

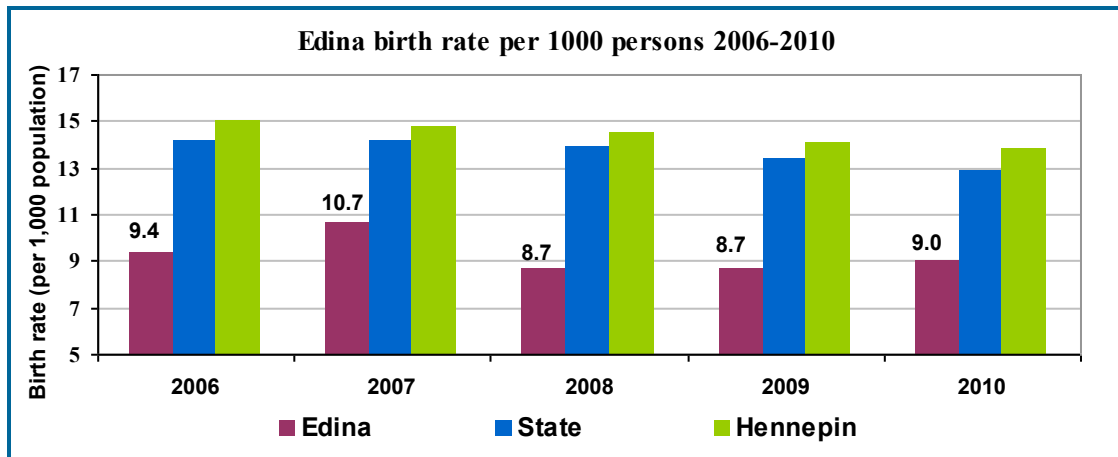
# Maternal and Child Health Report

## 2006-2010: City of Edina

### Trend and Birth Data Report

*The health of a child starts with the health of his or her mother. This report details the maternal and child health trends for the past 5 years from 2006-2010 in the City of Edina. Data in this report can be used by organizations for assessment and as a platform for further exploration into the reasons behind the data. The source of birth data found in this report is birth certificate data from the Minnesota Department of Health.*

#### What is the birth rate in Edina?



In 2010, 431 babies were born to residents of Edina. Compared to 2009, the number of births only decreased by 2 births, but the population of Edina decreased by an estimated 1550 persons. The overall population decrease resulted in a higher birth rate than 2009. Edina's birth rate has remained consistently lower than Hennepin County and the State. Both statewide and nationally, birth rates have declined the past three years, whereas Edina's has fluctuated and even increased in 2010.

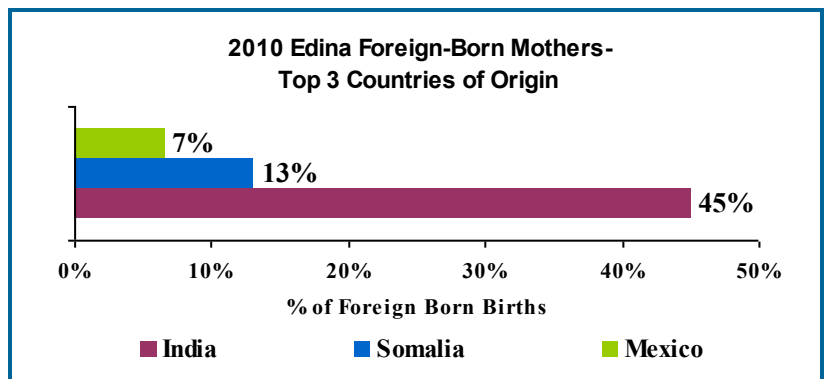
#### Maternal Characteristics

##### Race and mothers 40 years and older

Regarding race, births to non-White women increased in 2010 compared to 2006 accounting for 30% of births in 2010 versus 24% in 2006. In 2010, 19% of all births were to Asian women, 9% to Black women, 2% to other races, and .2% to Native American Indian women. With respect to age, the percentage of births to women 40 and older in Edina remains quite low, but is frequently higher than the State. This percentage increased from 2006-2008, decreased in 2009, and increased to 6.3% in 2010. Statewide, 2.7% of births are to women 40 and older.

##### Births to foreign-born women

The percentage of births to foreign-born women in 2010 was 37% of all births. This was much higher compared to 2006 when it was 26%. This percentage has increased each year from 2006-2010 except in 2009, when it decreased slightly. In 2010, the primary county of origin for foreign-born mothers in Edina was India.



## How Does Edina Compare to the State and What are the 5 year Trends?

Health Indicator	2010 Edina	2010 State of MN	5 Year Trend Description
Percent of <u>singleton</u> births that are Low Birth Weight	5.2%	4.8%	The 5-year trend for low birth weight singleton births in Edina had been decreasing since 2006 until 2010, when it increased to the second highest percentage since 2006. In the past 5 years, it was highest in 2006 at 5.7%, but had declined to 3.4% in 2009, before increasing in 2010 to 5.2%.
Percent of all births to foreign-born women	36.7%	18.0%	The percentage of births to foreign-born women in 2010 was 37% of all births. This is much higher compared to 2006 when it was 26%. This percentage has increased each year from 2006-2010 except in 2009, when it decreased slightly. In 2010, this percentage was almost double that of the State.
3-yr teen pregnancy rate per 1000 females ages 15-19 years, 2008-2010	8.1 (2008-10)	33.2 (2008-10)	The 3-year rolling average teen pregnancy rate in Edina is very low. It has been slowly increasing for the past 4 years with 2008-2010 seeing the highest rate since 2002-2004. The actual number of pregnancies for this 3-year time span for this age group was 33.
Percent of all births by cesarean section (primary and repeat c-sections)	29%	28%	The 5-year trend for births delivered by cesarean-section has fluctuated with increases from 2006-2008, a dip in 2009 and slight increase in 2010. In the State, the percentage has ranged from 28% in 2009 to 32% in 2008.
Percent of all births to high school graduates (mother age >=20 years)	98%	Not available	The 5-year trend for births to women 20 and older who graduated from high school is extremely high. It has only fluctuated 1% in the last 5 years.

### One Health Indicator, Big Impact! Preterm Births

Preterm births (less than 37 weeks gestation) in Edina, 2006-2010



- Preterm infants are at a greater risk for death in the first few days of life than full term infants
- Preterm infants are at a greater risk for other adverse health outcomes such as visual and hearing impairments, intellectual and learning disabilities and behavior and emotional problems throughout life.
- African American women have a much greater risk of delivering a preterm infant than white women.
- The most important risk factor for delivering preterm is having delivered preterm in a previous pregnancy

Source: <http://www.cdc.gov/reproductivehealth/maternalinfanthealth/PretermBirth.htm>

## Did Edina meet the National Healthy People 2010 goals?

### Healthy People 2010 Goals

Healthy People, a United States Department of Health and Human Services effort, provides science-based, 10-year national objectives for improving the health of all Americans. For three decades, Healthy People has established benchmarks and monitored progress over time in order to: encourage collaborations across sectors, guide individuals toward making informed health decisions, and to measure the impact of prevention activities. Healthy People 2020 goals were recently released *Source: www.healthypeople.gov*

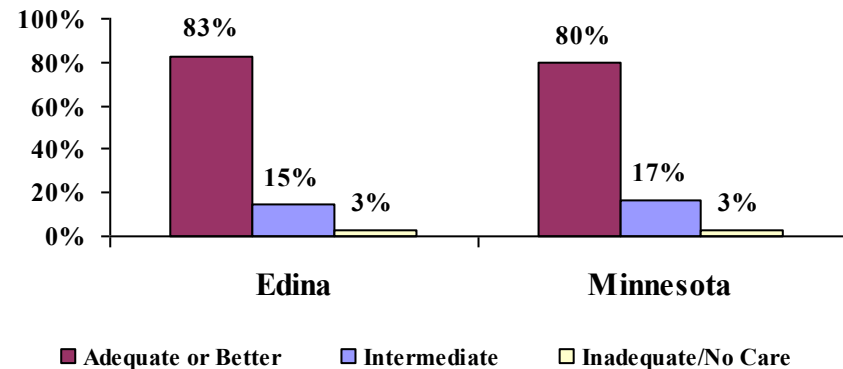
Indicator	2010 Edina	2010 State	Healthy People 2010 Goal
Percent of <u>all</u> births that are premature	<b>10.5%-all births (7.6% single births)*</b>	9.8%-all births	10% or less-all births
Percent of women beginning prenatal care in 1st trimester	<b>85.2%</b>	86.1%	90%
Percent of <u>all</u> births that are low birth weight (less than 5.5lbs, 2500 grams)	<b>8.6%-all births (5.2% single births)*</b>	6.5%-all births	5%-all births
Percent of mothers that used tobacco during pregnancy	<b>1.2%</b>	10%	1%
Percent of mothers that used alcohol during pregnancy	<b>0%</b>	Not Available	6%

\*Percentages for Single Births are given due to the fact that a high percentage of births of multiples are born early and are much more likely to be of low birth weight.

### A Closer Look at Prenatal Care:

The percentage of mothers that receive prenatal care in their first trimester is an important health data indicator to track. Early prenatal care allows women and their health care providers to identify and, when possible, treat or correct health problems and health-compromising behaviors that can be particularly damaging during the initial stages of fetal development. It is possible to get an even clearer picture of pregnancy health by looking not only at which trimester prenatal care started, but also at how many total prenatal visits were made during the length of the pregnancy. The Minnesota Department of Health calculated this statistic and classifies care as Adequate or Better, Intermediate, or Inadequate/No Care.

**Adequacy of Prenatal Care  
Edina and the State, 2010**



## Maternal and Child Health Services for Edina Residents

Bloomington Public Health offers a variety of services that help families stay healthy and thrive and this creates a stronger community. These services address current health issues and aim to prevent low birth weight, premature births and reduce future health problems. Some of the Maternal and Child Health programs at Bloomington Public Health include:

- Home visits to families focus on: prenatal health, post partum and newborn care, long term parenting support, child development, and accessing community resources
- Immunizations and flu shots
- Car seat provision for health plans
- Teen sexual health and pregnancy prevention education in schools
- Follow-Along Program and Help Me Grow South Hennepin
- Women, Infants and Children (WIC) Program



Image from website: <http://northwestearlychildhoodiowa.community.officelive.com/healthyfamilies.aspx>

### More about.....



Image from website <http://thenews13.com>

### Women, Infants, and Children Program (WIC)

This program is for pregnant women, new mothers and their children up to 5 years of age who have financial needs. Staff provide nutrition education, breastfeeding peer support, and food vouchers to make an early impact on children's growth and development both before and after they have been born. Research has demonstrated the WIC program has resulted in fewer premature births and low birth weight births, fewer infant deaths and a greater likelihood of receiving prenatal care early\*.

\*<http://www.fns.usda.gov/wic/aboutwic/howwichelps.htm>



Photo from the Parents Know-Help Me Grow website:<http://parentsknow.state.mn.us/>

### The Help Me Grow Program

This program is for all families who have concerns about their child's behavior, growth, and development. The program also help parents access educational, medical and social service resources. If a concern is identified, the family is referred to their school district where further help will be provided. This is a joint collaborative with four school districts-Bloomington, Edina, Richfield and Eden Prairie. The goal of this and the Follow Along Program is to ensure all children are prepared to enter Kindergarten.

For additional information on this report, please contact Emily Thompson at [ethompson@ci.bloomington.mn.us](mailto:ethompson@ci.bloomington.mn.us) or 952-563-8900.

**More information about Bloomington Public Health Maternal and Child Health services can be found at <http://www.ci.bloomington.mn.us/cityhall/dept/commserv/publhealth/publhealth.htm>**