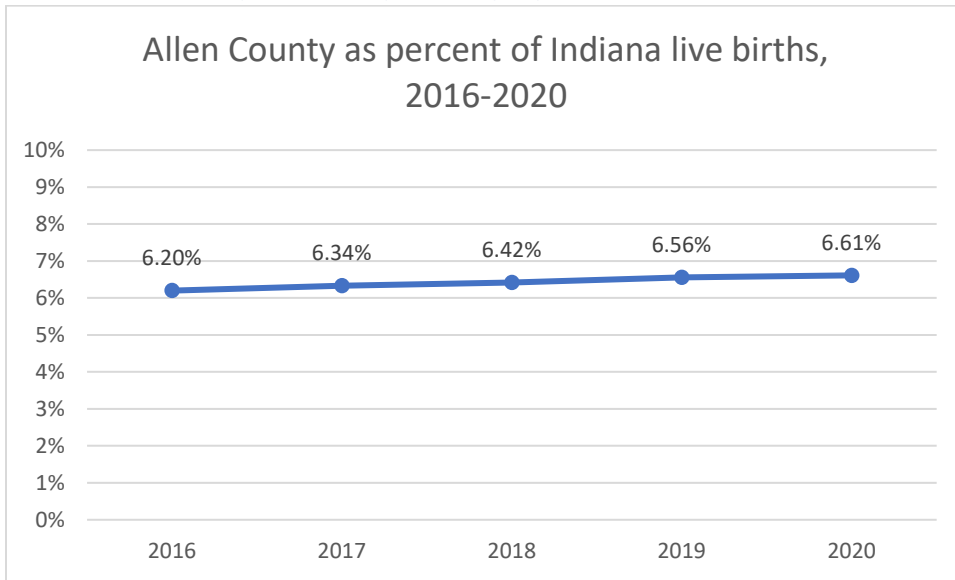
Source: CDC Wonder Natality Data Expanded, 2016-2020

Chart 2: Indiana live births



Source: CDC Wonder Natality Data Expanded, 2016-2020

Chart 3: Allen County's births as percentage of state total



Source: Percentages calculated by CRI using CDC Wonder Natality Data Expanded, 2016-2020

The CDC reports the delivery payment source in the following four categories:<sup>4</sup>

- Private insurance
- Medicaid
- Self-pay
- Other with source listed

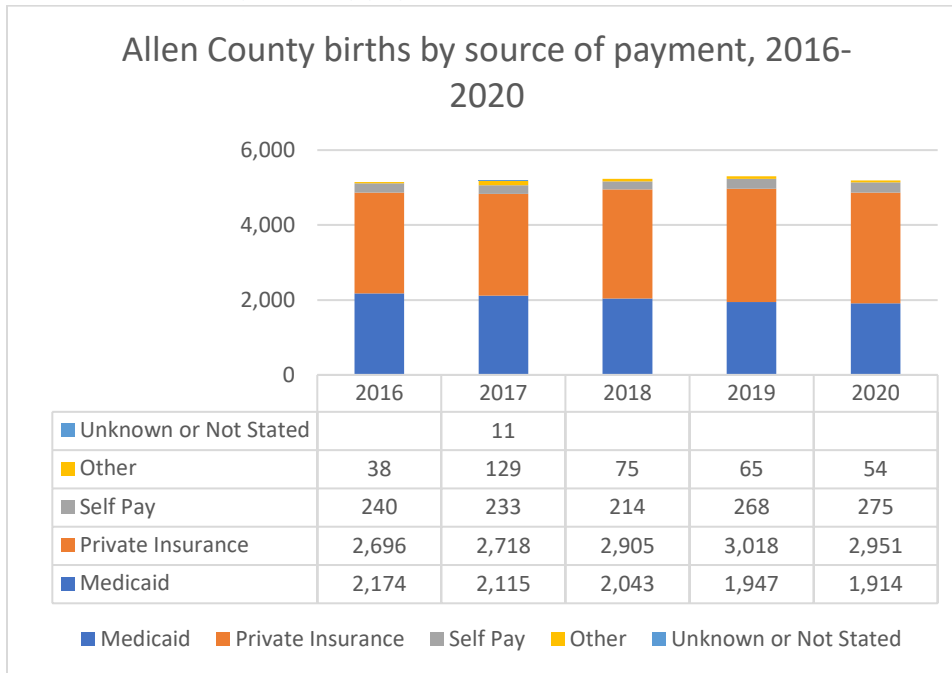
If none of the boxes were checked in the facility worksheet, it is reported as “not stated.”<sup>5</sup>

The CDC did not report total number of births for Allen County so CRI is providing the annual count for Allen County and Indiana.

<sup>4</sup> User Guide to the 2020 Natality Public Use File, CDC, p. 62.

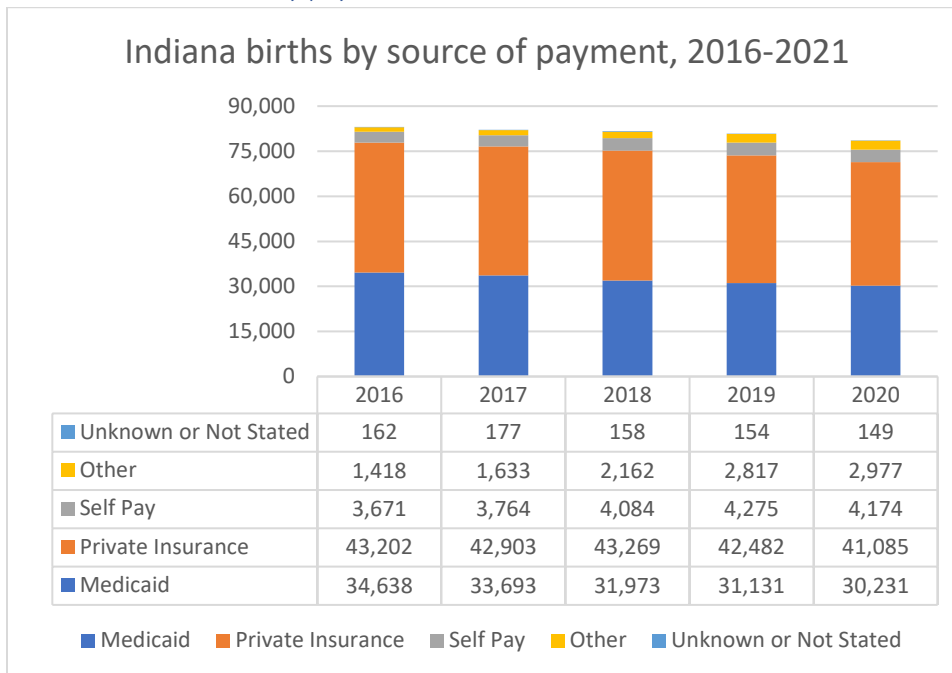
<sup>5</sup> Ibid.

Chart 4: Allen County births by payment source



Source: CDC Wonder Natality Data Expanded, 2016-2020

Chart 5: Indiana births by payment source



Source: CDC Wonder Natality Data Expanded, 2016-2020

#### Analysis and trends

- Allen County's number of annual live births remained essentially flat during the time period studied while Indiana's number declined 5.39% between 2016 and 2020.

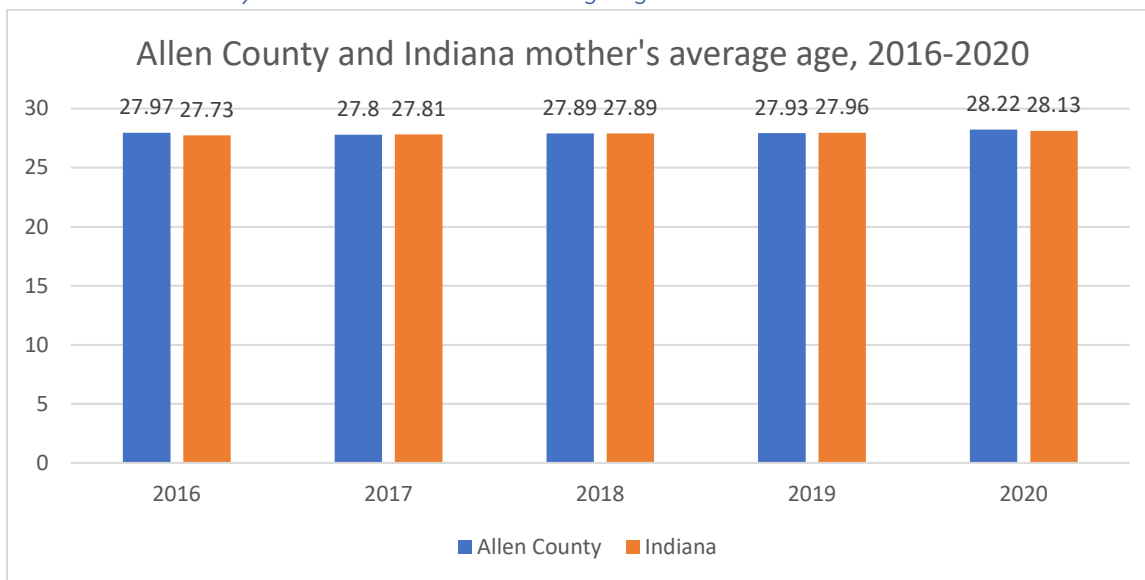
- Allen County’s share of total births statewide increased as a result.
- While Allen County’s births remained steady, the number of Medicaid births went down while the number of private insurance births went up.
- The number of self-pay births in Allen County remained relatively constant during the time period studied, yet Indiana’s self-pay births increased.

## General pregnancy, birth data

To provide some general data about pregnancies and births in Allen County compared to Indiana, CRI pulled some annual data averages from the CDC Wonder Natality database.

The first chart here looks at the average age of mothers in Allen County and Indiana.

*Chart 6: Allen County and Indiana mother’s average age*



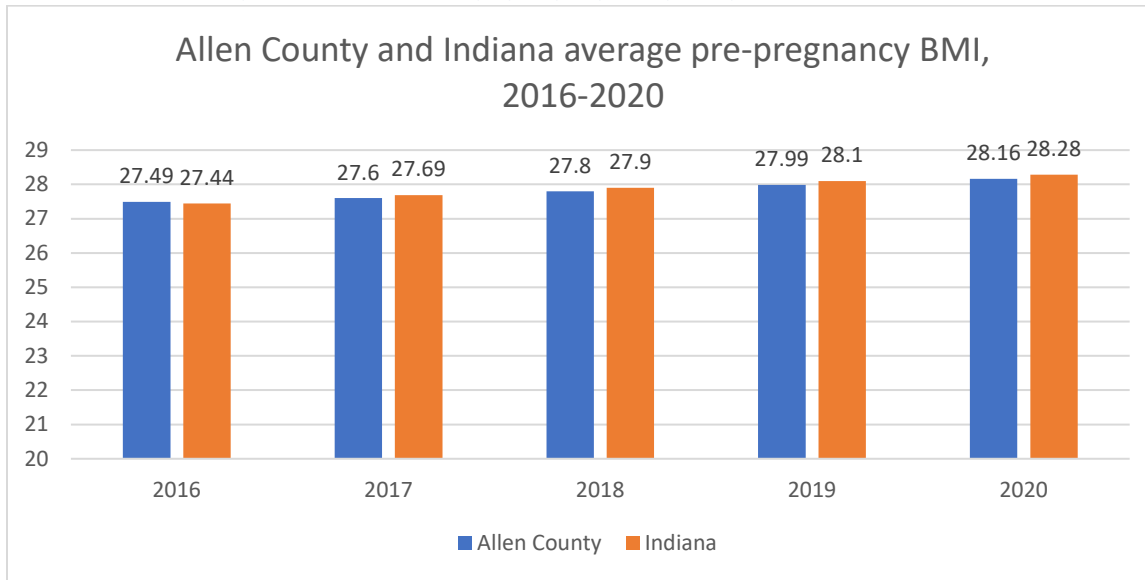
Source: CDC Wonder Natality Data Expanded, 2016-2020

The body mass index (BMI) is calculated by a formula to account for an individual’s height and weight. The CDC calculates mothers’ pre-pregnancy BMI using data collected from the mother’s birth certificate worksheet.<sup>6</sup> Adults with a BMI of 25.0 or more are considered overweight.<sup>7</sup>

<sup>6</sup> Mother’s Worksheet for Child’s Birth Certificate (2016), CDC, p. 2 and p. 6.

<sup>7</sup> See [https://www.cdc.gov/healthyweight/assessing/bmi/adult\\_bmi/index.html](https://www.cdc.gov/healthyweight/assessing/bmi/adult_bmi/index.html)

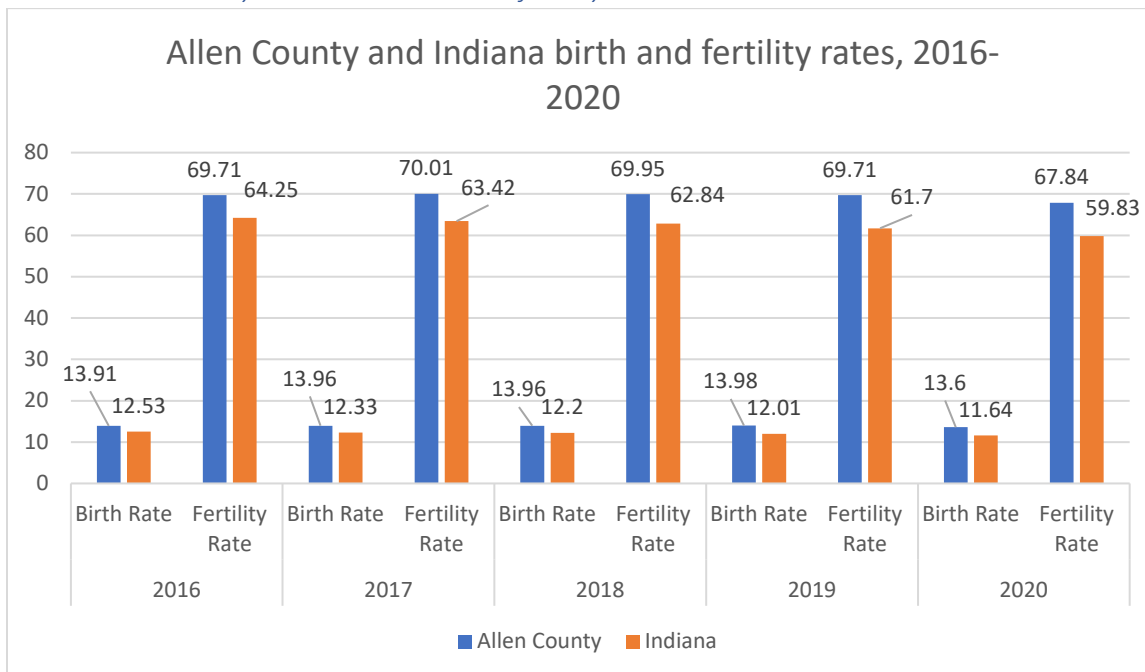
Chart 7: Allen County and Indiana average pre-pregnancy body mass index



Source: CDC Wonder Natality Data Expanded, 2016-2020

The birth rate is calculated based total population and expressed as per 1,000 persons. The fertility rate is calculated from total females of traditional childbearing ages and like birth rate, expressed per 1,000 females ages 15 to 44. For comparison, the United States’ 2020 birth rate was 11.0 and the fertility rate was 56.0.<sup>8</sup>

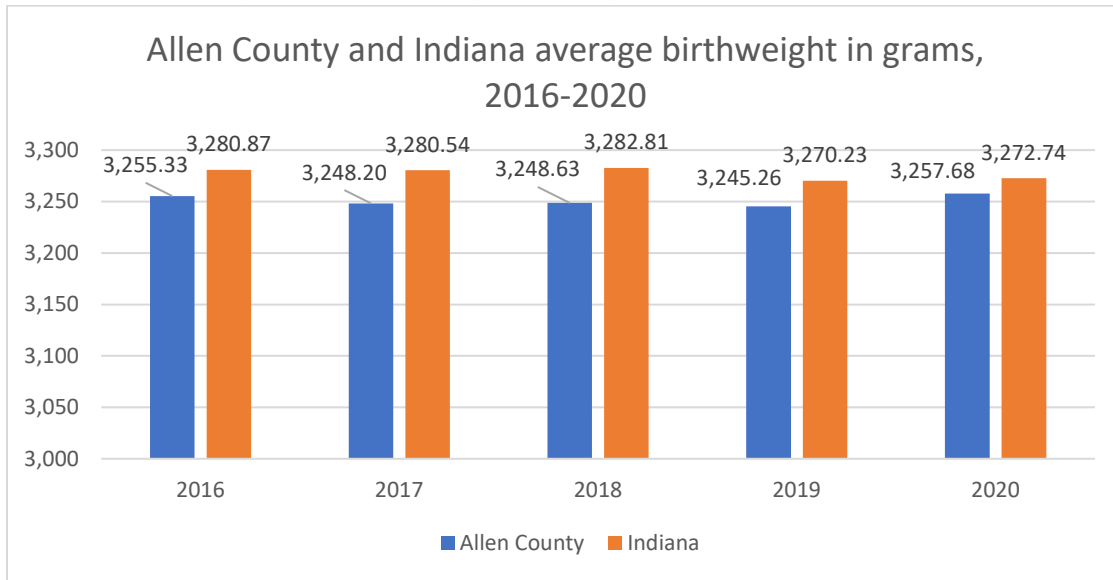
Chart 8: Allen County and Indiana birth and fertility rates



Source: CDC Wonder Natality Data Expanded, 2016-2020

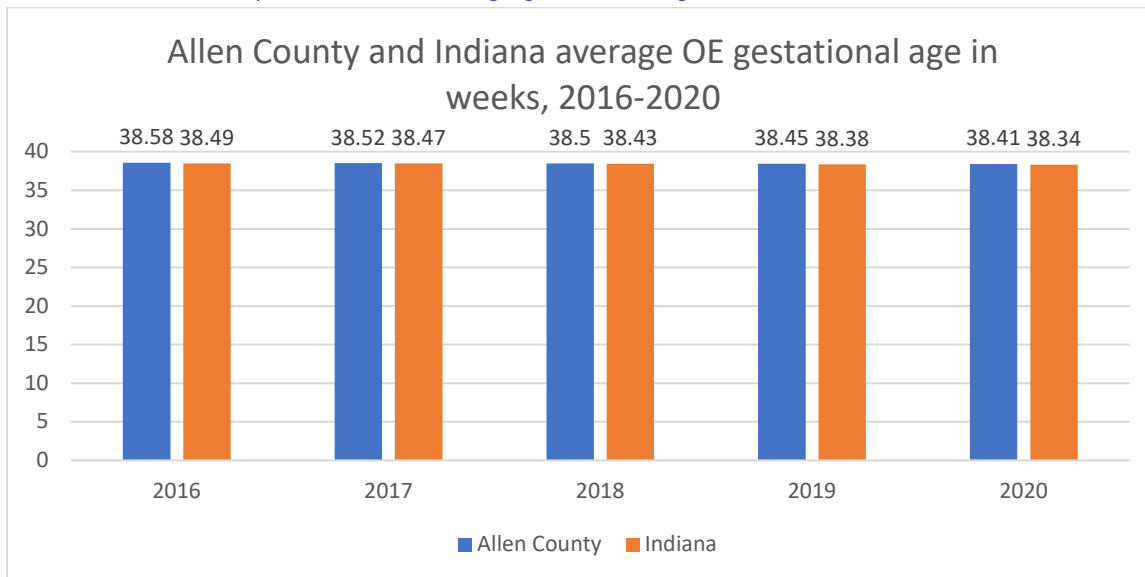
<sup>8</sup> <https://www.cdc.gov/nchs/nvss/births.htm>

Chart 9: Allen County and Indiana average birthweight



Source: CDC Wonder Natality Data Expanded, 2016-2020

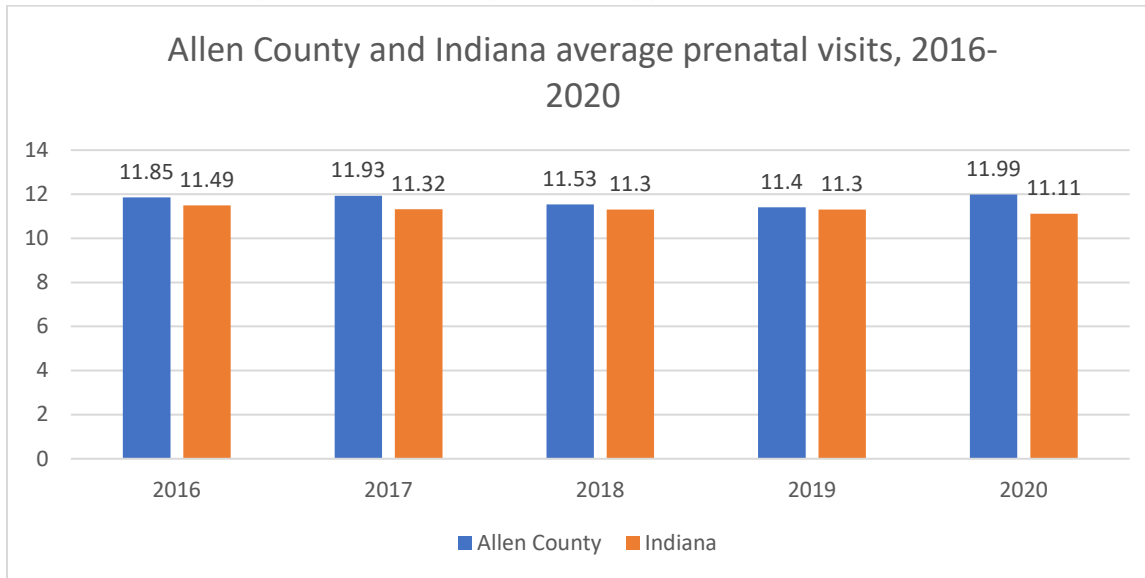
Chart 10: Allen County and Indiana average gestational age



Source: CDC Wonder Natality Data Expanded, 2016-2020

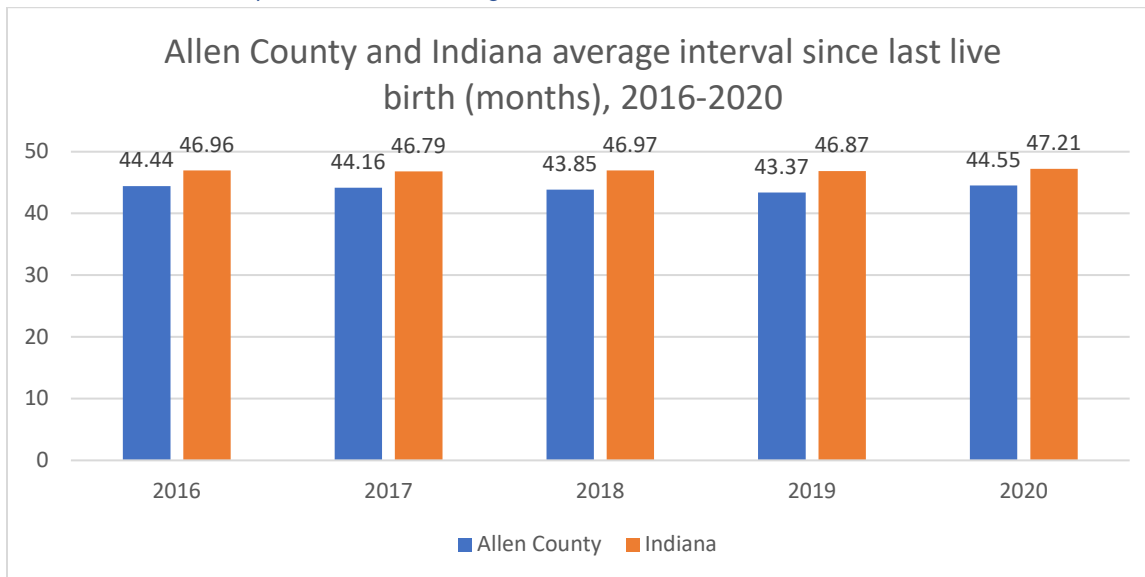


Chart 11: Allen County and Indiana average number of prenatal visits



Source: CDC Wonder Natality Data Expanded, 2016-2020

Chart 12: Allen County and Indiana average interval since last live birth



Source: CDC Wonder Natality Data Expanded, 2016-2020

### Analysis and trends

- The mother's average age for Allen County and Indiana were essentially equivalent during the time studied.
- The average pre-pregnancy body mass index had little variation between the two geographies, but both were within the overweight classification with the average above 25.0.<sup>9</sup> The average BMI trended upward over time for Allen County and Indiana.
- Allen County's birth and fertility rates consistently exceeded that of Indiana across all five years. For 2020, both the state and local rates were above the national rates.

<sup>9</sup>

- Allen County’s mothers with previous live births had a shorter average birth interval than Indiana, ranging from 2.52 to 3.5 months.

## Demographic characteristics of parents

This section looks at the demographics of both mothers and fathers including race, ethnicity, age, education level, parents’ marital status, and acknowledgment of paternity for unmarried couples. This also includes data about the intervals between the current and previous live births.

### Mother’s race

The CDC collects very detailed about the race of the parents, both mother and father, as reported by the infant’s mother on the Mother’s Worksheet for Child’s Birth Certificate. It also collects Hispanic origin in a separate category, which is also listed in this report.

The worksheet offers the following categories:<sup>10</sup>

- White
- Black or African American
- American Indian or Alaska Native and list name of enrolled or principal tribe
- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian and list other
- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander and list other
- Other and list other

Mothers are advised to check all racial categories that apply to themselves.

To simplify data reporting, the CDC categorizes the responses into various segments. To best reflect the racial make-up of Allen County and Indiana, CRI opted to use the six-race data set:

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- More than one race

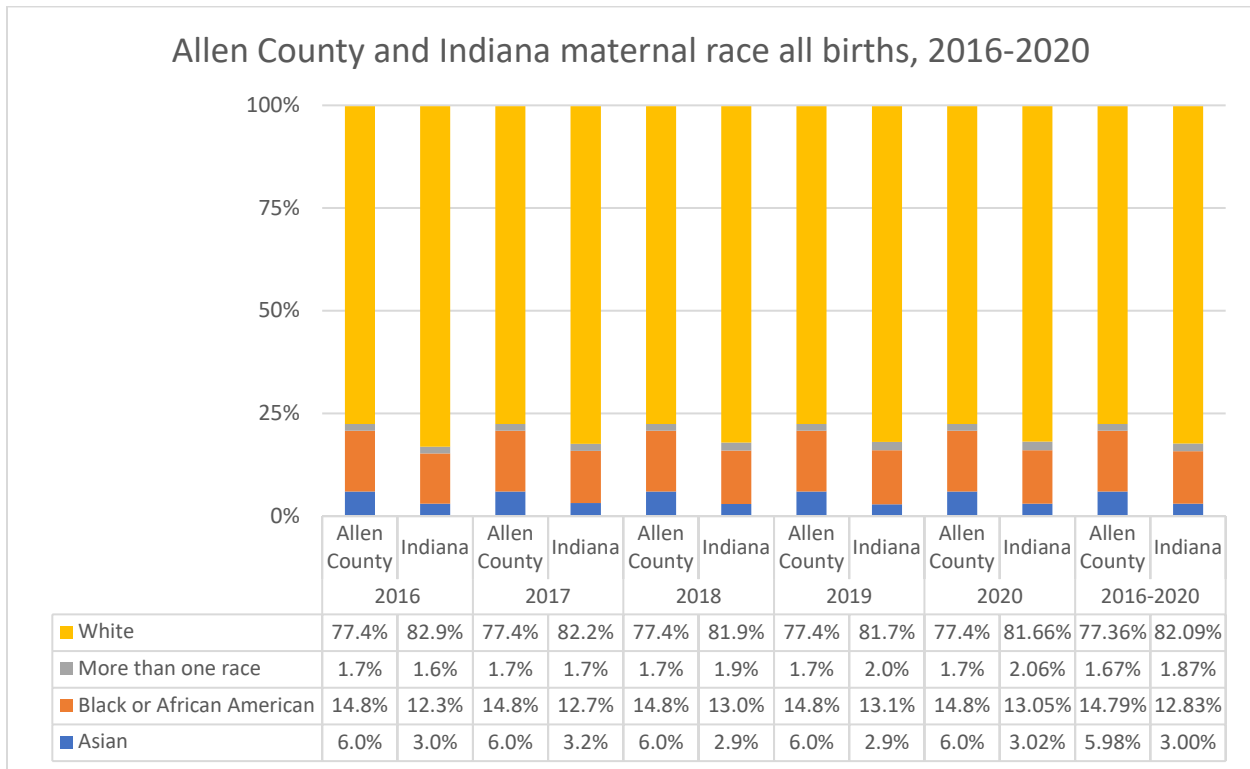
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<sup>10</sup> Mother’s Worksheet for Child’s Birth Certificate (2016), CDC, p 3.

Consistent with other racial demographic data locally, the CDC did not report any births in Allen County for mothers identifying exclusively as American Indians/Alaska Natives or Native Hawaiians/other Pacific Islanders so CRI removed those numbers from the comparison data in Indiana. CDC reported 470 births to American Indian/Alaska Native mothers and 384 births to Native Hawaiian or other Pacific Islander mothers between 2016 and 2020 in Indiana.

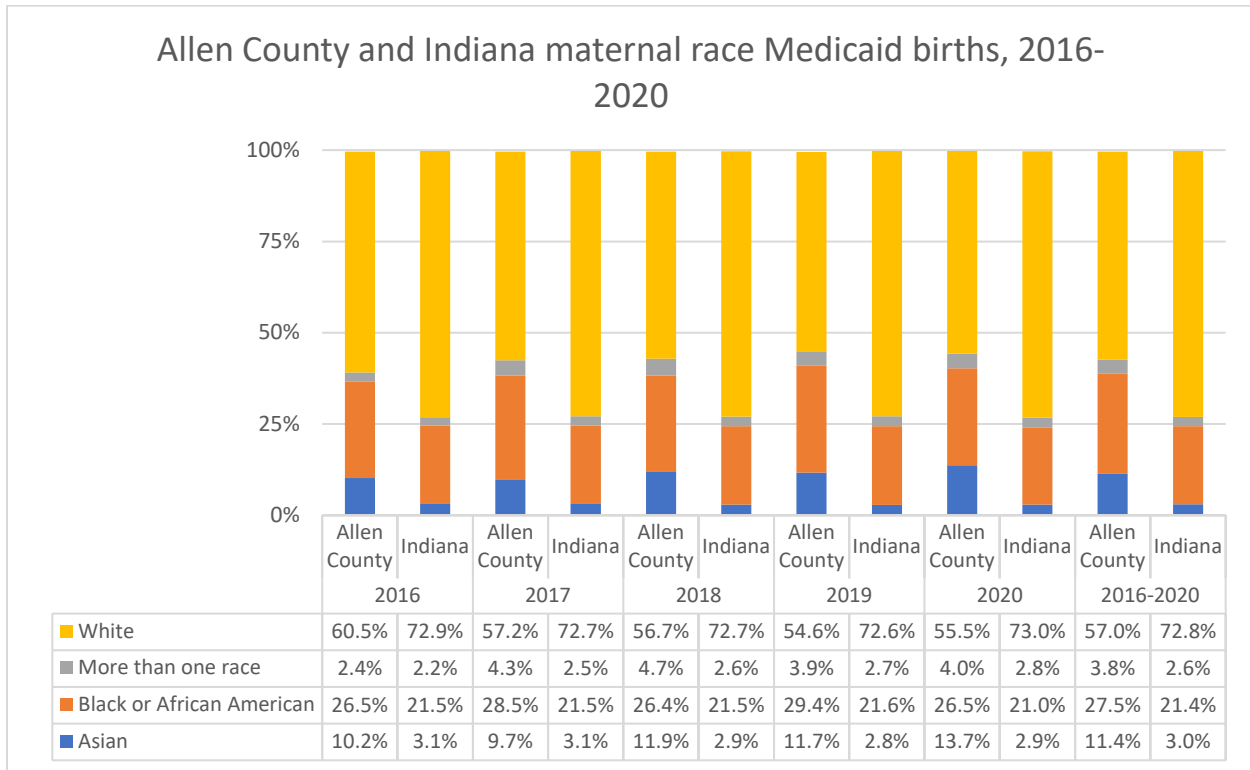
Since this measure could be calculated into percentages because of the reported category births and total births, CRI could create an equitable comparison between local and state numbers using percentages.

Chart 13: Local and state maternal race all births



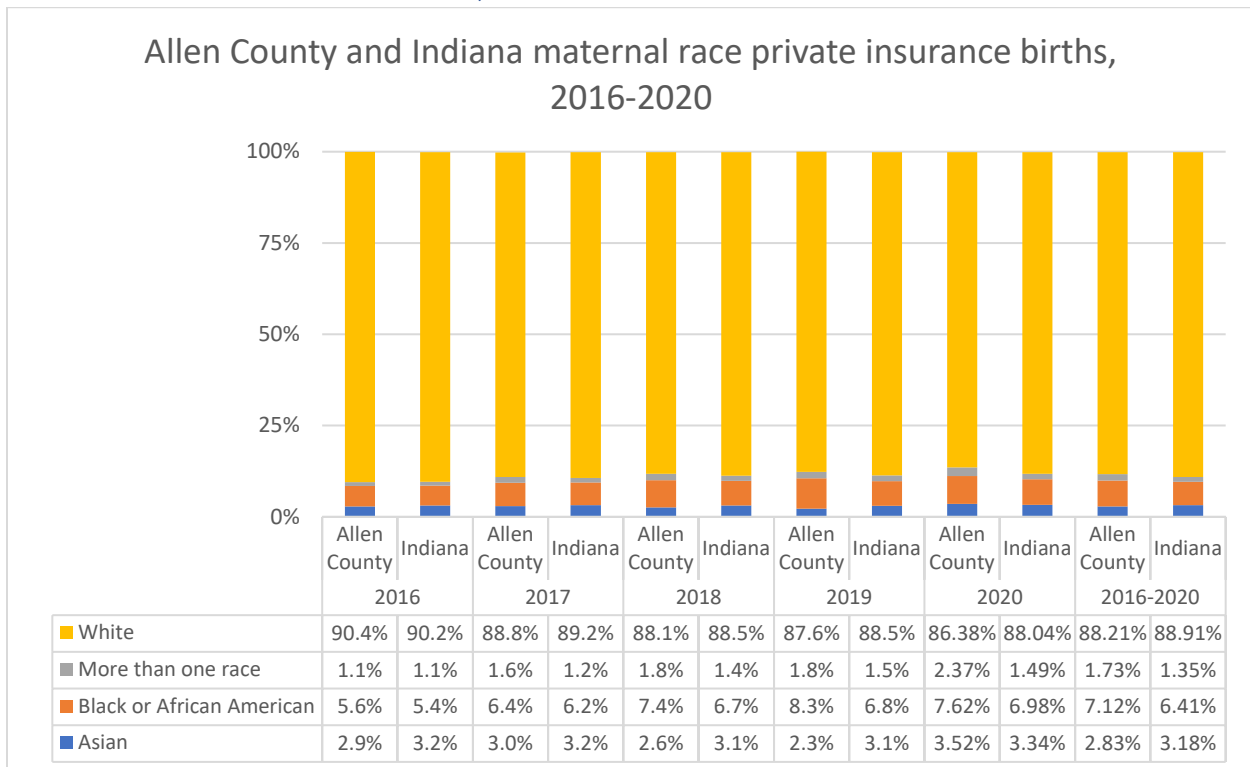
Source: Percentages calculated by CRI using CDC Wonder Natality Data Expanded, 2016-2020

Chart 14: Local and state maternal race Medicaid births



Source: Percentages calculated by CRI using CDC Wonder Natality Data Expanded, 2016-2020

Chart 15: Local and state maternal race private insurance births



Source: Percentages calculated by CRI using CDC Wonder Natality Data Expanded, 2016-2020

CRI compared the Allen County percentages to the comparable state numbers in the following tables, separated by payment source.

*Table 1: Difference between local and state maternal race all births*

	2016	2017	2018	2019	2020	2016-2020
<b>Asian</b>	2.97%	2.83%	3.03%	3.09%	2.95%	2.97%
<b>Black or African American</b>	2.52%	2.10%	1.79%	1.65%	1.75%	1.96%
<b>More than one race</b>	0.08%	-0.05%	-0.25%	-0.37%	-0.39%	-0.20%
<b>White</b>	-5.54%	-4.87%	-4.54%	-4.35%	-4.29%	-4.73%

Source: Differences and percentages calculated by CRI using CDC Wonder Natality Data Expanded, 2016-2020

*Table 2: Difference between local and state maternal race Medicaid births*

	2016	2017	2018	2019	2020	2016-2020
<b>Asian</b>	7.08%	6.55%	8.97%	8.81%	10.82%	8.38%
<b>Black or African American</b>	4.98%	7.06%	4.88%	7.83%	5.54%	6.04%
<b>More than one race</b>	0.22%	1.77%	2.02%	1.16%	1.15%	1.26%
<b>White</b>	-12.43%	-15.51%	-15.98%	-17.99%	-17.43%	-15.78%

Source: Differences and percentages calculated by CRI using CDC Wonder Natality Data Expanded, 2016-2020

*Table 3: Difference between local and state maternal race private insurance births*

	2016	2017	2018	2019	2020	2016-2020
<b>Asian</b>	-0.30%	-0.25%	-0.55%	-0.81%	0.18%	-0.35%
<b>Black or African American</b>	0.23%	0.13%	0.69%	1.59%	0.65%	0.71%
<b>More than one race</b>	-0.05%	0.42%	0.32%	0.26%	0.88%	0.38%
<b>White</b>	0.24%	-0.40%	-0.47%	-0.88%	-1.66%	-0.70%

Source: Differences and percentages calculated by CRI using CDC Wonder Natality Data Expanded, 2016-2020

#### Analysis and trends

- Allen County was more likely to have mothers identifying of a race other than white compared to Indiana.
- Allen County’s Medicaid births were more likely than the state to show births to mother identifying as Asian, Black or African American, or more than one race.
- Mothers identifying as Asian in Allen County were underrepresented in private insurance births during this five-year window.

#### Mother’s Hispanic origin

As noted in the maternal race section, the CDC collects information about the parents’ race separately from Hispanic origin. The mother’s worksheet offers the following choices about her Hispanic origin:<sup>11</sup>

- No, not Spanish/Hispanic/Latina
- Mexican, Mexican American, Chicana
- Puerto Rican

<sup>11</sup> Mother’s Worksheet for Child’s Birth Certificate (2016), CDC, p 3.

- Cuban
- Other Spanish/Hispanic/Latina (e.g. Spaniard, Salvadoran, Dominican, Colombian) and list other

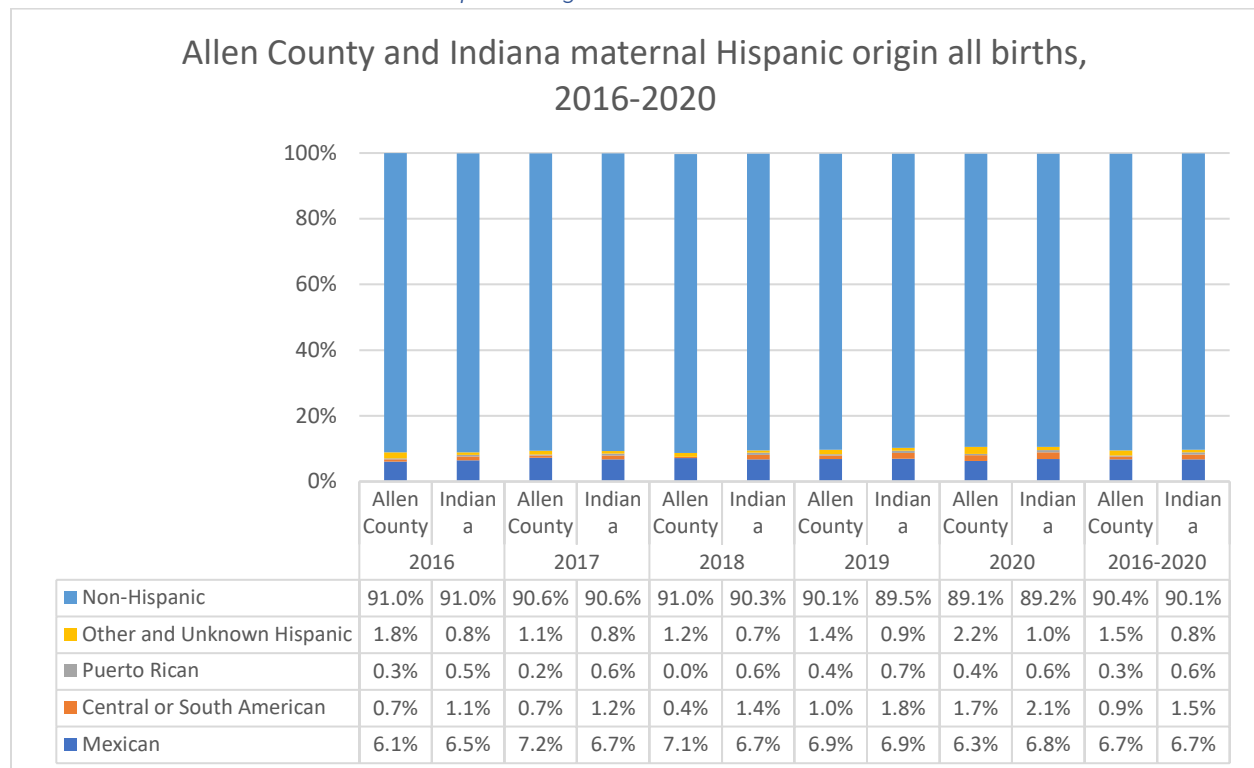
The CDC then reports out the following categories for the expanded Hispanic origin category:<sup>12</sup>

- Mexican
- Puerto Rican
- Cuban
- Central and South American
- Dominican
- Other and unknown Hispanic
- Unknown/not stated

Starting in 2018, the CDC started reporting Dominican as a separate category; previously it was part of the other/unknown category.<sup>13</sup> Since Cuban, Dominican and unknown/not stated totals were not reported for Allen County, CRI left Indiana’s numbers out of the Hispanic origin charts.

Since this measure could be calculated into percentages because of the reported category births and total births, CRI could create an equitable comparison between local and state numbers using percentages.

Chart 16: Local and state maternal Hispanic origin all births

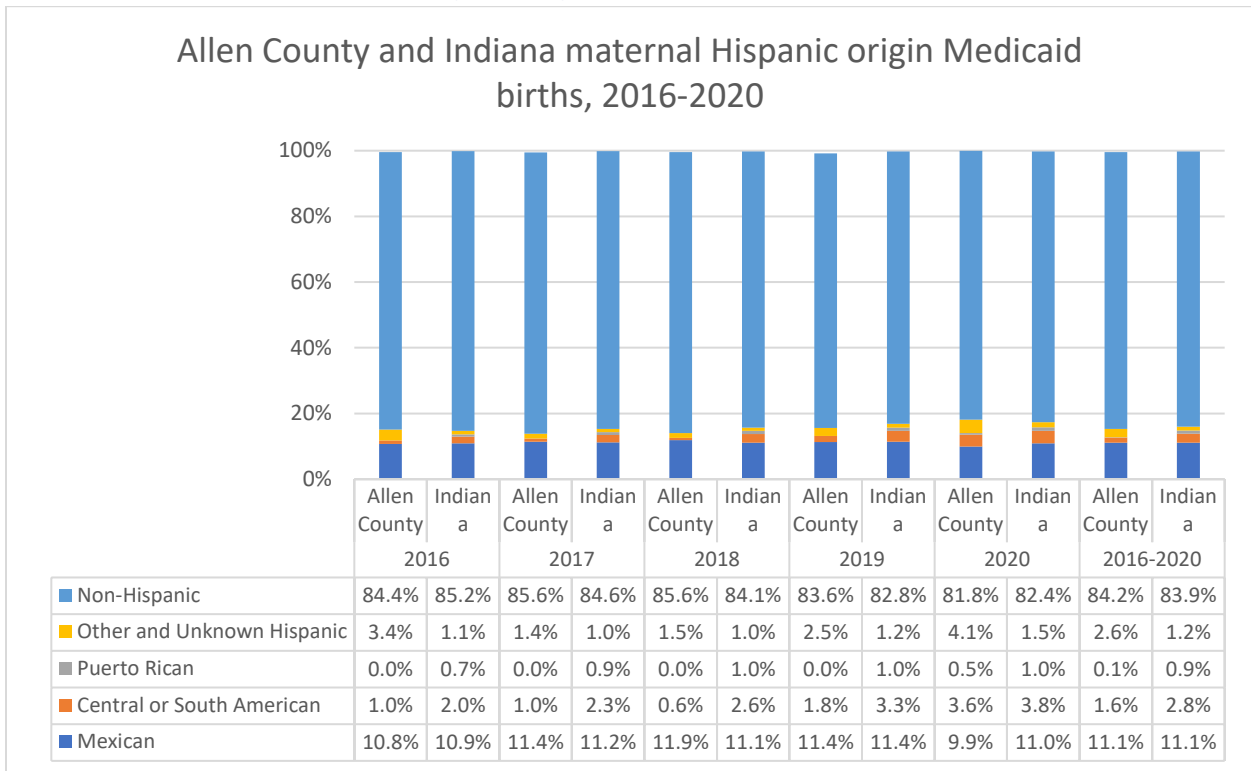


<sup>12</sup> User Guide to the 2020 Natality Public Use File, CDC, p. 53.

<sup>13</sup> Ibid.

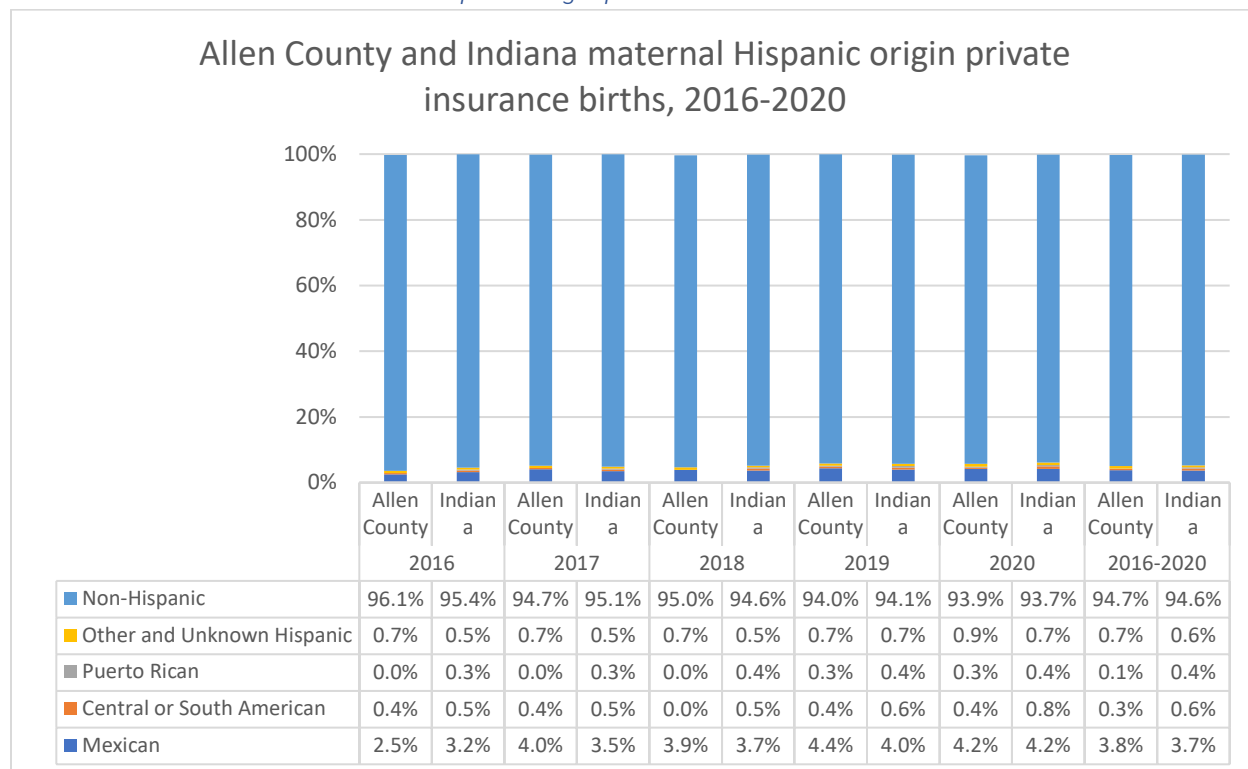
Source: Percentages calculated by CRI using CDC Wonder Natality Data Expanded, 2016-2020; excludes Indiana's reported Cuban, Dominican and unknown/not stated share

Chart 17: Local and state maternal Hispanic origin Medicaid births



Source: Percentages calculated by CRI using CDC Wonder Natality Data Expanded, 2016-2020

Chart 18: Local and state maternal Hispanic origin private insurance births



Source: Percentages calculated by CRI using CDC Wonder Natality Data Expanded, 2016-2020

CRI compared the Allen County percentages to the comparable state numbers in the following tables, separated by payment.

Table 4: Difference between local and state maternal Hispanic origin all births

	2016	2017	2018	2019	2020	2016-2020
<b>Mexican</b>	-0.42%	0.52%	0.38%	-0.06%	-0.55%	-0.02%
<b>Central or South American</b>	-0.46%	-0.53%	-0.98%	-0.74%	-0.34%	-0.61%
<b>Puerto Rican</b>	-0.19%	-0.31%	-0.63%	-0.24%	-0.23%	-0.32%
<b>Other and Unknown Hispanic</b>	1.09%	0.38%	0.48%	0.51%	1.11%	0.71%
<b>Non-Hispanic</b>	0.03%	-0.07%	0.65%	0.55%	-0.02%	0.22%

Source: Differences and percentages calculated by CRI using CDC Wonder Natality Data Expanded, 2016-2020

Table 5: Difference between local and state maternal Hispanic origin Medicaid births

	2016	2017	2018	2019	2020	2016-2020
<b>Mexican</b>	-0.15%	0.22%	0.81%	-0.10%	-1.04%	-0.04%
<b>Central or South American</b>	-1.00%	-1.27%	-2.01%	-1.51%	-0.19%	-1.20%
<b>Puerto Rican</b>	-0.70%	-0.86%	-0.98%	-0.97%	-0.50%	-0.80%
<b>Other and Unknown Hispanic</b>	2.27%	0.39%	0.54%	1.27%	2.54%	1.39%
<b>Non-Hispanic</b>	-0.77%	1.07%	1.48%	0.77%	-0.60%	0.39%

Source: Differences and percentages calculated by CRI using CDC Wonder Natality Data Expanded, 2016-2020

Table 6: Difference between local and state maternal Hispanic origin private insurance births

	2016	2017	2018	2019	2020	2016-2020
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<b>Mexican</b>	-0.69%	0.54%	0.16%	0.39%	-0.04%	0.10%
<b>Central or South American</b>	-0.05%	-0.06%	-0.55%	-0.17%	-0.39%	-0.24%
<b>Puerto Rican</b>	-0.34%	-0.33%	-0.42%	-0.11%	-0.05%	-0.24%
<b>Other and Unknown Hispanic</b>	0.19%	0.11%	0.24%	0.04%	0.15%	0.15%
<b>Non-Hispanic</b>	0.73%	-0.37%	0.32%	-0.09%	0.16%	0.11%

Source: Differences and percentages calculated by CRI using CDC Wonder Natality Data Expanded, 2016-2020

### Analysis and trends

- Allen County’s maternal Hispanic origin percentages largely matched the state across the three payment sources studied.
- Just less than 10% of births in Allen County were to women with Hispanic origin, but more than 15% of Medicaid births and just under 5% of private insurance births were to women identifying as having Hispanic origin.
- The vast majority of mothers with Hispanic origin in both Allen County and Indiana identified as Mexican.

### Mother’s age

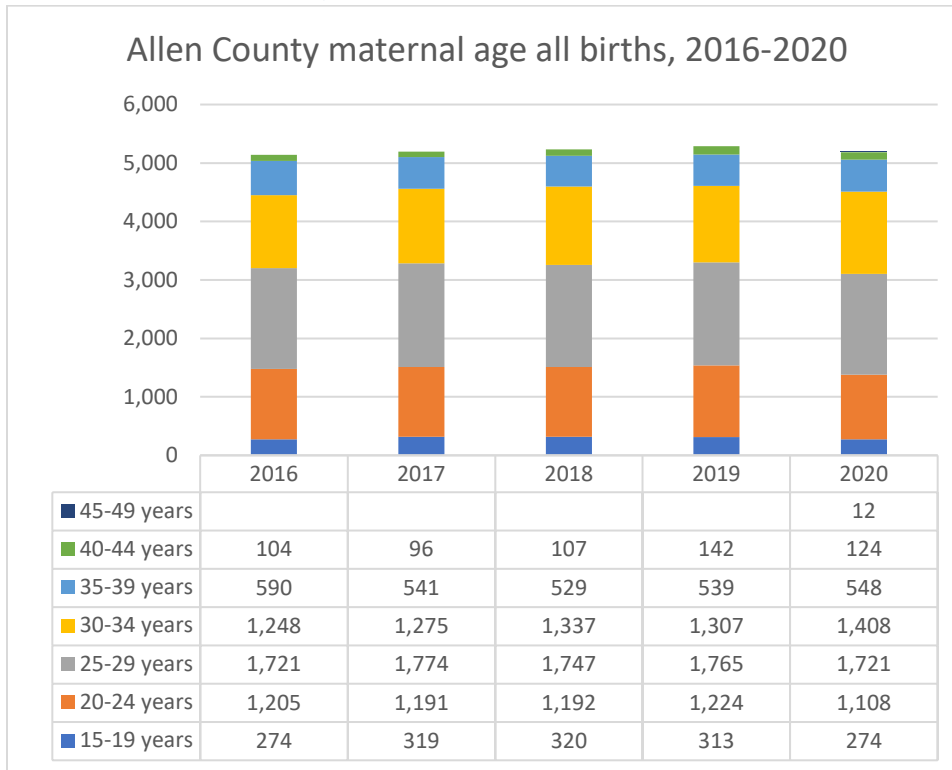
CRI used the following CDC categories to report the mother’s age:

- Under 15 years
- 15-19 years
- 20-24 years
- 25-29 years
- 30-34 years
- 35-39 years
- 40-44 years
- 45-49 years
- 50 years and over

Allen County did not have reported data for any births for mothers younger than 15 and older than 49, and no data for Medicaid and private insurance births older than 44.

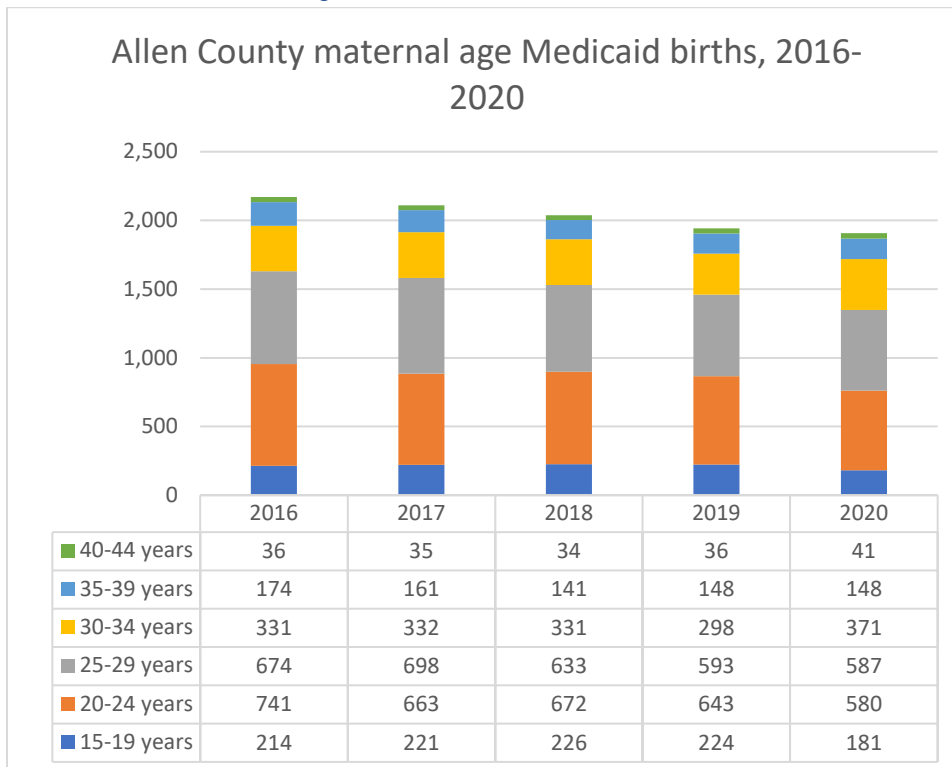
The CDC did not report total number of births for this measure by payment category so CRI is providing an annual count by all births, Medicaid births, and private insurance births for Allen County and Indiana by maternal age cohorts.

Chart 19: Local maternal age all births



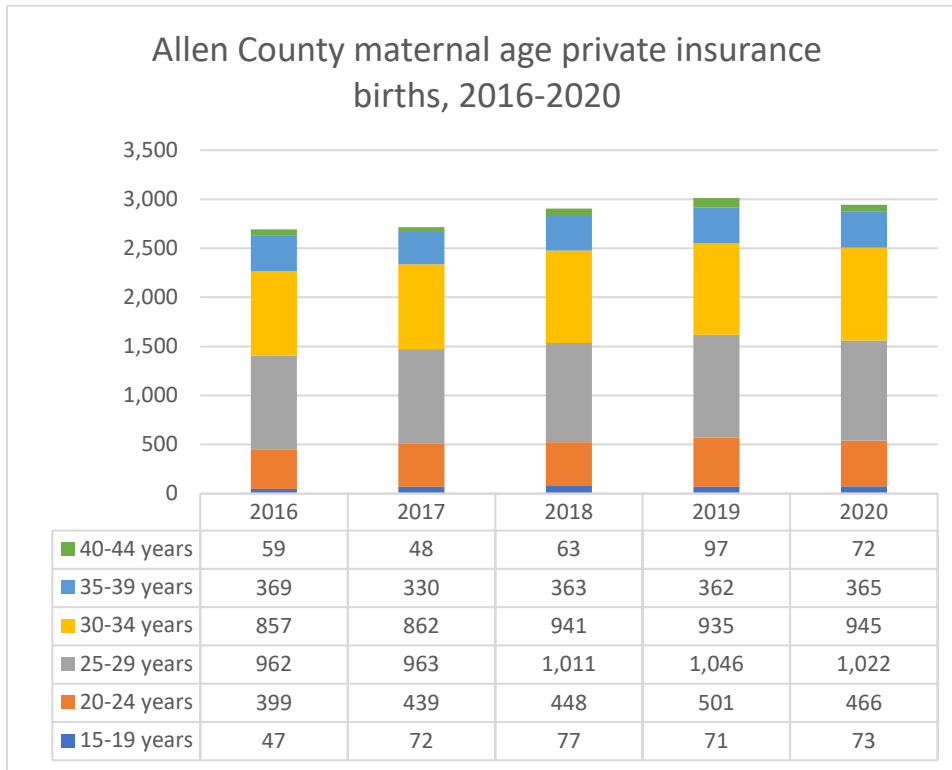
Source: CDC Wonder Natality Data Expanded, 2016-2020

Chart 20: Local maternal age Medicaid births



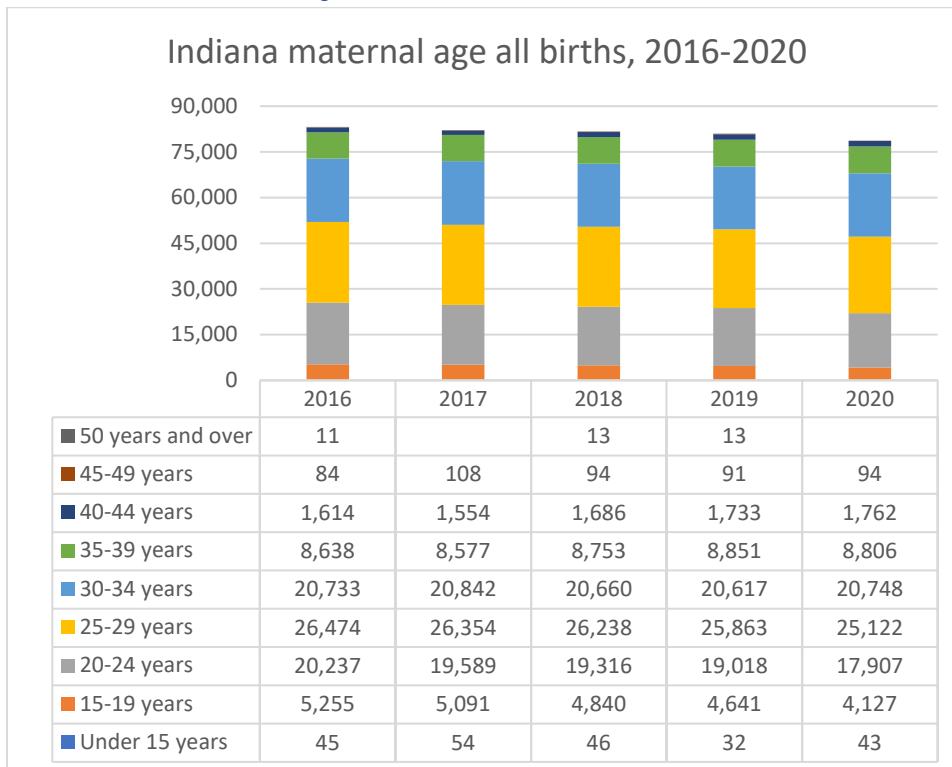
Source: CDC Wonder Natality Data Expanded, 2016-2020

Chart 21: Local maternal age private insurance births



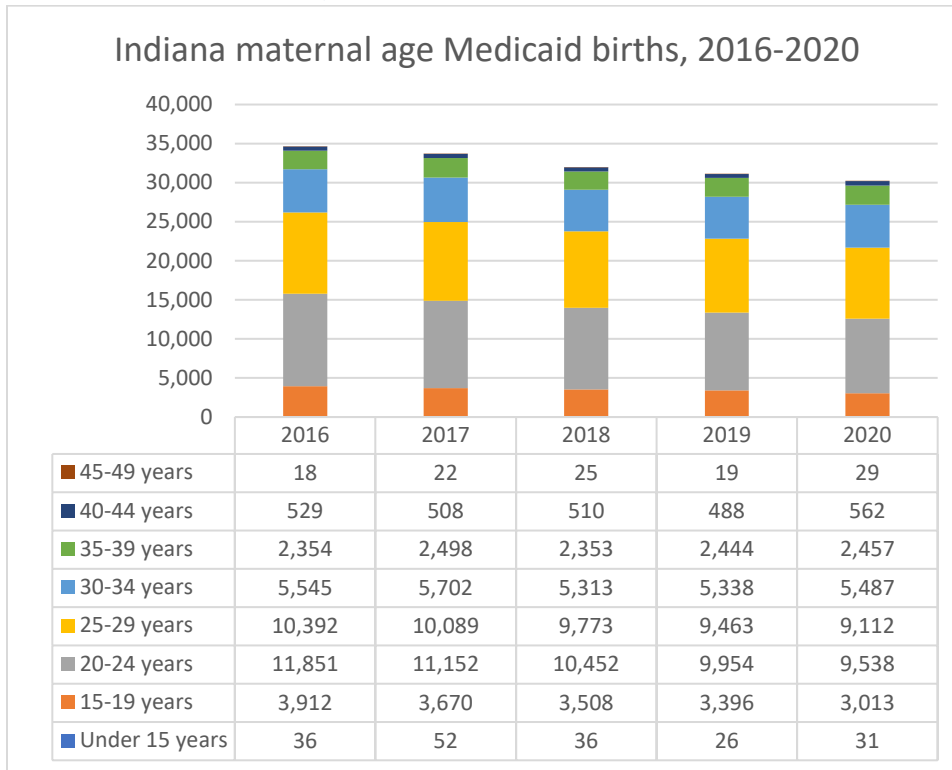
Source: CDC Wonder Natality Data Expanded, 2016-2020

Chart 22: State maternal age all births



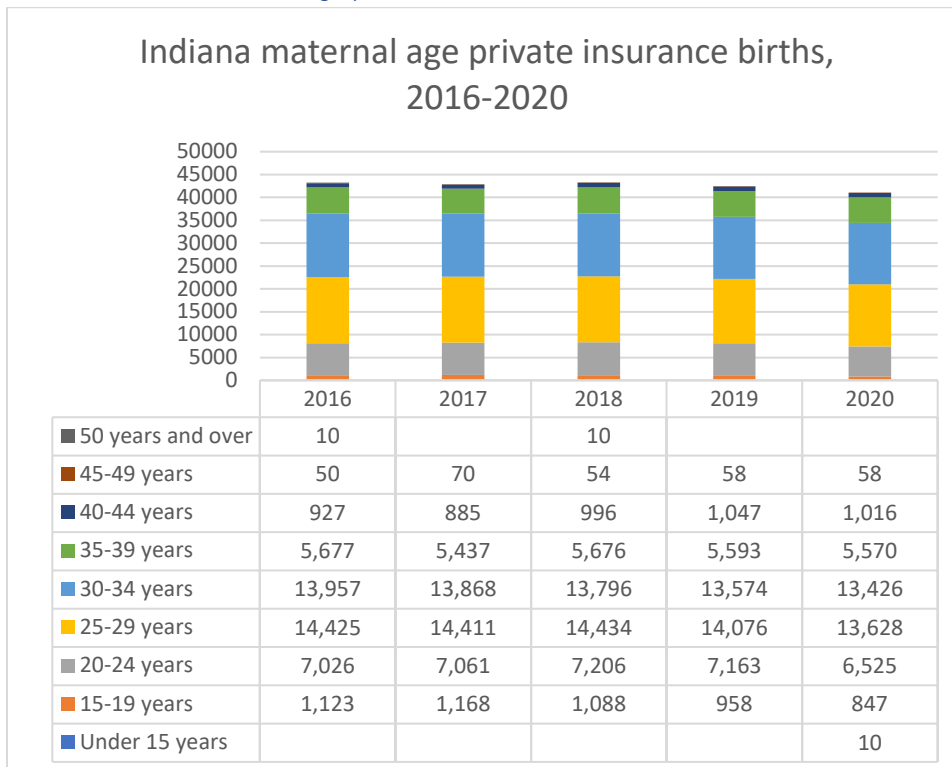
Source: CDC Wonder Natality Data Expanded, 2016-2020

Chart 23: State maternal age Medicaid births



Source: CDC Wonder Natality Data Expanded, 2016-2020

Chart 24: State maternal age private insurance births



Source: CDC Wonder Natality Data Expanded, 2016-2020

## Analysis and trends

- During the time period studied, the most common age cohort for all and private insurance births in Allen County and Indiana was 25 to 29 years while it was 20 to 24 years for Medicaid births.
- The second most common age group for all and private insurance births in Allen County and Indiana was 30 to 34 while it was 25 to 29 years for Medicaid births.

## Mother's education level

Like much of the other demographic information, the education level of the infant's parents come from the mother's worksheet.<sup>14</sup> It asks for the highest level completed at the time of birth. In the event the parent is currently enrolled in school, the mother is to list the highest level completed at the time of the birth.

The CDC uses the following categories for educational attainment, which are consistent with the Census Bureau's American Community Survey:

- 8th grade or less
- 9th - 12th grade, no diploma
- High school graduate or GED completed
- Some college credit, but no degree
- Associate degree, includes AA, AS
- Bachelor's degree, includes BA, AB, BS
- Master's degree, includes MA, MS, MEng, MEd, MSW, MBA
- Doctorate, includes PhD and EdD, or professional degree, includes MD, DDS, DVM, LLB, JD

Like other federal data sources including the U.S. Census Bureau, the CDC does not ask about industry-recognized certificates or certifications.

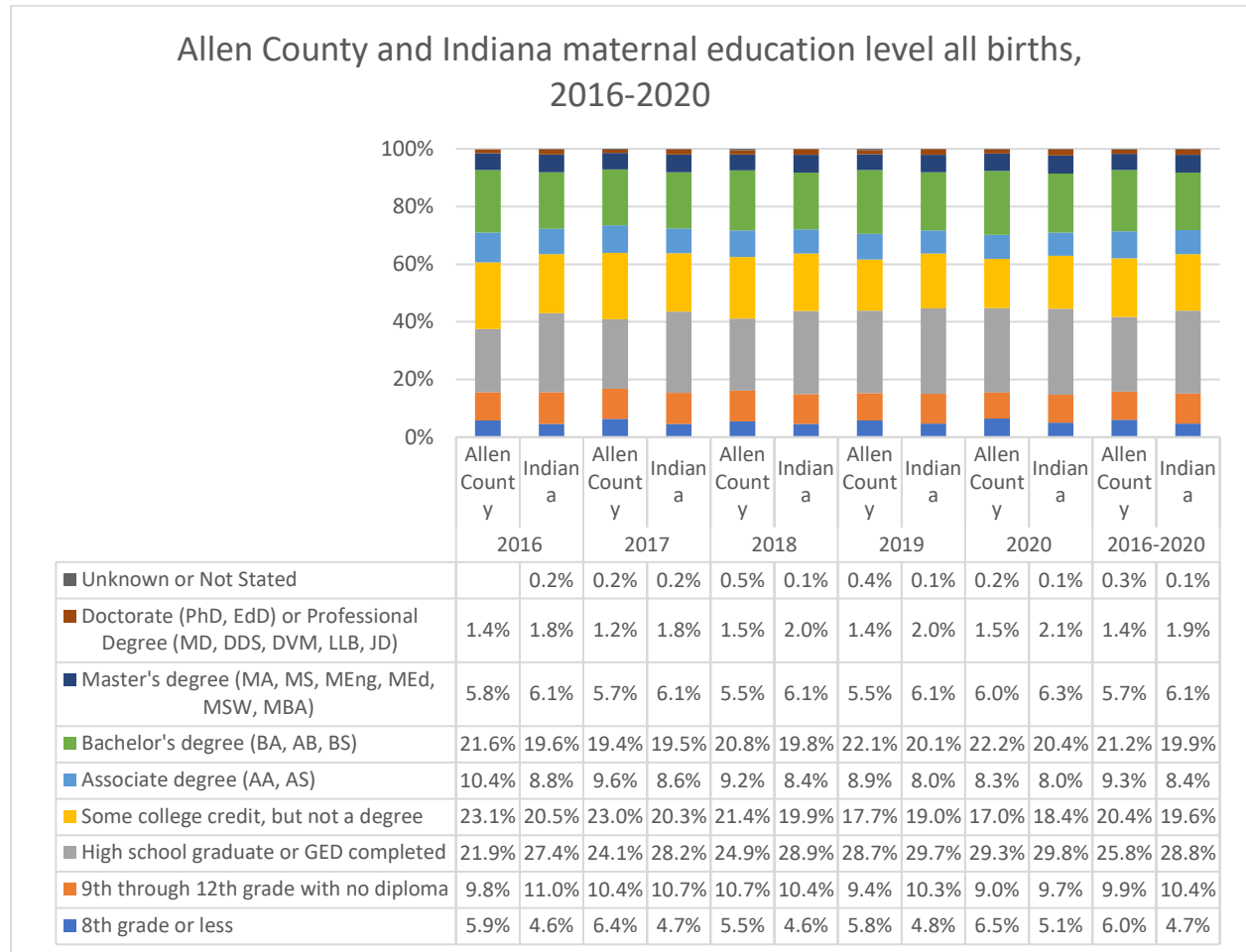
CRI cautions against comparing the parents' education levels here to reported educational attainment levels from other data sources. The Census Bureau's most commonly used educational attainment metric reflects adults ages 25 and older to better reflect the age by which many adults have completed their formal education. As identified in the mother's age section, many women, especially those with Medicaid, are likely to be at an age before they may have completed their formal education, especially if they are pursuing post-secondary education options like a bachelor's degree or an advanced degree like a master's or doctorate.

Since this measure could be calculated into percentages because of the reported category births and total births, CRI could create an equitable comparison between local and state numbers using percentages.

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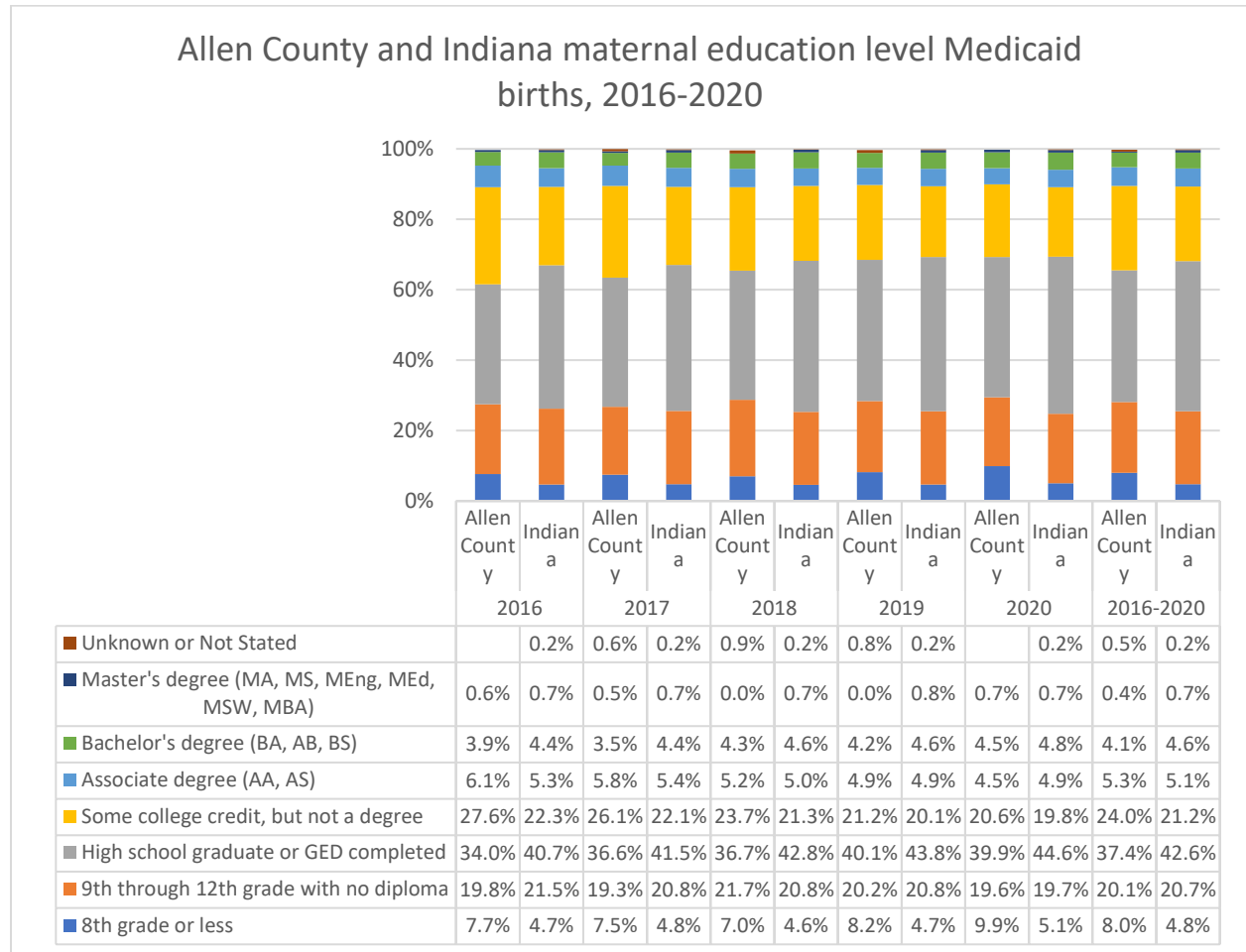
<sup>14</sup> Mother's Worksheet for Child's Birth Certificate (2016), CDC, p. 2 and p. 6.

Chart 25: Local and state maternal education level all births



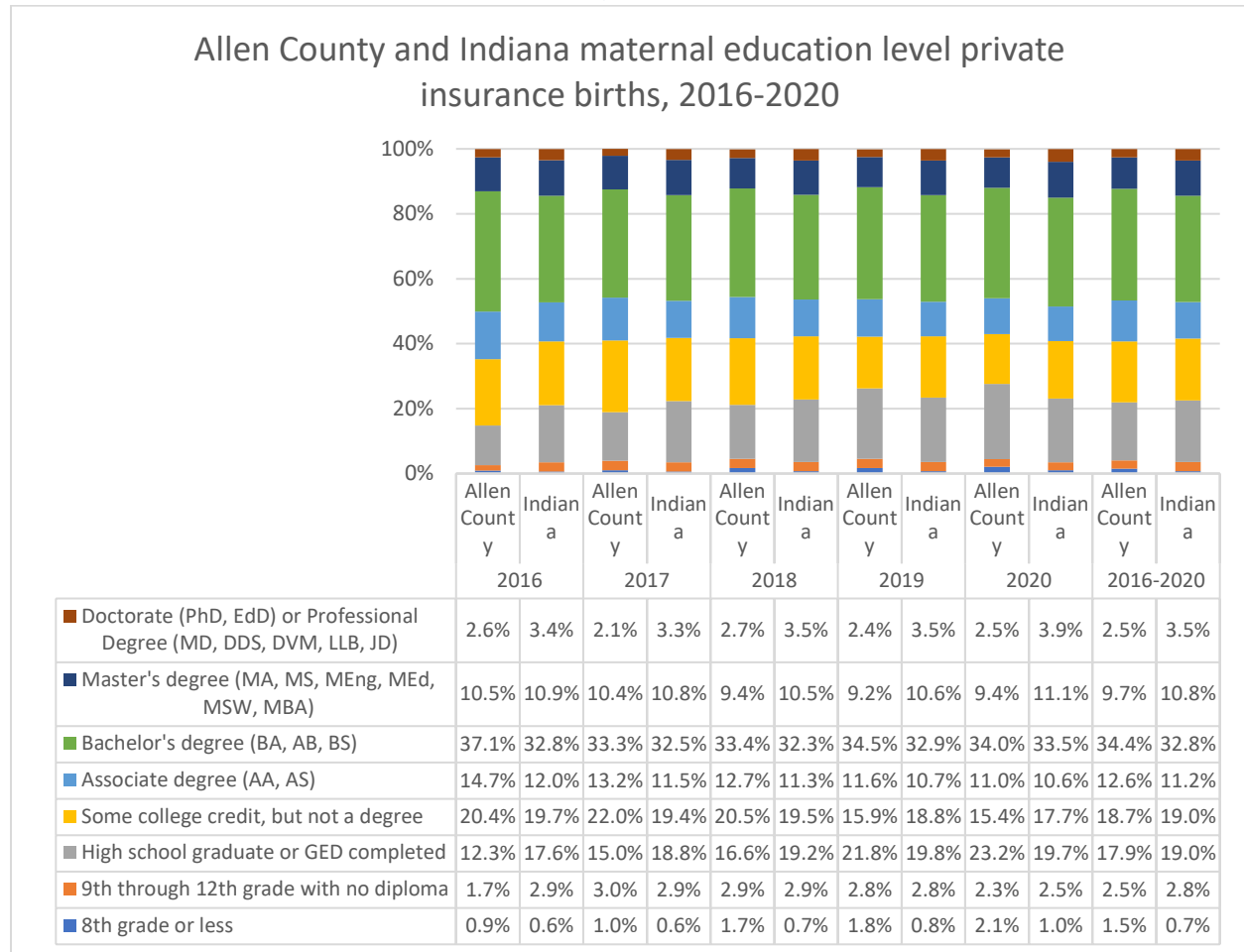
Source: Percentages calculated by CRI using CDC Wonder Natality Data Expanded, 2016-2020

Chart 26: Local and state maternal education level Medicaid births



Source: Percentages calculated by CRI using CDC Wonder Natality Data Expanded, 2016-2020

Chart 27: Local and state maternal education level private insurance births



Source: Percentages calculated by CRI using CDC Wonder Natality Data Expanded, 2016-2020

CRI compared the Allen County percentages to the comparable state numbers in the following tables, separated by payment.

Table 7: Difference between local and state maternal education level all births

	2016	2017	2018	2019	2020	2016-2021
<b>8th grade or less</b>	1.28%	1.72%	0.90%	1.04%	1.41%	1.27%
<b>9th through 12th grade with no diploma</b>	-1.23%	-0.23%	0.31%	-0.85%	-0.66%	-0.54%
<b>High school graduate or GED completed</b>	-5.54%	-4.10%	-3.91%	-0.97%	-0.51%	-2.97%
<b>Some college credit, but not a degree</b>	2.64%	2.75%	1.51%	-1.32%	-1.39%	0.81%
<b>Associate degree (AA, AS)</b>	1.57%	1.00%	0.86%	0.91%	0.34%	0.93%
<b>Bachelor's degree (BA, AB, BS)</b>	2.05%	-0.16%	1.03%	2.02%	1.74%	1.34%
<b>Master's degree (MA, MS, MEng, MEd, MSW, MBA)</b>	-0.30%	-0.38%	-0.60%	-0.57%	-0.33%	-0.44%



<b>Doctorate (PhD, EdD) or Professional Degree (MD, DDS, DVM, LLB, JD)</b>	-0.47%	-0.68%	-0.47%	-0.54%	-0.65%	-0.56%
<b>Unknown or Not Stated</b>		0.08%	0.37%	0.27%	0.06%	0.13%

Source: Differences and percentages calculated by CRI using CDC Wonder Natality Data Expanded, 2016-2020

Table 8: Difference between local and state maternal education level Medicaid births

	2016	2017	2018	2019	2020	2016-2021
<b>8th grade or less</b>	2.97%	2.68%	2.49%	3.44%	4.79%	3.24%
<b>9th through 12th grade with no diploma</b>	-1.72%	-1.49%	0.95%	-0.51%	-0.14%	-0.61%
<b>High school graduate or GED completed</b>	-6.63%	-4.82%	-6.18%	-3.71%	-4.72%	-5.24%
<b>Some college credit, but not a degree</b>	5.29%	3.96%	2.39%	1.10%	0.87%	2.80%
<b>Associate degree (AA, AS)</b>	0.74%	0.35%	0.26%	0.00%	-0.40%	0.21%
<b>Bachelor's degree (BA, AB, BS)</b>	-0.51%	-0.83%	-0.31%	-0.40%	-0.25%	-0.47%
<b>Master's degree (MA, MS, MEng, MEd, MSW, MBA)</b>	-0.11%	-0.16%			-0.07%	-0.35%
<b>Doctorate (PhD, EdD) or Professional Degree (MD, DDS, DVM, LLB, JD)</b>		0.40%	0.76%	0.60%	-0.21%	0.26%
<b>Unknown or Not Stated</b>	2.97%	2.68%	2.49%	3.44%	4.79%	3.24%

Source: Differences and percentages calculated by CRI using CDC Wonder Natality Data Expanded, 2016-2020

Table 9: Difference between local and state maternal education level private insurance births

	2016	2017	2018	2019	2020	2016-2021
<b>8th grade or less</b>	0.29%	0.39%	0.98%	0.98%	1.15%	0.78%
<b>9th through 12th grade with no diploma</b>	-1.21%	0.07%	-0.01%	-0.08%	-0.22%	-0.29%
<b>High school graduate or GED completed</b>	-5.28%	-3.81%	-2.54%	1.95%	3.52%	-1.06%
<b>Some college credit, but not a degree</b>	0.67%	2.57%	1.02%	-2.92%	-2.36%	-0.32%
<b>Associate degree (AA, AS)</b>	2.62%	1.68%	1.34%	0.91%	0.44%	1.34%
<b>Bachelor's degree (BA, AB, BS)</b>	4.24%	0.80%	1.13%	1.59%	0.49%	1.63%
<b>Master's degree (MA, MS, MEng, MEd, MSW, MBA)</b>	-0.48%	-0.41%	-1.17%	-1.38%	-1.72%	-1.05%
<b>Doctorate (PhD, EdD) or Professional Degree (MD, DDS, DVM, LLB, JD)</b>	-0.82%	-1.20%	-0.84%	-1.11%	-1.35%	-1.06%
<b>Unknown or Not Stated</b>	0.29%	0.39%	0.98%	0.98%	1.15%	0.78%

Source: Differences and percentages calculated by CRI using CDC Wonder Natality Data Expanded, 2016-2020

## Analysis and trends

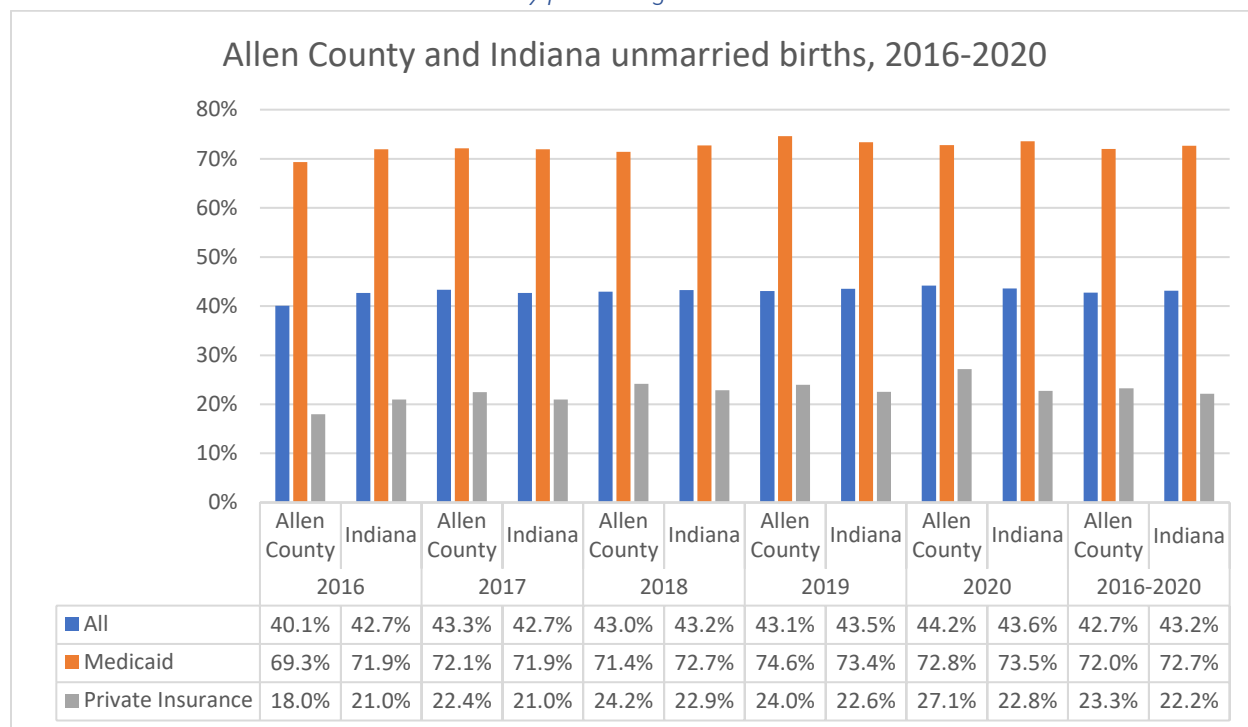
- Births with private insurance more likely to have a mother with a bachelor’s degree or higher in Allen County and Indiana, which is consistent with the older maternal age of women who give birth with private insurance.
- Births with Medicaid were more likely to have a mother who did not graduate from high school at 28.1% and 25.5% for Allen County and Indiana respectively for the five years studied, while it was 15.9% and 15.1% for all births and 4% and 3.5% for private insurance births.
- Allen County’s births were more likely to have a mother who completed 8<sup>th</sup> grade or less, some college, an associate’s degree, or a bachelor’s degree than the state.

## Marital status

The CDC collects information about mothers’ marital status during their pregnancy, asking if they were married when the child was conceived, at the time of birth, or at any point between conception and birth.<sup>15</sup> Marital status can also be imputed if the information is incomplete in the mother’s record.<sup>16</sup>

Since this measure could be calculated into percentages because of the reported category births and total births, CRI could create an equitable comparison between local and state numbers using percentages. CRI compared the Allen County percentages to the comparable state numbers in the following tables, separated by payment.

Chart 28: Local and state unmarried births by percentage



Source: Percentages calculated by CRI using CDC Wonder Natality Data Expanded, 2016-2020

<sup>15</sup> Mother’s Worksheet for Child’s Birth Certificate (2016), CDC, p 5.

<sup>16</sup> User Guide to the 2020 Natality Public Use File, CDC, p. 56.

Table 10: Difference between local and state unmarried births

	2016	2017	2018	2019	2020	2016-2020
<b>All</b>	-2.59%	0.63%	-0.28%	-0.45%	0.57%	-0.43%
<b>Medicaid</b>	-2.61%	0.17%	-1.33%	1.23%	-0.76%	-0.68%
<b>Private Insurance</b>	-2.97%	1.48%	1.29%	1.43%	4.39%	1.08%

Source: Differences and percentages calculated by CRI using CDC Wonder Natality Data Expanded, 2016-2020

#### Analysis and trends

- The vast majority of Medicaid births were to unmarried women in both Allen County and Indiana at 72% and 72.7% respectively in the five years studied.
  - For all births, it was 42.75 and 43.2% for local and state numbers. For private insurance, it was 23.3% and 22.2%.
- Allen County’s total and Medicaid births were slightly more likely to be to unmarried women while the county’s private insurance births were slightly more likely to be to married women.

#### Paternal acknowledgement

If the mother does not identify as being married while pregnant, the CDC asks about the state’s paternity acknowledgement form.<sup>17</sup> If the mother is not married or the paternity acknowledgement form was not completed, the father will not be listed on the birth certificate.<sup>18</sup>

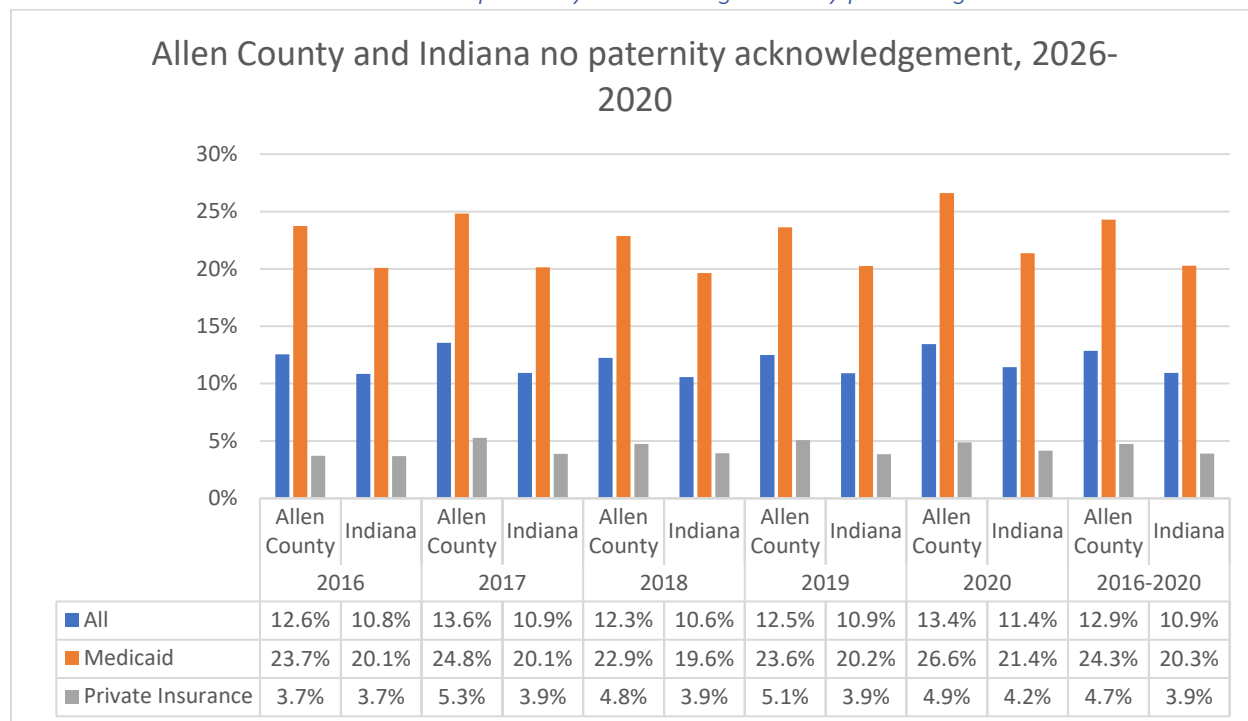
If the father is listed on the birth certificate, the mother is directed to provide demographic information about the father on her worksheet, some of which is included later in this report.

Since this measure could be calculated into percentages because of the reported category births and total births, CRI could create an equitable comparison between local and state numbers using percentages.

<sup>17</sup> Mother’s Worksheet for Child’s Birth Certificate (2016), CDC, p 5.

<sup>18</sup> Ibid.

Chart 29: Local and state births with no paternity acknowledgement by percentage



Source: Percentages calculated by CRI using CDC Wonder Natality Data Expanded, 2016-2020

Table 11: Difference between local and state births without paternal acknowledgement

	2016	2017	2018	2019	2020	2016-2020
All	1.72%	2.64%	1.68%	1.59%	2.00%	1.93%
Medicaid	3.66%	4.70%	3.24%	3.38%	5.23%	4.03%
Private Insurance	0.04%	1.39%	0.83%	1.22%	0.72%	0.85%

Source: Differences and percentages calculated by CRI using CDC Wonder Natality Data Expanded, 2016-2020

### Analysis and trends

- Consistent with marital status trends, Medicaid births in Allen County and Indiana were more likely to report no paternity acknowledgement than all or private insurance births at 24.3% of Medicaid births compared to 12.9% for all births and 4.7% for private insurance births locally and 20.3%, 10.9% and 3.9% respectively at the state.
- Allen County consistently reported a larger share of births without paternity acknowledgement for all time periods and populations studied.

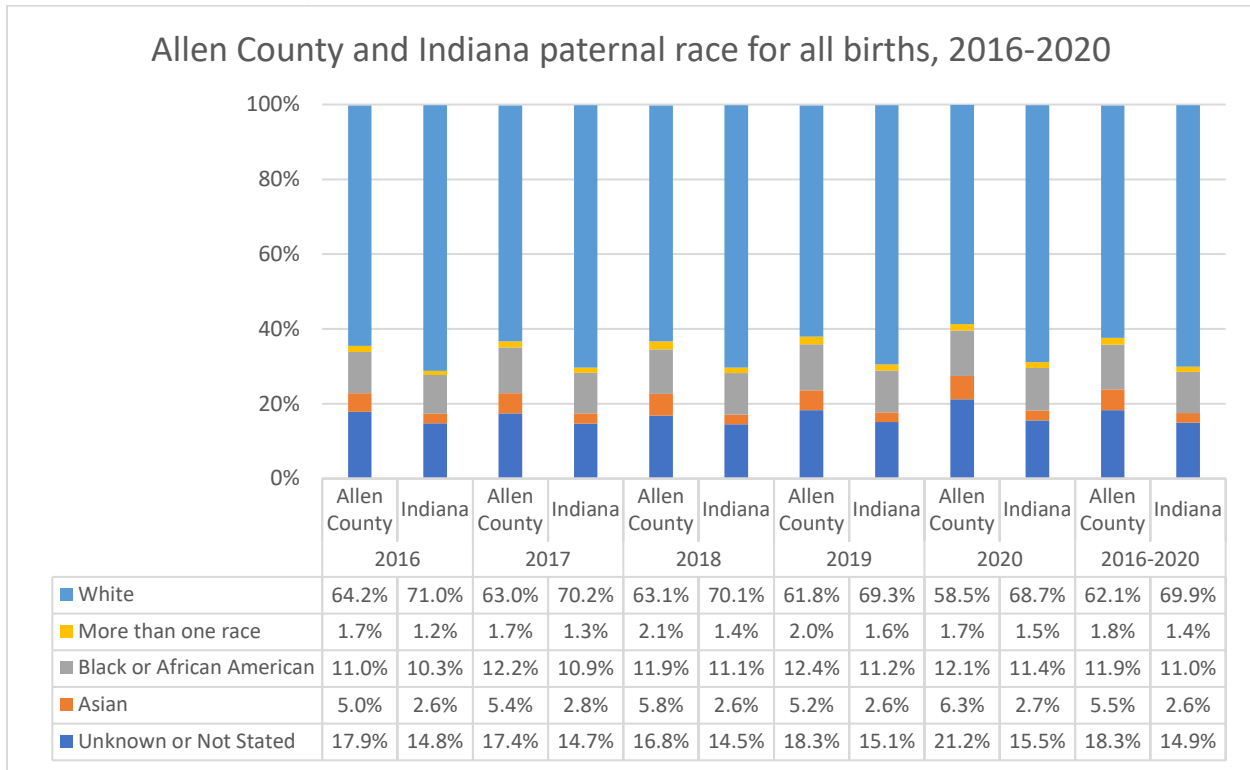
### Father's race

The CDC uses the same categories and procedures for the father's race<sup>19</sup> as listed with the mother's race earlier in this report but also includes an unknown category.

Since this measure could be calculated into percentages because of the reported category births and total births, CRI could create an equitable comparison between local and state numbers using percentages.

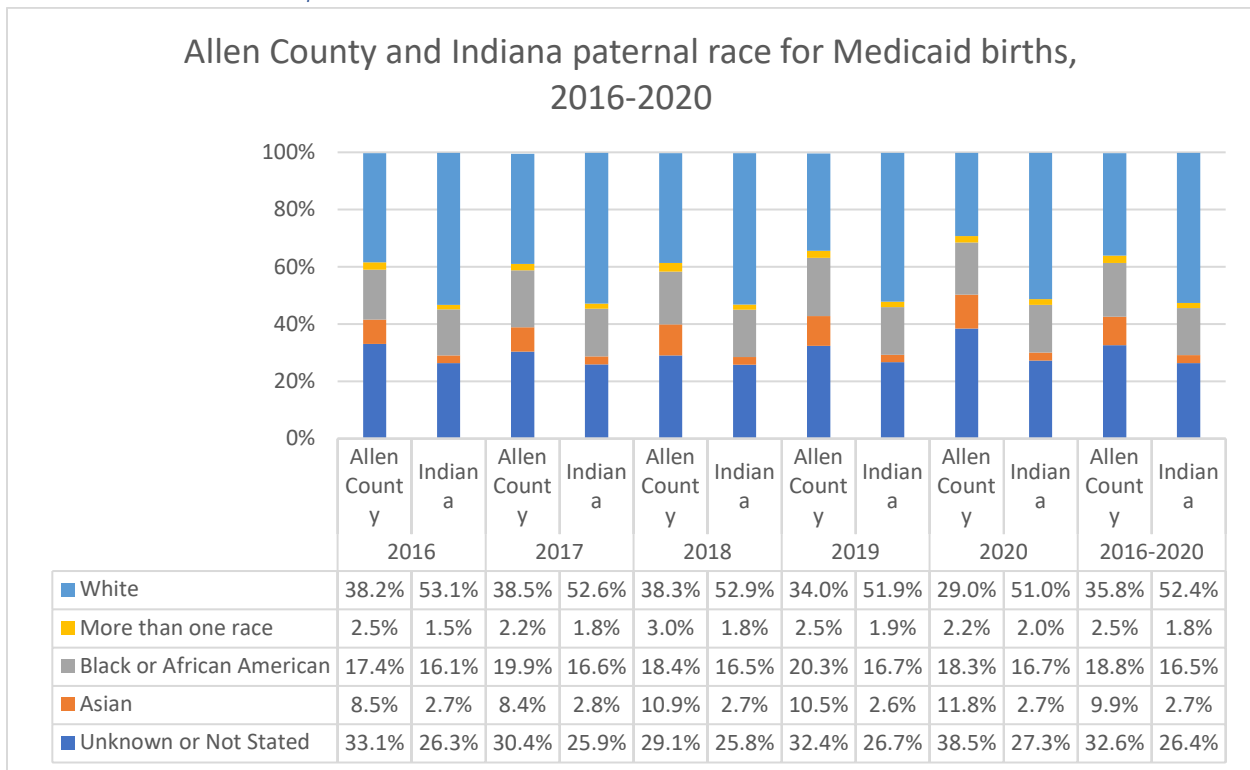
<sup>19</sup> Mother's Worksheet for Child's Birth Certificate (2016), CDC, p 7.

Chart 30: Local and state paternal race all births



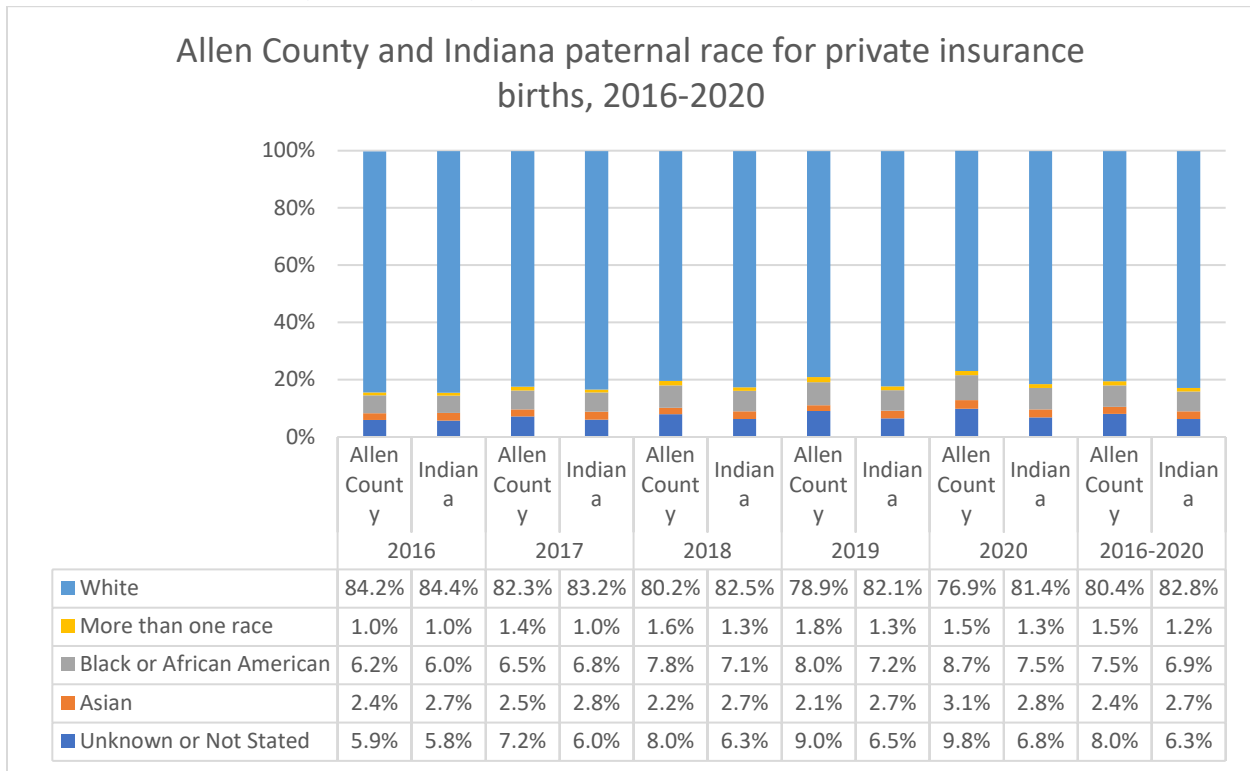
Source: Percentages calculated by CRI using CDC Wonder Natality Data Expanded, 2016-2020; excludes Indiana's American Indian or Alaska Native and Native Hawaiian or Other Pacific Islander share

Chart 31: Local and state paternal race Medicaid births



Source: Percentages calculated by CRI using CDC Wonder Natality Data Expanded, 2016-2020; excludes Indiana's American Indian or Alaska Native and Native Hawaiian or Other Pacific Islander share

Chart 32: Local and state paternal race private insurance births



Source: Percentages calculated by CRI using CDC Wonder Natality Data Expanded, 2016-2020; excludes Indiana's American Indian or Alaska Native and Native Hawaiian or Other Pacific Islander share

CRI compared the Allen County percentages to the comparable state numbers in the following tables, separated by payment.

Table 12: Difference between local and state paternal race all births

	2016	2017	2018	2019	2020	2016-2020
<b>Unknown or Not Stated</b>	3.09%	2.76%	2.29%	3.19%	5.68%	3.40%
<b>Asian</b>	2.40%	2.60%	3.23%	2.67%	3.62%	2.90%
<b>Black or African American</b>	0.68%	1.33%	0.85%	1.16%	0.73%	0.96%
<b>More than one race</b>	0.46%	0.36%	0.70%	0.41%	0.19%	0.43%
<b>White</b>	-6.74%	-7.15%	-7.08%	-7.54%	-10.13%	-7.75%

Source: Differences and percentages calculated by CRI using CDC Wonder Natality Data Expanded, 2016-2020

Table 13: Difference between local and state paternal race Medicaid births

	2016	2017	2018	2019	2020	2016-2020
<b>Unknown or Not Stated</b>	6.79%	4.57%	3.26%	5.65%	11.14%	6.22%
<b>Asian</b>	5.73%	5.57%	8.15%	7.87%	9.08%	7.22%
<b>Black or African American</b>	1.29%	3.26%	1.82%	3.63%	1.60%	2.31%
<b>More than one race</b>	1.05%	0.46%	1.28%	0.55%	0.26%	0.73%
<b>White</b>	-14.95%	-14.11%	-14.59%	-17.90%	-22.04%	-16.60%

Source: Differences and percentages calculated by CRI using CDC Wonder Natality Data Expanded, 2016-2020

Table 14: Difference between local and state paternal race private insurance births

	2016	2017	2018	2019	2020	2016-2020
<b>Unknown or Not Stated</b>	0.17%	1.16%	1.68%	2.56%	3.00%	1.77%
<b>Asian</b>	-0.26%	-0.34%	-0.46%	-0.58%	0.26%	-0.28%
<b>Black or African American</b>	0.17%	-0.22%	0.71%	0.77%	1.21%	0.57%
<b>More than one race</b>	0.01%	0.40%	0.36%	0.49%	0.19%	0.30%
<b>White</b>	-0.24%	-0.98%	-2.31%	-3.28%	-4.55%	-2.39%

Source: Differences and percentages calculated by CRI using CDC Wonder Natality Data Expanded, 2016-2020

### Analysis and trends

- Father’s race was more likely to be unstated/not known for Allen County births, regardless of payment source.
  - Almost one third of Medicaid births in Allen County during the time period studied has an unknown/not stated father’s race, compared to just over one quarter for the state.
- Allen County’s Medicaid births were more likely to have a father with a non-white race than Indiana, especially for fathers who were Asian.
- Fathers of infants born to private insurance were overwhelmingly listed as white in both geographies at 80.4% and 82.% for Allen County and Indiana respectively.
- Some of the disparity of the father’s race in Allen County may be explained by the larger unknown/not stated share.

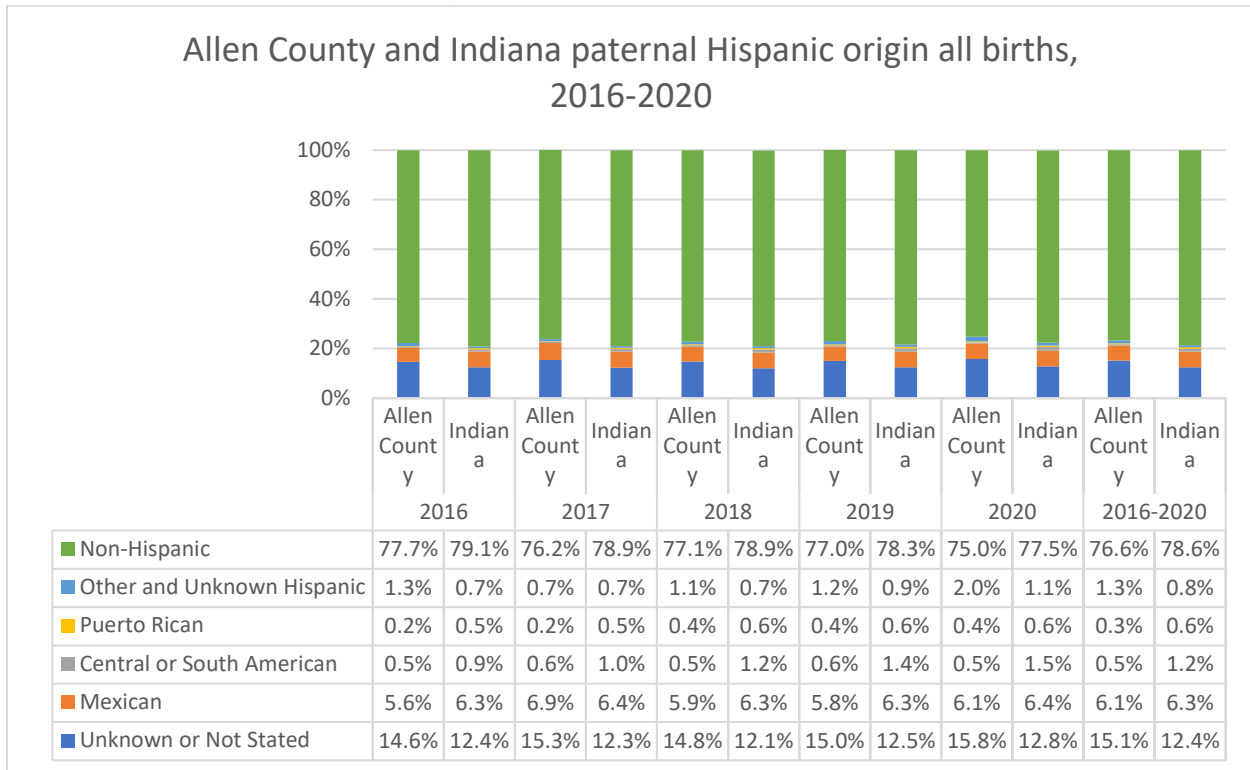
### Father’s Hispanic origin

The CDC uses the same categories and procedures for the father’s Hispanic origin<sup>20</sup> as listed with the mother’s Hispanic origin earlier in this report but also includes an unknown category.

Since this measure could be calculated into percentages because of the reported category births and total births, CRI could create an equitable comparison between local and state numbers using percentages.

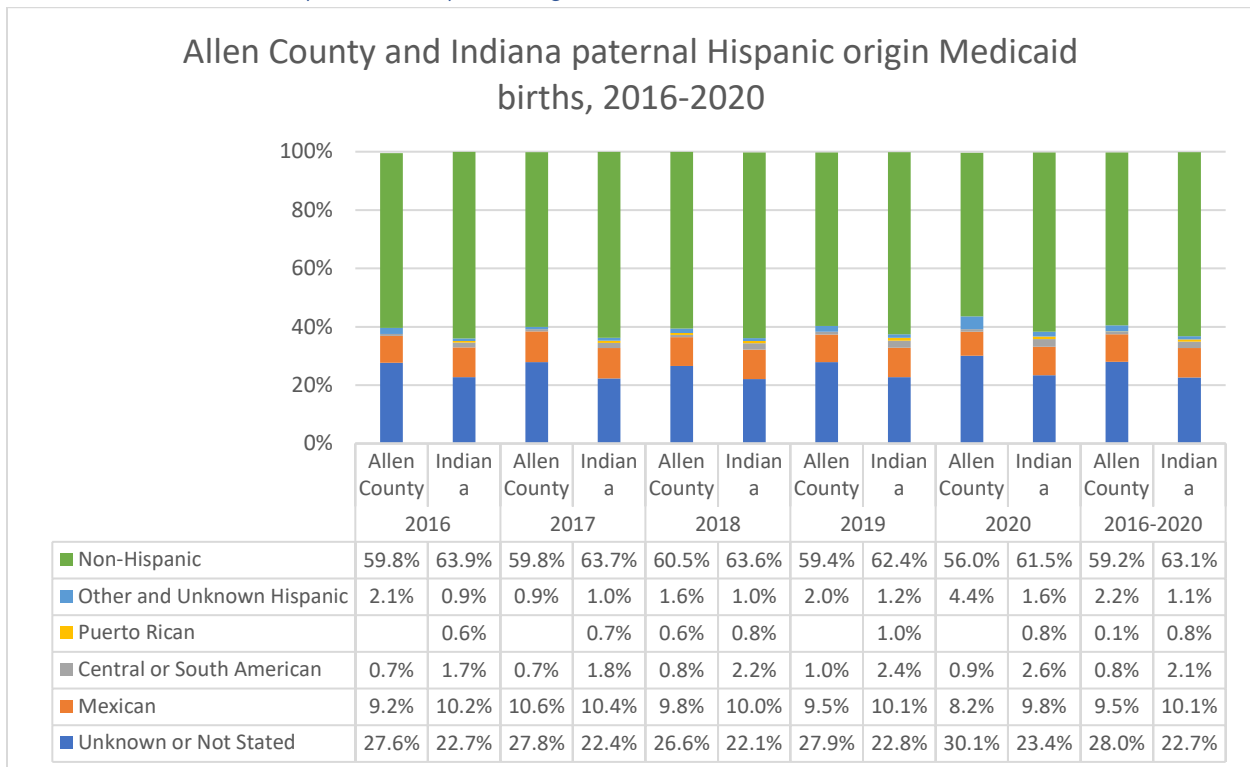
<sup>20</sup> Mother’s Worksheet for Child’s Birth Certificate (2016), CDC, p 7.

Chart 33: Local and state paternal Hispanic origin all births



Source: Percentages calculated by CRI using CDC Wonder Natality Data Expanded, 2016-2020

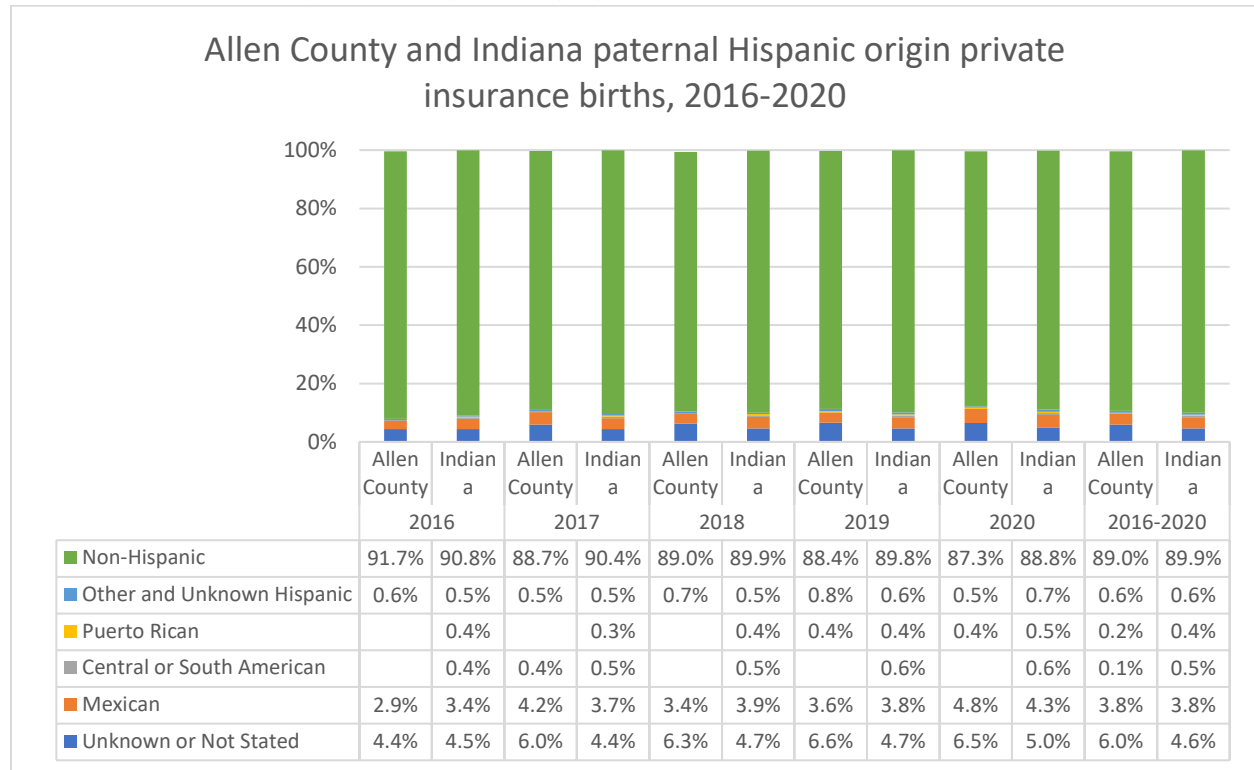
Chart 34: Local and state paternal Hispanic origin Medicaid births



Source: Percentages calculated by CRI using CDC Wonder Natality Data Expanded, 2016-2020



Chart 35: Local and state paternal Hispanic origin private insurance births



Source: Percentages calculated by CRI using CDC Wonder Natality Data Expanded, 2016-2020

CRI compared the Allen County percentages to the comparable state numbers in the following tables, separated by payment.

Table 15: Difference between local and state paternal Hispanic origin all births

	2016	2017	2018	2019	2020	2016-2020
<b>Unknown or Not Stated</b>	2.19%	3.07%	2.74%	2.56%	3.01%	2.72%
<b>Mexican</b>	-0.67%	0.49%	-0.37%	-0.46%	-0.24%	-0.25%
<b>Central or South American</b>	-0.48%	-0.47%	-0.70%	-0.80%	-0.96%	-0.68%
<b>Puerto Rican</b>	-0.25%	-0.28%	-0.19%	-0.29%	-0.25%	-0.25%
<b>Other and Unknown Hispanic</b>	0.59%	0.01%	0.44%	0.39%	0.91%	0.47%
<b>Non-Hispanic</b>	-1.39%	-2.76%	-1.82%	-1.26%	-2.44%	-1.94%

Source: Differences and percentages calculated by CRI using CDC Wonder Natality Data Expanded, 2016-2020

Table 16: Difference between local and state paternal Hispanic origin Medicaid births

	2016	2017	2018	2019	2020	2016-2020
<b>Unknown or Not Stated</b>	4.94%	5.49%	4.52%	5.10%	6.67%	5.32%
<b>Mexican</b>	-0.99%	0.22%	-0.24%	-0.63%	-1.58%	-0.63%
<b>Central or South American</b>	-0.96%	-1.05%	-1.36%	-1.45%	-1.71%	-1.29%
<b>Puerto Rican</b>			-0.24%			-0.66%
<b>Other and Unknown Hispanic</b>	1.21%	-0.15%	0.63%	0.81%	2.76%	1.03%
<b>Non-Hispanic</b>	-4.03%	-3.92%	-3.16%	-2.93%	-5.50%	-3.90%

Source: Differences and percentages calculated by CRI using CDC Wonder Natality Data Expanded, 2016-2020

Table 17: Difference between local and state paternal Hispanic origin private insurance births

	2016	2017	2018	2019	2020	2016-2020
<b>Unknown or Not Stated</b>	-0.04%	1.55%	1.63%	1.88%	1.48%	1.33%
<b>Mexican</b>	-0.50%	0.48%	-0.46%	-0.21%	0.56%	-0.01%
<b>Central or South American</b>		-0.14%				-0.47%
<b>Puerto Rican</b>				-0.02%	-0.01%	-0.23%
<b>Other and Unknown Hispanic</b>	0.06%	-0.06%	0.21%	0.15%	-0.21%	0.04%
<b>Non-Hispanic</b>	0.93%	-1.66%	-0.88%	-1.39%	-1.45%	-0.95%

Source: Differences and percentages calculated by CRI using CDC Wonder Natality Data Expanded, 2016-2020

### Analysis and trends

- Allen County’s fathers for total births were less likely to listed as non-Hispanic but more likely to be listed as unknown/not stated. For the Hispanic categories, it was slightly lower than the state but less than 1% difference.
- Almost 90% of private insurance births were to fathers who were not identified as having Hispanic origin.
- For births identifying the father’s Hispanic origin, Mexican was the most popular choice across geographies and payment sources.
- Some of the disparity of the father’s Hispanic origin in Allen County may be explained by the larger unknown/not stated share.

### Father’s age

Father’s age, if known, is calculated from the birthdate provided on the mother’s worksheet.<sup>21</sup> If the father’s age is less than 10, it is tabulated as “not stated” and reported in that category.<sup>22</sup>

The father’s age for Allen County and Indiana was reported in the following age cohorts:

- Unknown or Not Stated
- 15-19 years
- 20-24 years
- 25-29 years
- 30-34 years
- 35-39 years
- 40-44 years
- 45-49 years
- 50-54 years
- 55 years and older<sup>23</sup>

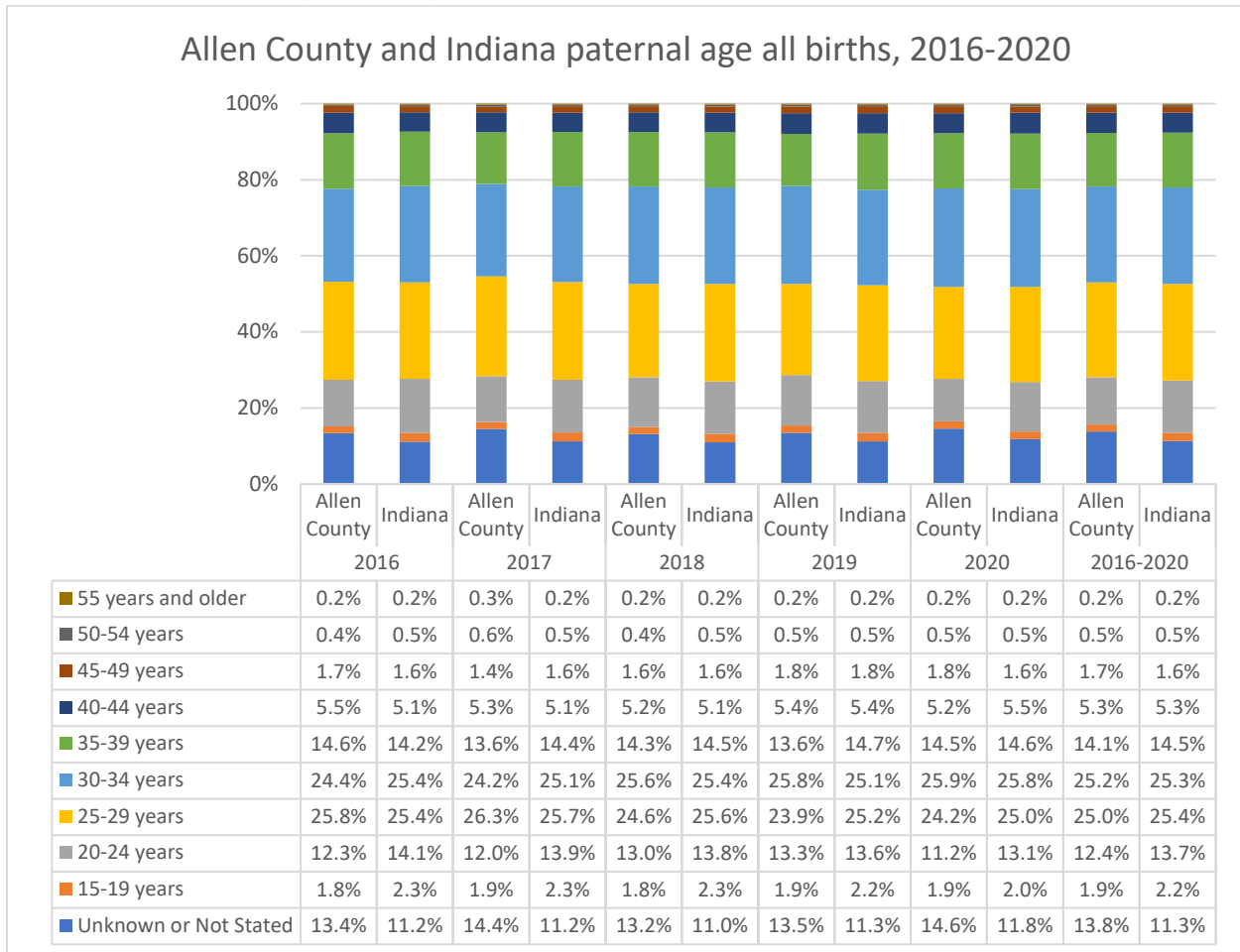
Since this measure could be calculated into percentages because of the reported category births and total births, CRI created an equitable comparison between local and state numbers using percentages.

<sup>21</sup> Mother’s Worksheet for Child’s Birth Certificate (2016), CDC, p. 6.

<sup>22</sup> User Guide to the 2020 Natality Public Use File, CDC, p. 55.

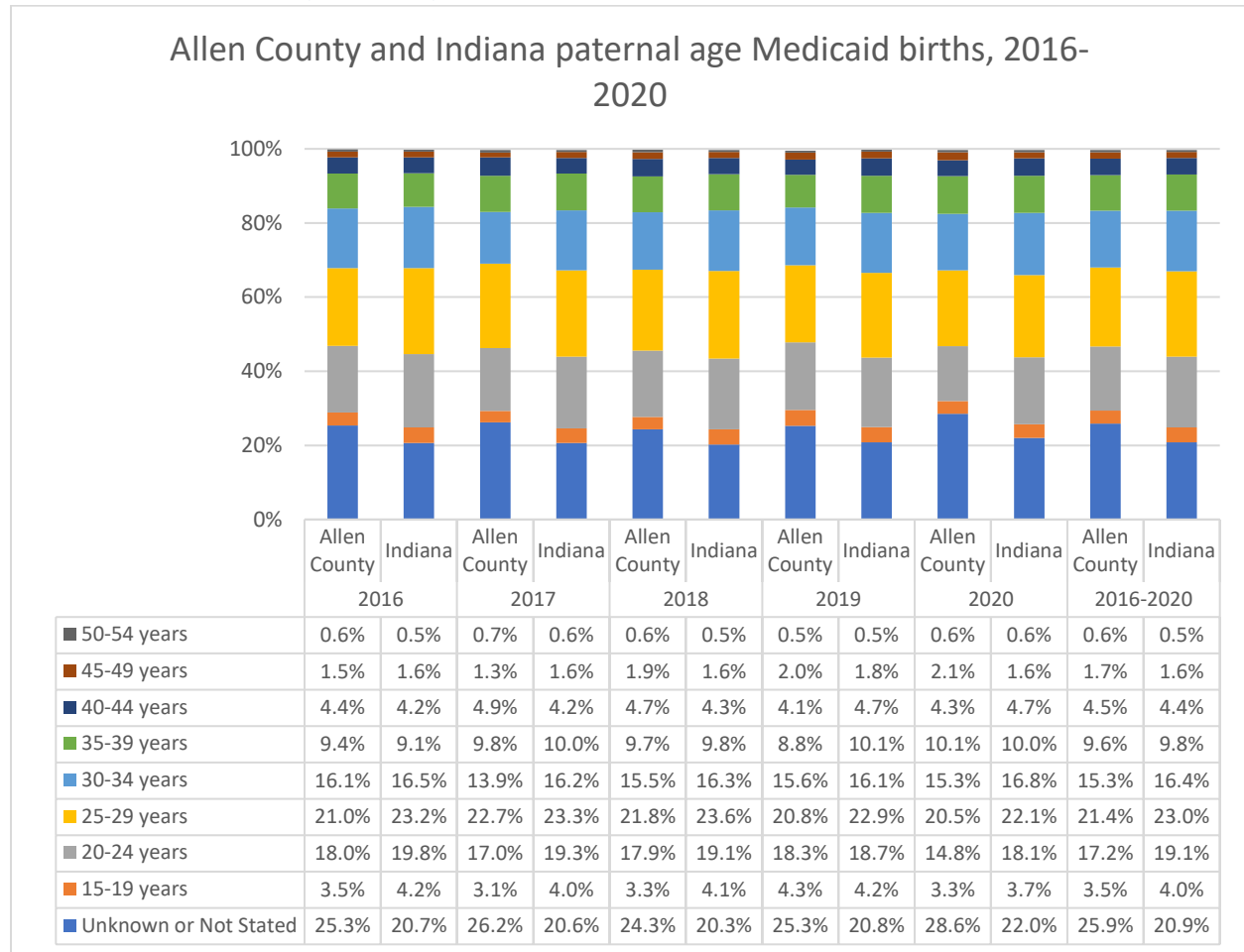
<sup>23</sup> No Allen County data reported for Medicaid and private insurance births in this cohort

Chart 36: Local and state paternal age all births



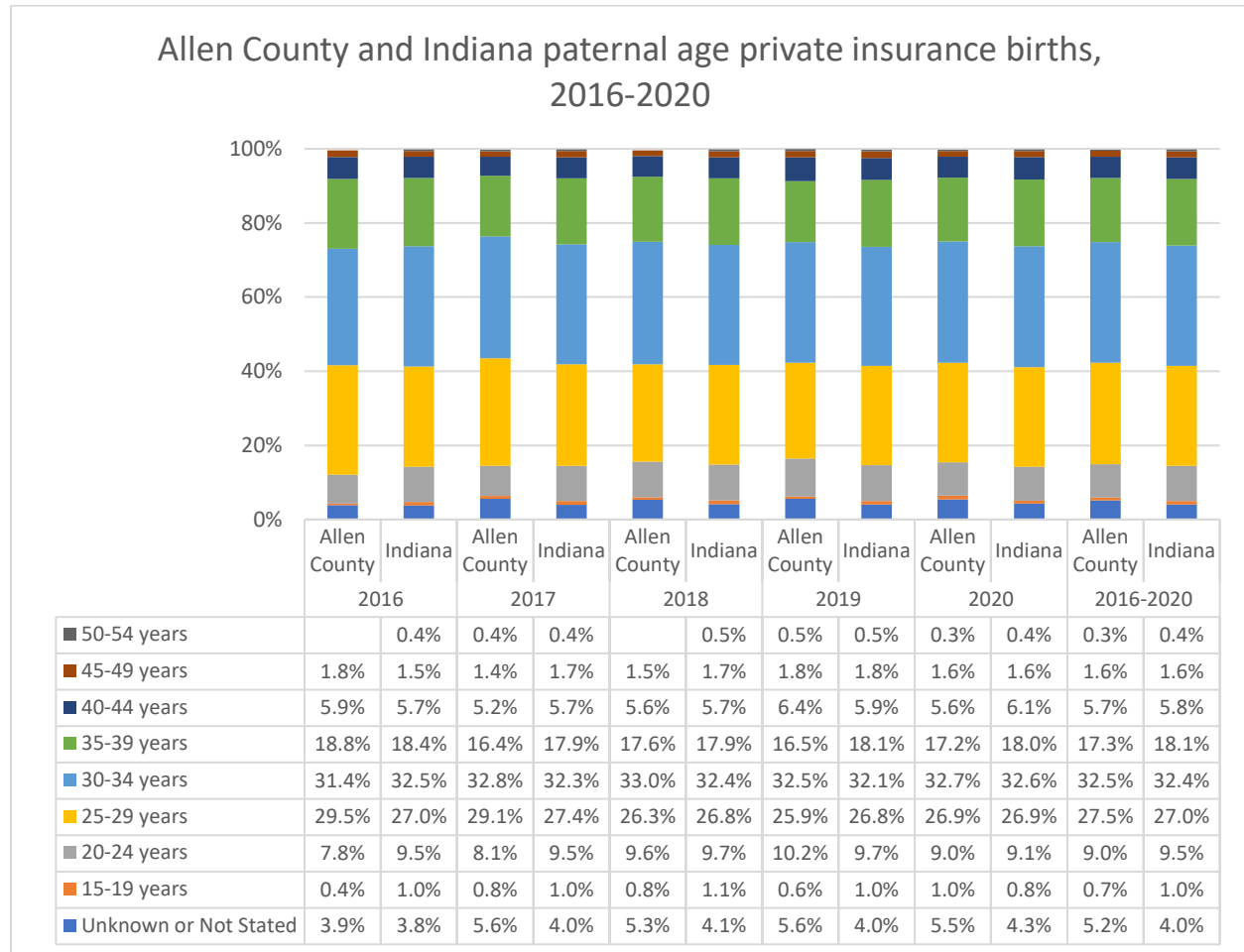
Source: Percentages calculated by CRI using CDC Wonder Natality Data Expanded, 2016-2020

Chart 37: Local and state paternal age Medicaid births



Source: Percentages calculated by CRI using CDC Wonder Natality Data Expanded, 2016-2020; excludes Indiana's 55 years and older

Chart 38: Local and state paternal age private insurance births



Source: Percentages calculated by CRI using CDC Wonder Natality Data Expanded, 2016-2020; excludes Indiana's 55 years and older

CRI compared the Allen County percentages to the comparable state numbers in the following tables, separated by payment.

Table 18: Difference between local and state father's age all births

	2016	2017	2018	2019	2020	2016-2020
<b>Unknown or Not Stated</b>	2.19%	3.18%	2.20%	2.21%	2.80%	2.52%
<b>15-19 years</b>	-0.53%	-0.39%	-0.44%	-0.28%	-0.09%	-0.35%
<b>20-24 years</b>	-1.88%	-1.88%	-0.72%	-0.33%	-1.87%	-1.34%
<b>25-29 years</b>	0.35%	0.62%	-0.97%	-1.27%	-0.80%	-0.43%
<b>30-34 years</b>	-0.93%	-0.85%	0.19%	0.68%	0.10%	-0.16%
<b>35-39 years</b>	0.39%	-0.76%	-0.20%	-1.10%	-0.04%	-0.34%
<b>40-44 years</b>	0.35%	0.19%	0.08%	0.04%	-0.29%	0.08%
<b>45-49 years</b>	0.15%	-0.22%	-0.06%	0.01%	0.21%	0.02%
<b>50-54 years</b>	-0.08%	0.08%	-0.06%	0.03%	-0.05%	-0.02%
<b>55 years and older</b>	0.02%	0.04%	-0.01%	0.00%	0.01%	0.01%

Source: Differences and percentages calculated by CRI using CDC Wonder Natality Data Expanded, 2016-2020

Table 19: Difference between local and state father's age Medicaid births

	2016	2017	2018	2019	2020	2016-2020
<b>Unknown or Not Stated</b>	4.69%	5.62%	4.06%	4.45%	6.58%	5.06%
<b>15-19 years</b>	-0.68%	-0.91%	-0.72%	0.10%	-0.35%	-0.53%
<b>20-24 years</b>	-1.77%	-2.37%	-1.23%	-0.46%	-3.26%	-1.82%
<b>25-29 years</b>	-2.22%	-0.54%	-1.76%	-2.05%	-1.65%	-1.64%
<b>30-34 years</b>	-0.38%	-2.22%	-0.86%	-0.58%	-1.54%	-1.11%
<b>35-39 years</b>	0.31%	-0.17%	-0.08%	-1.24%	0.11%	-0.20%
<b>40-44 years</b>	0.13%	0.71%	0.34%	-0.60%	-0.37%	0.06%
<b>45-49 years</b>	-0.05%	-0.24%	0.22%	0.17%	0.51%	0.11%
<b>50-54 years</b>	0.07%	0.14%	0.09%	0.01%	-0.04%	0.06%

Source: Differences and percentages calculated by CRI using CDC Wonder Natality Data Expanded, 2016-2020

Table 20: Difference between local and state father's age private insurance births

	2016	2017	2018	2019	2020	2016-2020
<b>Unknown or Not Stated</b>	0.08%	1.56%	1.20%	1.61%	1.19%	1.15%
<b>15-19 years</b>	-0.52%	-0.18%	-0.32%	-0.43%	0.17%	-0.26%
<b>20-24 years</b>	-1.65%	-1.41%	-0.12%	0.59%	-0.17%	-0.52%
<b>25-29 years</b>	2.46%	1.67%	-0.54%	-0.89%	0.02%	0.48%
<b>30-34 years</b>	-1.07%	0.52%	0.58%	0.39%	0.07%	0.11%
<b>35-39 years</b>	0.47%	-1.49%	-0.38%	-1.65%	-0.77%	-0.78%
<b>40-44 years</b>	0.16%	-0.50%	-0.04%	0.52%	-0.45%	-0.05%
<b>45-49 years</b>	0.24%	-0.22%	-0.14%	-0.01%	0.00%	-0.02%
<b>50-54 years</b>		0.02%		0.01%	-0.10%	-0.19%

Source: Differences and percentages calculated by CRI using CDC Wonder Natality Data Expanded, 2016-2020

Source: Differences and percentages calculated by CRI using CDC Wonder Natality Data Expanded, 2016-2020

### Analysis and trends

- Just over half of all the births in Allen County and Indiana had fathers ages 25 to 34, with an essentially even split between 25 to 29 and 30 to 34.
- For Medicaid births, 25 to 29 years was the most common age cohort for fathers while 20 to 24 was the second most common age cohort for both geographies.
- For private insurance births, 30 to 34 was the most common age cohort for fathers with 25 to 29 as the second most common for Allen County and Indiana.
- Some of the disparity of the father's age cohorts in Allen County may be explained by the larger unknown/not stated share.

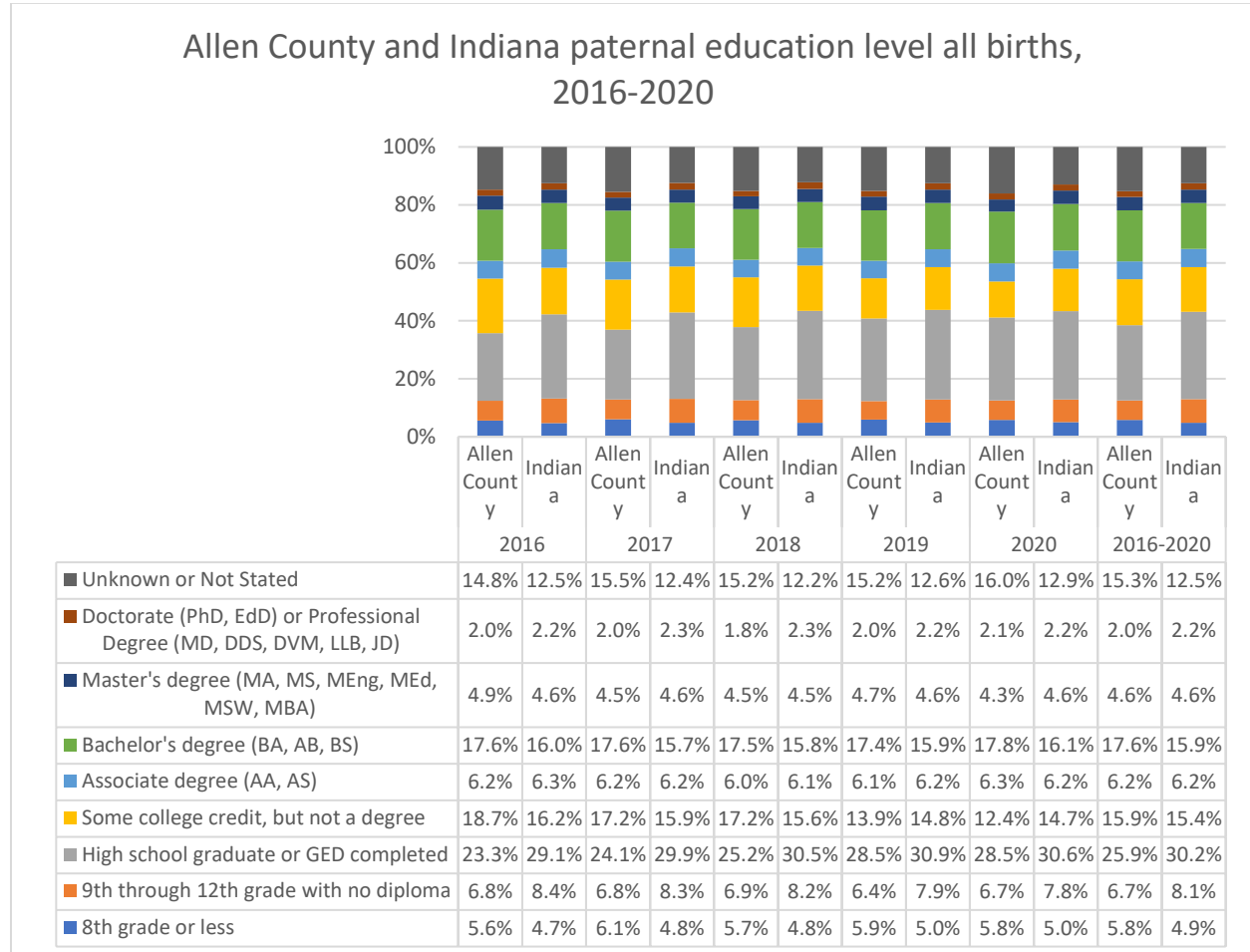
### Father's education level

Father's education level is provided via the mother's worksheet with the same categories listed for the mother's education level,<sup>24</sup> which is discussed in detail in the mother's education section of this report.

<sup>24</sup> Mother's Worksheet for Child's Birth Certificate (2016), CDC, p. 6.

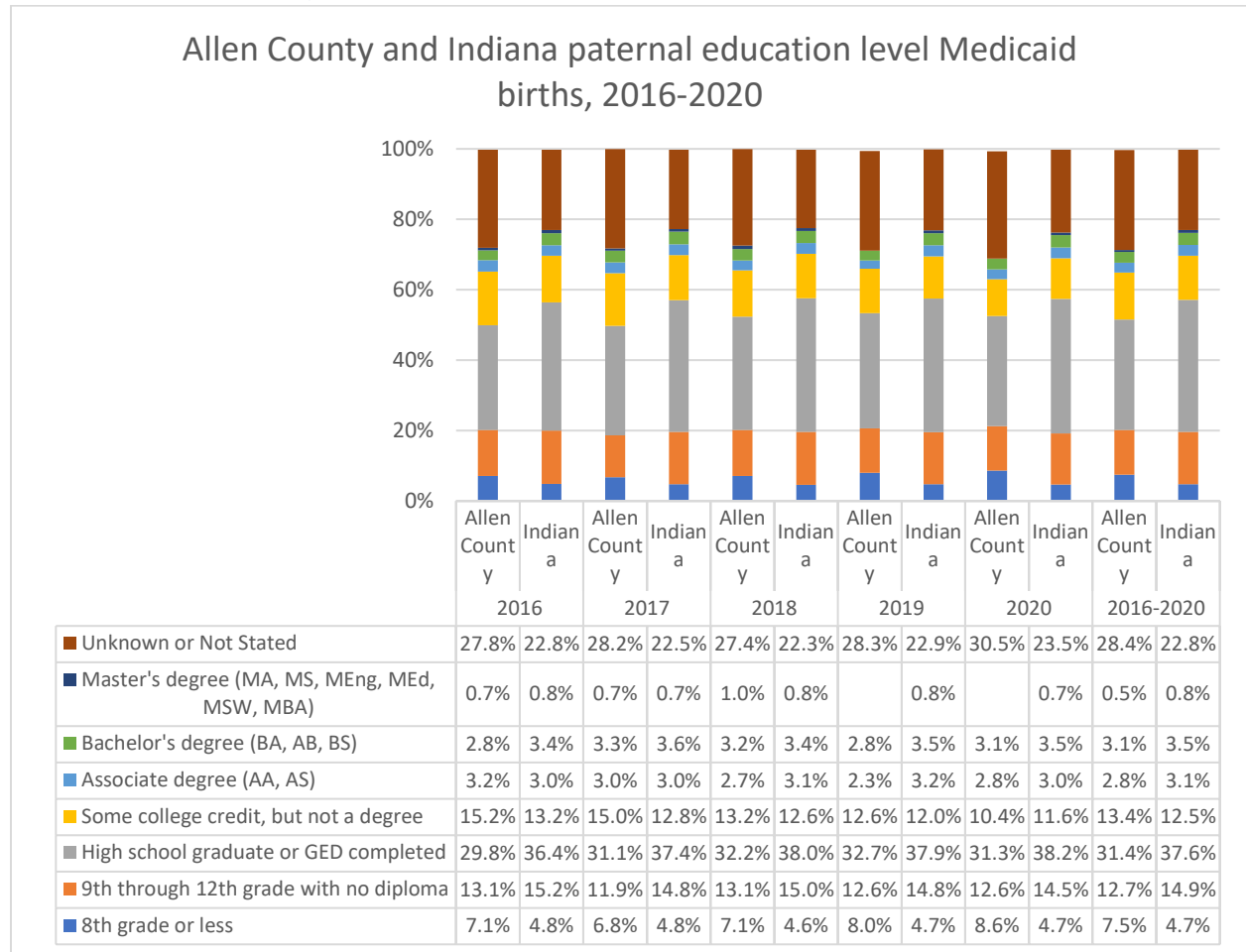
Since this measure could be calculated into percentages because of the reported category births and total births, CRI could create an equitable comparison between local and state numbers using percentages.

Chart 39: Local and state paternal education level all births



Source: Percentages calculated by CRI using CDC Wonder Natality Data Expanded, 2016-2020

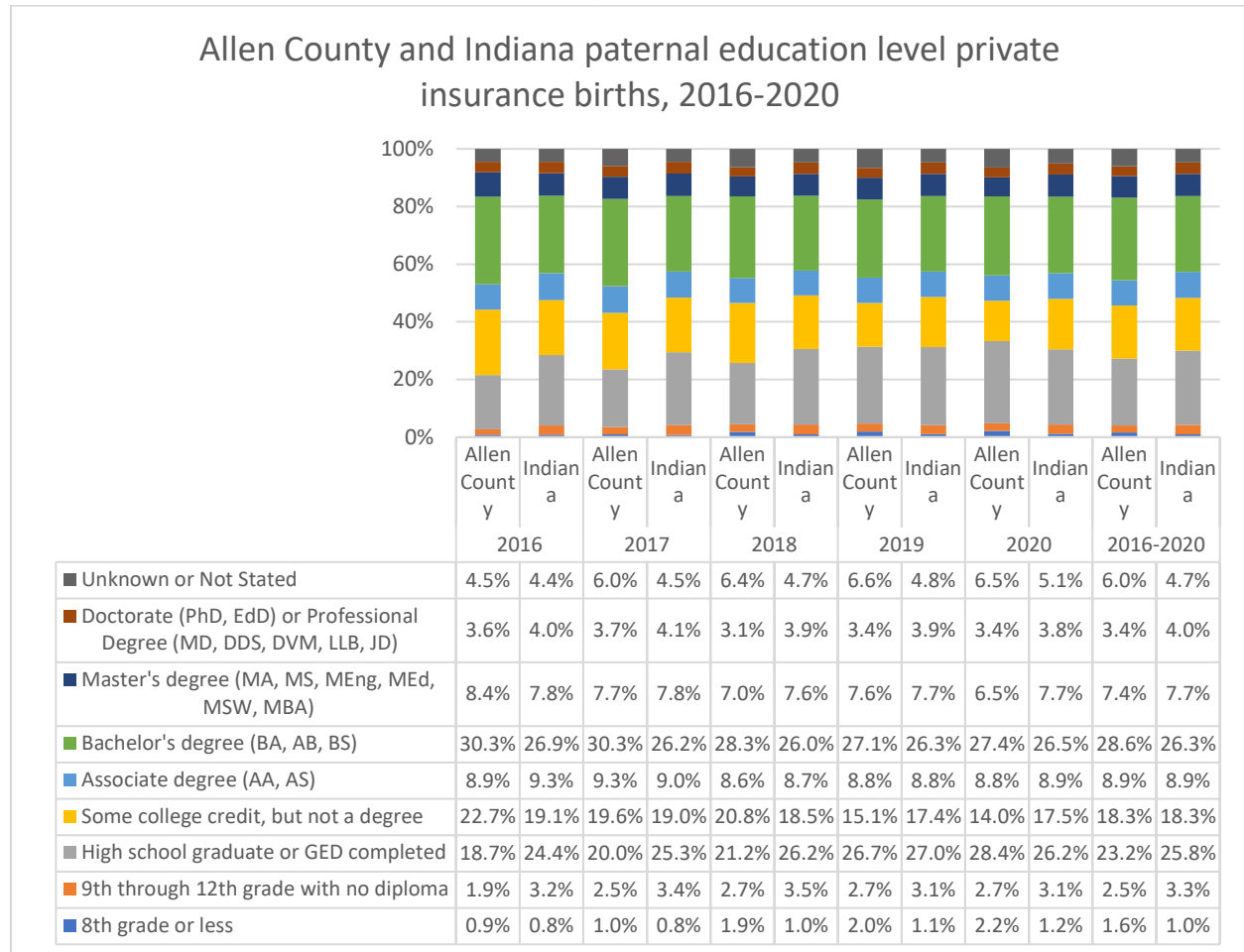
Chart 40: Local and state paternal education level Medicaid births



Source: Percentages calculated by CRI using CDC Wonder Natality Data Expanded, 2016-2020



Chart 41: Local and state paternal education level private insurance births



Source: Percentages calculated by CRI using CDC Wonder Natality Data Expanded, 2016-2020

CRI compared the Allen County percentages to the comparable state numbers in the following tables, separated by payment.

Table 21: Difference between local and state paternal education level all births

	2016	2017	2018	2019	2020	2016-2020
<b>8th grade or less</b>	0.88%	1.29%	0.92%	0.94%	0.82%	0.97%
<b>9th through 12th grade with no diploma</b>	-1.55%	-1.46%	-1.32%	-1.49%	-1.06%	-1.38%
<b>High school graduate or GED completed</b>	-5.75%	-5.76%	-5.27%	-2.46%	-2.03%	-4.23%
<b>Some college credit, but not a degree</b>	2.58%	1.34%	1.63%	-0.88%	-2.22%	0.47%
<b>Associate degree (AA, AS)</b>	-0.09%	0.06%	-0.11%	-0.08%	0.09%	-0.03%
<b>Bachelor's degree (BA, AB, BS)</b>	1.59%	1.83%	1.70%	1.44%	1.70%	1.65%
<b>Master's degree (MA, MS, MEng, MEd, MSW, MBA)</b>	0.28%	-0.04%	-0.07%	0.10%	-0.29%	-0.01%

<b>Doctorate (PhD, EdD) or Professional Degree (MD, DDS, DVM, LLB, JD)</b>	-0.20%	-0.33%	-0.45%	-0.19%	-0.09%	-0.25%
<b>Unknown or Not Stated</b>	2.27%	3.07%	2.98%	2.62%	3.09%	2.81%

Source: Differences and percentages calculated by CRI using CDC Wonder Natality Data Expanded, 2016-2020

Table 22: Difference between local and state paternal education level Medicaid births

	2016	2017	2018	2019	2020	2016-2020
<b>8th grade or less</b>	2.25%	1.96%	2.53%	3.26%	3.92%	2.75%
<b>9th through 12th grade with no diploma</b>	-2.05%	-2.89%	-1.95%	-2.17%	-1.86%	-2.19%
<b>High school graduate or GED completed</b>	-6.67%	-6.36%	-5.81%	-5.19%	-6.87%	-6.19%
<b>Some college credit, but not a degree</b>	2.03%	2.16%	0.61%	0.62%	-1.13%	0.91%
<b>Associate degree (AA, AS)</b>	0.16%	0.03%	-0.39%	-0.84%	-0.26%	-0.25%
<b>Bachelor's degree (BA, AB, BS)</b>	-0.64%	-0.30%	-0.17%	-0.67%	-0.44%	-0.44%
<b>Master's degree (MA, MS, MEng, MEd, MSW, MBA)</b>	-0.10%	-0.06%	0.26%			-0.27%
<b>Doctorate (PhD, EdD) or Professional Degree (MD, DDS, DVM, LLB, JD)</b>	4.99%	5.69%	5.12%	5.35%	6.92%	5.59%
<b>Unknown or Not Stated</b>	2.25%	1.96%	2.53%	3.26%	3.92%	2.75%

Source: Differences and percentages calculated by CRI using CDC Wonder Natality Data Expanded, 2016-2020

Table 23: Difference between local and state paternal education level private insurance births

	2016	2017	2018	2019	2020	2016-2020
<b>8th grade or less</b>	0.08%	0.18%	0.91%	0.89%	0.98%	0.63%
<b>9th through 12th grade with no diploma</b>	-1.34%	-0.84%	-0.80%	-0.43%	-0.46%	-0.76%
<b>High school graduate or GED completed</b>	-5.67%	-5.31%	-4.98%	-0.31%	2.27%	-2.65%
<b>Some college credit, but not a degree</b>	3.56%	0.65%	2.32%	-2.27%	-3.44%	0.03%
<b>Associate degree (AA, AS)</b>	-0.39%	0.27%	-0.03%	0.04%	-0.12%	-0.05%
<b>Bachelor's degree (BA, AB, BS)</b>	3.48%	4.12%	2.33%	0.88%	0.95%	2.29%
<b>Master's degree (MA, MS, MEng, MEd, MSW, MBA)</b>	0.60%	-0.12%	-0.60%	-0.07%	-1.15%	-0.29%
<b>Doctorate (PhD, EdD) or Professional Degree (MD, DDS, DVM, LLB, JD)</b>	-0.40%	-0.37%	-0.78%	-0.53%	-0.45%	-0.51%
<b>Unknown or Not Stated</b>	0.08%	1.42%	1.63%	1.81%	1.44%	1.31%

Source: Differences and percentages calculated by CRI using CDC Wonder Natality Data Expanded, 2016-2020

### Analysis and trends

- High school graduate was the most common paternal education level for all and Medicaid births in both geographies. A bachelor's degree was the most common for private insurance births.
- Medicaid births were more likely to have a father who did not complete high school than all or private insurance births at 20.2% and 19.6% for Allen County and Indiana's Medicaid births, compared to 12.5% and 13% for all births respectively and 4.1% and 4.3% for private insurance births locally and statewide.

### Interval since last live birth

The CDC collects information about the interval since the last live birth, computed based on the month and year of the current delivery compared to the month and year of the last live birth.<sup>25</sup> For plural births, the subsequent infants are tracked with an interval of 0 to 3 months.<sup>26</sup> If this birth is the first natality event, it is noted as such.

The CDC uses the following intervals:

- Zero to 3 months (plural delivery)
- 4 to 11 months
- 12 to 17 months
- 18 to 23 months
- 24 to 35 months
- 36 to 47 months
- 48 to 59 months
- 60 to 71 months
- 72 months and over
- Not Applicable (1st live birth)
- Unknown or Not Stated

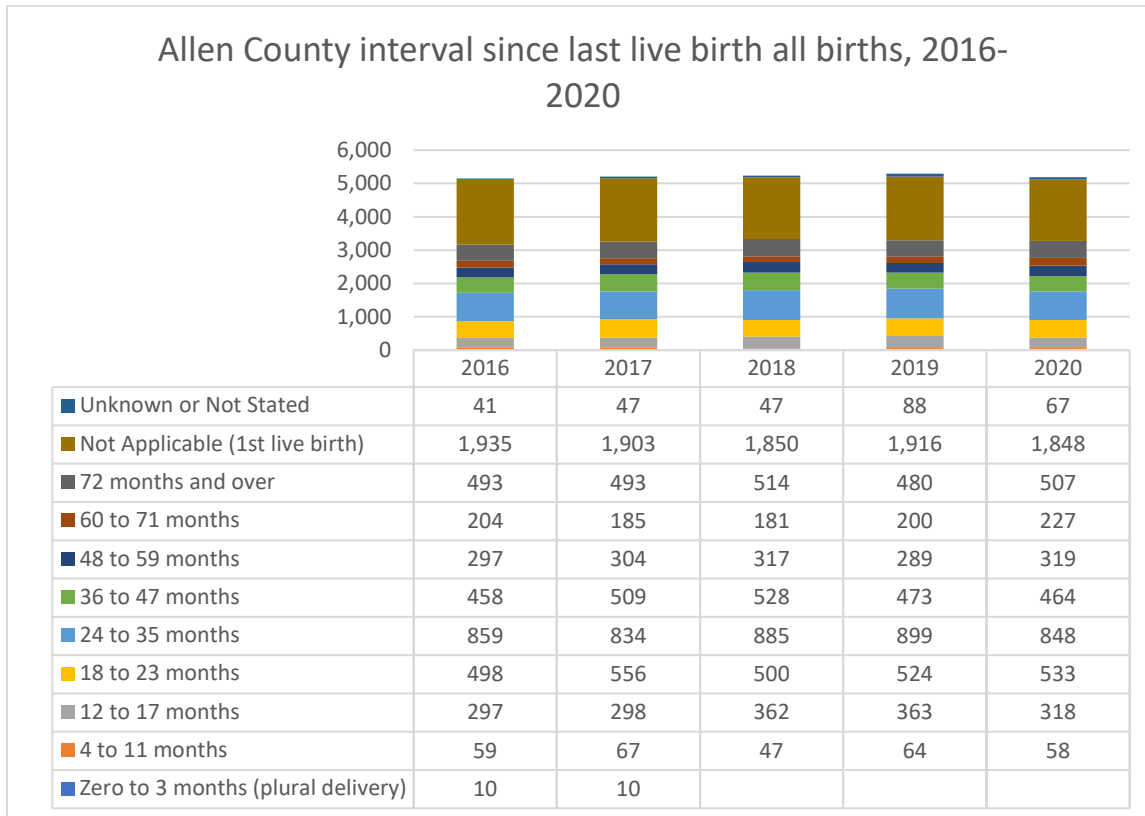
The CDC did not report total number of births for this measure by payment category so CRI is providing an annual count by all births, Medicaid births, and private insurance births for Allen County and Indiana as measured by interval since last live birth.

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<sup>25</sup> User Guide to the 2020 Natality Public Use File, CDC, pp. 57-58.

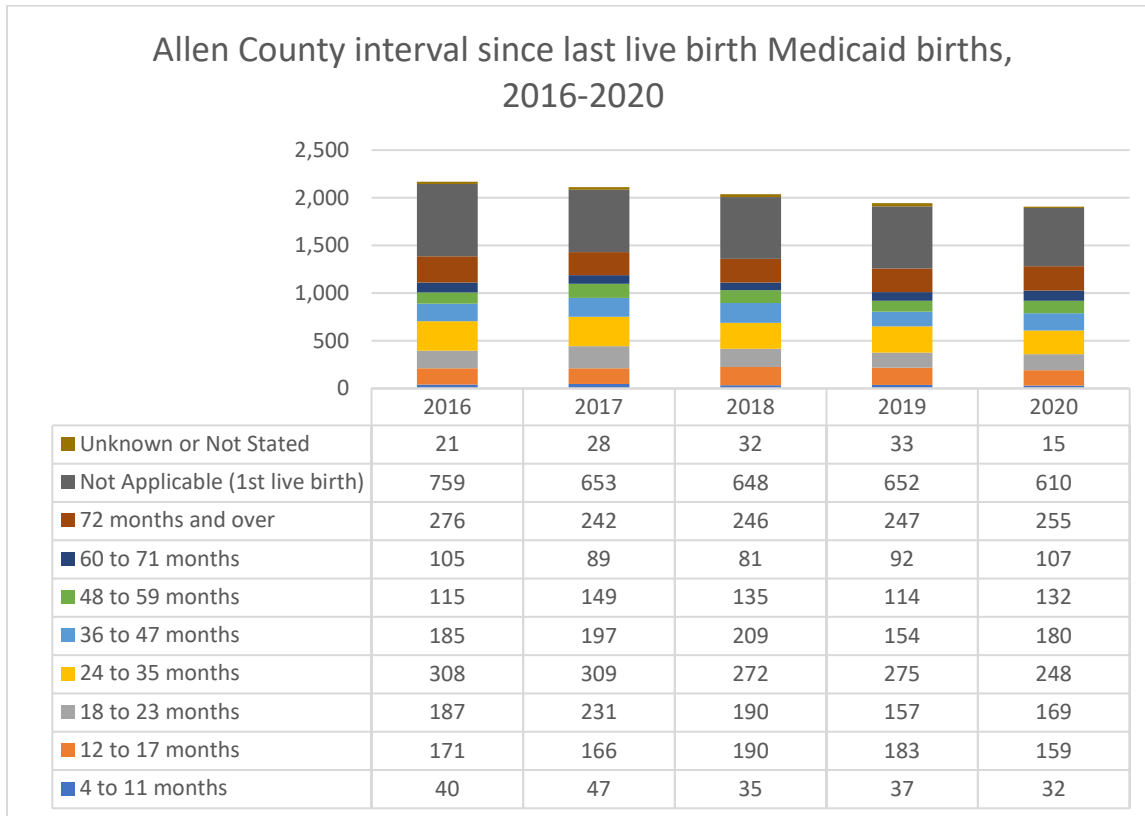
<sup>26</sup> Ibid.

Chart 42: Local interval since last live birth all births



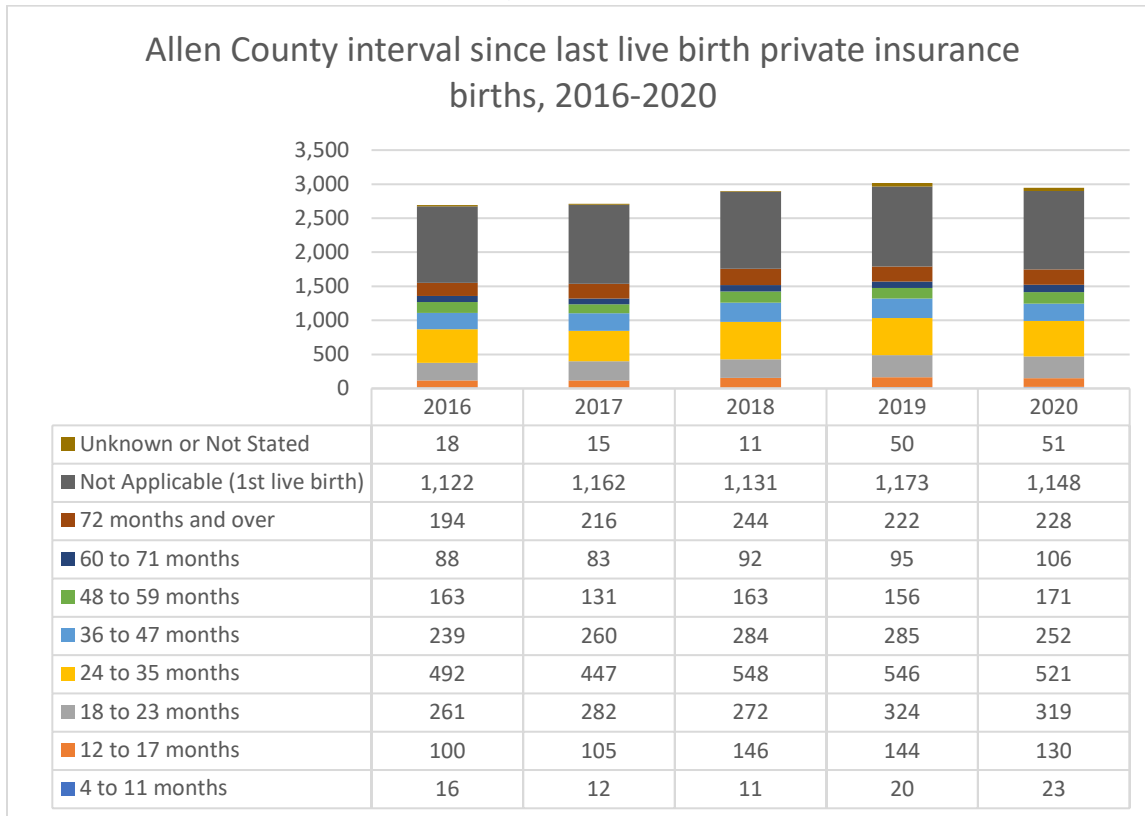
Source: CDC Wonder Natality Data Expanded, 2016-2020

Chart 43: Local interval since last live birth Medicaid births



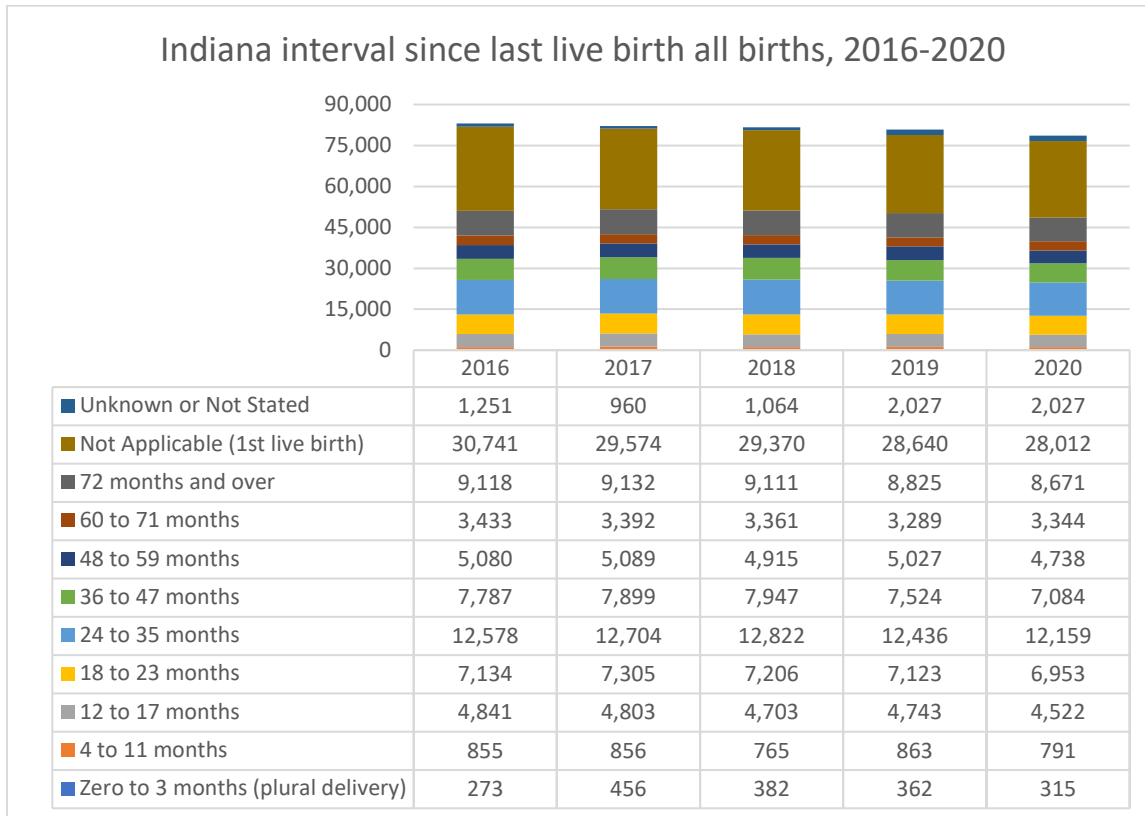
Source: CDC Wonder Natality Data Expanded, 2016-2020

Chart 44: Local interval since last live birth private insurance births



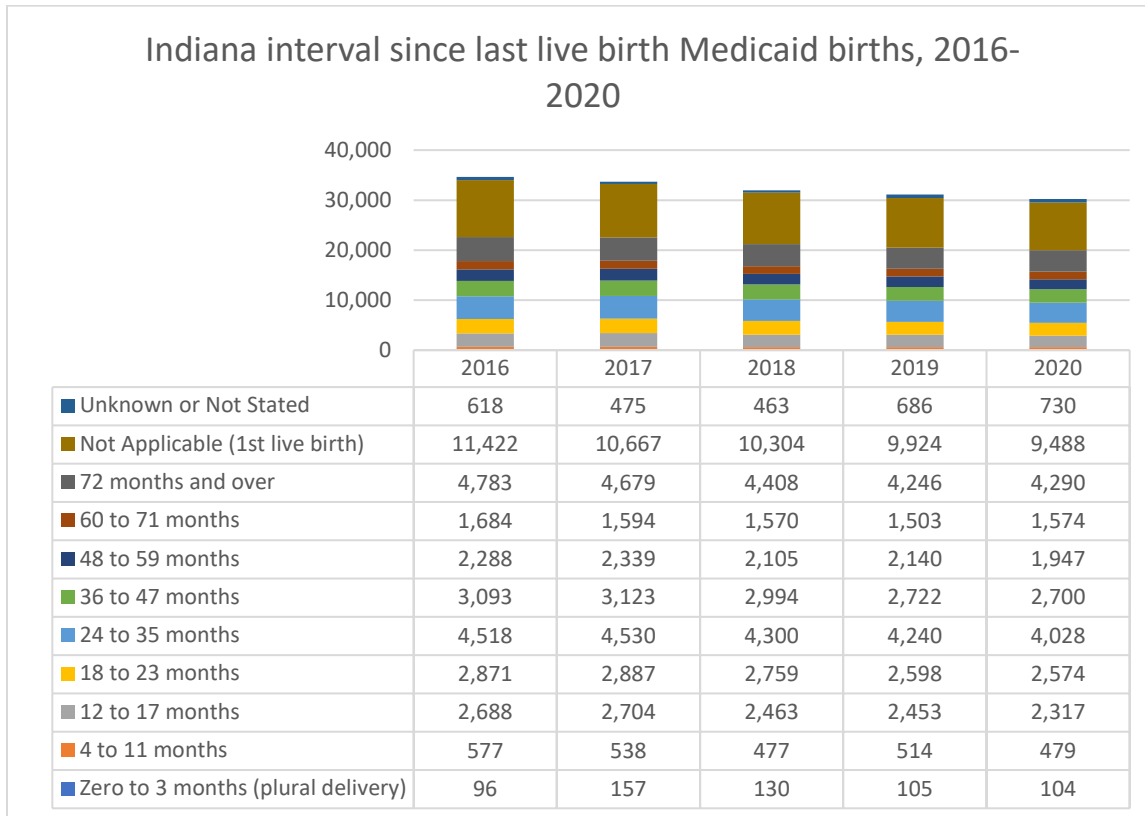
Source: CDC Wonder Natality Data Expanded, 2016-2020

Chart 45: State interval since last live birth all births



Source: CDC Wonder Natality Data Expanded, 2016-2020

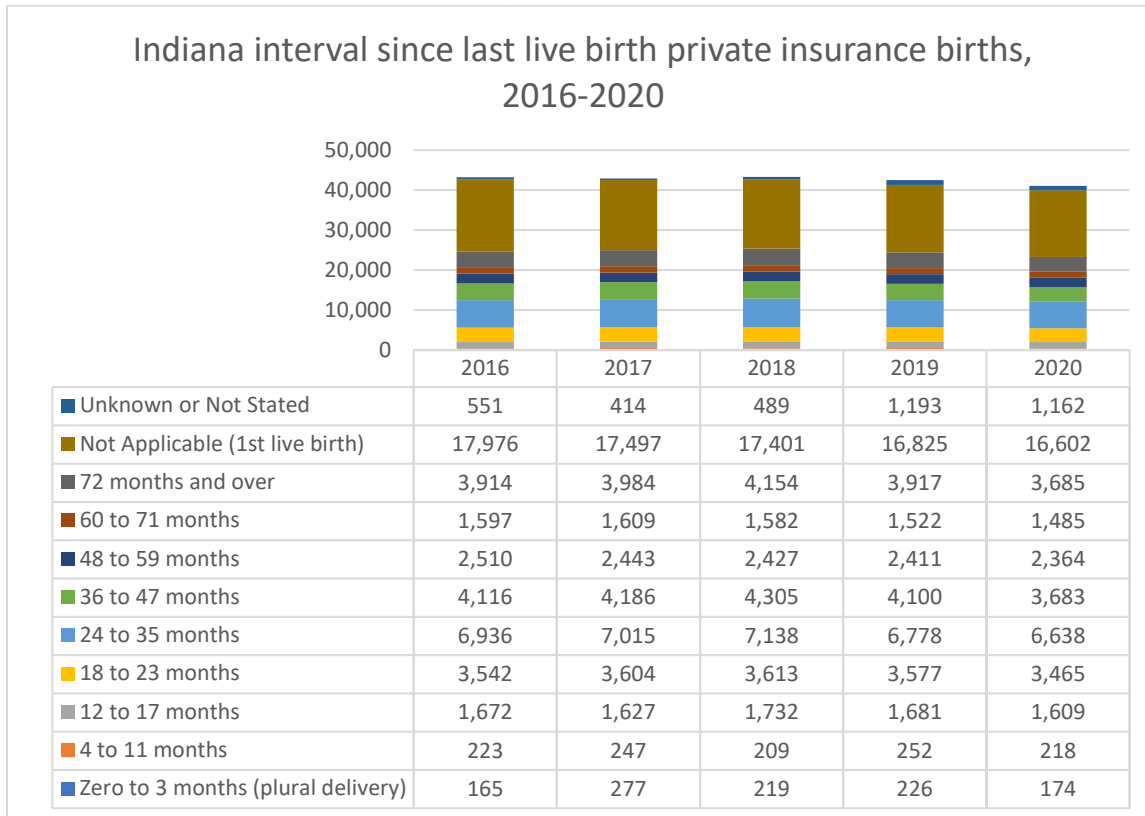
Chart 46: State interval since last live birth Medicaid births



Source: CDC Wonder Natality Data Expanded, 2016-2020

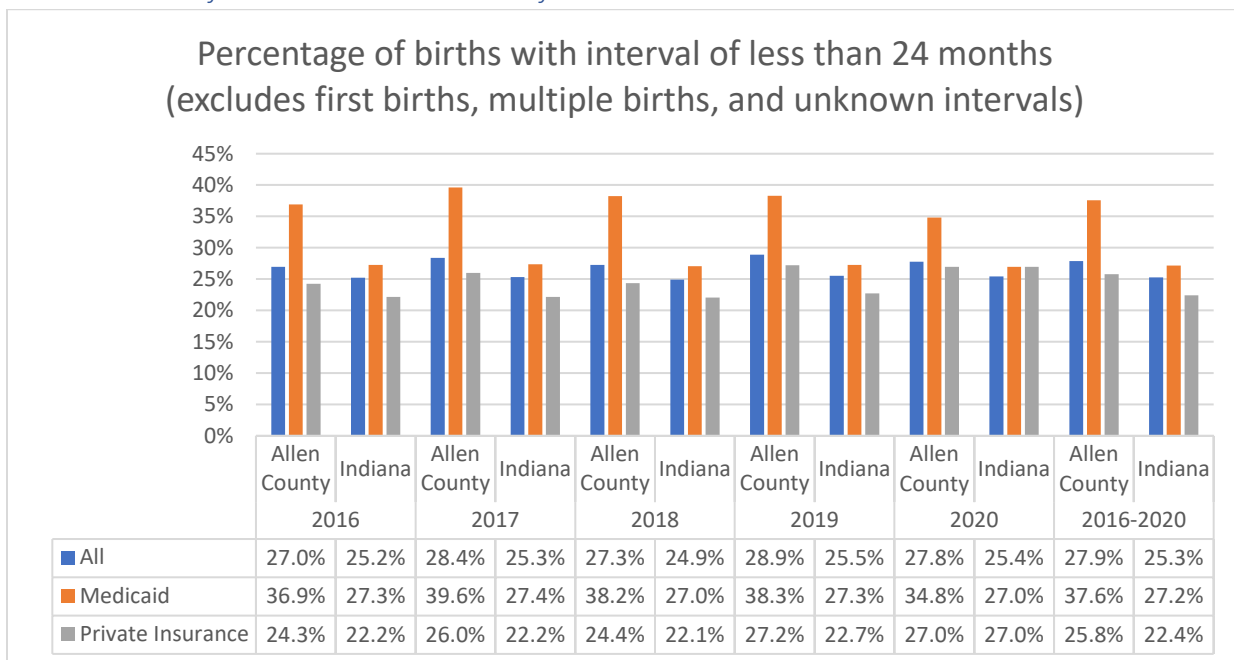


Chart 47: State interval since last live birth private insurance births



Source: CDC Wonder Natality Data Expanded, 2016-2020

Chart 48: Share of births with birth intervals of less than 24 months between live births



Source: Percentages calculated by CRI using CDC Wonder Natality Data Expanded, 2016-2020

## Analysis and trends

- Not applicable/1<sup>st</sup> live birth was the most common category across all geographies and payment sources.
- 24 to 35 months was the most common interval for not-first live birth across all geographies and payment sources.
- Allen County's Medicaid births were more likely to report a birth interval of less than 24 months compared to the other five populations: all and private insurance births in Allen County and all, Medicaid, and private insurance births in Indiana
- No plural-delivery numbers were reported Allen County's Medicaid and private insurance births, indicating fewer than 10 for each year studied, and only for all births in 2016 and 2017.

## Use of medical, public services

The CDC tracks the use of certain medical and public services as part of its natality extended data. It collects information on the following:<sup>27</sup>

- Prenatal care
- WIC use during pregnancy
- Successful and failed external cephalic obstetric procedures in an attempt to turn the fetus out of the breech position
- Characteristics of labor and delivery
- Place of birth: hospital, freestanding birthing center, doctor's office/clinic, home birth or other
- Time of birth using a 24-hour clock
- Birth attendant: MD, DO, certified nurse midwife/certified midwife, other midwife, other
- Fetal presentation at birth: cephalic, breech or other
- Final route/method of delivery: vaginal spontaneous, vaginal forceps, vaginal vacuum, cesarean
- Payment source for delivery: private insurance, Medicaid, self-pay, and other

For this project, CRI evaluated the following medical and public services:

- WIC use
- Number of prenatal visits
- Trimester prenatal began
- Month prenatal began
- Payment source for delivery (listed in initial section of this report)
- Select labor and delivery measures (listed in the labor and delivery section of this report)

## WIC

The CDC asks about the mother's use of Special Supplemental Nutrition Program for Women, Infants and Children (WIC) food program on the mother's worksheet for child's birth certificate.<sup>28</sup> Funded by the U.S. Department of Agriculture, administered by the states, and operated at the local level by various agencies, WIC serves the following low-income, nutritionally at-risk populations:<sup>29</sup>

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<sup>27</sup> User Guide to the 2020 Natality Public Use File, CDC, pp. 58-62.

<sup>28</sup> Mother's Worksheet for Child's Birth Certificate (2016), CDC, p 3.

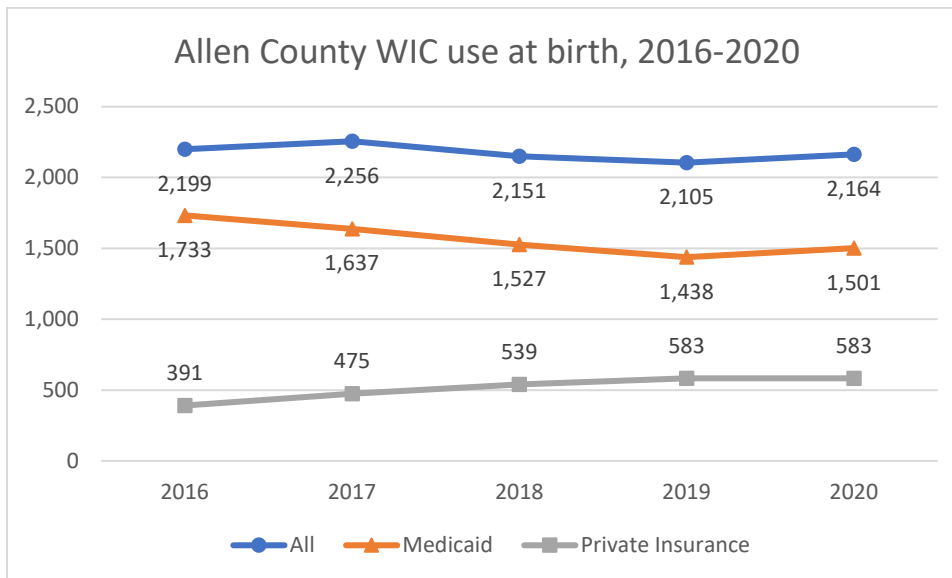
<sup>29</sup> <https://www.fns.usda.gov/wic/about-wic-glance>

- Pregnant women through pregnancy and up to 6 weeks after birth or after pregnancy ends
- Breastfeeding women up to infant’s 1st birthday
- Non-breastfeeding postpartum women up to 6 months after the birth of an infant or after pregnancy ends
- Infants up to 1st birthday
- Children up to 5th birthday

WIC benefits are supplemental nutritious foods purchased from grocery stores, nutrition education and counseling at WIC clinics, and screening and referrals to other health, welfare, or social service programs.<sup>30</sup> In Allen County, the WIC clinics are available at Neighborhood Health Clinic, 1717 S. Calhoun St., and Paulding Road WIC, 3350 E. Paulding Road.<sup>31</sup>

The CDC did not report total number of births for this measure by payment category so CRI is providing a timeseries count by all births, Medicaid births, and private insurance births for Allen County and Indiana using WIC at birth.

Chart 49: Local WIC use at birth

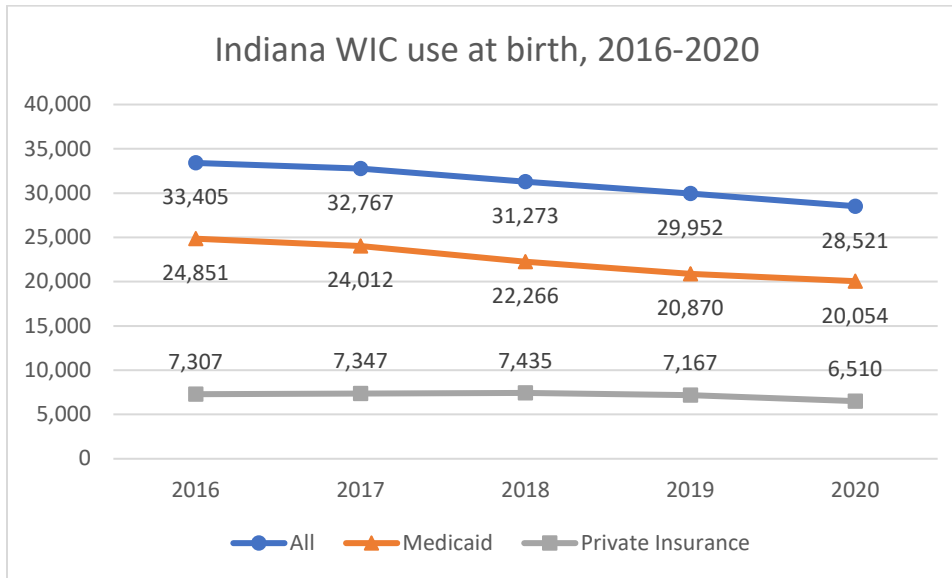


Source: CDC Wonder Natality Data Expanded, 2016-2020

<sup>30</sup> Ibid.

<sup>31</sup> [https://www.in.gov/health/reports/WIC\\_Clinics/counties/allen.html](https://www.in.gov/health/reports/WIC_Clinics/counties/allen.html)

Chart 50: State WIC use at birth



Source: CDC Wonder Natality Data Expanded, 2016-2020

#### Analysis and trends

- As would be expected for a program that serves low-income mothers and children, most WIC births were also Medicaid births for both Allen County and Indiana.
- Consistent with local births trends by payment source, Allen County's total WIC use remained steady, while Medicaid WIC use went down slightly while private insurance WIC use went up.
- At the state level, WIC use declined in all three groups studied, which is consistent with the declining birth numbers in the state during the time period studied.

#### Number of prenatal visits

The CDC collects information about the number of prenatal visits the mother had, using the Facility Worksheet.<sup>32</sup> Hospitals are directed to gather information about the use of prenatal care from the respective healthcare provider, not provided by the mother.<sup>33</sup>

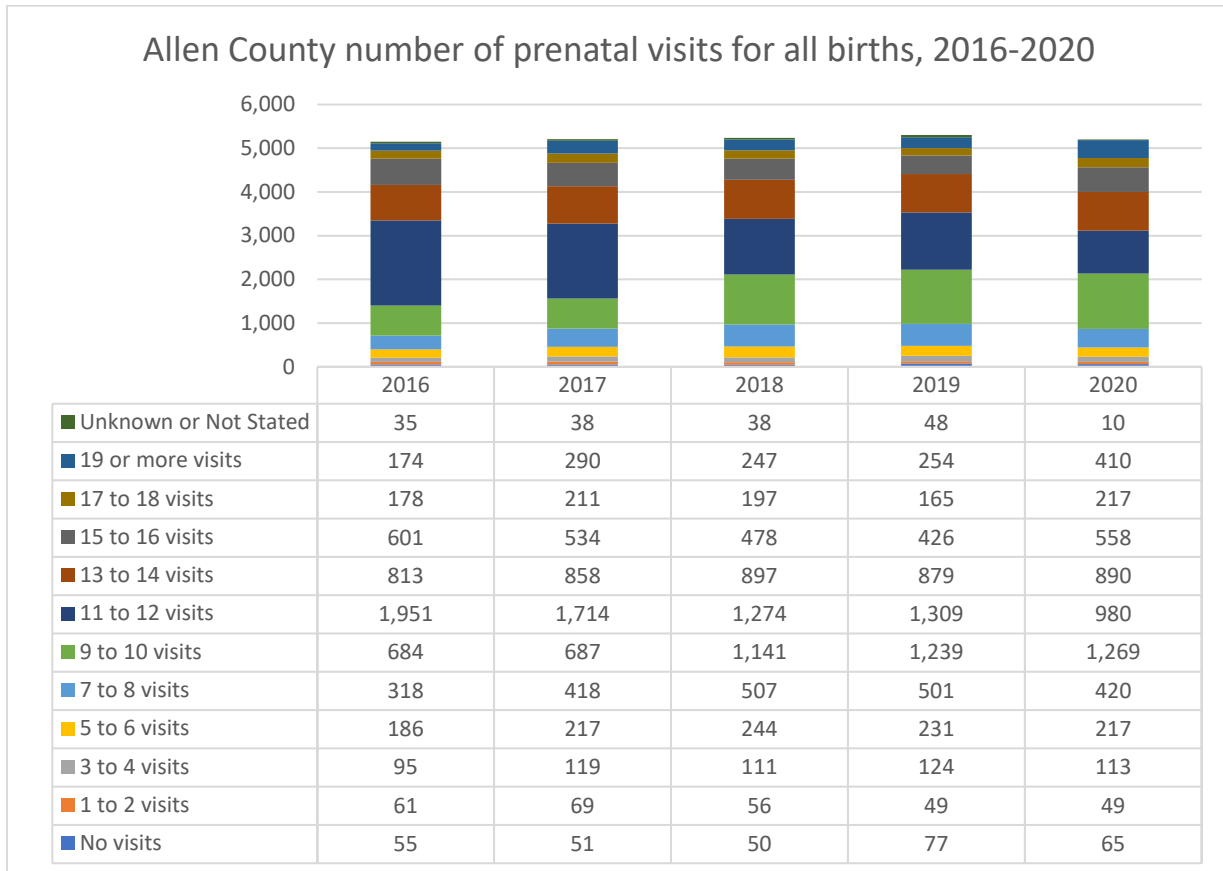
While data are available on the exact number of prenatal visits, CRI opted to use the recoded information that provided categories so that the information was easier to understand and interpret instead of having close to two dozen lines of data.

The CDC did not report total number of births for this measure by payment category so CRI is providing an annual count separated by number of prenatal visits by all births, Medicaid births, and private insurance births for Allen County and Indiana on separate charts for visual simplicity.

<sup>32</sup> User Guide to the 2020 Natality Public Use File, CDC, p. 58.

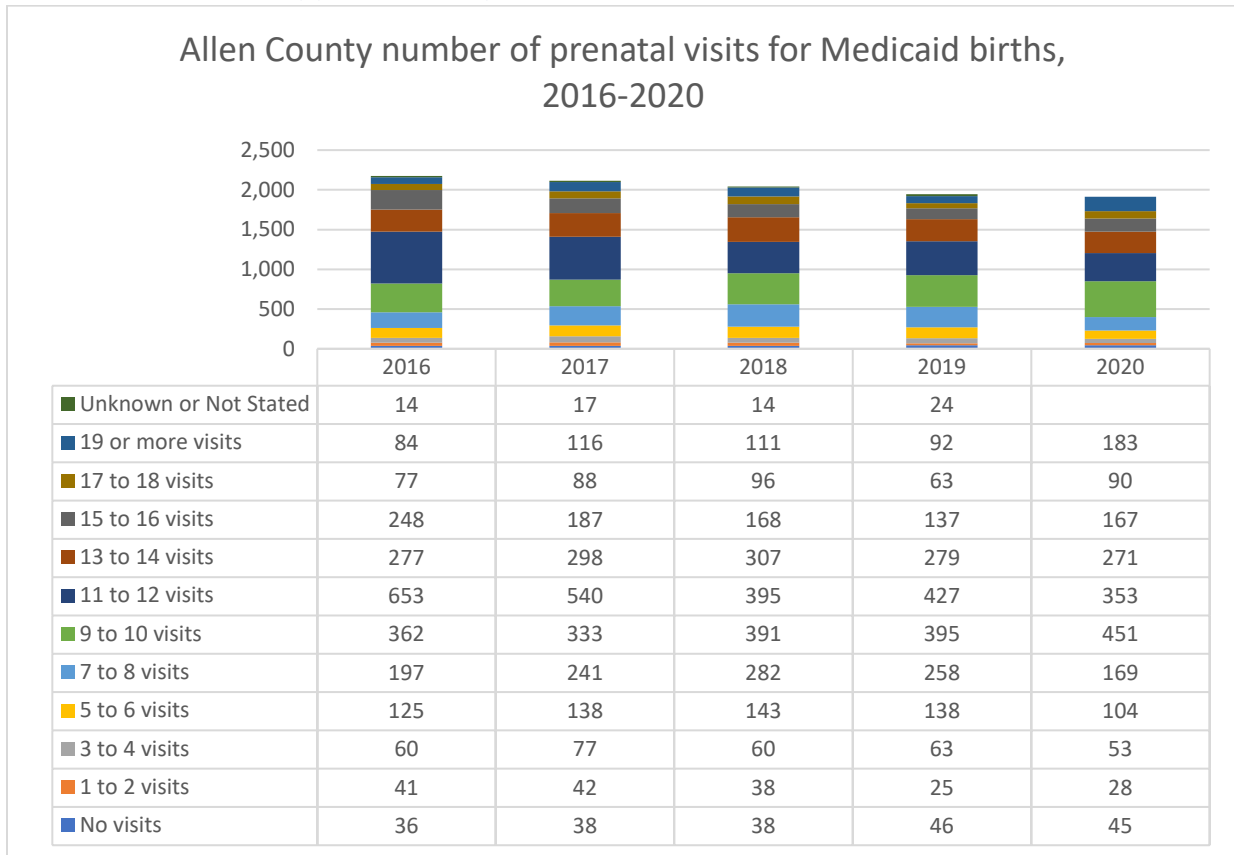
<sup>33</sup> Facility Worksheet for the Live Birth Certificate (2016), CDC, p. 2.

Chart 51: Local number of prenatal visits for all births



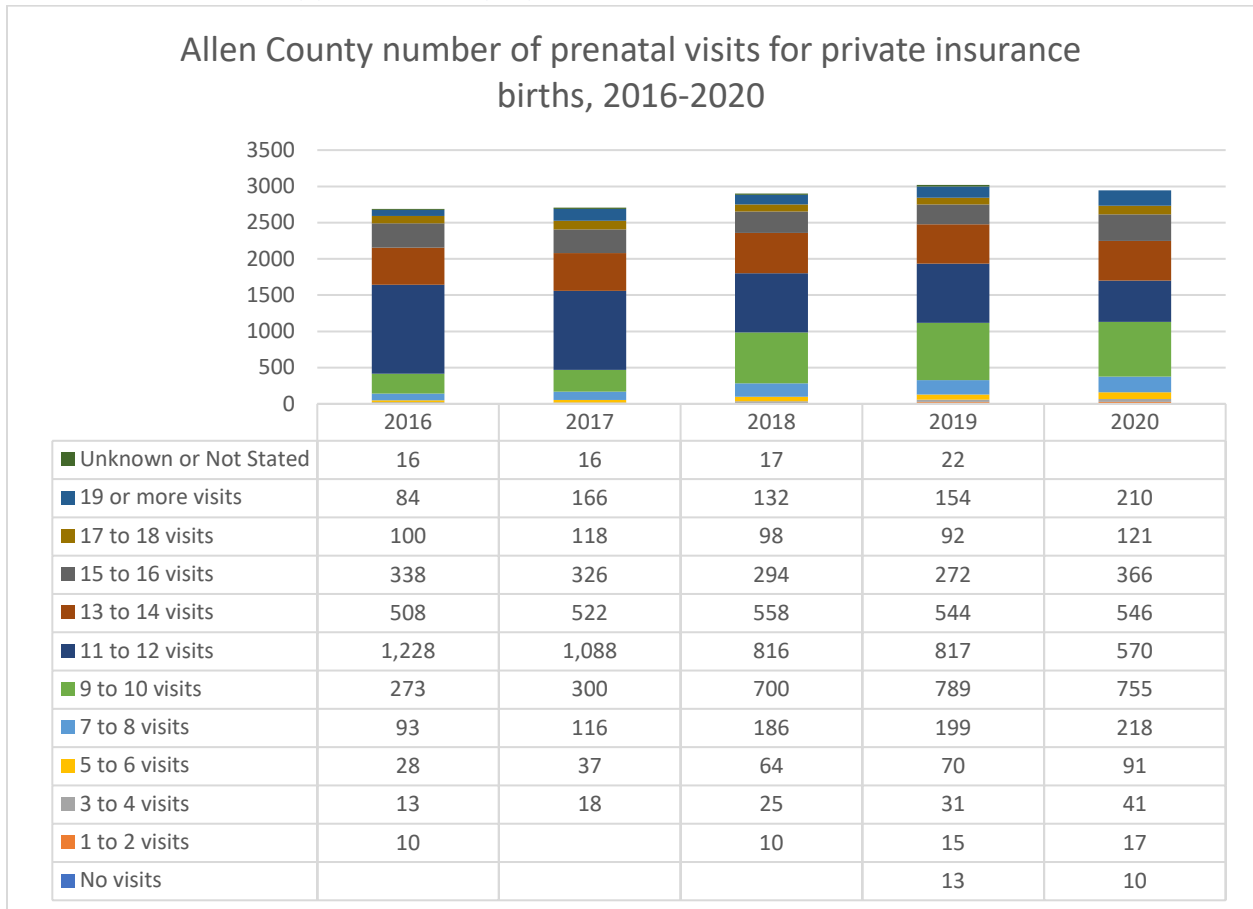
Source: CDC Wonder Natality Data Expanded, 2016-2020

Chart 52: Local number of prenatal visits for Medicaid births



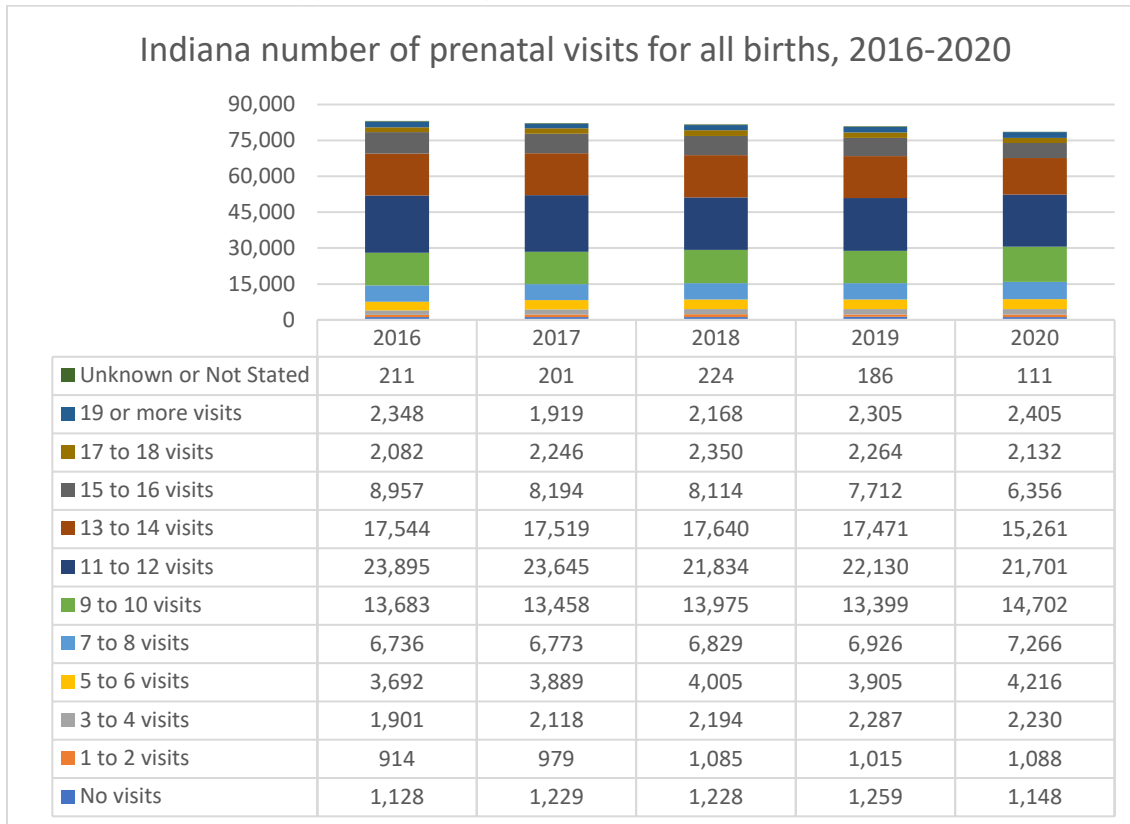
Source: CDC Wonder Natality Data Expanded, 2016-2020

Chart 53: Local number of prenatal visits for private insurance births



Source: CDC Wonder Natality Data Expanded, 2016-2020

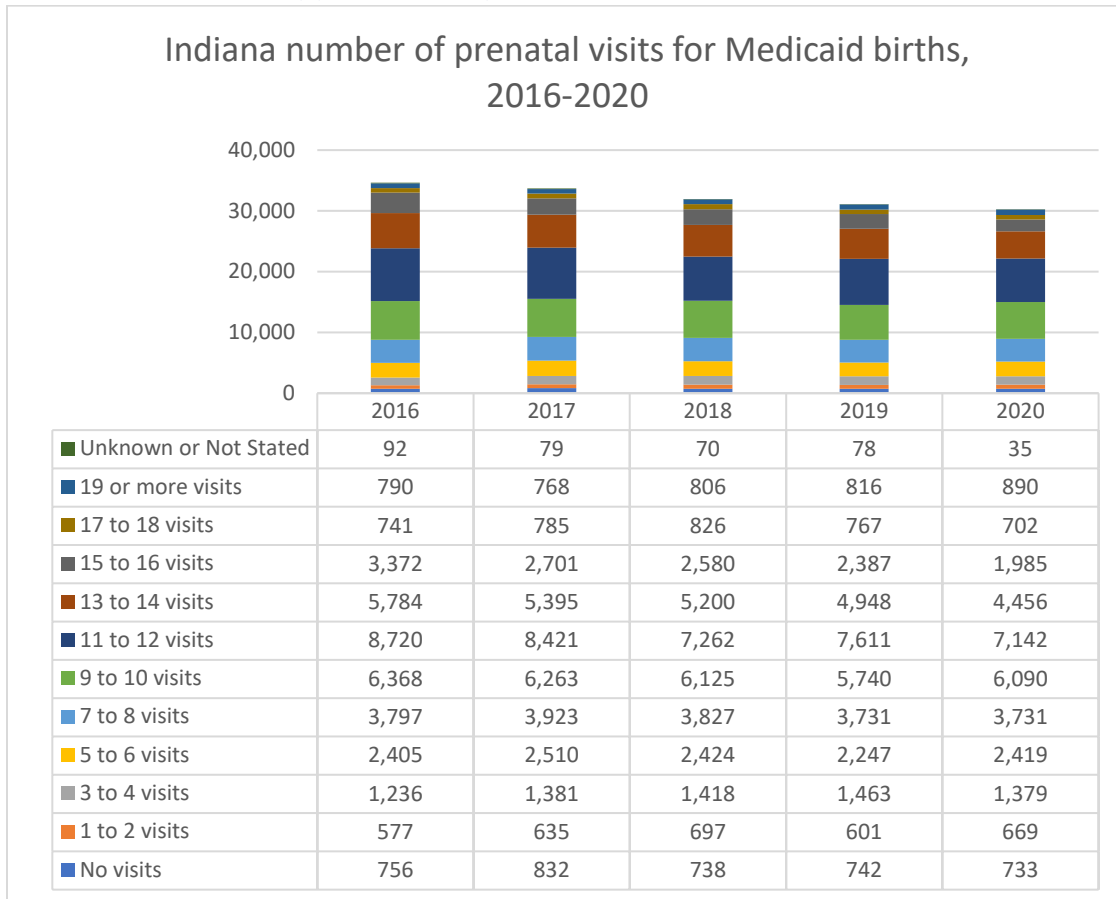
Chart 54: State number of prenatal visits for all births



Source: CDC Wonder Natality Data Expanded, 2016-2020

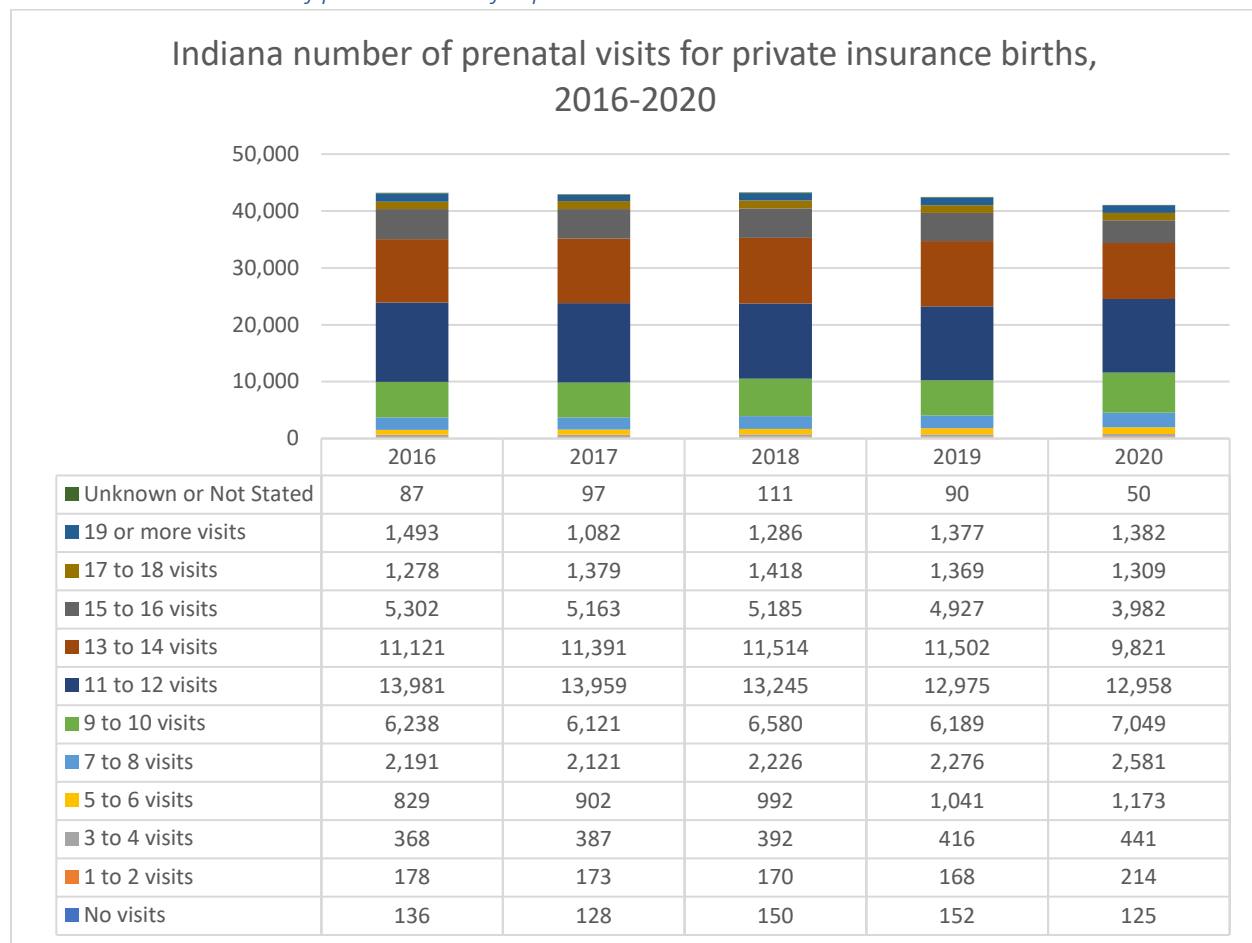


Chart 55: State number of prenatal visits for Medicaid births



Source: CDC Wonder Natality Data Expanded, 2016-2020

Chart 56: State number of prenatal visits for private insurance births



Source: CDC Wonder Natality Data Expanded, 2016-2020

### Analysis and trends

- The number of Medicaid and private insurance births in Allen County with 11 to 12 visits shrank over the time period studied while those with 9 to 10 visits grew, and not just for 2020, making 9 to 10 visits the most common number of visits for births in all three categories for 2020.
- Allen County’s Medicaid insurance births with 19 or more visits grew during the time period studied from 84 in 2016 to 183 in 2020.
- Allen County’s private insurance births with 19 or more visits grew during the time period studied from 84 in 2016 to 210 in 2020.
- 11 to 12 visits was the most common number of visits for Indiana births regardless of payment source across the years studied.

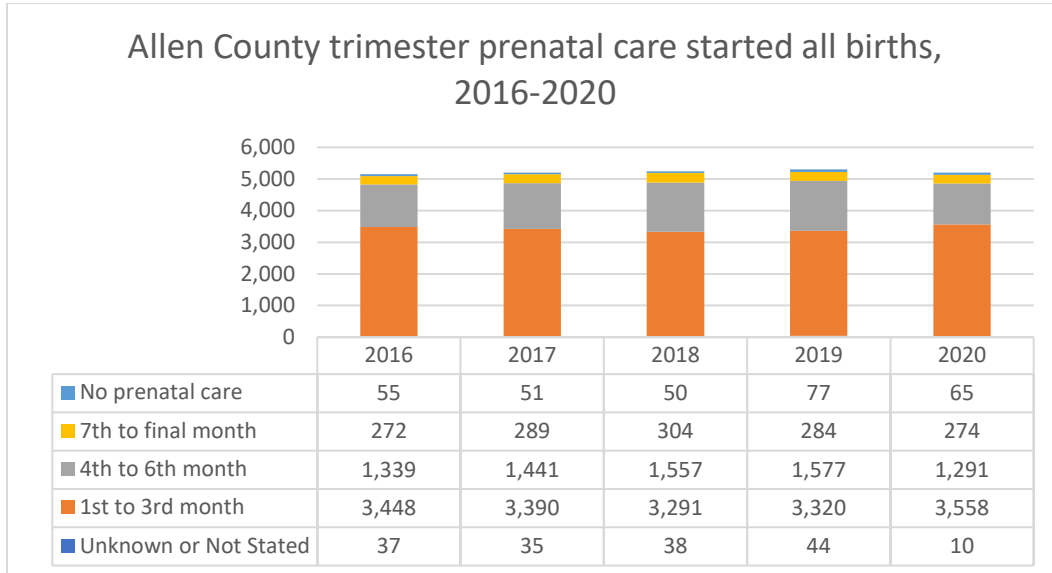
### Trimester prenatal care began

The CDC reports when prenatal care began under two metrics, using OE gestational age: the trimester care began and the month care began, as tracked on the mother’s medical record.<sup>34</sup> For this report, CRI looked at both measures.

<sup>34</sup> User Guide to the 2020 Natality Public Use File, CDC, p. 58.

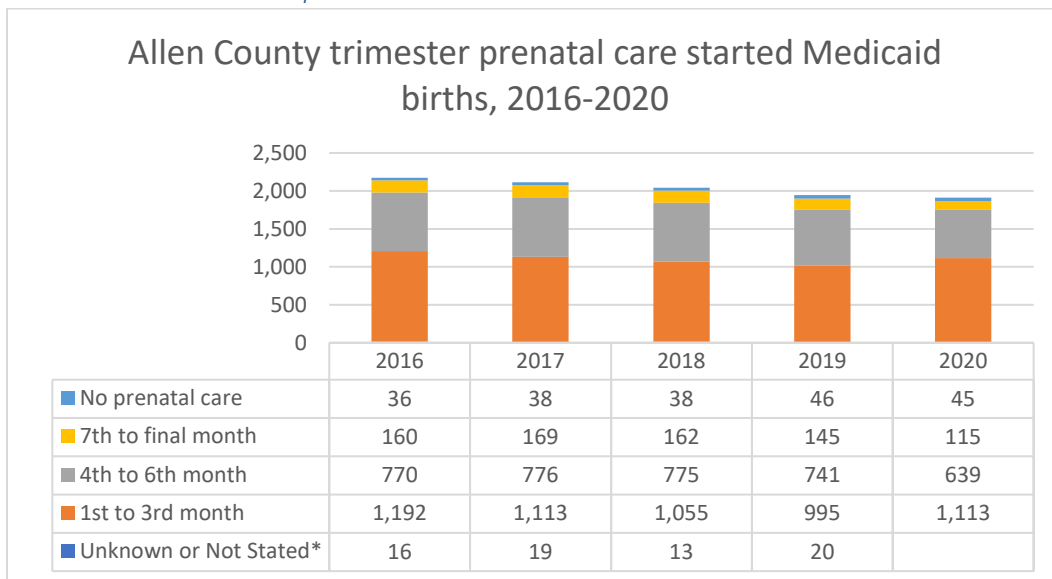
The CDC did not report total number of births for the trimester prenatal began by payment category so CRI is providing an annual count by all births, Medicaid births, and private insurance births for Allen County and Indiana for trimester when prenatal care started.

Chart 57: Local trimester prenatal care started all births



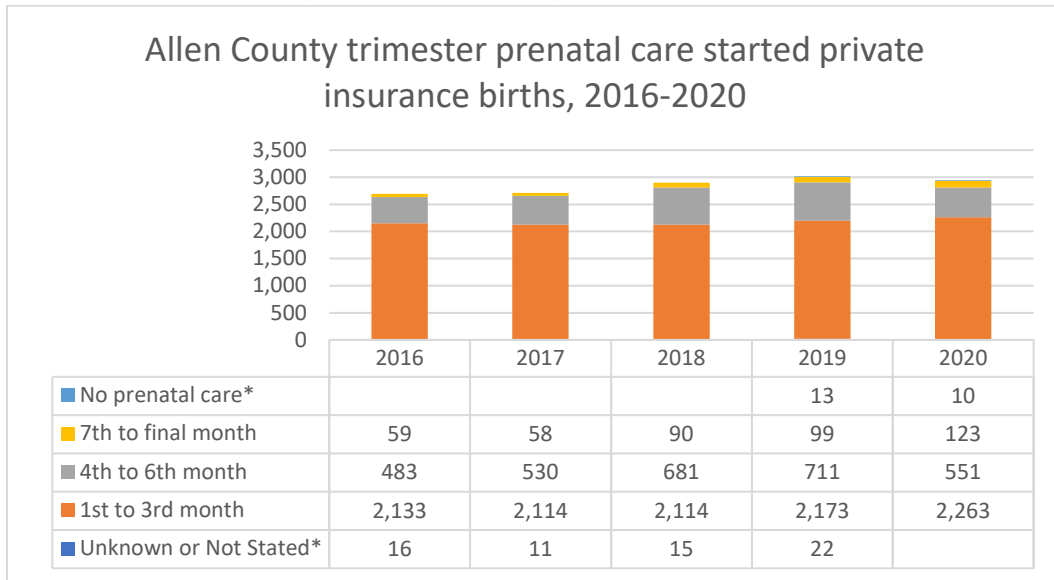
Source: CDC Wonder Natality Data Expanded, 2016-2020

Chart 58: Local trimester prenatal care started Medicaid births



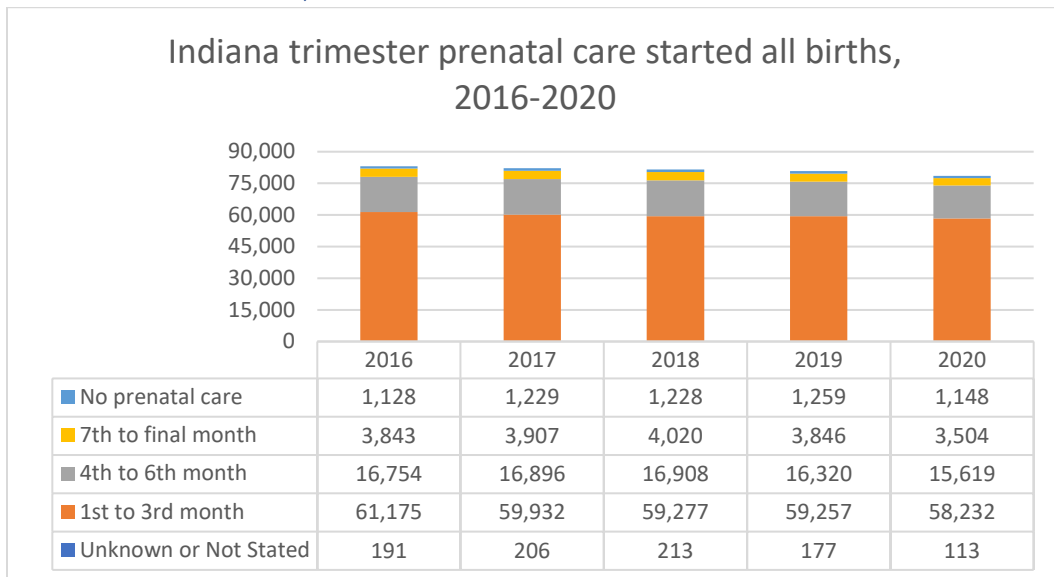
Source: CDC Wonder Natality Data Expanded, 2016-2020

Chart 59: Local trimester prenatal care started private insurance births



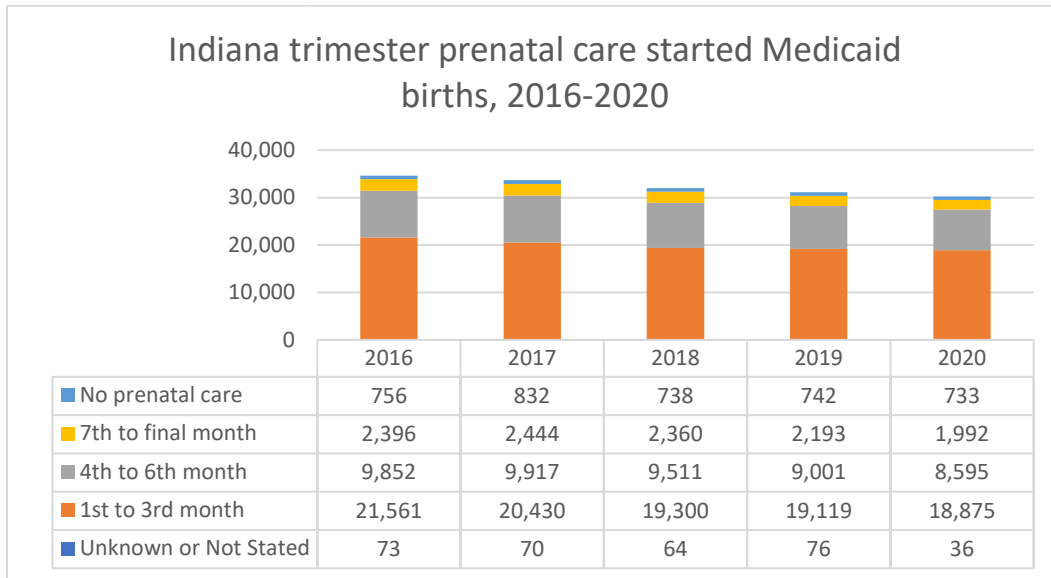
Source: CDC Wonder Natality Data Expanded, 2016-2020

Chart 60: State trimester prenatal care started all births



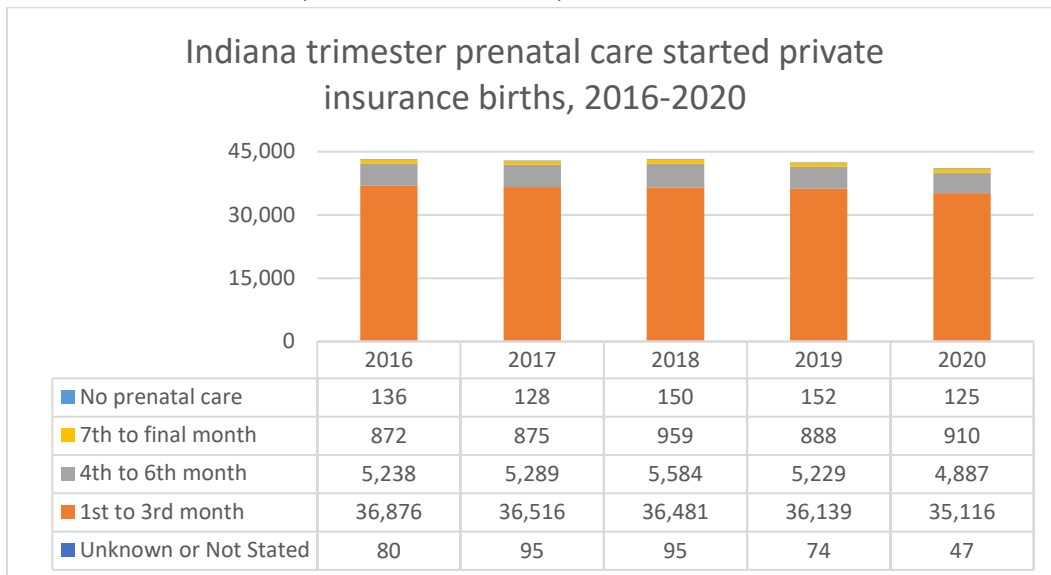
Source: CDC Wonder Natality Data Expanded, 2016-2020

Chart 61: State trimester prenatal care started Medicaid births



Source: CDC Wonder Natality Data Expanded, 2016-2020

Chart 62: State trimester prenatal care started private insurance births



Source: CDC Wonder Natality Data Expanded, 2016-2020

### Analysis and trends

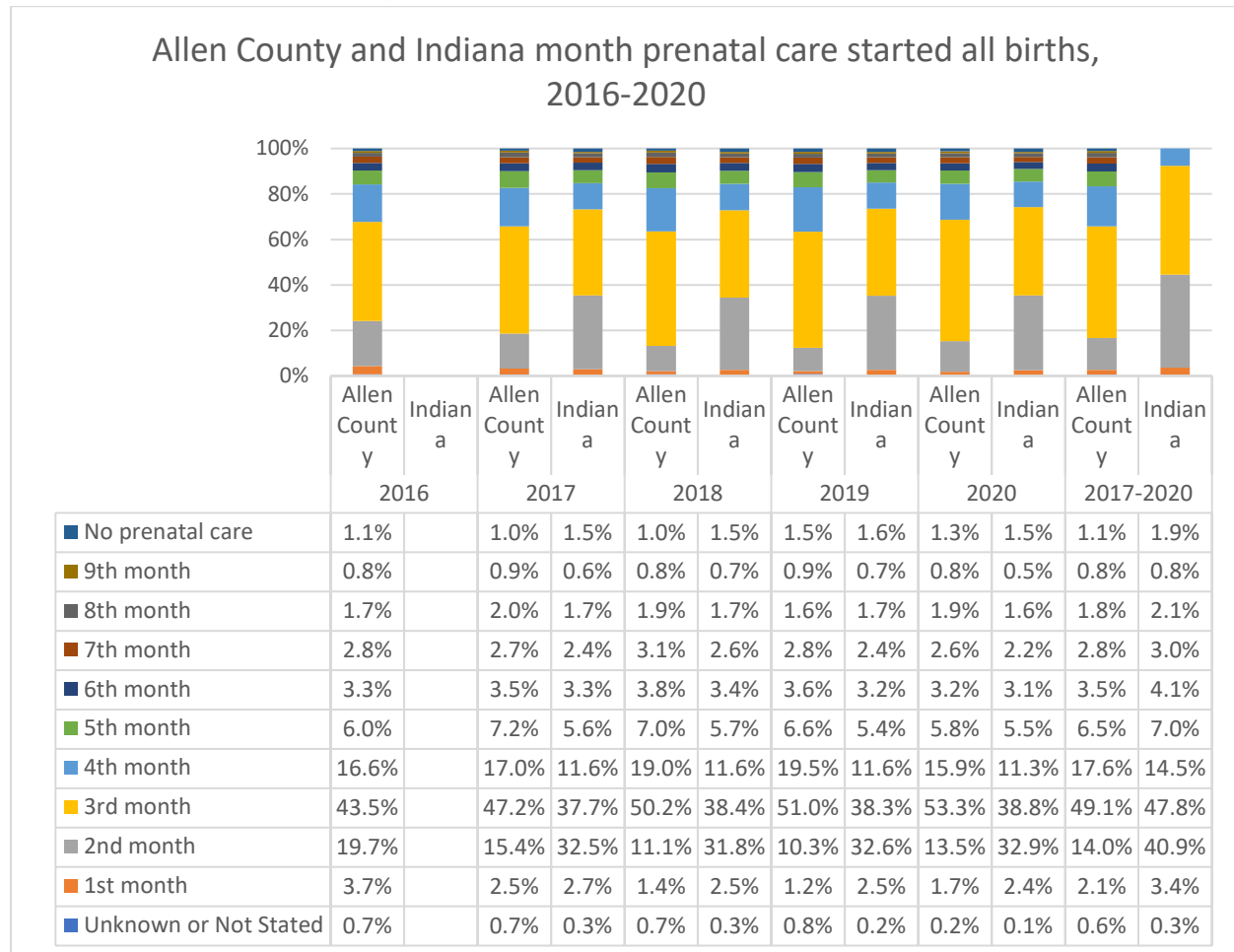
- The majority of women got prenatal care in the first trimester locally and in Indiana, regardless of payment source.
- More Medicaid births in Allen County had care start between the 4<sup>th</sup> and 6<sup>th</sup> month as compared to private insurance births despite being a smaller number of total births.
- Most Allen County and Indiana births with no prenatal care were covered by Medicaid.

## Month prenatal care began

In addition to trimester that prenatal started, the CDC reports the month prenatal care started.

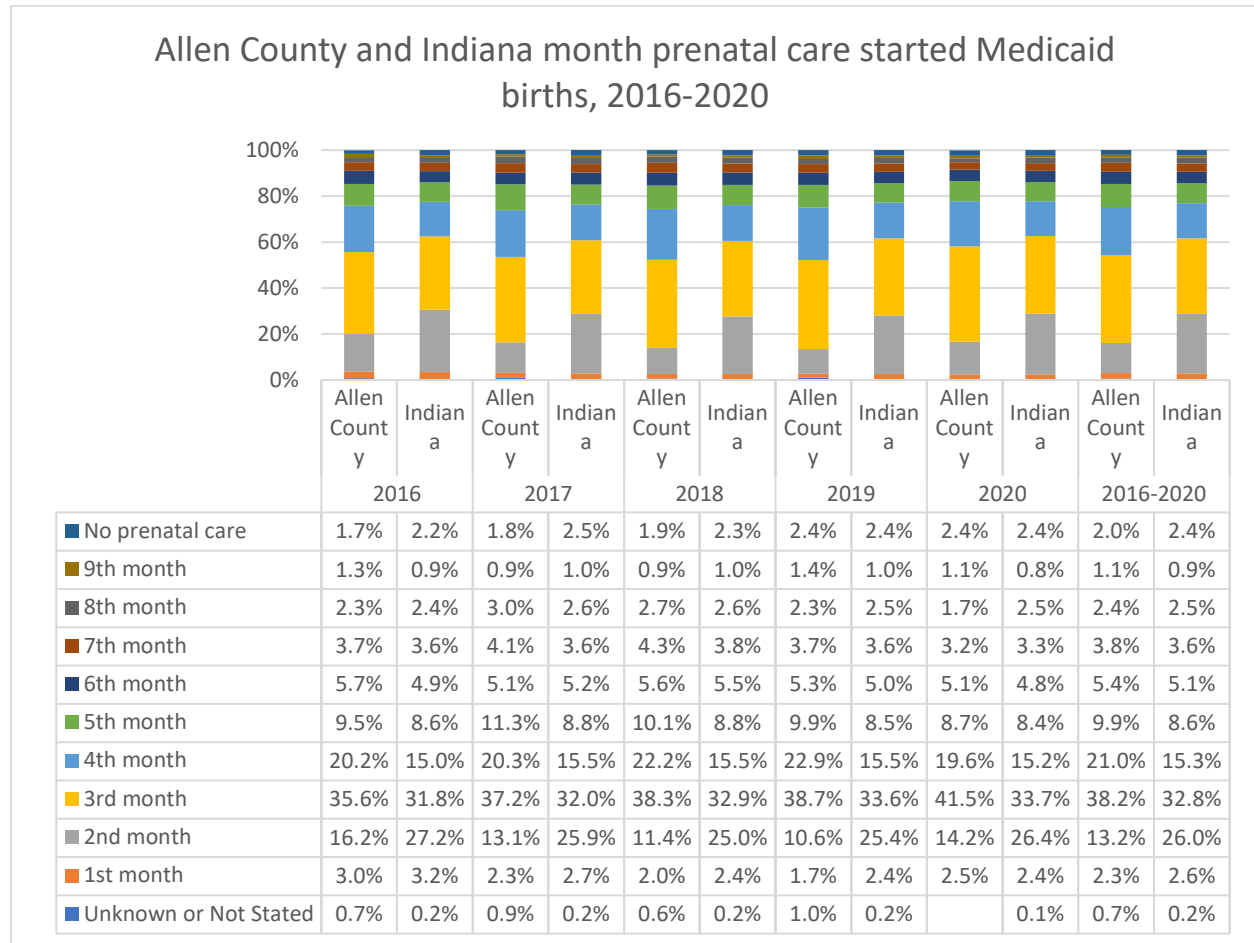
Since this measure could be calculated into percentages because of the reported category births and total births, CRI could create an equitable comparison between local and state numbers using percentages. CRI compared the Allen County percentages to the comparable state numbers in the following tables, separated by payment. No data were reported for Indiana in 2016.

Chart 63: Local and state month prenatal care started all births



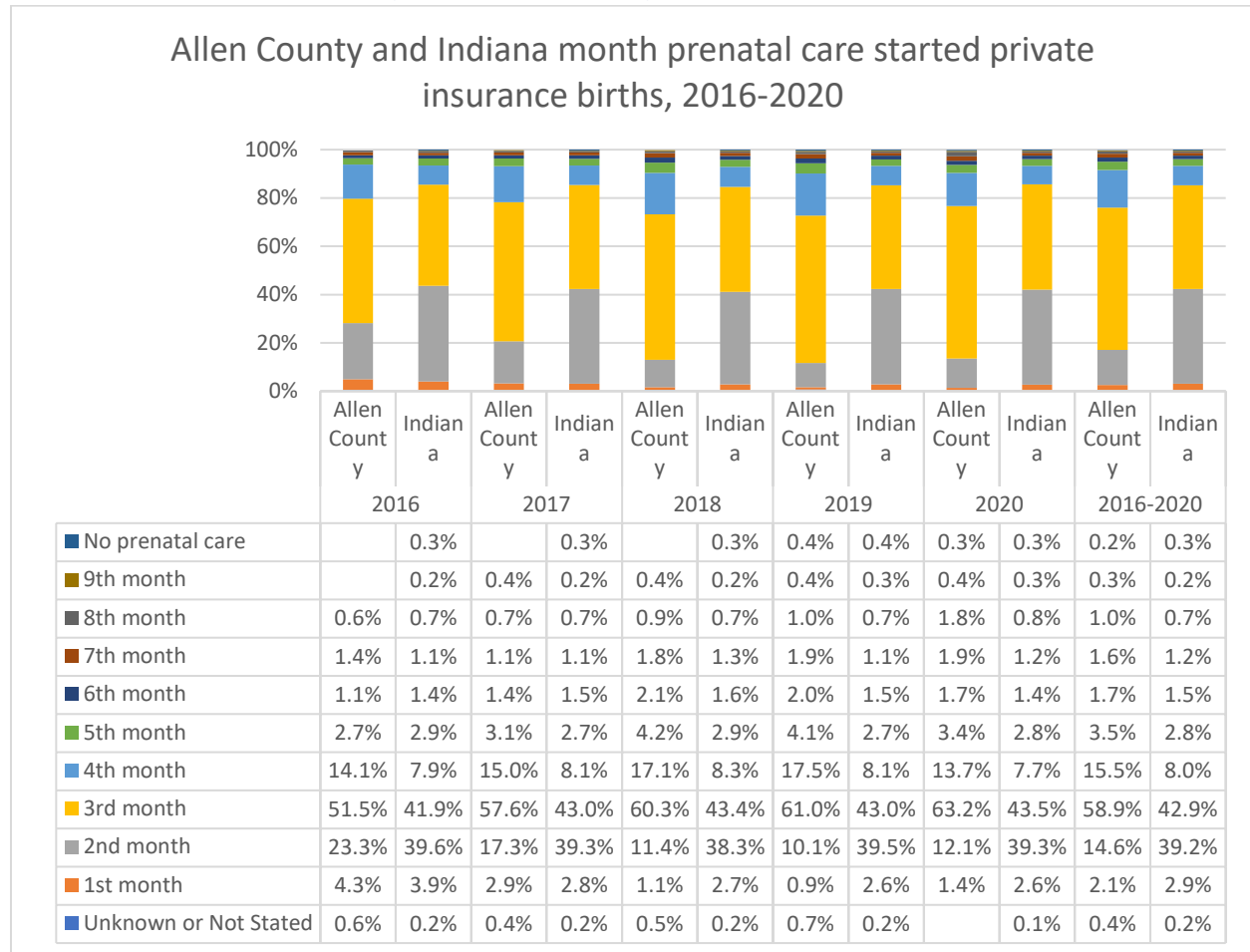
Source: Percentages calculated by CRI using CDC Wonder Natality Data Expanded, 2016-2020 (10<sup>th</sup> month Indiana data excluded; no reported Indiana data for 2016)

Chart 64: Local and state month prenatal care started Medicaid births



Source: Percentages calculated by CRI using CDC Wonder Natality Data Expanded, 2016-2020

Chart 65: Local and state month prenatal care started private insurance births



Source: Percentages calculated by CRI using CDC Wonder Natality Data Expanded, 2016-2020

Since CRI could calculate the percentages of each month for the populations studied, CRI also calculated the differences between Allen County and Indiana for the respective payment source as shown in the following tables.

Table 24: Difference between local and state respective month prenatal care began all births

	2016	2017	2018	2019	2020	2017-2020
<b>Unknown or Not Stated</b>		0.42%	0.46%	0.61%	0.05%	0.35%
<b>1st month</b>		-0.21%	-1.07%	-1.22%	-0.70%	-1.32%
<b>2nd month</b>		-17.06%	-20.62%	-22.22%	-19.40%	-26.93%
<b>3rd month</b>		9.45%	11.89%	12.77%	14.48%	1.28%
<b>4th month</b>		5.34%	7.37%	7.92%	4.60%	3.15%
<b>5th month</b>		1.62%	1.29%	1.22%	0.27%	-0.47%
<b>6th month</b>		0.16%	0.34%	0.42%	0.09%	-0.59%
<b>7th month</b>		0.23%	0.51%	0.39%	0.37%	-0.24%
<b>8th month</b>		0.33%	0.25%	-0.03%	0.22%	-0.27%
<b>9th month</b>		0.24%	0.13%	0.24%	0.24%	0.05%



<b>No prenatal care</b>		-0.52%	-0.55%	-0.10%	-0.21%	-0.71%
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Source: Differences and percentages calculated by CRI using CDC Wonder Natality Data Expanded, 2016-2020 (excludes Indiana's 10th month data; 2016 Indiana total for all births not reported)

Table 25: Difference between local and state respective month prenatal care began Medicaid births

	2016	2017	2018	2019	2020	2016-2020
<b>Unknown or Not Stated</b>	0.53%	0.69%	0.44%	0.78%		0.47%
<b>1st month</b>	-0.18%	-0.46%	-0.45%	-0.65%	0.08%	-0.33%
<b>2nd month</b>	-10.94%	-12.72%	-13.69%	-14.81%	-12.16%	-12.83%
<b>3rd month</b>	3.71%	5.16%	5.41%	5.15%	7.79%	5.39%
<b>4th month</b>	5.18%	4.82%	6.71%	7.38%	4.38%	5.68%
<b>5th month</b>	0.91%	2.58%	1.33%	1.39%	0.36%	1.33%
<b>6th month</b>	0.89%	-0.15%	0.15%	0.38%	0.22%	0.30%
<b>7th month</b>	0.15%	0.43%	0.50%	0.19%	-0.09%	0.24%
<b>8th month</b>	-0.15%	0.36%	0.18%	-0.22%	-0.83%	-0.12%
<b>9th month</b>	0.41%	-0.04%	-0.11%	0.46%	0.35%	0.21%
<b>No prenatal care</b>	-0.53%	-0.67%	-0.45%	-0.02%	-0.07%	-0.36%

Source: Differences and percentages calculated by CRI using CDC Wonder Natality Data Expanded, 2016-2020 (no Allen County data reported for blank cells)

Table 26: Difference between local and state respective month prenatal care began private insurance births

	2016	2017	2018	2019	2020	2016-2020
<b>Unknown or Not Stated</b>	0.41%	0.18%	0.44%	0.55%		0.26%
<b>1st month</b>	0.42%	0.05%	-0.45%	-1.78%	-1.24%	-0.87%
<b>2nd month</b>	-16.33%	-21.96%	-13.69%	-29.32%	-27.21%	-24.54%
<b>3rd month</b>	9.67%	14.58%	5.41%	18.03%	19.67%	15.92%
<b>4th month</b>	6.17%	6.87%	6.71%	9.36%	5.98%	7.47%
<b>5th month</b>	-0.11%	0.41%	1.33%	1.45%	0.51%	0.73%
<b>6th month</b>	-0.26%	-0.11%	0.15%	0.44%	0.29%	0.17%
<b>7th month</b>	0.33%	-0.02%	0.50%	0.71%	0.71%	0.46%
<b>8th month</b>	-0.18%	-0.03%	0.18%	0.35%	1.06%	0.29%
<b>9th month</b>		0.15%	-0.11%	0.13%	0.18%	0.09%
<b>No prenatal care</b>				0.07%	0.03%	-0.16%

Source: Differences and percentages calculated by CRI using CDC Wonder Natality Data Expanded, 2016-2020 (no Allen County data reported for blank cells)

#### Analysis and trends

- Women in Allen County were more likely than women in Indiana to start prenatal care in the third month, regardless of payment source. Indiana women were more likely to start prenatal care in the second month.
- More than half of Allen County births covered by private insurance had prenatal care start in the third month.

- The second-third month disparity was higher for private insurance births in Allen County compared to Medicaid births.

## Maternal health characteristics

The CDC collects the following information about maternal physical health:<sup>35</sup>

- Pre-pregnancy body mass index
- Height
- Pre-pregnancy weight
- Weight at delivery
- Weight gain during pregnancy
- Cigarette smoking before and during pregnancy
- Diabetes: pre-pregnancy and gestational
- Hypertension: pre-pregnancy and gestational
- Eclampsia
- Previous preterm births
- Pregnancy resulting from infertility treatment
- Previous cesarean delivery
- Infections present and/or treated during pregnancy: gonorrhea, syphilis, chlamydia, hepatitis B, and hepatitis C

For this project, CRI evaluated the following:

- Maternal risk factors checked
- Tobacco use
- Gestational diabetes
- Pre-pregnancy hypertension
- Gestational hypertension

## Tobacco use

The CDC's mother's worksheet asks about the woman's use of cigarettes, not including e-cigarettes, in the three months before becoming pregnant and then for each of the trimesters.<sup>36</sup> It specifically asks about the number of cigarettes or number of packs.<sup>37</sup> The data here reflect any tobacco use during pregnancy.

The CDC did not report total number of births for this measure by payment category so CRI is providing a timeseries count by all births, Medicaid births, and private insurance births for Allen County and Indiana with reported tobacco use.

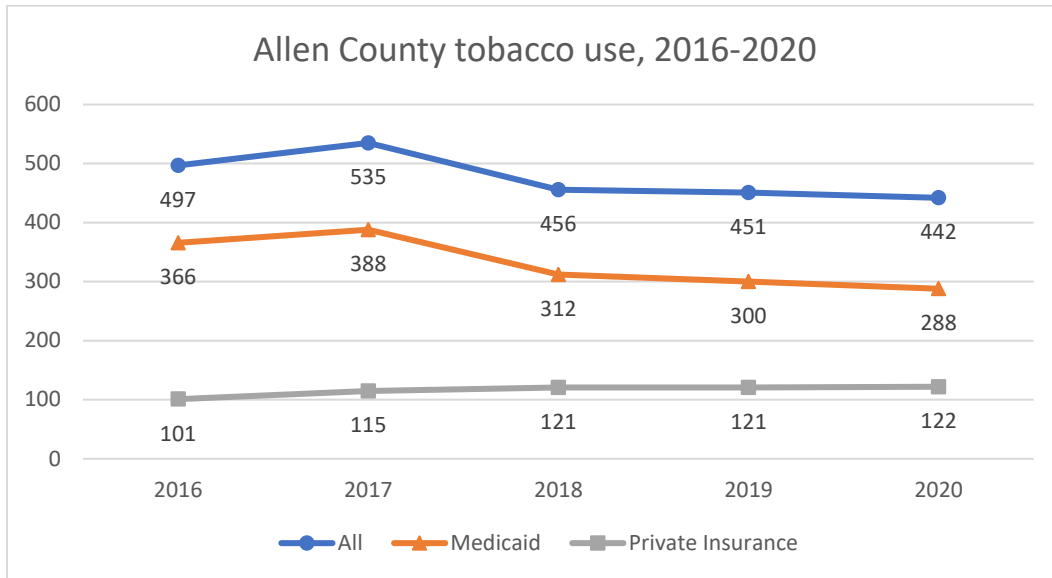
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<sup>35</sup> User Guide to the 2020 Natality Public Use File, CDC, pp. 63-67.

<sup>36</sup> Mother's Worksheet for Child's Birth Certificate (2016), CDC, p 4.

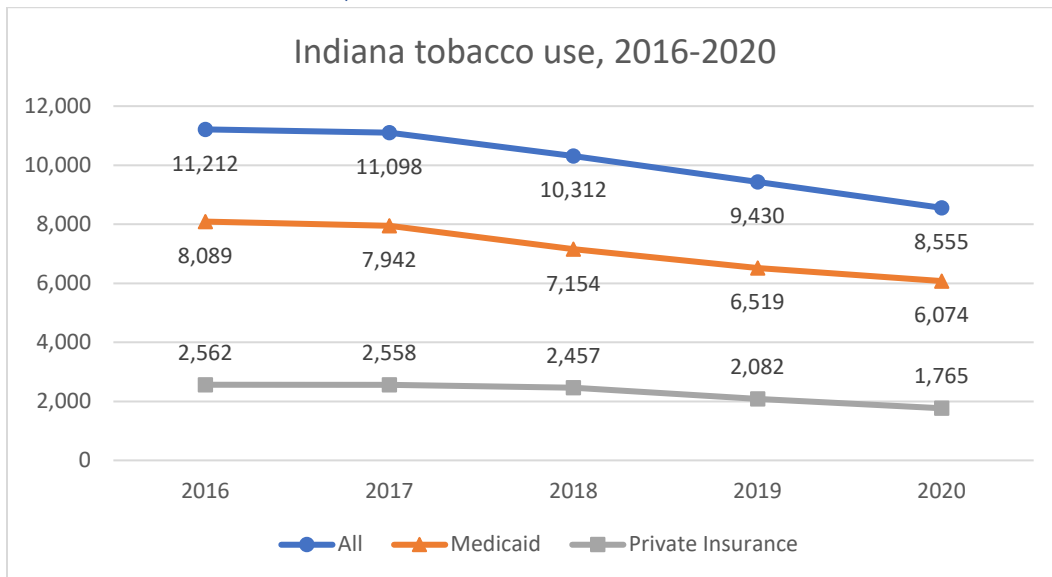
<sup>37</sup> Ibid.

Chart 66: Local births with reported tobacco use



Source: CDC Wonder Natality Data Expanded, 2016-2020

Chart 67: State births with reported tobacco use



Source: CDC Wonder Natality Data Expanded, 2016-2020

### Analysis and trends

- The majority of births involving tobacco use across both geographies were Medicaid births.
- In Allen County, the number of all and Medicaid births with tobacco use went down with time while private insurance births with tobacco use went up slightly, which is consistent with the number of private insurance births increasing during the time period studied.
- Indiana’s births with tobacco use went down for all, Medicaid, and private insurance, but this also mirrors Indiana’s trend for fewer total births over time.

- Since the total number of births were not provided for this measure, CRI could not calculate with specificity if the percentage of births with tobacco use had gone commiserate with the number of births.

### Maternal health risk factors checked

The CDC reports if any of the following six risk factors are checked on a birth:<sup>38</sup>

- Pre-pregnancy or gestational diabetes: Glucose intolerance requiring treatment; if diabetes was diagnosed before pregnancy, it is pre-pregnancy; diabetes diagnosed during pregnancy is gestational; only box should be checked, not both.<sup>39</sup>
- Pre-pregnancy or gestational hypertension: Elevated blood pressure above normal for age, gender, and physiological condition. Chronic or high blood pressure diagnosed before pregnancy is pre-pregnancy hypertension; gestational high blood pressure was diagnosed during pregnancy and includes pre-eclampsia. Like diabetes, pre-pregnancy or gestational hypertension should be checked but not both.<sup>40</sup>
- Eclampsia: Hypertension with proteinuria with generalized seizures or coma and can include pathologic edema. If eclampsia is present, pre-pregnancy or gestational hypertension could be checked.<sup>41</sup>
- Previous preterm births: Mother had one or more previous pregnancies ending with a live birth before 37 weeks of gestation<sup>42</sup>
- Pregnancy resulting from infertility treatment: Any assisted reproduction treatment used to initiate the pregnancy, including fertility-enhancing drugs like Clomid or Pergonal, artificial or intrauterine insemination, and assisted reproduction technology procedures including invitro fertilization<sup>43</sup>
- Previous cesarean delivery

On the respective paperwork, more than one risk factor can be included with a choice of “None of the above.” If no boxes were checked, it is classified as “Not stated.”<sup>44</sup>

The CDC did not report total number of births for this measure by payment category so CRI is providing a timeseries count by all births, Medicaid births, and private insurance births for Allen County and Indiana for maternal health risk factors.

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<sup>38</sup> User Guide to the 2020 Natality Public Use File, CDC, pp. 65.

<sup>39</sup> Facility Worksheet for the Live Birth Certificate (2016), CDC, p. 3.

<sup>40</sup> Ibid.

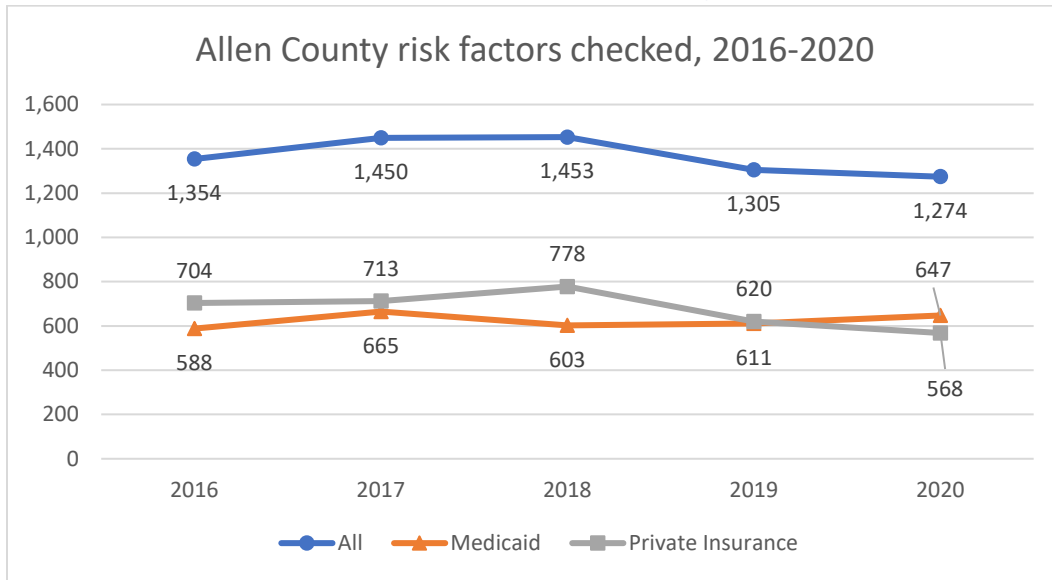
<sup>41</sup> Ibid.

<sup>42</sup> Ibid.

<sup>43</sup> Ibid.

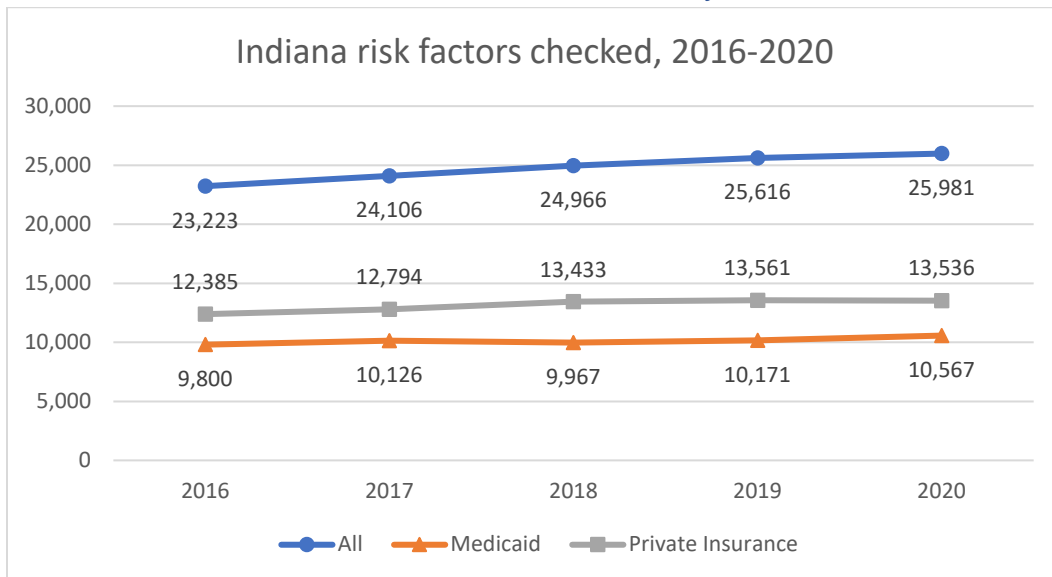
<sup>44</sup> User Guide to the 2020 Natality Public Use File, CDC, pp. 65.

Chart 68: Local births with at least one maternal health risk factor checked



Source: CDC Wonder Natality Data Expanded, 2016-2020

Chart 69: State births with at least one maternal health risk factor checked



Source: CDC Wonder Natality Data Expanded, 2016-2020

### Analysis and trends

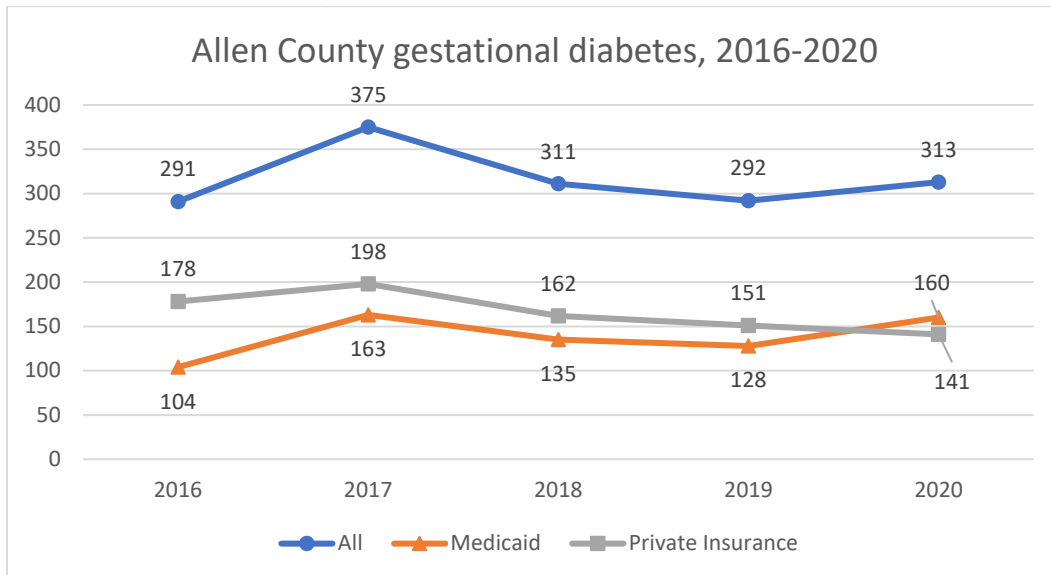
- Allen County's total births with risk factors checked went up slightly then receded, with more private insurance births reflecting maternal risk factors than Medicaid until 2020.
- Despite fewer births over time in the state, the number of births in the three categories studied – all, Medicaid, and private insurance – went up over time, but private insurance outpaced Medicaid for all years studied in Indiana.

## Gestational diabetes

The CDC considers diabetes as glucose intolerance requiring treatment.<sup>45</sup> It distinguishes between pre-pregnancy and gestational diabetes by when the woman was diagnosed.<sup>46</sup> Data are collected as “or,” not an “and” so that any mother who was listed as having pre-pregnancy diabetes is excluded from being counted in gestational diabetes. Since the number of infants born to mothers with pre-pregnancy diabetes was very small in Allen County, CRI opted to look only at gestational diabetes.

The CDC did not report total number of births for this measure by payment category so CRI is providing a timeseries count by all births, Medicaid births, and private insurance births for Allen County and Indiana reporting gestational diabetes.

Chart 70: Local births with gestational diabetes

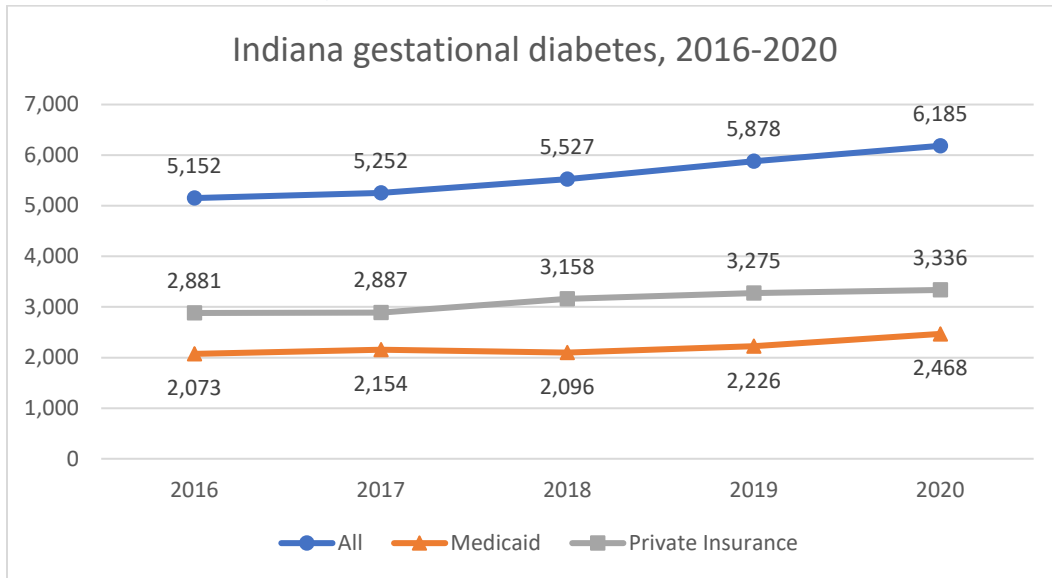


Source: CDC Wonder Natality Data Expanded, 2016-2020

<sup>45</sup> Facility Worksheet for the Live Birth Certificate (2016), CDC, p. 3.

<sup>46</sup> Ibid.

Chart 71: State births with gestational diabetes



Source: CDC Wonder Natality Data Expanded, 2016-2020

#### Analysis and trends

- Allen County's births showed an up-and-down trend for the number of infants born to mothers with gestational diabetes, with numbers going up between 2016 and 2018, going down for 2019 and then going up again in 2020.
- Allen County's total of Medicaid births went down during the time period studied but the number of Medicaid births to women with gestational diabetes went up, while the total number of private insurance births went up yet the number of infants born to women with gestational diabetes went down.
- The gestational diabetes trend in Indiana was inverse to total births in the state. While the number of births went down for all, Medicaid, and private insurance, births to women experiencing gestational diabetes went up.

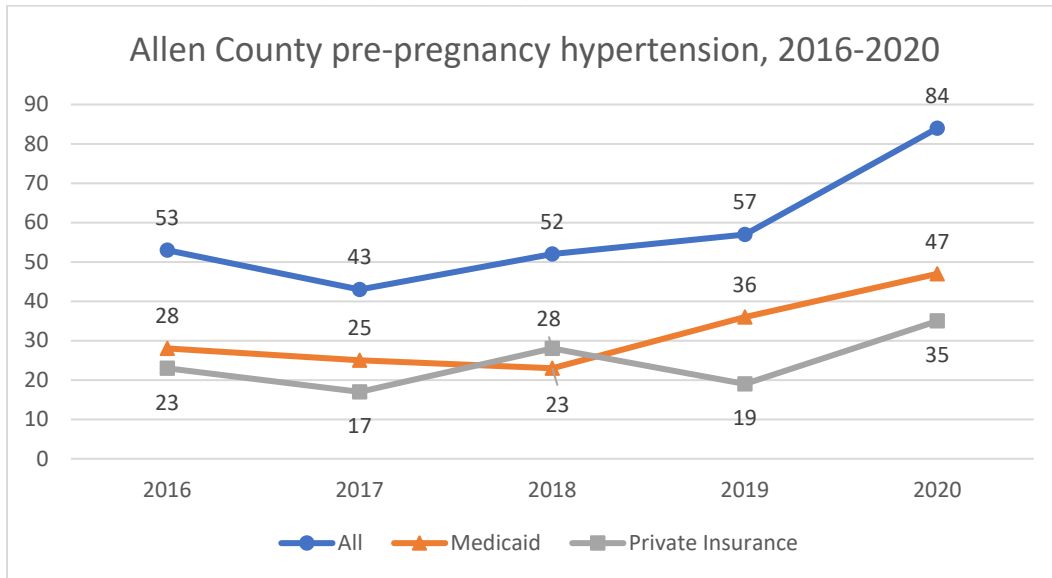
#### Pre-pregnancy hypertension

Similar to diabetes, the CDC tracks hypertension or high blood pressure based on when it started: pre-pregnancy or gestational onset with one but not both categories checked. Hypertension is defined as elevated blood pressure above normal for age, gender, and physiological condition.<sup>47</sup>

The CDC did not report total number of births for this measure by payment category so CRI is providing a timeseries count by all births, Medicaid births, and private insurance births and not percentage for Allen County and Indiana for pre-pregnancy hypertension.

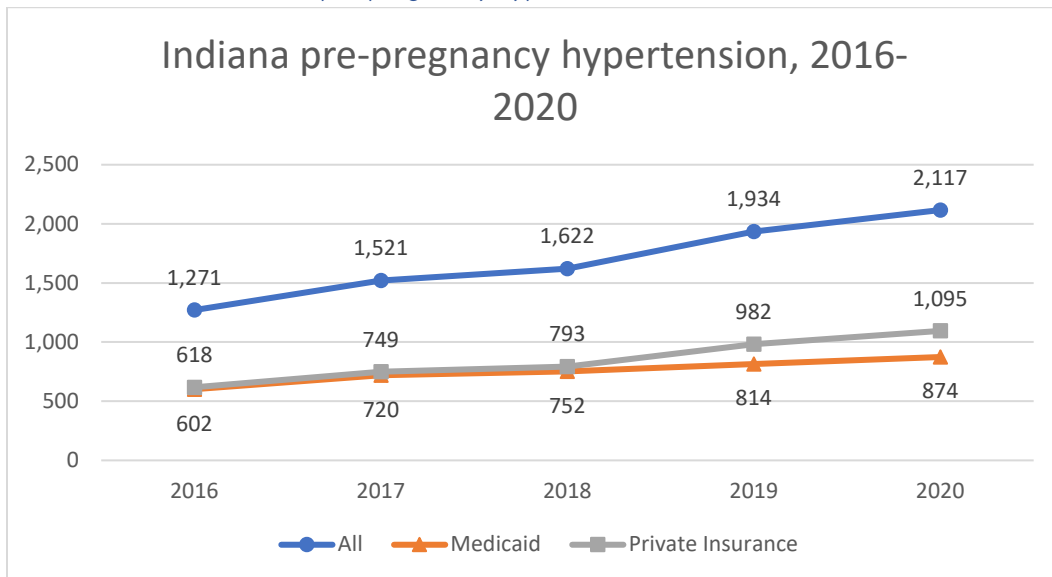
<sup>47</sup> Facility Worksheet for the Live Birth Certificate (2016), CDC, p. 3.

Chart 72: Local births with pre-pregnancy hypertension



Source: CDC Wonder Natality Data Expanded, 2016-2020

Chart 73: State births with pre-pregnancy hypertension



Source: CDC Wonder Natality Data Expanded, 2016-2020

### Analysis and trends

- Both geographies saw an increase in pre-pregnancy hypertension over time.
  - Indiana had a steady annual increase, while Allen County's dipped between 2016 and 2017 but went up between 2018 and 2020 for all births.
- Allen County, with the exception of 2018, had more Medicaid births with pre-pregnancy hypertension than private insurance.
- Indiana has nearly equivalent numbers for private insurance and Medicaid births with pre-pregnancy hypertension, but the number of private insurance births with this diagnosis outpaced Medicaid births from 2018 to 2020.



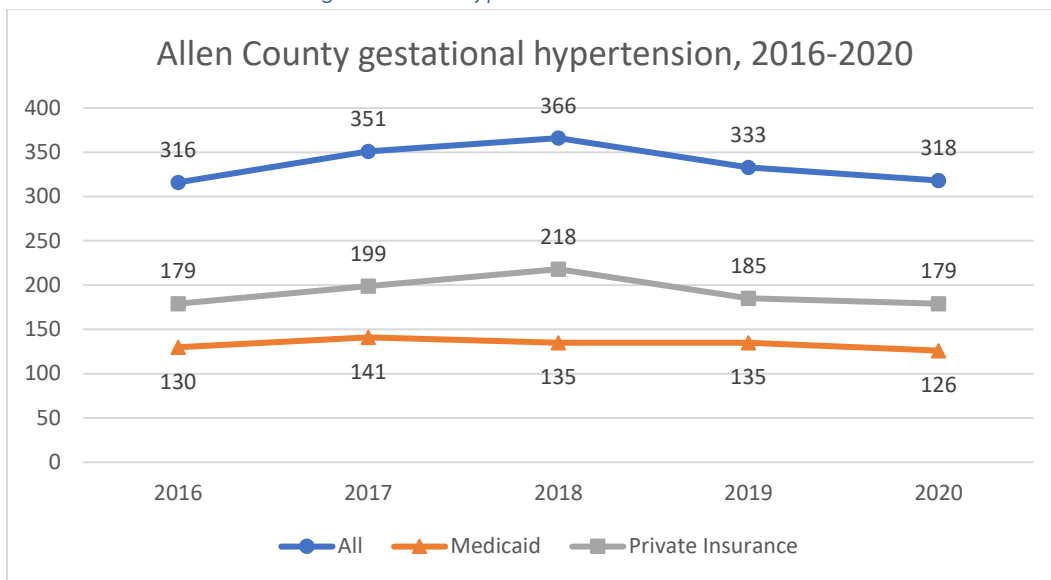
## Gestational hypertension

Gestational hypertension includes pregnancy-induced hypertension and pre-eclampsia.<sup>48</sup> More information about what qualifies as hypertension and the distinction between tracking pre-pregnancy and gestational high blood pressure is in the pre-pregnancy hypertension section.

The CDC tracks eclampsia separately from gestational hypertension. CRI did not include eclampsia data in this report due to the small number of births reporting such. Births with eclampsia may be included in the pre-pregnancy and gestational hypertension statistics.<sup>49</sup>

The CDC did not report total number of births for this measure by payment category so CRI is providing a timeseries count by all births, Medicaid births, and private insurance births for Allen County and Indiana for gestational hypertension.

Chart 74: Local births with gestational hypertension

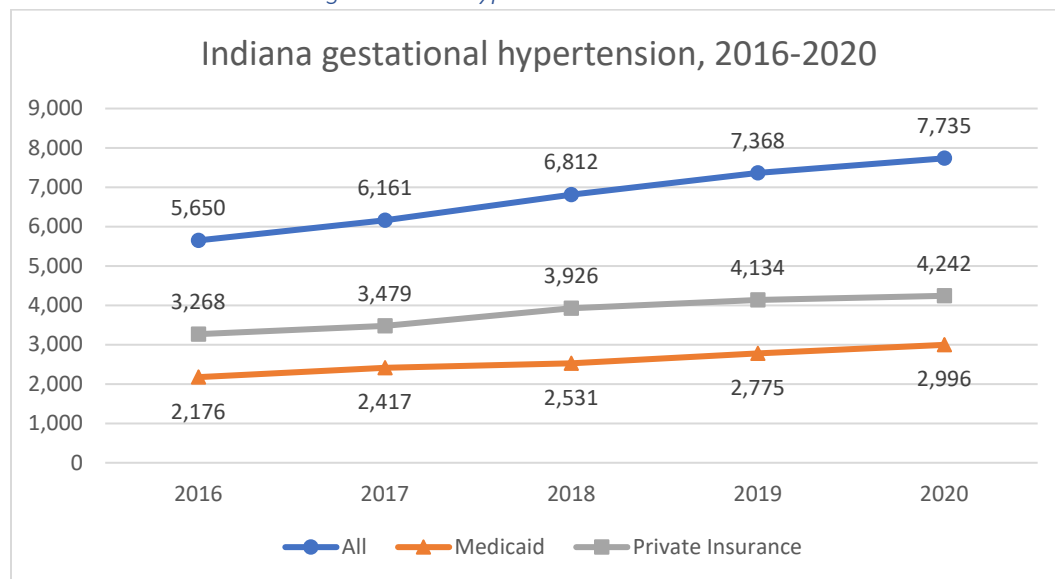


Source: CDC Wonder Natality Data Expanded, 2016-2020

<sup>48</sup> Facility Worksheet for the Live Birth Certificate (2016), CDC, p. 3.

<sup>49</sup> Facility Worksheet for the Live Birth Certificate (2016), CDC, p. 3.

Chart 75: State births with gestational hypertension



Source: CDC Wonder Natality Data Expanded, 2016-2020

#### Analysis and trends

- Gestational hypertension reflects similar trends to what was seen in pre-pregnancy hypertension: an up-and-down trend over time for Allen County and an upward trend in Indiana.
- Births with private insurance in Allen County and Indiana outnumbered births with Medicaid for infants born to women with gestational hypertension.

### Labor and delivery data

The CDC collects information on six labor and delivery characteristics:<sup>50</sup>

1. Induction of labor
2. Augmentation of labor
3. Steroid use
4. Antibiotics administered to mother during labor
5. Clinical chorioamnionitis or maternal temperature greater than or equal to 38°C
6. Epidural or spinal anesthesia during labor

For this report, CRI evaluated labor induction and anesthesia data.

#### Induction of labor

Labor is considered induced if uterine contractions are initiated through medical or surgical means before labor's spontaneous start.<sup>51</sup> This does not include augmentation of labor, which reflects the use of medication or physical manipulation to reduce the time to delivery.<sup>52</sup> Augmentation of labor is counted with induction if induction was used initially.<sup>53</sup>

<sup>50</sup> "User Guide to the 2020 Natality Public Use File," CDC, p. 59

<sup>51</sup> CDC Facility Worksheet for the Live Birth Certificate, January 5, 2017, p. 5.

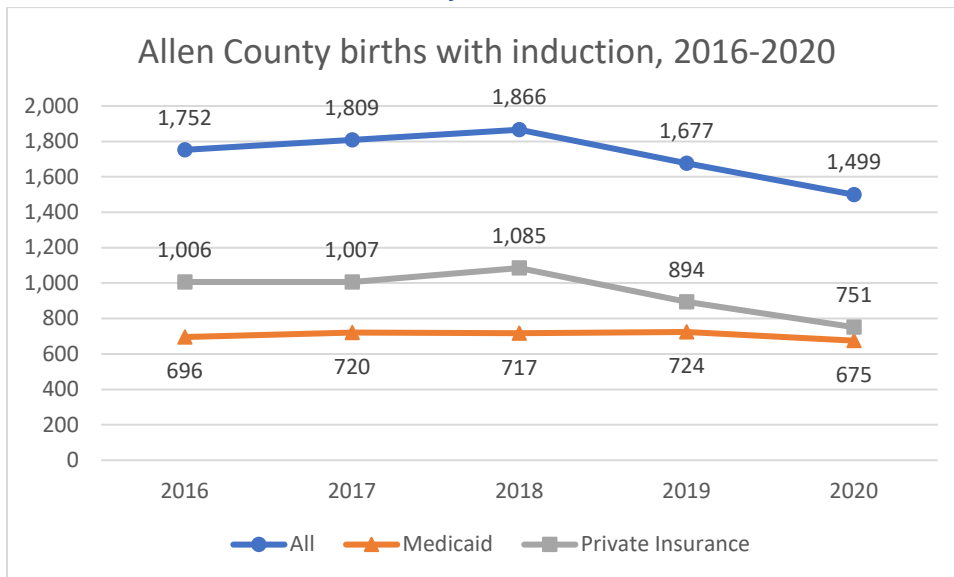
<sup>52</sup> Ibid.

<sup>53</sup> Ibid.

The CDC did not report total number of births for this measure by payment category so CRI is providing a count of labor induction by all births, Medicaid births, and private insurance births for Allen County and Indiana.

In 2014, Indiana Medicaid stopped paying for early, elective childbirths to reduce infant mortality and the health of the state’s newborns because of the importance of the final weeks of gestation in fetal development. Starting July 1 of that year, Indiana Family and Social Services Administration (FSSA) would not “pay a hospital or physician for the delivery of a child prior to 39 weeks gestation that is not medically indicated or occurs naturally.”<sup>54</sup> This data reflects the state’s 2014 policy shift, which is still in effect now.

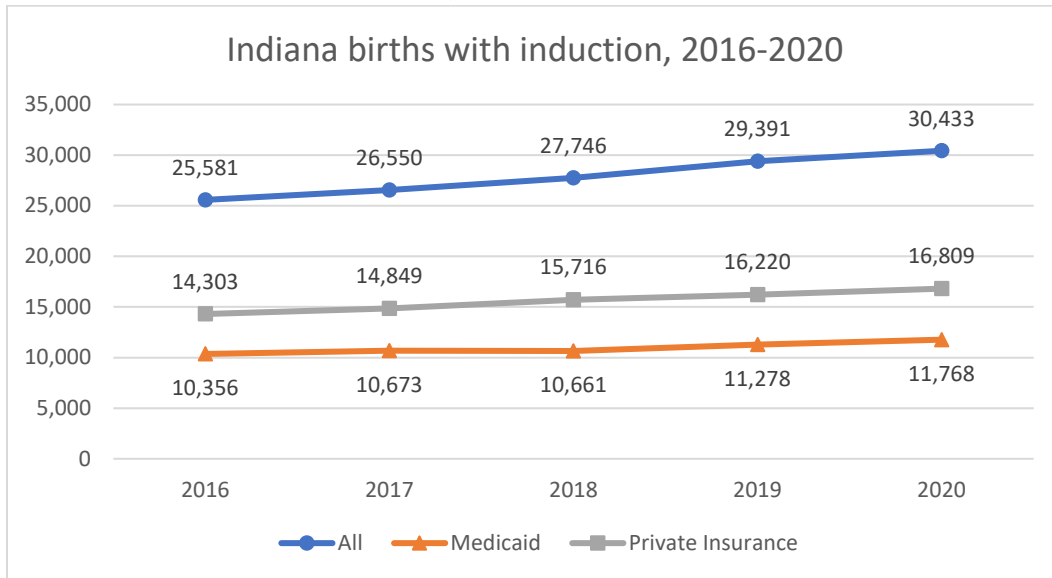
Chart 76: Local births with induction of labor



Source: CDC Wonder Natality Data Expanded, 2016-2020

<sup>54</sup> “Indiana Medicaid to stop paying for early, elective childbirths,” FSSA news release, May 5, 2014. Available at [https://www.in.gov/fssa/files/FSSA\\_Medicaid\\_childbirths\\_5.5.14.pdf](https://www.in.gov/fssa/files/FSSA_Medicaid_childbirths_5.5.14.pdf).

Chart 77: State births with induction of labor



Source: CDC Wonder Natality Data Expanded, 2016-2020

#### Analysis and trends

- Inductions in Allen County went down slightly overall and private insurance births while they remained generally flat for Medicaid births from 2016 to 2020.
- Indiana’s inductions increased by number of births across the three populations while the total number of births statewide decreased, indicating a larger share of inductions across births during the five years studied.
- Medicaid births were less likely than private insurance births to be induced, although that separation started to shrink in Allen County over time while it remained constant with Indiana’s births.

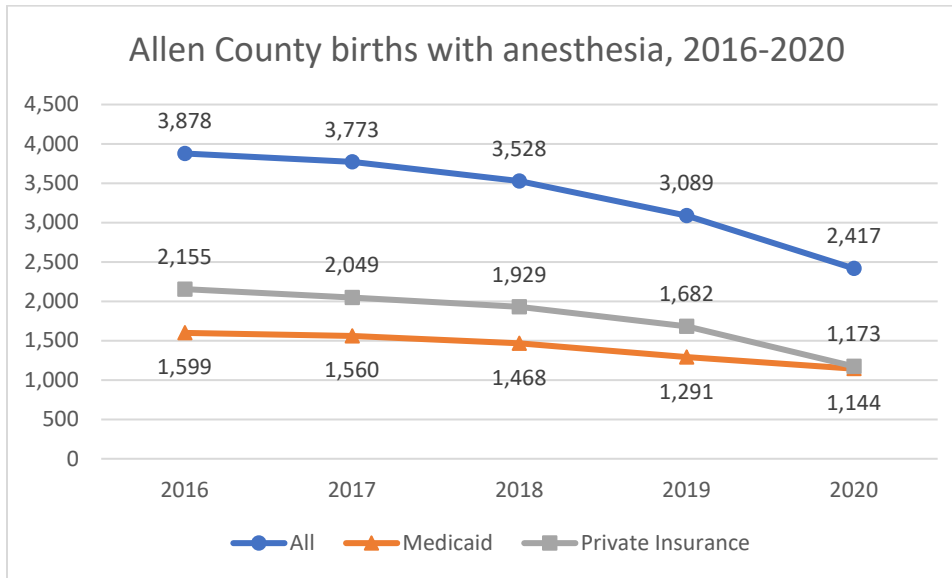
#### Anesthesia

For CDC data collection, anesthesia during labor and delivery is the use of a regional spinal or epidural anesthetic to control the mother’s pain from labor in a limited space with the analgesic effect only on the lower body.<sup>55</sup>

The CDC did not report total number of births for this measure by payment category so CRI is providing an annual count using anesthesia by all births, Medicaid births, and private insurance births for Allen County and Indiana.

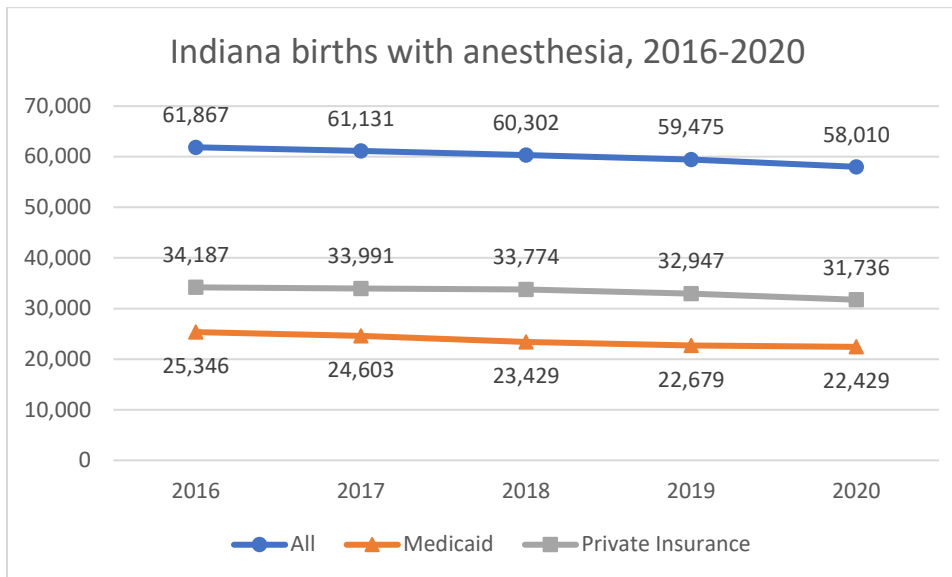
<sup>55</sup> CDC Facility Worksheet for the Live Birth Certificate, January 5, 2017, p. 5.

Chart 78: Local births with anesthesia



Source: CDC Wonder Natality Data Expanded, 2016-2020

Chart 79: State births with anesthesia



Source: CDC Wonder Natality Data Expanded, 2016-2020

### Analysis and trends

- Allen County and Indiana births showed a downward trend for births using anesthesia over time.
  - This cannot be fully attributed to the pandemic in 2020 as it was declining in the years preceding that public health event.
- Allen County's total reduction was 37.7% between 2016 to 2020 compared to a 6.2% reduction statewide.

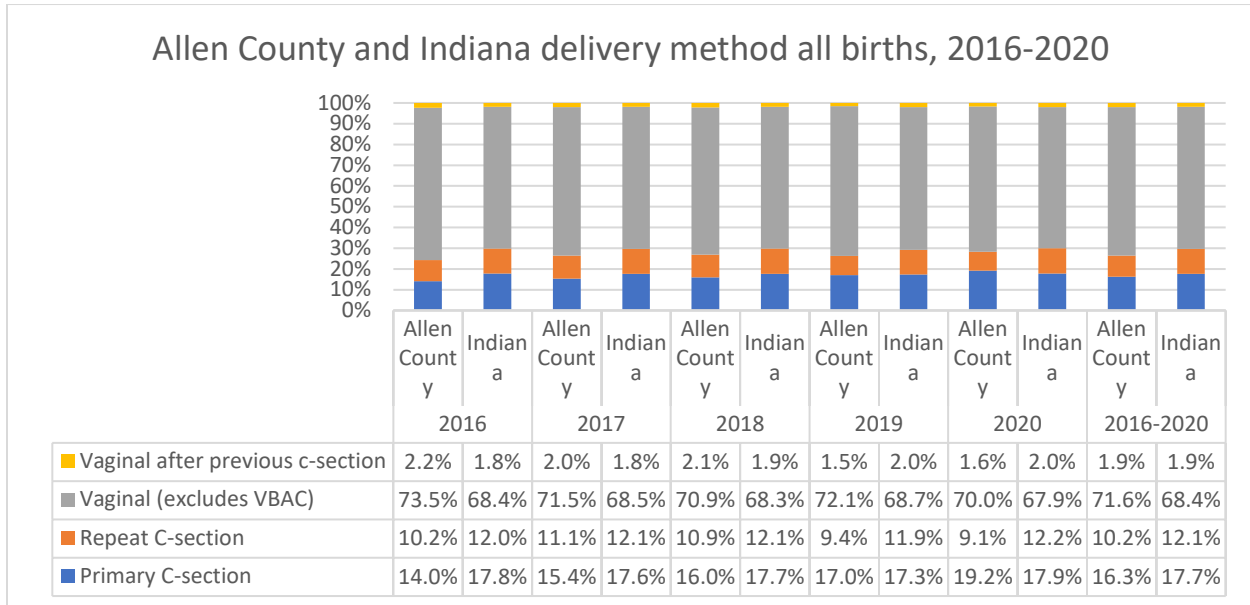
### Delivery method

CRI used the expanded delivery method measure, which tracks vaginal and Cesarean deliveries in four categories:

- Primary C-section
- Repeat C-section
- Vaginal (excluding vaginal after previous C-section or VBAC)
- Vaginal after previous C-section

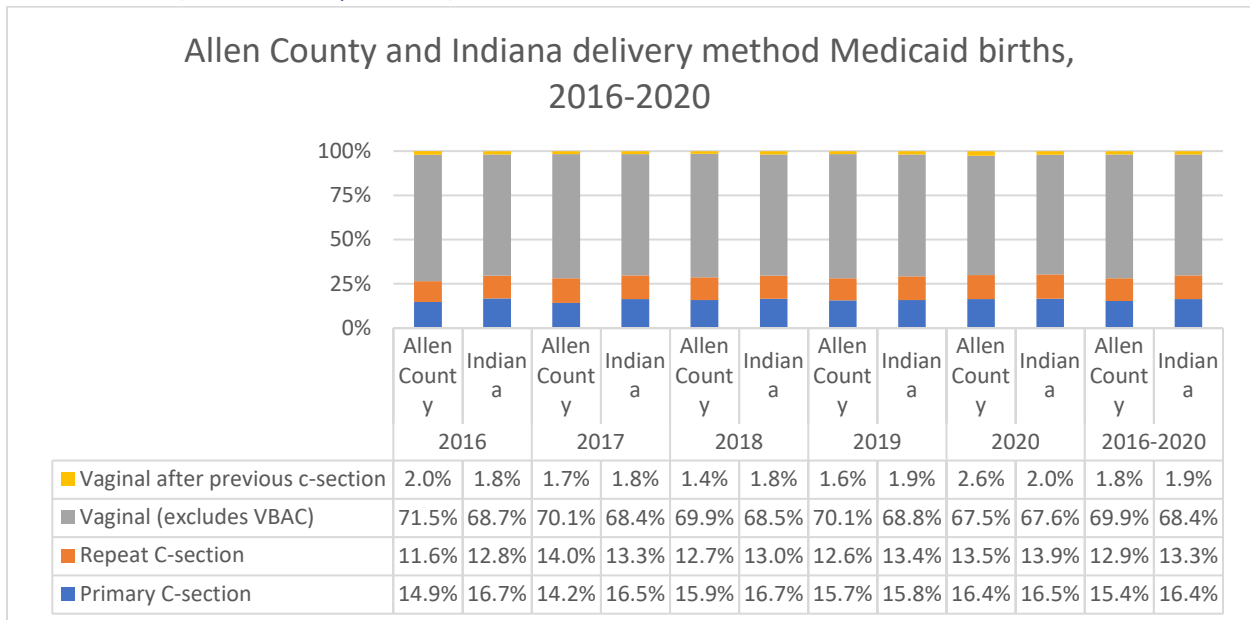
Since this measure could be calculated into percentages because of the reported category births and total births, CRI could create an equitable comparison between local and state numbers using percentages.

Chart 80: Local, state delivery method, all births



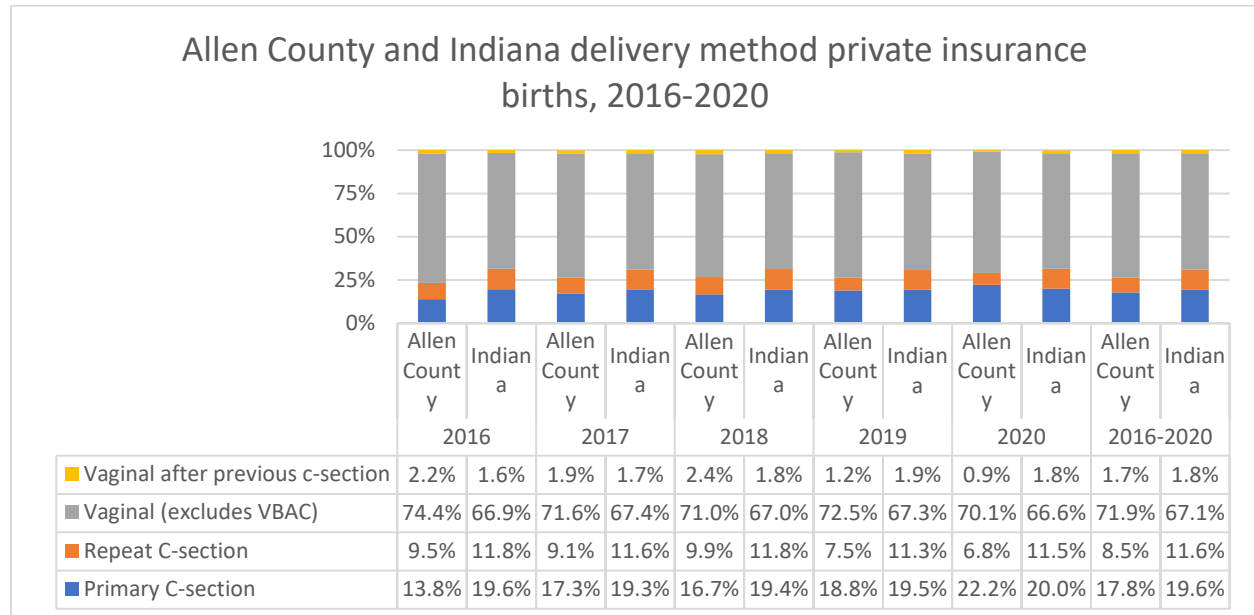
Source: Percentages calculated by CRI using CDC Wonder Natality Data Expanded, 2016-2020

Chart 81: Local, state delivery method, Medicaid births



Source: Percentages calculated by CRI using CDC Wonder Natality Data Expanded, 2016-2020

Chart 82: Local, state delivery method, private insurance births



Source: Percentages calculated by CRI using CDC Wonder Natality Data Expanded, 2016-2020

CRI compared Allen County percentages to comparable state numbers in the following tables, separated by payment. These tables show the difference between Allen County and Indiana. A negative number means Allen County was lower than the state, and a positive number means Allen County was higher than Indiana.

Table 27: Delivery method difference between Allen County and Indiana, all births

Difference: All	2016	2017	2018	2019	2020	2016-2020
<b>Primary C-section</b>	-3.75%	-2.22%	-1.69%	-0.33%	1.29%	-1.33%
<b>Repeat C-section</b>	-1.78%	-1.04%	-1.18%	-2.59%	-3.04%	-1.93%
<b>Vaginal (excludes VBAC)</b>	5.06%	3.00%	2.61%	3.42%	2.13%	3.24%
<b>Vaginal after previous c-section</b>	0.48%	0.21%	0.26%	-0.52%	-0.35%	0.02%

Source: Differences and percentages calculated by CRI using CDC Wonder Natality Data Expanded, 2016-2020

Table 28: Delivery method difference between Allen County and Indiana, Medicaid births

Difference: Medicaid births	2016	2017	2018	2019	2020	2016-2020
<b>Primary C-section</b>	-1.87%	-2.30%	-0.75%	-0.15%	-0.10%	-1.07%
<b>Repeat C-section</b>	-1.22%	0.67%	-0.26%	-0.82%	-0.34%	-0.39%
<b>Vaginal (excludes VBAC)</b>	2.87%	1.71%	1.38%	1.26%	-0.16%	1.45%
<b>Vaginal after previous c-section</b>	0.25%	-0.11%	-0.39%	-0.33%	0.56%	-0.01%

Source: Differences and percentages calculated by CRI using CDC Wonder Natality Data Expanded, 2016-2020

Table 29: Delivery method difference between Allen County and Indiana, private insurance births

Difference: Private insurance births	2016	2017	2018	2019	2020	2016-2020
<b>Primary C-section</b>	-5.77%	-2.06%	-2.76%	-0.64%	2.22%	-1.71%
<b>Repeat C-section</b>	-2.33%	-2.49%	-1.88%	-3.74%	-4.74%	-3.07%
<b>Vaginal (excludes VBAC)</b>	7.47%	4.24%	3.98%	5.15%	3.50%	4.83%

<b>Vaginal after previous c-section</b>	0.61%	0.26%	0.66%	-0.76%	-0.89%	-0.04%
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Source: Differences and percentages calculated by CRI using CDC Wonder Natality Data Expanded, 2016-2020

### Analysis and trends

- 73.5% of all local births were delivered vaginally, including VBACs, from 2016 to 2020, compared to 70.3% in Indiana.
  - In comparison, 71.7% of Medicaid births in Allen County were a vaginal delivery compared to 70.3% of Indiana’s Medicaid births.
  - For private insurance births, 73.6% of Allen County births were vaginal deliveries compared to 68.9% statewide.
- Women were more likely in Allen County than Indiana to delivery vaginally, excluding VBACs, during the time period studied.
  - That difference declined over time so that by 2020, Medicaid births in Allen County were slightly less likely than the state to be a vaginal delivery.
- Consistent with vaginal delivery data, Allen County women were less likely to have a repeat C-section.

### Maternal morbidity

The CDC maternal morbidity data reflects five medical events during labor and delivery:

1. Maternal transfusion: Blood transfusion of whole blood or packed red blood cells for labor and delivery<sup>56</sup>
2. Third or fourth degree perineal laceration: A 3° laceration extends through the perineal skin, vaginal mucosa, perineal body and partially or completely through the anal sphincter; 4-degree laceration is all of 3-degree laceration with extension through rectal mucosa<sup>57</sup>
3. Ruptured uterus: Tearing of the uterine wall; full-thickness disruption of uterine wall that also involves the overlying visceral peritoneum (uterine serosa). Does not include uterine dehiscence where the fetus, placenta, and umbilical cord remain in uterine cavity. Does not include a silent or incomplete rupture or an asymptomatic separation.<sup>58</sup>
4. Unplanned hysterectomy: Surgical removal of the uterus that was not planned prior to the admission, including an anticipated but not definitively planned hysterectomy.<sup>59</sup>
5. Admission to intensive care unit: Mother’s planned or unplanned admission to a facility/unit designated as providing intensive care.<sup>60</sup>

If none of these events occur, the record is to be marked as “none of the above.” If nothing was marked, the CDC records it as “not stated.”<sup>61</sup>

<sup>56</sup> CDC Facility Worksheet for the Live Birth Certificate, January 5, 2017, p. 6.

<sup>57</sup> Ibid.

<sup>58</sup> Ibid.

<sup>59</sup> Ibid.

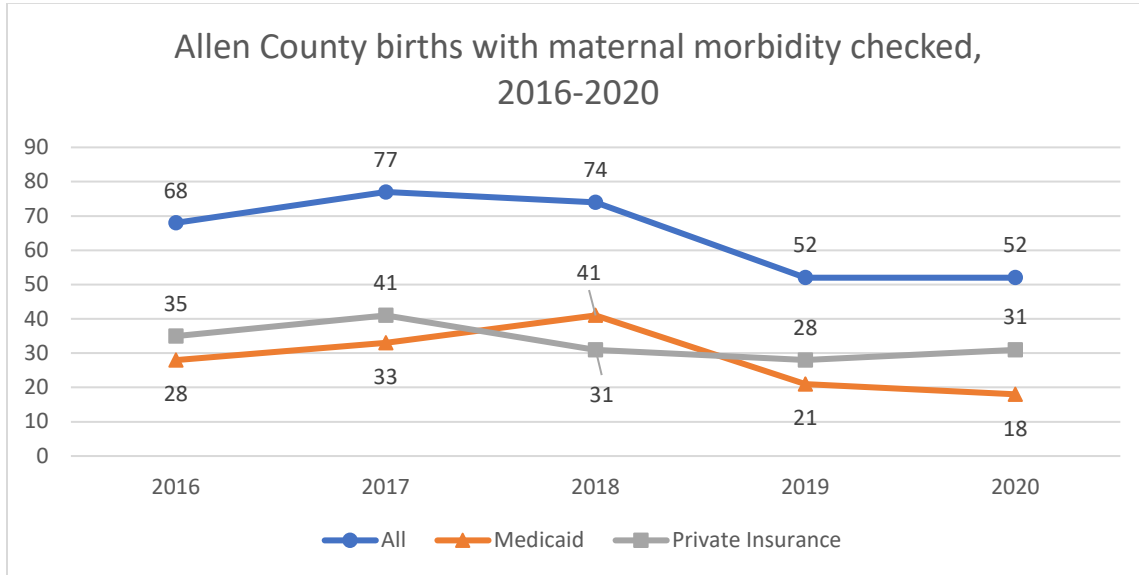
<sup>60</sup> Ibid.

<sup>61</sup> “User Guide to the 2020 Natality Public Use File,” CDC, p. 67



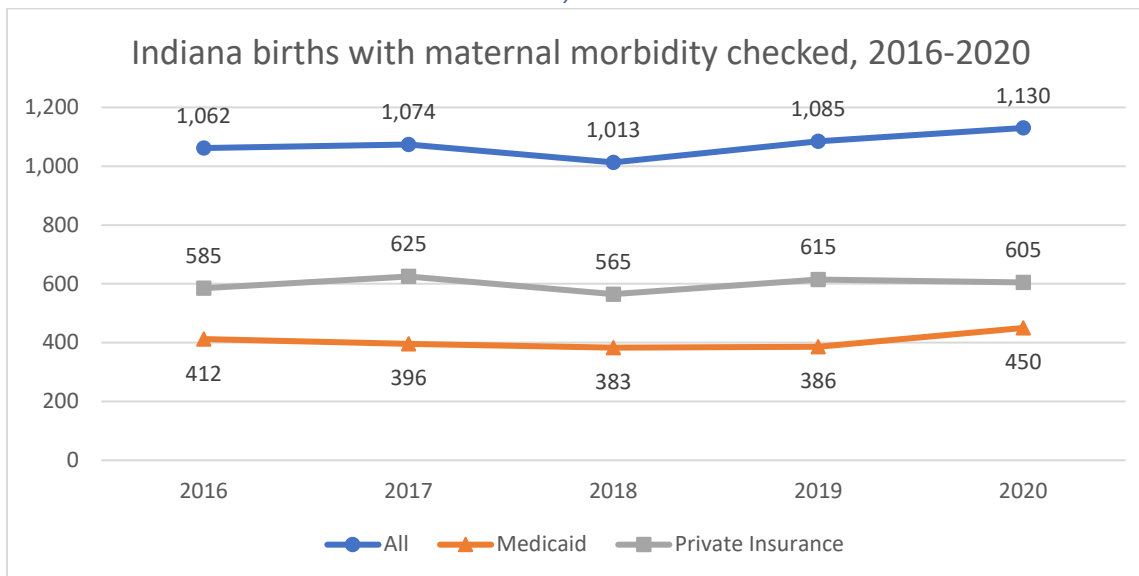
CDC did not report total number of births for this measure so CRI is providing a count by all births, Medicaid births, and private insurance births for Allen County and Indiana for maternal morbidity characteristics.

Chart 83: Allen County births with maternal morbidity checked



Source: CDC Wonder Natality Data Expanded, 2016-2020

Chart 84: Indiana births with maternal morbidity checked



Source: CDC Wonder Natality Data Expanded, 2016-2020

#### Analysis and trends

- Allen County’s number of births with maternal morbidity checked declined during the five years studied.
- Indiana’s births with a maternal morbidity element went up during the same time period for all three populations studied.

- With the exception of 2018 in Allen County, the number of private insurance births with maternal morbidity checked exceeded Medicaid births with the same measure.

## Infant health characteristics

For this project, CRI used the following infant health characteristics from CDC natality extended data:

- Gestational age
- Birthweight
- 5-minute Apgar score
- Breastfed at discharge
- Abnormal conditions of newborn
- Congenital anomalies of newborn

The definitions and explanations of each of the metrics are in the respective section of this report.

The CDC also collects information about plurality – twins, triplets, etc. – in this category, but CRI did not include that information in this project.

### Gestational age

In the extended natality data, the CDC reports the gestational age of infants at time of birth under two different calculations: last menstrual period (LMP) and obstetric estimate (OE).<sup>62</sup> For this project, CRI used OE gestational age as that is the CDC's preferred gestational length metric.<sup>63</sup>

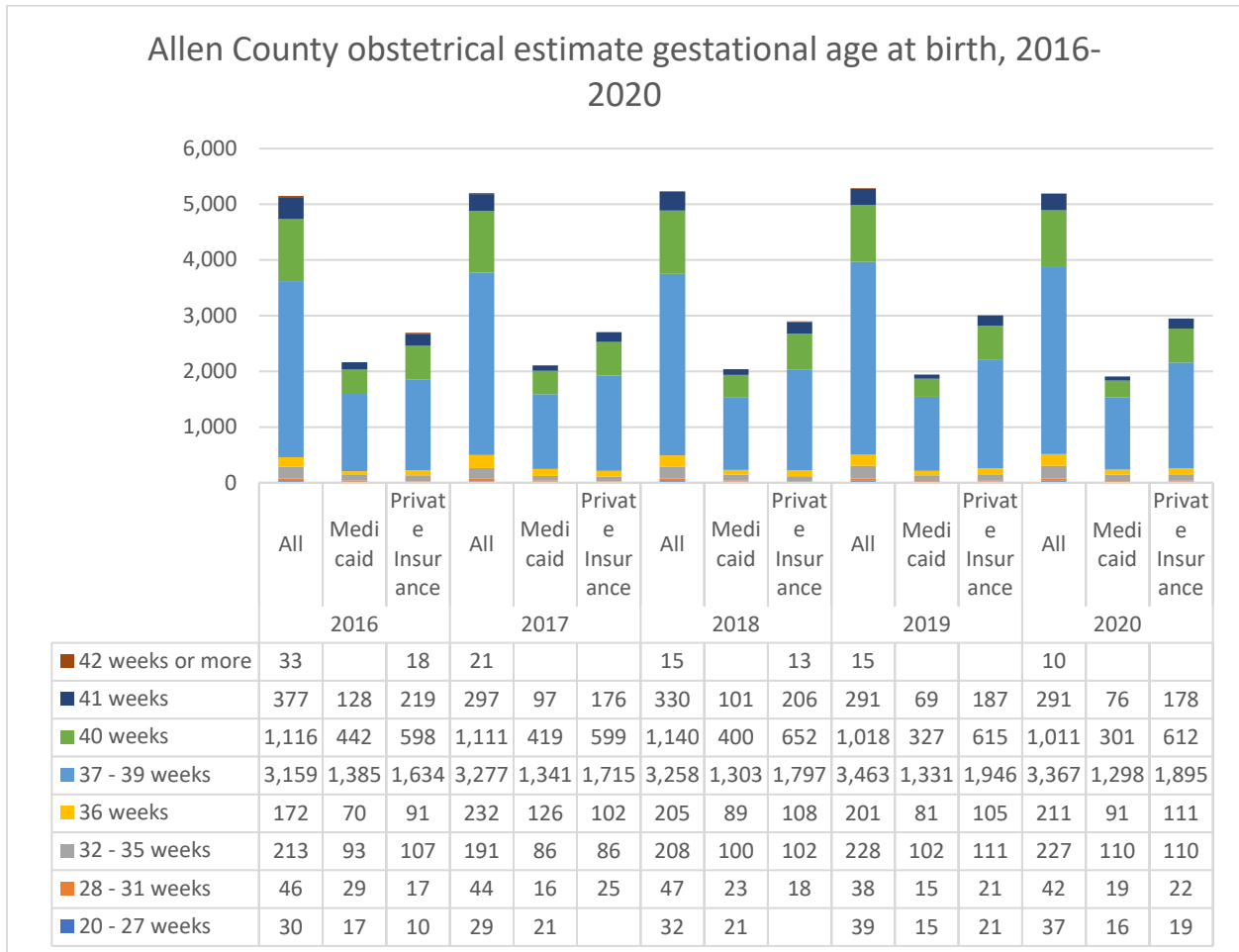
The CDC did not report total number of births for this measure by payment category so CRI is providing an annual count by all births, Medicaid births, and private insurance births for Allen County and Indiana for gestational age at birth.

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<sup>62</sup> User Guide to the 2020 Natality Public Use File, CDC, p. 67. LMP gestational data was the preferred metric until 2014, when the National Center for Health Statistics shifted to OE-based data.

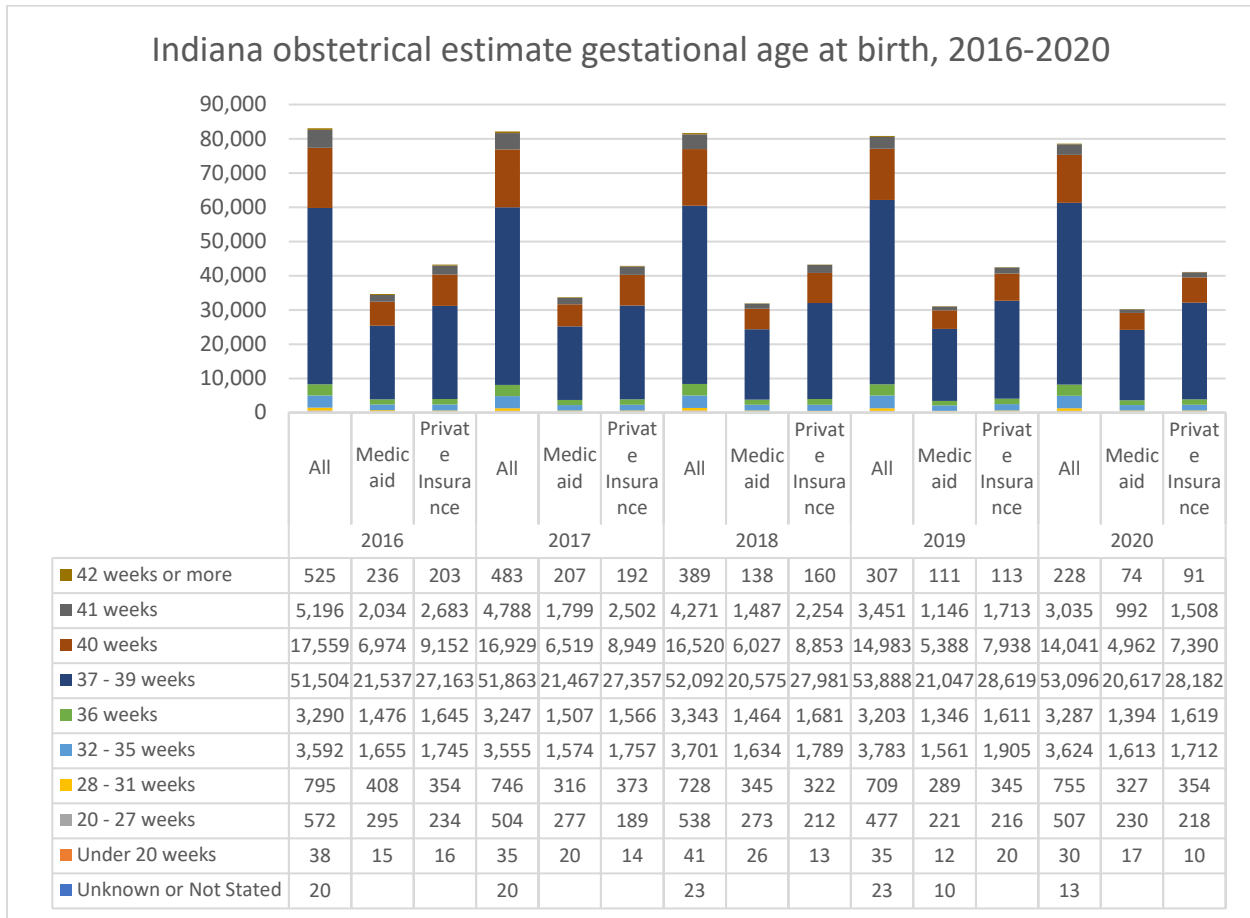
<sup>63</sup> See User Guide to the 2020 Natality Public Use File, CDC, p. 67.

Chart 85: Local gestational age at birth



Source: CDC Wonder Natality Data Expanded, 2016-2020

Chart 86: State gestational age at birth

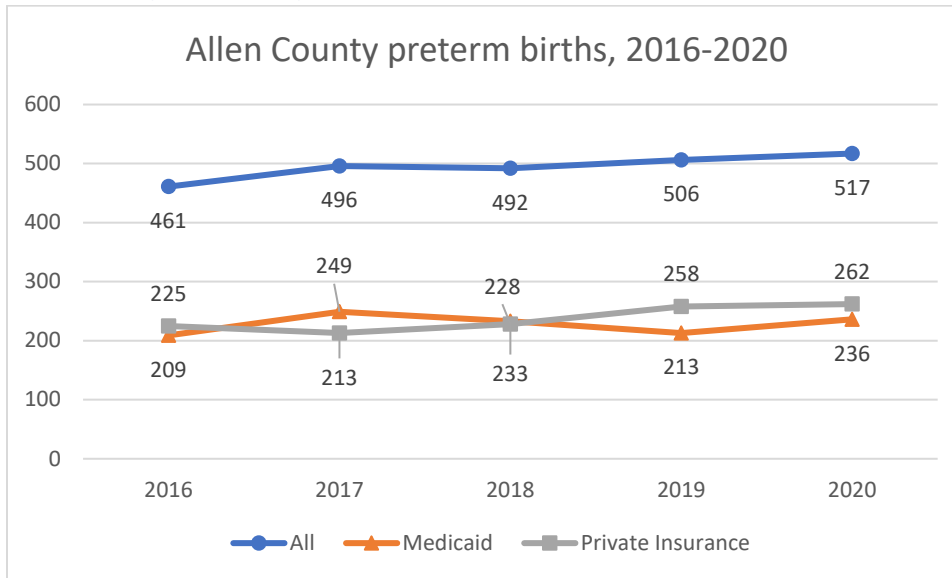


Source: CDC Wonder Natality Data Expanded, 2016-2020

CRI calculated the number of preterm births using the reported numbers<sup>64</sup> for births with an OE gestational age before 37 weeks. Allen County did not have reported numbers gestational age of less than 20 weeks for the years studied. Statewide, the under-20 weeks gestational age births ranged from 10 births for private insurance in 2020 to 41 for all births for 2018.

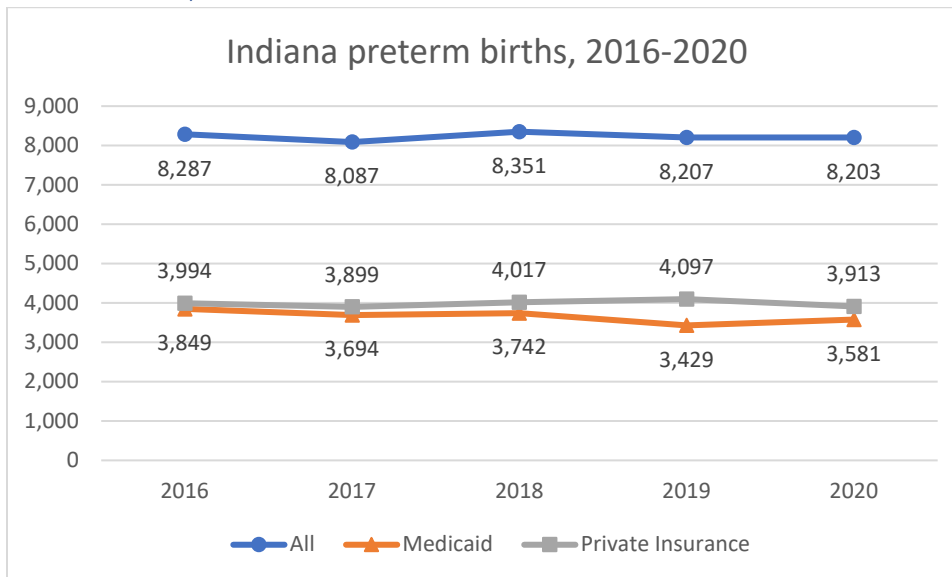
<sup>64</sup> CDC suppresses numbers with counts of less than 10.

Chart 87: Reported local preterm births



Source: Calculated by CRI with reported numbers from CDC Wonder Natality Data Expanded, 2016-2020

Chart 88: State preterm births



Source: Calculated by CRI with reported numbers from CDC Wonder Natality Data Expanded, 2016-2020

### Analysis and trends

- Most births in Allen County and Indiana, regardless of payment source, occurred between weeks 37 and 39.
- Allen County had fewer than 10 births each year before the 20-week mark, regardless of payment source.
- Using the reported births, Allen County’s number of preterm births – infants born before 37 weeks – went up during the time period studied for all payment sources plus Medicaid and private insurance.

- Indiana’s number of preterm births for all births and private insurance births stayed essentially even while Medicaid preterm births went down slightly during the time period studied while overall births went down.

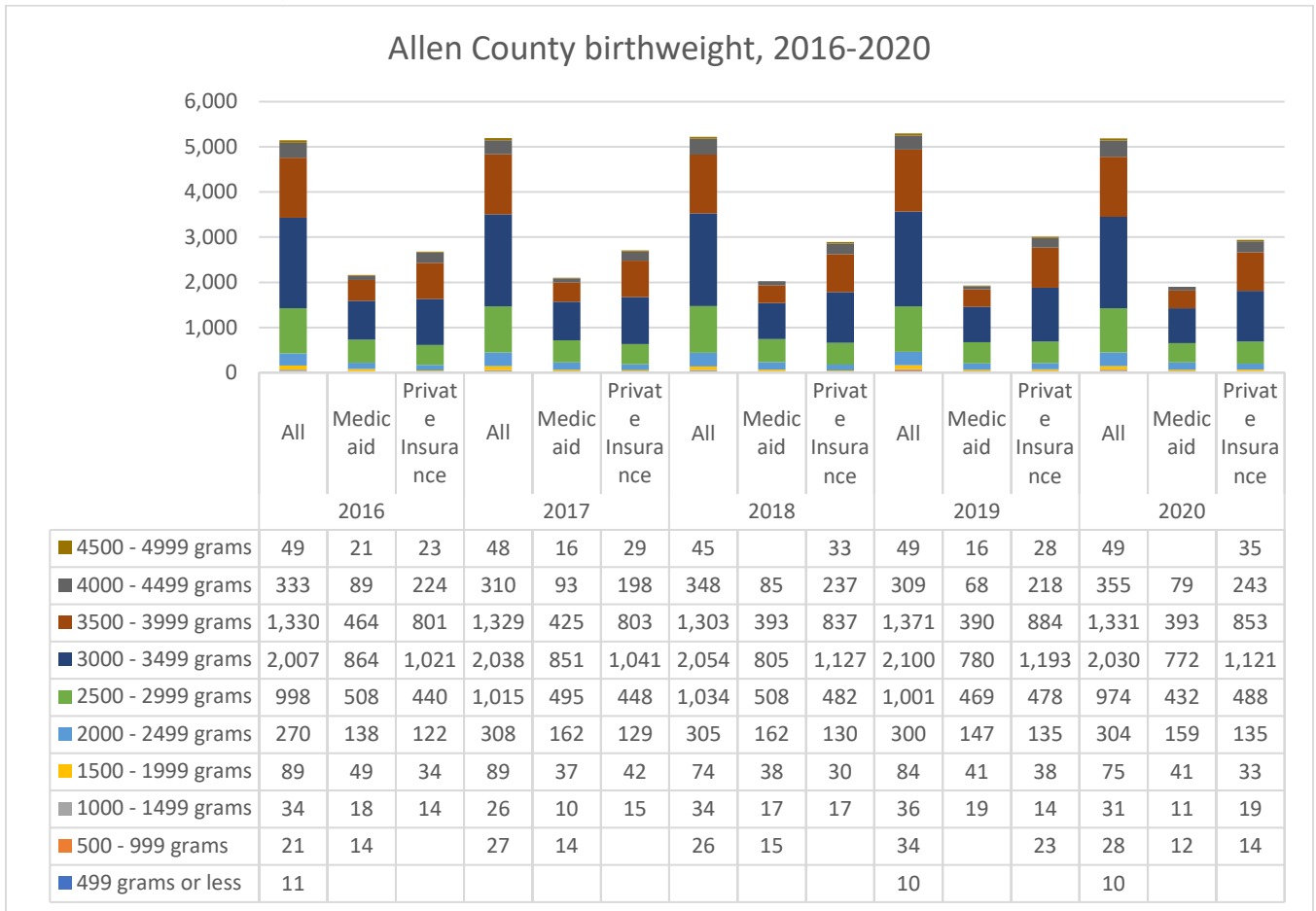
### Infant birthweight

The CDC reports birthweight in grams. The following list provides a conversion from metric to pounds and ounces.

- Less than 500 grams = 1 lb 1 oz or less
- 500–999 grams = 1 lb 2 oz–2 lb 3 oz
- 1,000–1,499 grams = 2 lb 4 oz–3 lb 4 oz
- 1,500–1,999 grams = 3 lb 5 oz–4 lb 6 oz
- 2,000–2,499 grams = 4 lb 7 oz–5 lb 8 oz
- 2,500–2,999 grams = 5 lb 9 oz–6 lb 9 oz
- 3,000–3,499 grams = 6 lb 10 oz–7 lb 11 oz
- 3,500–3,999 grams = 7 lb 12 oz–8 lb 13 oz
- 4,000–4,499 grams = 8 lb 14 oz–9 lb 14 oz
- 4,500–4,999 grams = 9 lb 15 oz–11 lb 0 oz
- 5,000 grams or more = 11 lb 1 oz or more

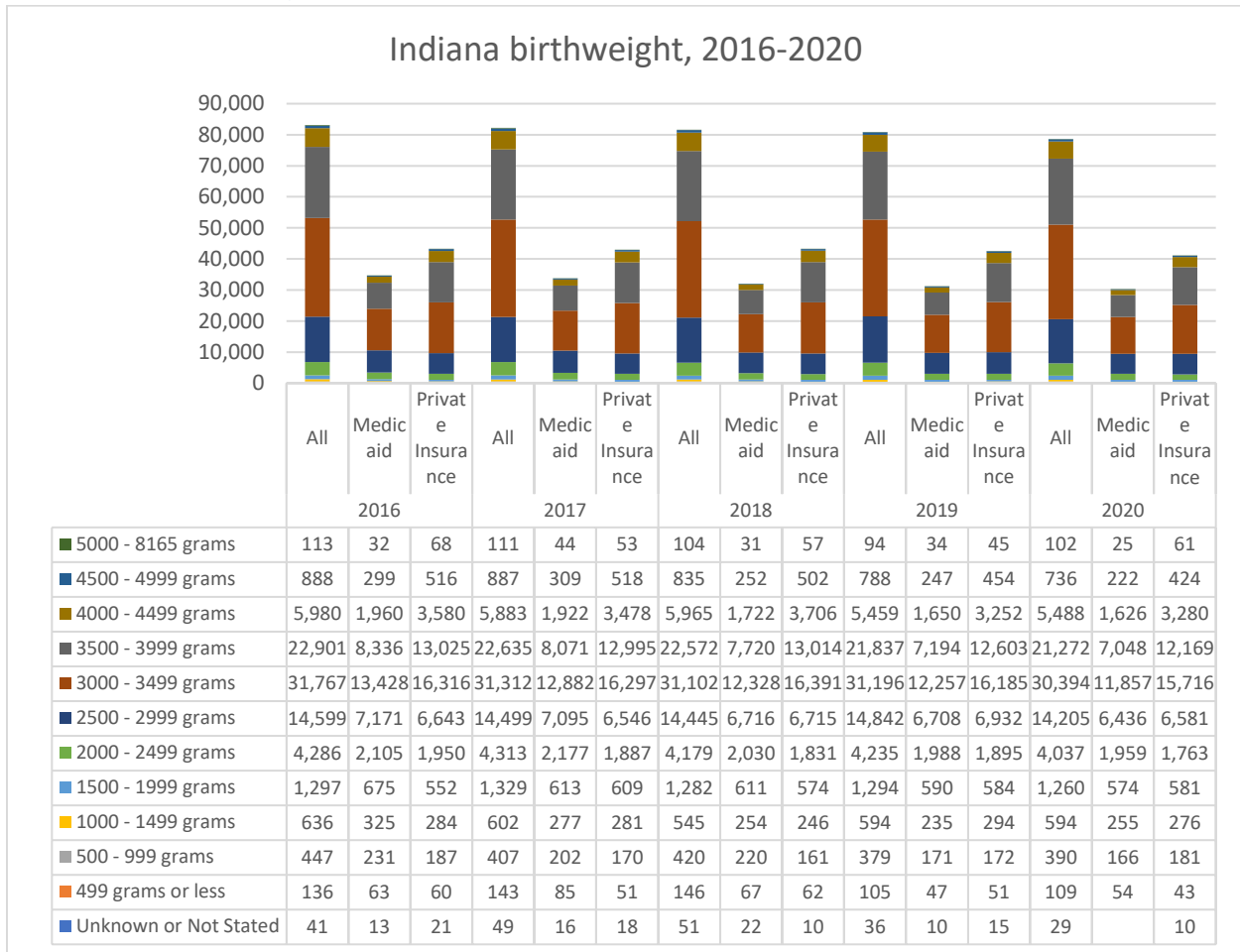
The CDC did not report total number of births for this measure by payment category so CRI is providing an annual count by all births, Medicaid births, and private insurance births for Allen County and Indiana for weight categories.

Chart 89: Local birthweights



Source: CDC Wonder Natality Data Expanded, 2016-2020

Chart 90: State birthweights



Source: CDC Wonder Natality Data Expanded, 2016-2020

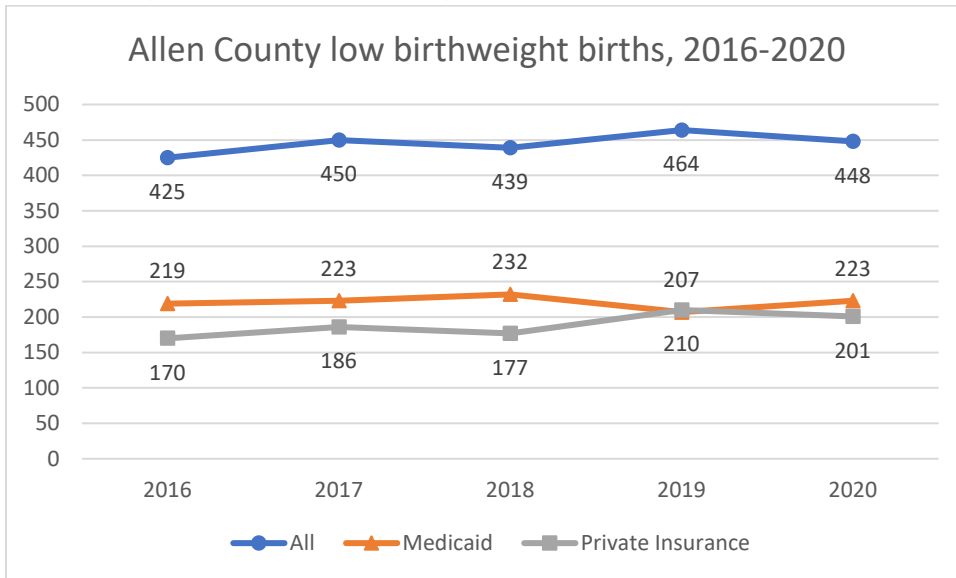
CRI calculated the number of births with low and very low birthweights using the reported birthweight numbers.<sup>65</sup> The CDC uses the ICD-9 and ICD-10 low and very low birthweight thresholds of than 2,500 grams and less than 1,500 grams respectively.<sup>66</sup> Allen County was missing reported data for births of less than 1,000 grams in multiple years for multiple payment sources. Indiana had births reported in all weight cohorts and payment categories for the time period studied. Accordingly, the Allen County charts for low and very low birthweight may be an undercount due to unreported data. The Indiana charts are complete for low and very low birthweight because all categories had reported births.

<sup>65</sup> CDC suppresses numbers with counts of less than 10.

<sup>66</sup> User Guide to the 2020 Natality Public Use File, CDC, p. 68.

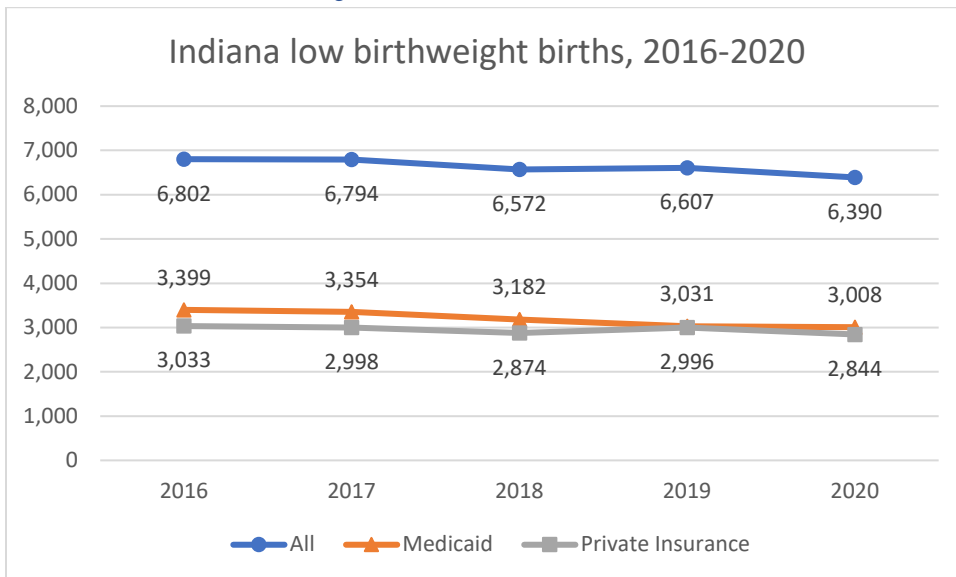


Chart 91: Reported local low birthweights



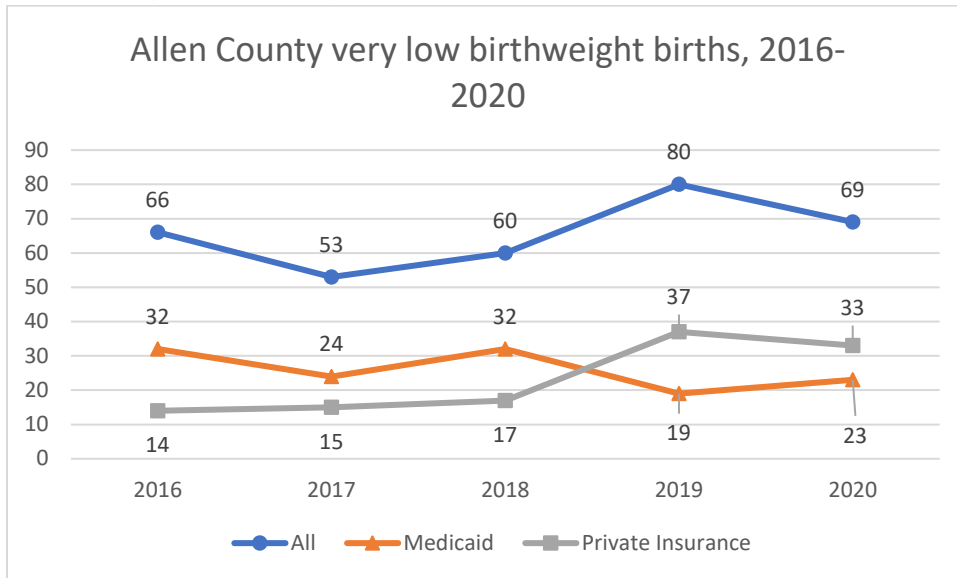
Source: Calculated by CRI with reported numbers from CDC Wonder Natality Data Expanded, 2016-2020

Chart 92: State low birthweights



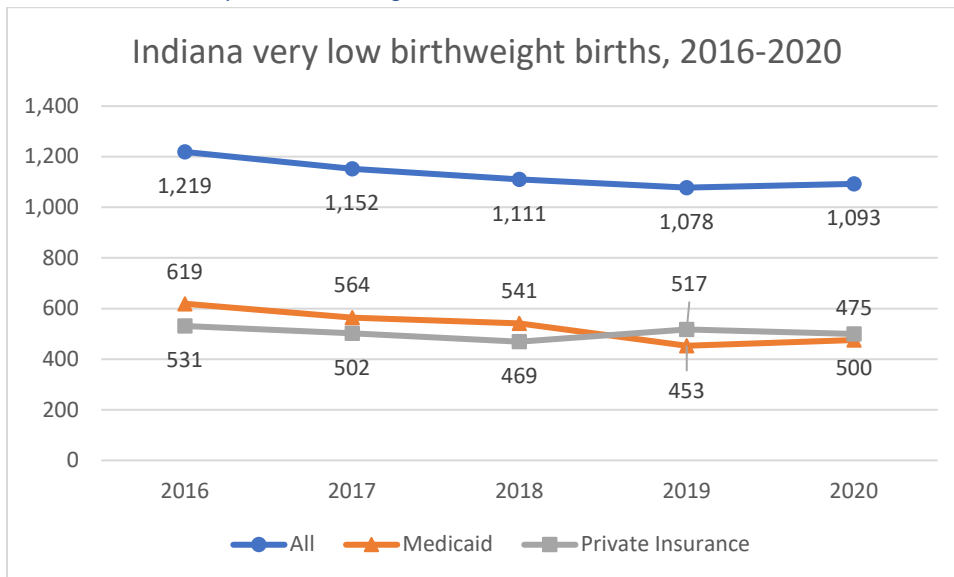
Source: Calculated by CRI with reported numbers from CDC Wonder Natality Data Expanded, 2016-2020

Chart 93: Reported local very low birthweights



Source: Calculated by CRI with reported numbers from CDC Wonder Natality Data Expanded, 2016-2020

Chart 94: State very low birthweights



Source: Calculated by CRI with reported numbers from CDC Wonder Natality Data Expanded, 2016-2020

### Analysis and trends

- Birthweights between 3,000 and 3,500 grams (6 lb 10 oz–7 lb 11 oz) were the most common for all payment sources).
- Indiana’s low and very low birthweight births went down during the time period studied, consistent with the decline in total births.
- Allen County’s number of reported low birthweight births went up slightly but the data is incomplete so any conclusions about the findings should be balanced against the potential for missing data.

- Allen County's number of reported very low birthweight births showed an up-and-down trend in the five years studied. Again, since this is incomplete data, this variation should be interpreted with caution.

### Apgar score

Named after the obstetrician who created the measure,<sup>67</sup> the Apgar score is a predictor of the infant's health in the first year of life.<sup>68</sup> Scoring each of the five factors<sup>69</sup> from 0 to 2 with the factor-specific scores totaled for the Apgar score, the CDC collects the Apgar score five minutes after birth (5-minute score). If the 5-minute score is less than 6, the factors are tested again at the 10-minute mark to create the 10-minute score.<sup>70</sup> The 10-minute Apgar score is only reported by the CDC for infants who had a 5-minute score of 5 or less.

For this project, CRI looked at the 5-minute score because it captured data for all births while the 10-minute score was only for infants who were in distress five minutes after birth, thus creating a small subset of data since most newborns have a score of 6 or more.

The CDC did not report total number of births for this measure by payment category so CRI is providing a timeseries count for Apgar score by all births, Medicaid births, and private insurance births for Allen County and Indiana.

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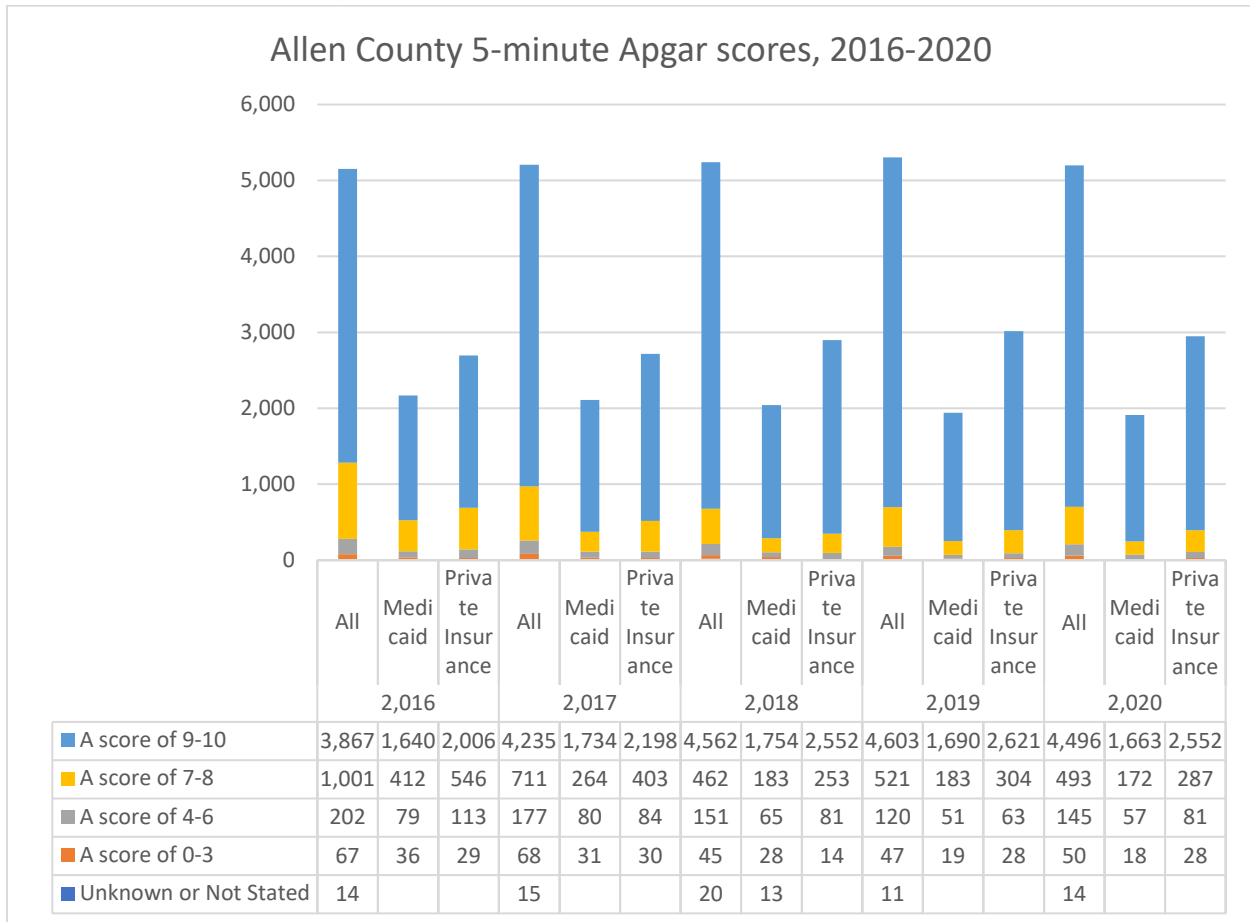
<sup>67</sup> [https://cfmedicine.nlm.nih.gov/physicians/biography\\_12.html](https://cfmedicine.nlm.nih.gov/physicians/biography_12.html)

<sup>68</sup> User Guide to the 2020 Natality Public Use File, CDC, p. 69.

<sup>69</sup> The five factors in the Apgar score are heart rate, respiratory effort, muscle tone, reflex irritability, and color.

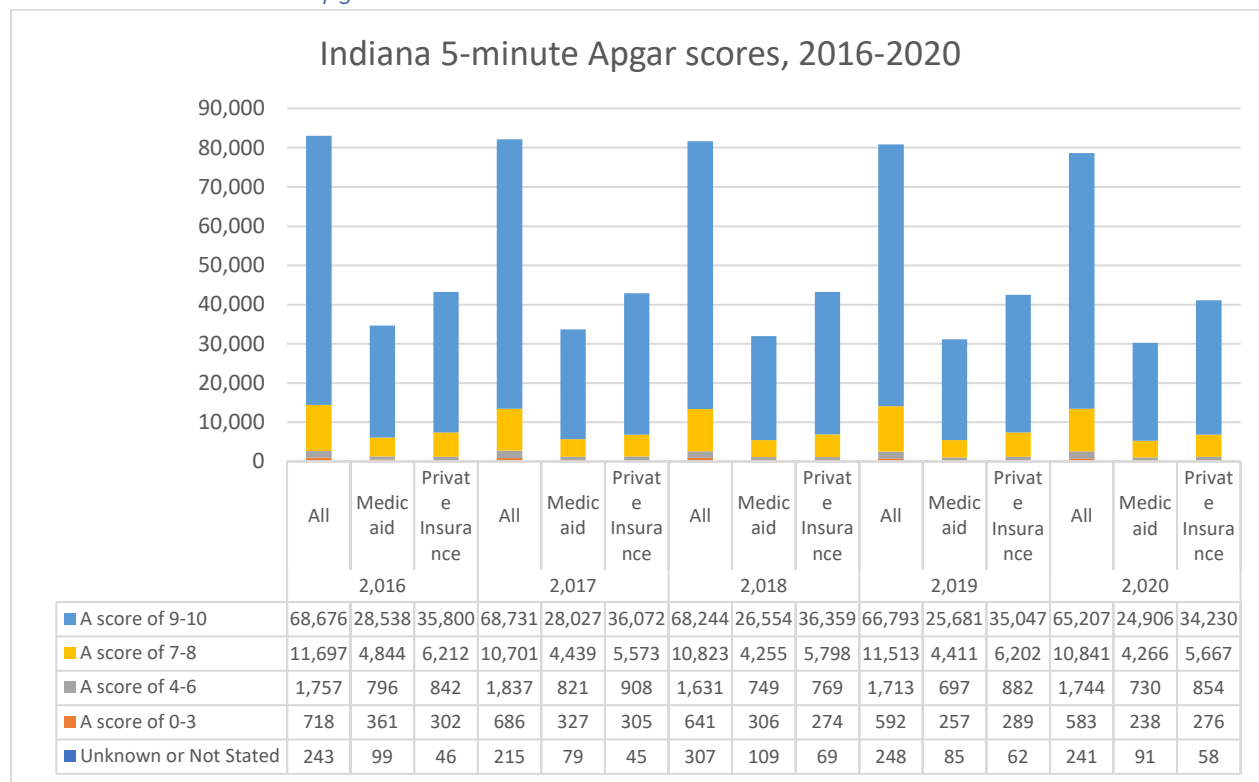
<sup>70</sup> User Guide to the 2020 Natality Public Use File, CDC, p. 69.

Chart 95: Local 5-minute Apgar scores



Source: CDC Wonder Natality Data Expanded, 2016-2020

Chart 96: State 5-minute Apgar scores



Source: CDC Wonder Natality Data Expanded, 2016-2020

### Analysis and trends

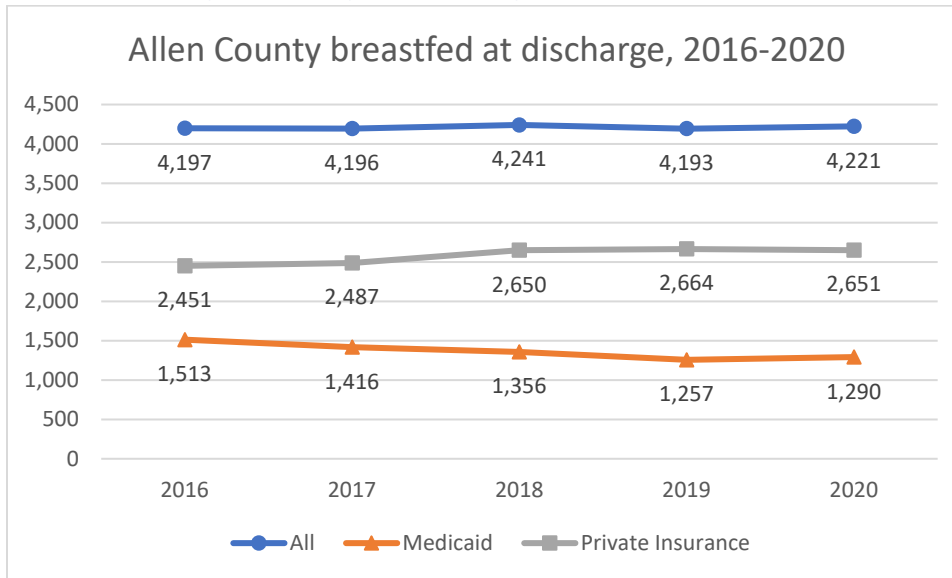
- Most births, regardless of payment source or location, had a 5-minute Apgar score of 9 or 10.
- The greater number of births with scores of 0 to 3 crossed over from Medicaid to private insurance between 2016 to 2020 for both Allen County and Indiana.
- Numerically speaking, private insurance births in both geographies were more likely to have a score between 4 and 6 than Medicaid births, which is consistent with private insurance paying for more births than Medicaid in Allen County and Indiana.

### Breastfed at discharge

Infants are considered to be breastfed at discharge if they received breastmilk or colostrum between birth and hospital discharge. This includes any attempt to establish breastmilk production in this time period or if the infant received formula in addition to being breastfed. It does not include intent to breastfeed.

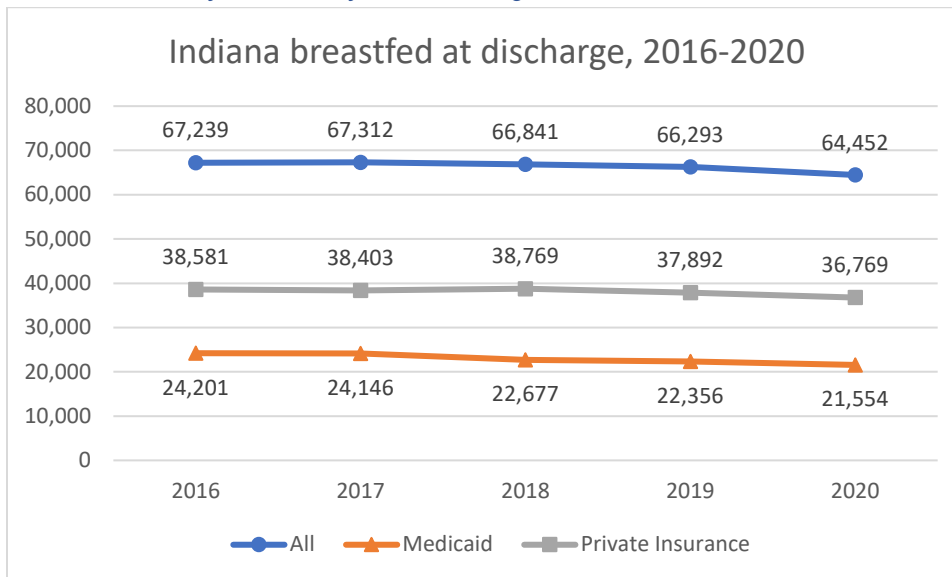
The CDC did not report total number of births for this measure by payment category so CRI is providing a timeseries count for being breastfed at discharge by all births, Medicaid births, and private insurance births for Allen County and Indiana.

Chart 97: Local infants breastfed at discharge



Source: CDC Wonder Natality Data Expanded, 2016-2020

Chart 98: State infants breastfed at discharge



Source: CDC Wonder Natality Data Expanded, 2016-2020

### Analysis and trends

- Most infants received breastmilk before being discharged from the hospital.
- No counts are presented about whether the infant receives exclusively breastmilk or if it is supplemented with formula.
- The number of infants breastfed while in the hospital is consistent with overall birth trends during the time period studied: flat in Allen County for all births, a slight increase for Allen County's private insurance births, a slight decrease for Allen County's Medicaid births, and a decline in Indiana against all three payment sources.

## Abnormal conditions of newborns

The CDC collects data on six events considered “abnormal conditions” of newborns. They are:<sup>71</sup>

- Assisted ventilation required immediately following delivery: Infant given manual breaths for any duration with bag and mask or bag and endotracheal tube within the first several minutes from birth. Excludes free-flow (blow-by) oxygen only, laryngoscopy for aspiration of meconium, nasal cannula, and bulb suction.
- Assisted ventilation required for more than six hours: Infant given mechanical ventilation (breathing assistance) by any method for more than six hours. Includes conventional, high frequency and/or continuous positive pressure (CPAP). Excludes free flow oxygen only, laryngoscopy for aspiration of meconium and nasal cannula.)
- NICU admission: Admission into a facility or unit staffed and equipped to provide continuous mechanical ventilatory support for a newborn.
- Newborn given surfactant replacement therapy: Endotracheal instillation of a surface-active suspension with artificial or extracted natural surfactant to treat of surfactant deficiency due to preterm birth or pulmonary injury resulting in respiratory distress.
- Antibiotics received by the newborn for suspected neonatal sepsis: Any antibacterial drug including penicillin, ampicillin, gentamicin, and cefotaxime, etc. given intravenously or intramuscularly. Does not include antibiotics without suspected neonatal sepsis.
- Seizure or serious neurologic dysfunction: Seizure is any involuntary repetitive, convulsive movement or behavior while serious neurologic dysfunction is severe alteration of alertness. Excludes lethargy or hypotonia in the absence of other neurologic findings. Exclude symptoms associated with central nervous system congenital anomalies.

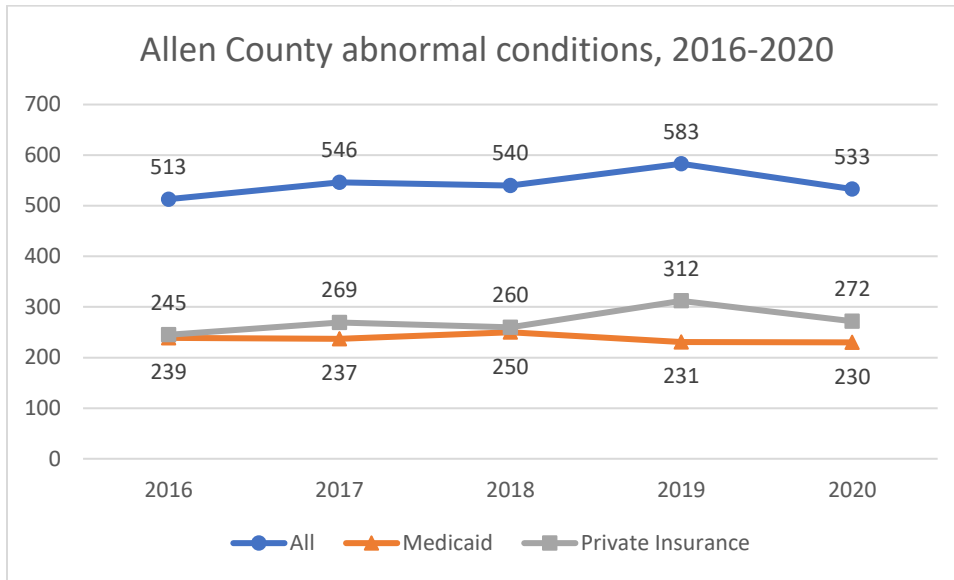
The CDC counts any infants that received one or more of the six listed conditions in the “abnormal conditions” measure.

The CDC did not report total number of births for this measure by payment category so CRI is providing a timeseries count by all births, Medicaid births, and private insurance births for Allen County and Indiana reporting abnormal conditions of newborns.

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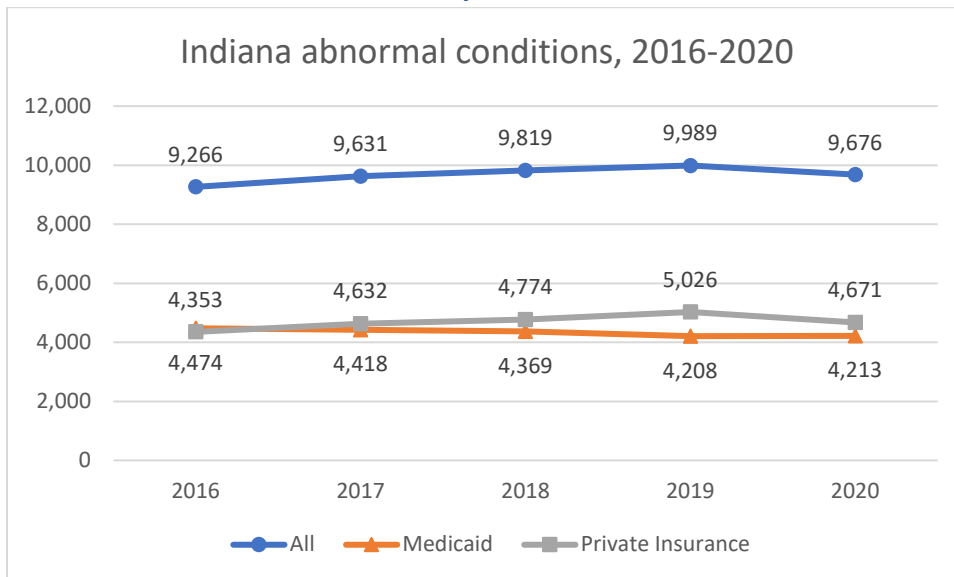
<sup>71</sup> Facility Worksheet for the Live Birth Certificate, CDC, pp. 7-8.

Chart 99: Local abnormal conditions of newborns



Source: CDC Wonder Natality Data Expanded, 2016-2020

Chart 100: State abnormal conditions of newborns



Source: CDC Wonder Natality Data Expanded, 2016-2020

### Analysis and trends

- The totals for Allen County and Indiana increased between 2016 and 2020 with the highest numbers reported for both geographies in 2019.
- The five-year trend for both geographies was more private insurance births having abnormal conditions compared to Medicaid births.

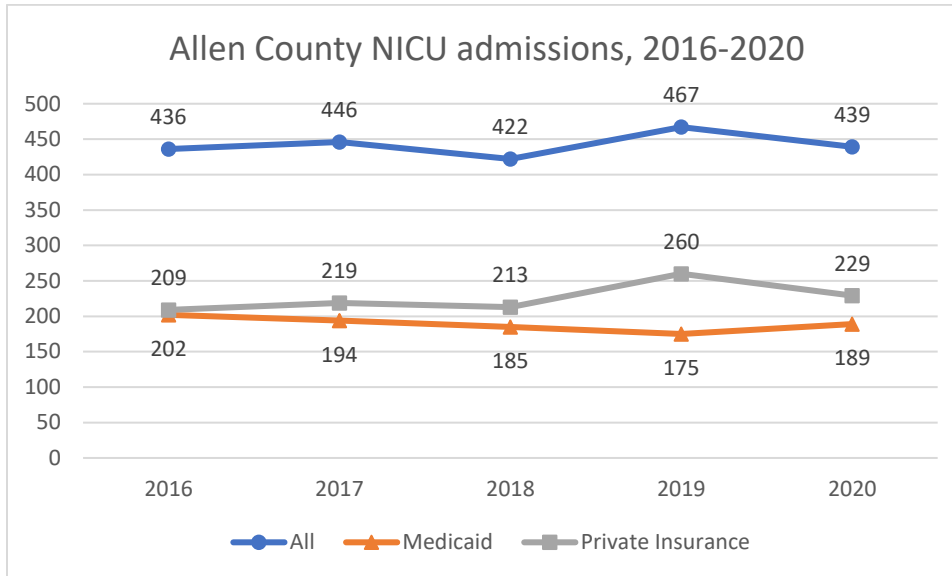


## NICU admission

For this project, CRI opted to look at neonatal intensive care unit (NICU) admissions in addition the overall abnormal conditions since this is a particular measure of value in understanding infant health and wellbeing at time of birth.

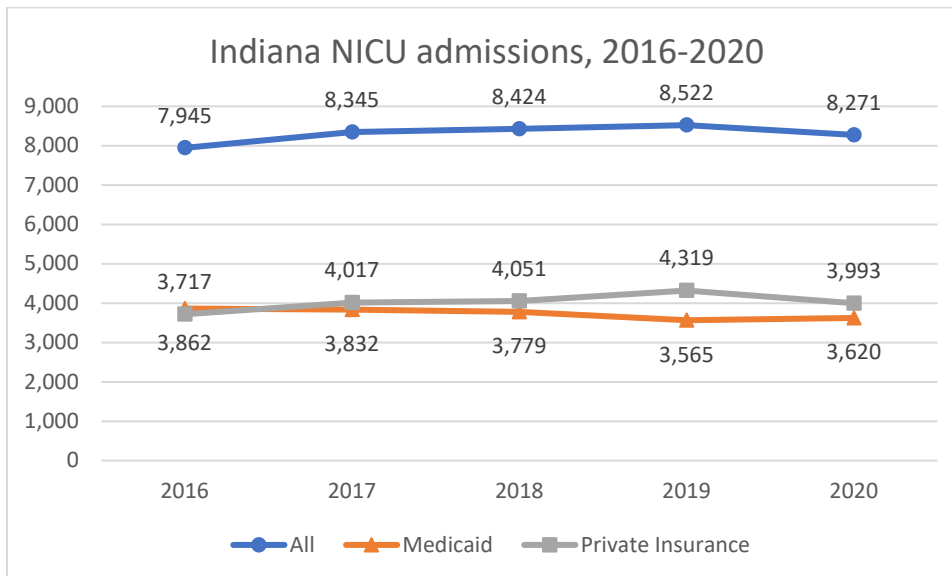
The CDC did not report total number of births for this measure by payment category so CRI is providing a timeseries count by all births, Medicaid births, and private insurance births for Allen County and Indiana reporting NICU admission.

Chart 101: Local NICU admission



Source: CDC Wonder Natality Data Expanded, 2016-2020

Chart 102: State NICU admission



Source: CDC Wonder Natality Data Expanded, 2016-2020

## Analysis and trends

- Local NICU admissions remained relatively even while Indiana's admissions increased over time.
- NICU admissions in Allen County for Medicaid births were below private insurance admissions for all years studied. Indiana showed a similar trend with the exception of 2016 where Medicaid slightly outpaced private insurance births.

## Congenital anomalies

The CDC collects data on the following congenital anomalies at the time of birth, which may have been diagnosed prenatally or after delivery:<sup>72</sup>

- Anencephaly: Partial or complete absence of brain and skull. Also called anencephalus, acrania, or absent brain; also includes craniorachischisis, which is anencephaly with a contiguous spine defect.
- Meningomyelocele/spina bifida: Spina bifida is herniation of the meninges and/or spinal cord tissue through a bony defect of spine closure; meningomyelocele is herniation of meninges and spinal cord tissue. Meningocele (herniation of meninges without spinal cord tissue) is included in this category. Both open and closed (covered with skin) lesions should be included. Does not include spina bifida occulta, a midline bony spinal defect without protrusion of the spinal cord, or meninges.
- Cyanotic congenital heart disease: Congenital heart defects that cause cyanosis.
- Congenital diaphragmatic hernia: Defect in the formation of the diaphragm allowing herniation of abdominal organs into the thoracic cavity.
- Omphalocele: Defect in anterior abdominal wall where umbilical ring is widened, allowing herniation of abdominal organs into the umbilical cord. The herniating organs are covered by a nearly transparent membranous sac (different from gastroschisis), although this sac may rupture. Also called exomphalos. Does not include umbilical hernia completely covered by skin.
- Gastroschisis: Abnormality of anterior abdominal wall, lateral to the umbilicus, resulting in herniation of the abdominal contents directly into the amniotic cavity. Differentiated from omphalocele by the location of the defect and absence of a protective membrane.
- Limb reduction defect: Complete or partial absence of a portion of an extremity associated with failure to develop. Excludes congenital amputation and dwarfing syndromes.
- Cleft lip with or without cleft palate: Incomplete closure of the lip. May be unilateral, bilateral or median.
- Cleft palate alone: Incomplete fusion of the palatal shelves. May be limited to the soft palate or may extend into the hard palate. Cleft palate in the presence of cleft lip is included in the cleft lip category.
- Down Syndrome: Trisomy 21 (chromosomal abnormality caused by the presence of all or part of a third copy of chromosome 21).
- Suspected chromosomal disorder: Includes any constellation of congenital malformations resulting from or compatible with known syndromes caused by detectable defects in chromosome structure.

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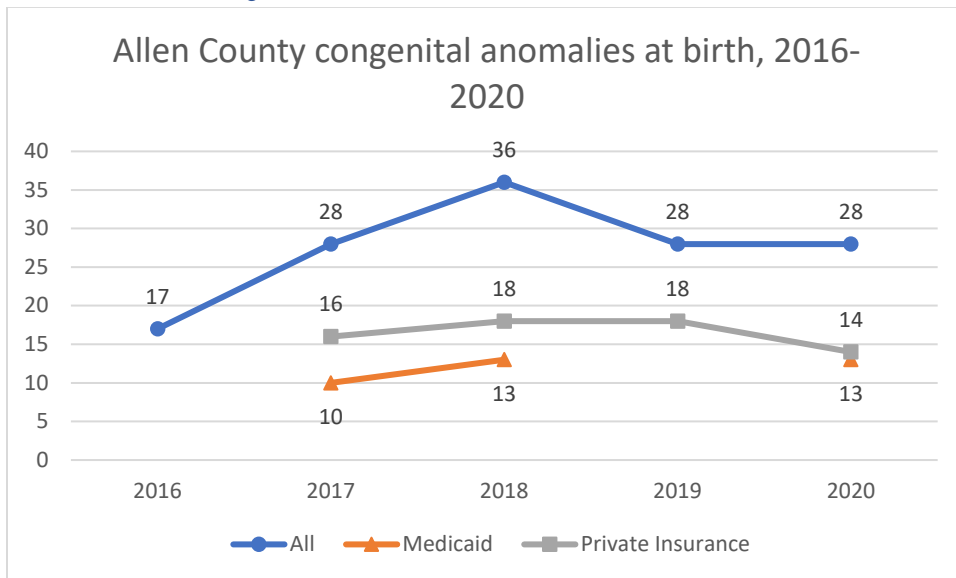
<sup>72</sup> Facility Worksheet for the Live Birth Certificate, CDC, pp. 7-8.

- **Hypospadias:** Incomplete closure of the male urethra resulting in the urethral meatus opening on ventral surface of the penis. Includes first degree - on the glans ventral to the tip, second degree - in the coronal sulcus, and third degree - on the penile shaft.

Since CDC Wonder only posts public data for occurrences of 10 or more births in the respective geography, CRI opted to use the “congenital anomalies checked” category that reflects if any of these relatively rare 12 disorders were published in the CDC data. The data in this report captures if any of these anomalies are reported, but it does not list which ones.

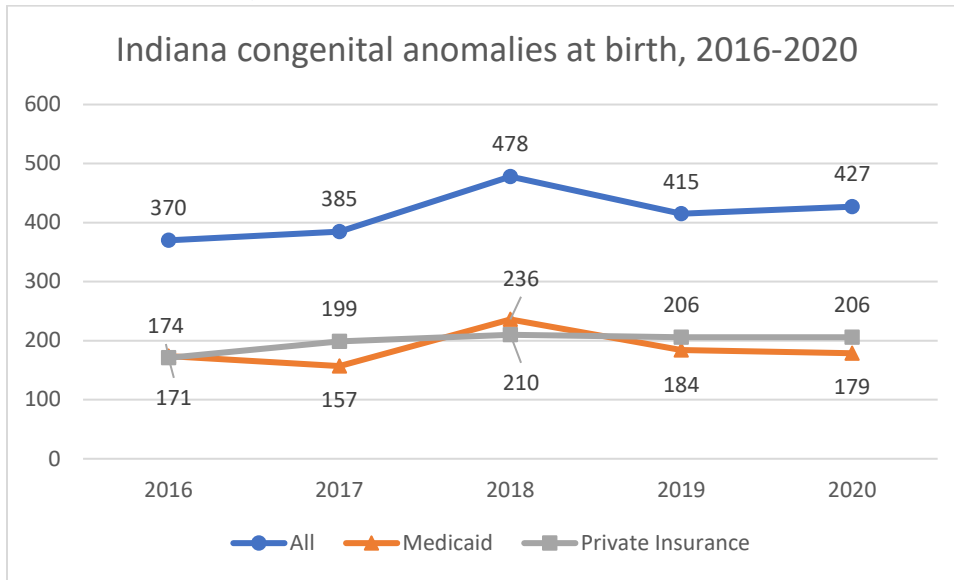
The CDC did not report total number of births for this measure by payment category so CRI is providing a timeseries count by all births, Medicaid births, and private insurance births reporting congenital anomalies for Allen County and Indiana. There was no reported data for Allen County’s Medicaid births in 2016 and 2019, and none for private insurance in 2016, which was probably because fewer than 10 births in those payment categories were reported for those years.

*Chart 103: Local congenital anomalies at birth*



Source: CDC Wonder Natality Data Expanded, 2016-2020

Chart 104: State congenital anomalies at birth



Source: CDC Wonder Natality Data Expanded, 2016-2020

#### Analysis and trends

- Both Allen County and Indiana saw congenital anomalies increase for 2018, which was more than a 100% increase for Allen County compared to 2016. Locally the numbers leveled off for 2019 and 2020.
- With the exception of 2018 in Indiana, private insurance births had more reported anomalies than Medicaid births both locally and statewide.