

# Maternal and Child Health Report 2000-2006: Bloomington, Edina & Richfield

Prepared by Bloomington Public Health, serving the three  
cities of Bloomington, Edina and Richfield

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# Maternal and Child Health Report 2000-2006:

## Bloomington, Edina & Richfield

This report provides information regarding the health of mothers and children in Bloomington, Edina and Richfield (BER).

Certain health indicators were chosen to assess pregnancy outcomes in each city using birth certificate data obtained from the Minnesota Department of Health.

Annual birth data is provided at the state and county level and is made available the year after the data is collected. Therefore, 2006 birth data was made available in December of 2007. Data from BER can sometimes take a bit longer to receive because it is city-level data and is pulled from the Hennepin County dataset.

This report will answer the following questions:

- **What is the birth rate?**
- **Who is having the babies?**
- **How healthy are the mother and child?**

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## INDICATORS

Health indicators are measures of the extent at which goals/outcomes are achieved. Indicators in this report are based on 2004 public health improvement goals established by the Minnesota Department of Health.

\*Healthy Minnesotans: Public Health Improvement Goals 2004, 1998.

### **Infant and child health indicators:**

- Low birth weight
- Very low birth weight
- Preterm birth
- Infant mortality

These health indicators can foreshadow possible health and developmental problems that increase the need for medical attention and special services. They can be viewed as a measure of maternal health, the health care system and available support networks.

### **Maternal health indicators:**

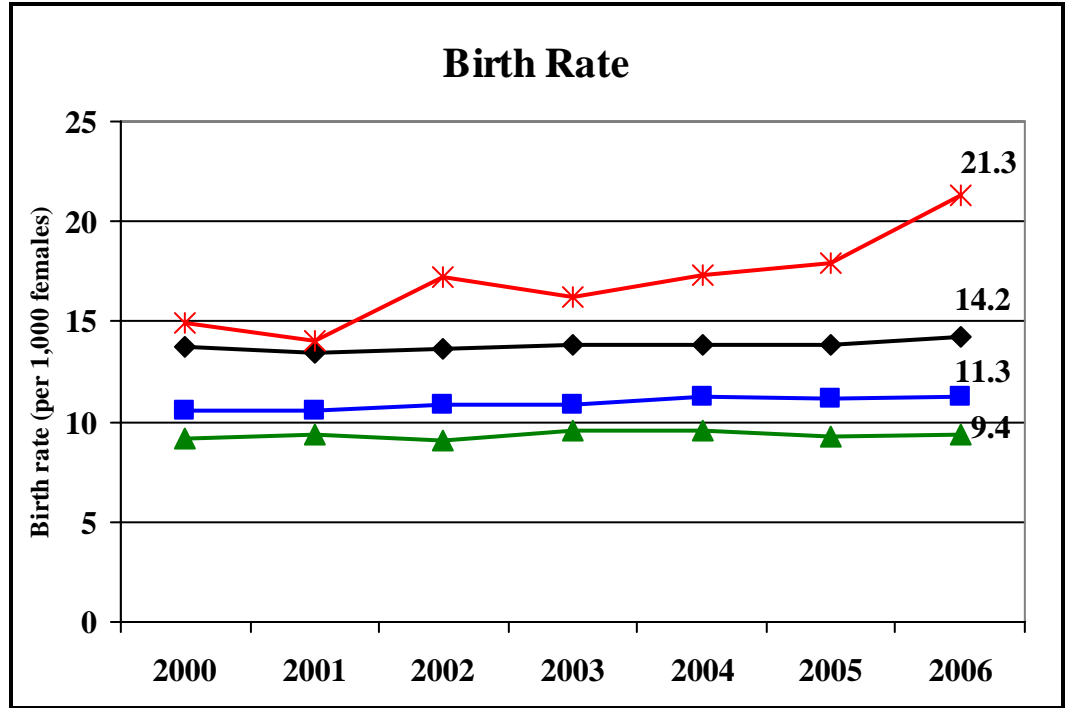
- Adolescent pregnancy
- Advanced maternal age
- Marital status
- Prenatal care
- Alcohol, tobacco and other drug use

These maternal health indicators represent health care access and availability of financial, emotional and community resources for mother and baby. These play a significant role in the health, development and growth of the child.

# What is the birth rate?

Number of Births			
<b>Bloomington</b>			
2000	2006	change	
907	970	6.9%	
<b>Edina</b>			
2000	2006	change	
437	440	0.0%	
<b>Richfield</b>			
2000	2006	change	
513	707	37.8%	

KEY:	
Minnesota	◆—◆
Bloomington	■—■
Edina	▲—▲
Richfield	*—*



The number of multiple births has fluctuated in the three communities over time.

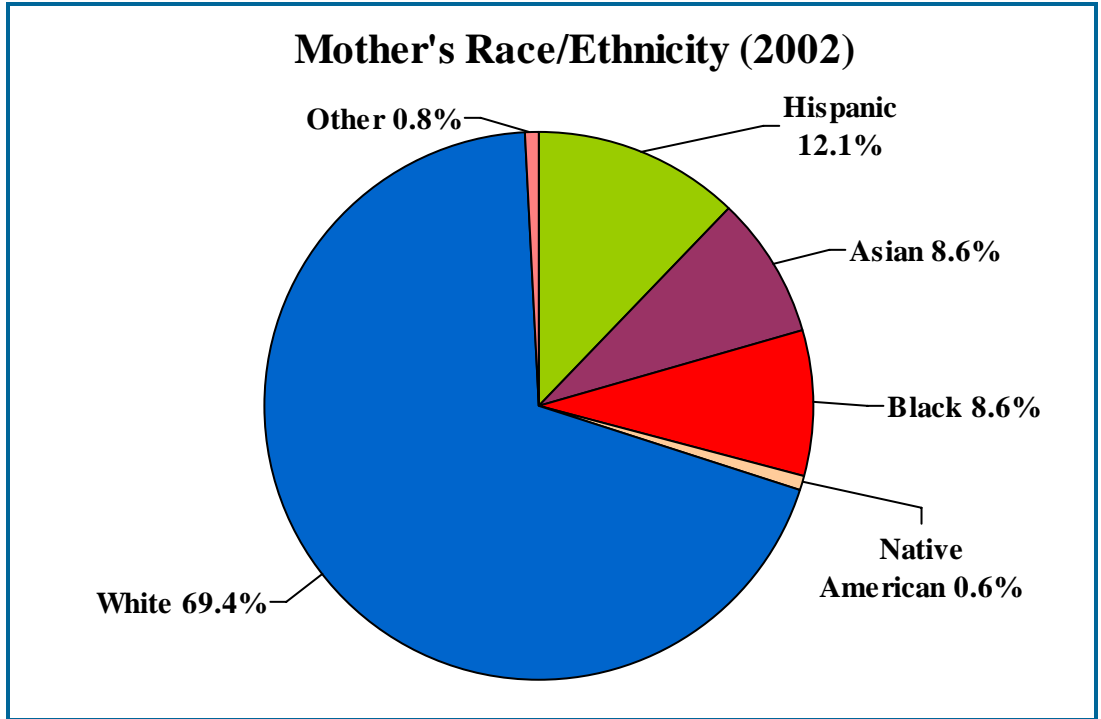
**Note:** Graph shows counts of individual births, not sets of multiples.

	Minnesota	Bloomington	Edina	Richfield
<b>2001</b>	2118 (twins) 167 (triplets) 19 (quadruplets) <20 (quintuplets)	27 (twins) <5 (triplets)	29 (twins) <5 (triplets)	15 (twins)
<b>2002</b>	2242 (twins) 120 (triplets) <20 (quadruplets)	34 (twins) <5 (quads)	16 (twins) <5 (triplets)	21 (twins) <5 (triplets)
<b>2003</b>	2259 (twins) 141 (triplets) <20 (quadruplets)	40 (twins)	27 (twins)	21 (twins)
<b>2004</b>	2335 (twins) 157 (triplets) <20 (quadruplets) <20 (quintuplets)	47 (twins) <5 (quads)	22 (twins)	14 (twins)
<b>2005</b>	2384 (twins) 102 (triplets) <20 (quadruplets)	32 (twins)	25 (twins)	16 (twins) <5 (triplets)
<b>2006</b>	2352 (twins) 93 (triplets)	39 (twins)	16 (twins)	23 (twins)

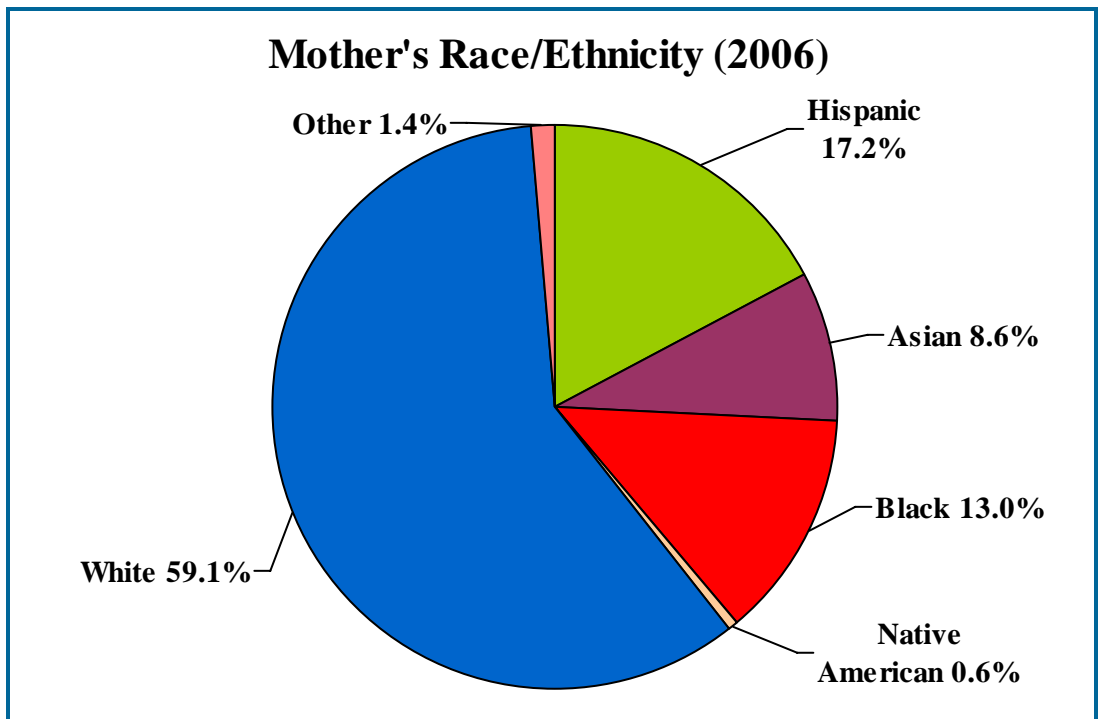
# Who is having the babies?

**Note:**  
Category names are defined by Minnesota Department of Health.

Mothers reporting Hispanic ethnicity may be of any race.

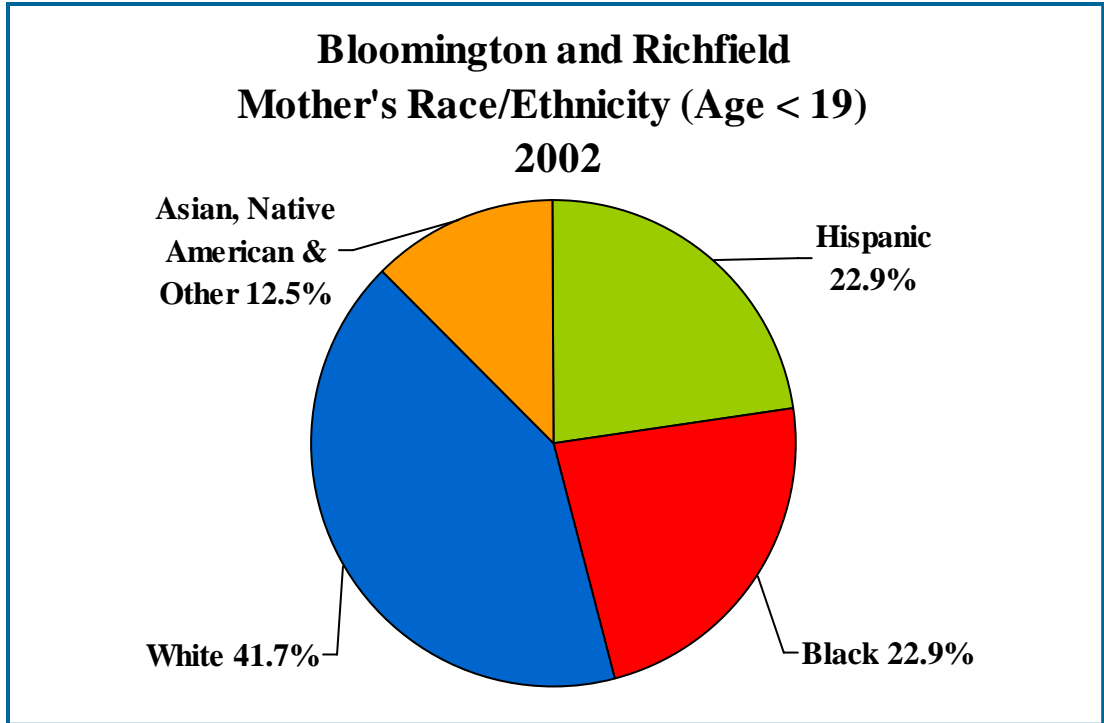


Since 2002, there has been a decline in the percentage of births to White mothers.

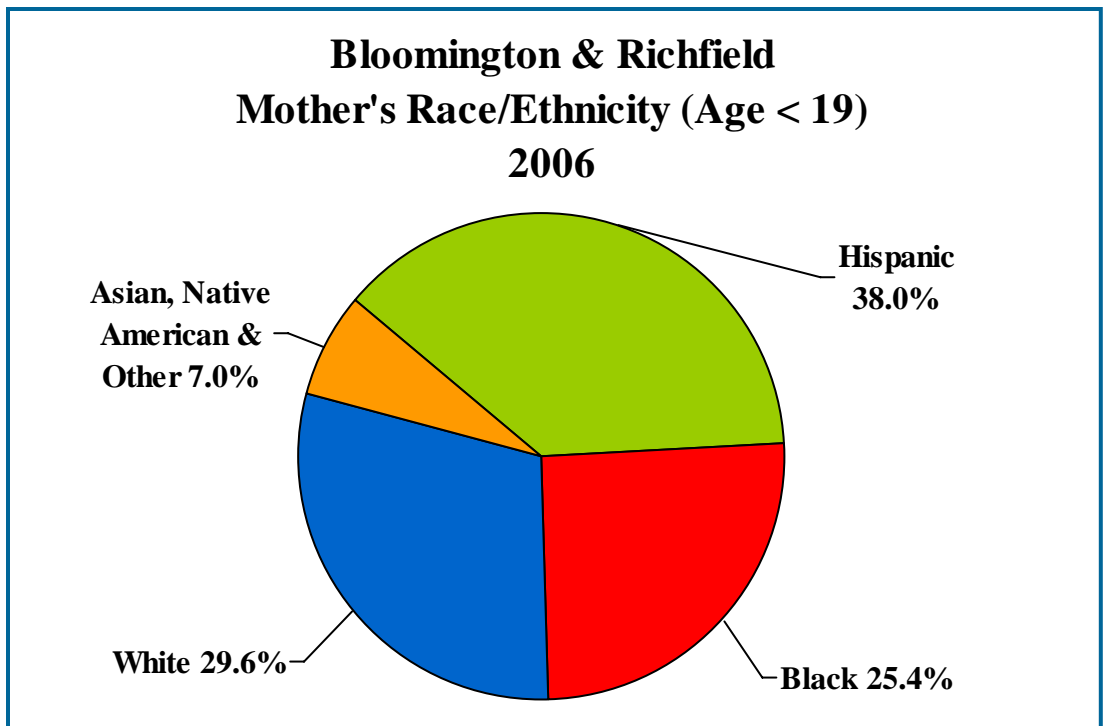


# Who is having the babies?

**Note:**  
Only  
Bloomington  
and Richfield  
teenage births  
are calculated  
in these  
graphs.

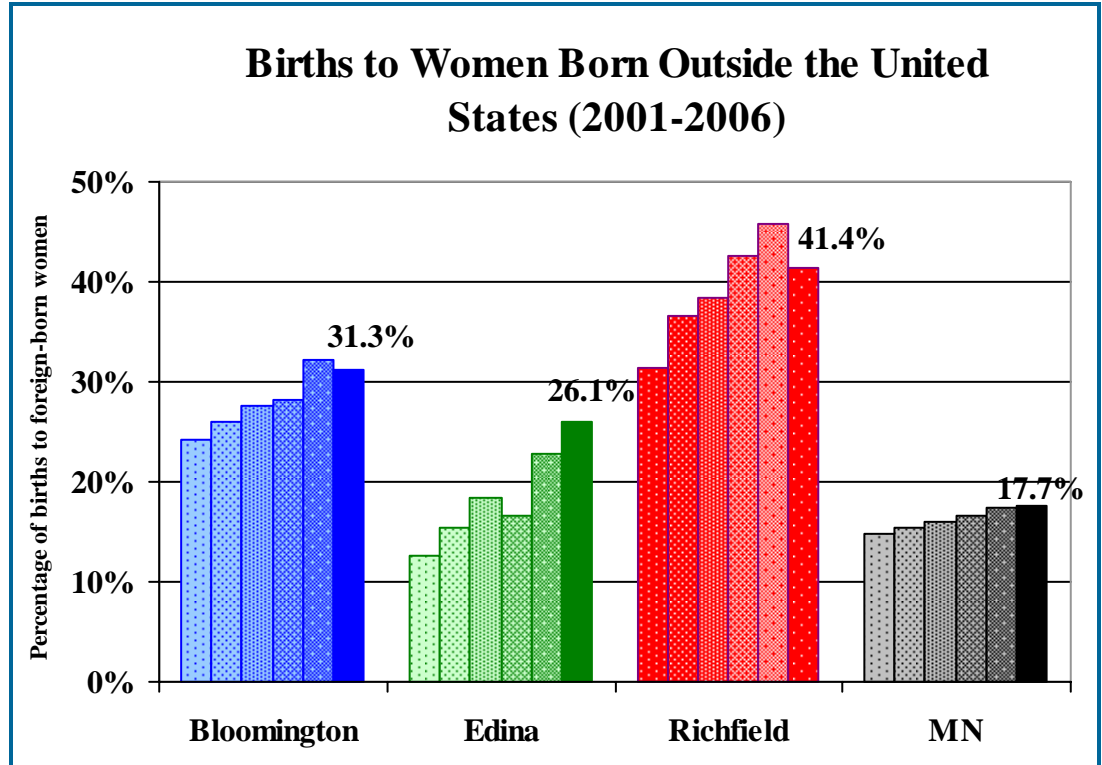


There has  
been an  
increase in the  
percentage of  
teenage births  
to Hispanic  
females since  
2002.



## Who is having the babies?

The number of births to foreign-born mothers has increased in all three cities since 2000.



### Summary of births to foreign-born residents in 2006.

#### **Bloomington:**

Mexico was the most common country of birth for foreign-born mothers (35.7%). Many women also reported being from Somalia, India, El Salvador and Vietnam.

#### **Richfield:**

The majority (57.7%) of foreign-born mothers reported being from Mexico. Many women also reported being from Somalia and El Salvador.

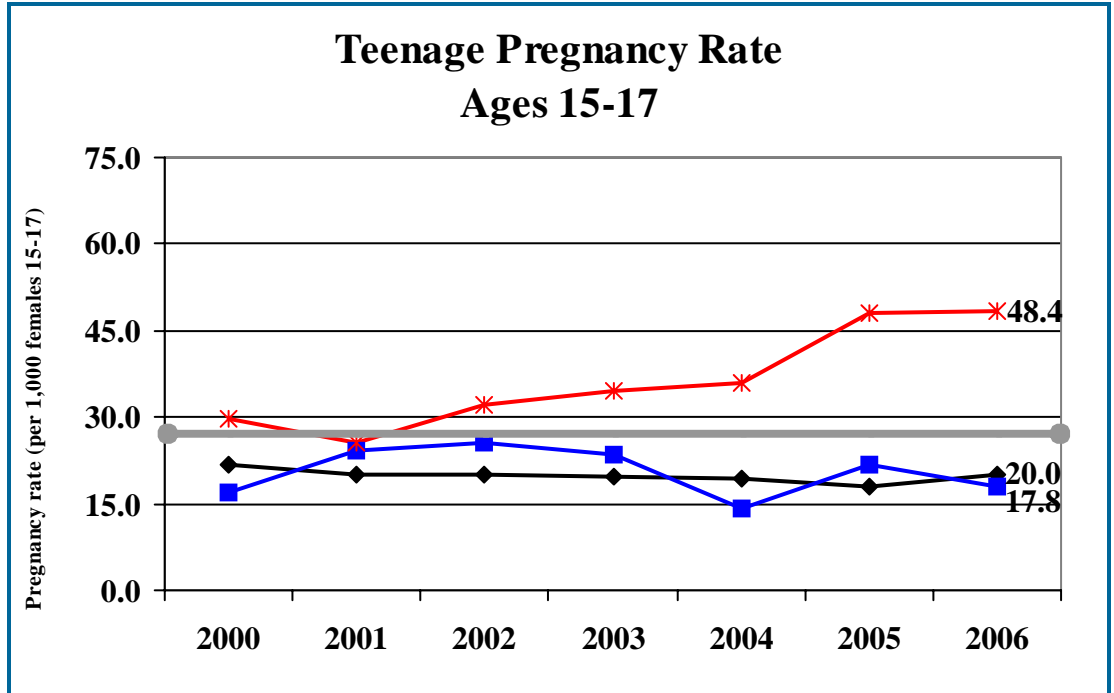
#### **Edina:**

India was the most common country of birth for foreign-born mothers (37.4%). Many women also reported being from Somalia.

# Who is having the babies?

Bloomington saw a slight fluctuation in pregnancy rates in both age groups.

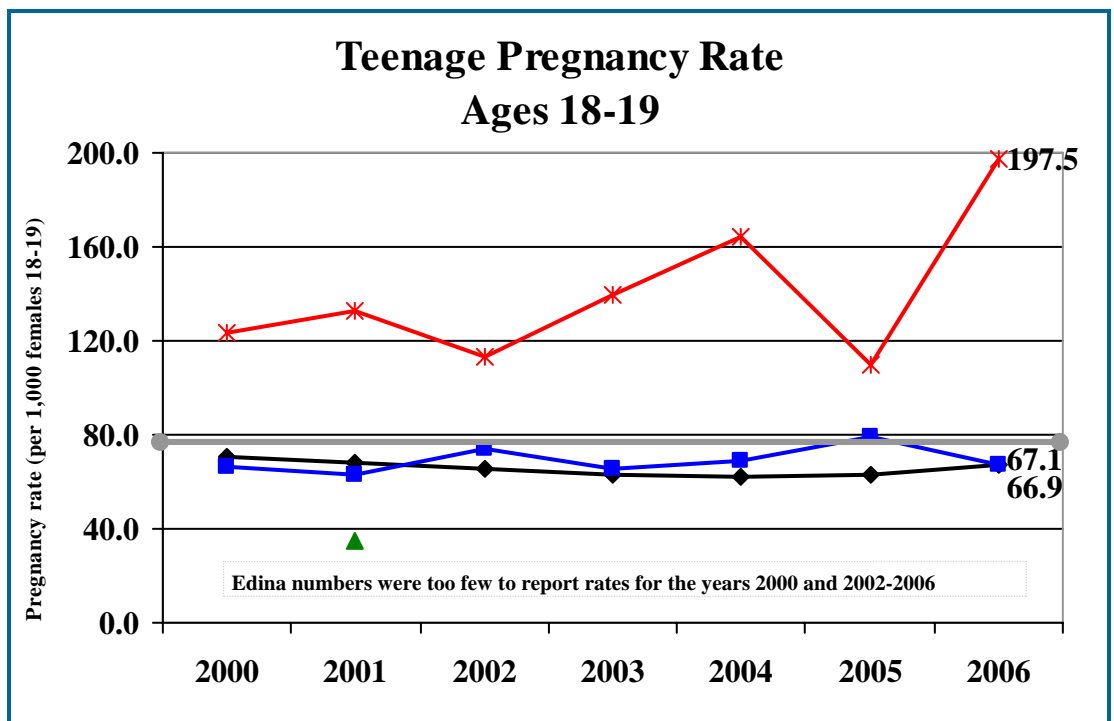
Edina numbers were too few to report rates for 15-17 year olds.



MN 2004 Goal: Reduce adolescent pregnancy rates to no more than 26.9 per 1,000 women age 15-17

Richfield pregnancy rate among 15-17 year old leveled off. The 18-19 year old pregnancy rate has fluctuated dramatically.

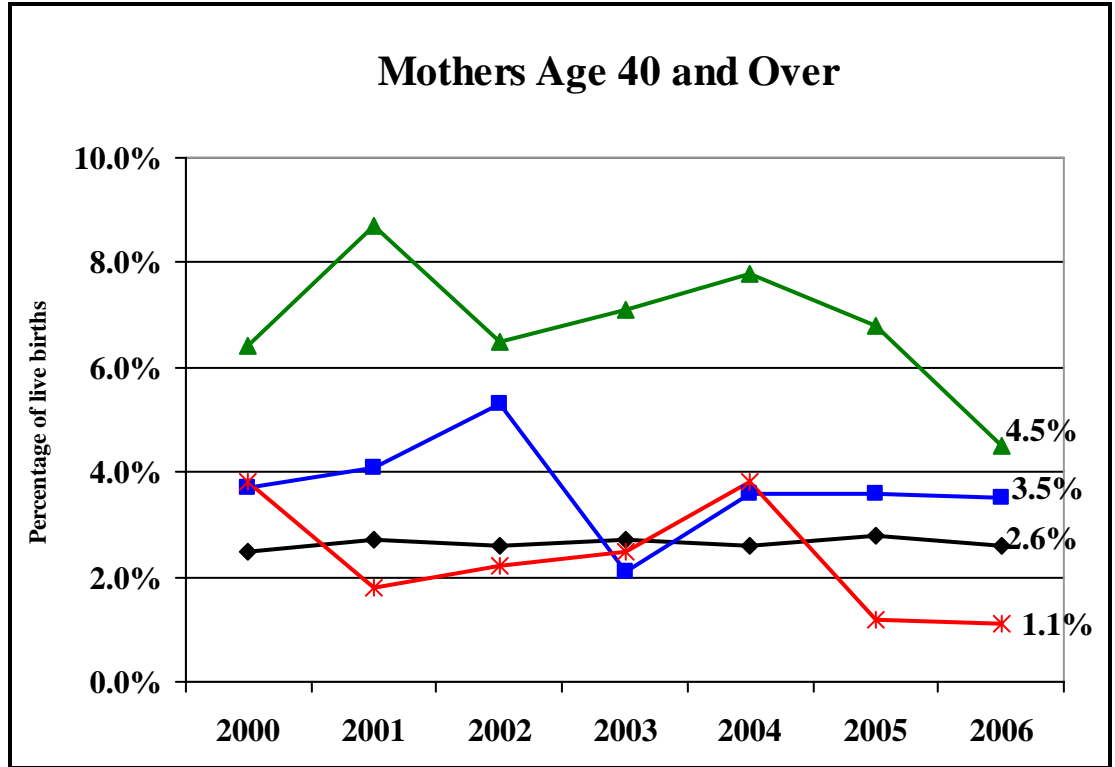
**KEY:**  
 Minnesota —●—  
 Bloomington —■—  
 Edina —▲—  
 Richfield —\*—



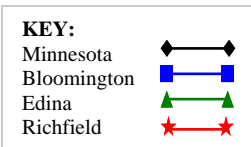
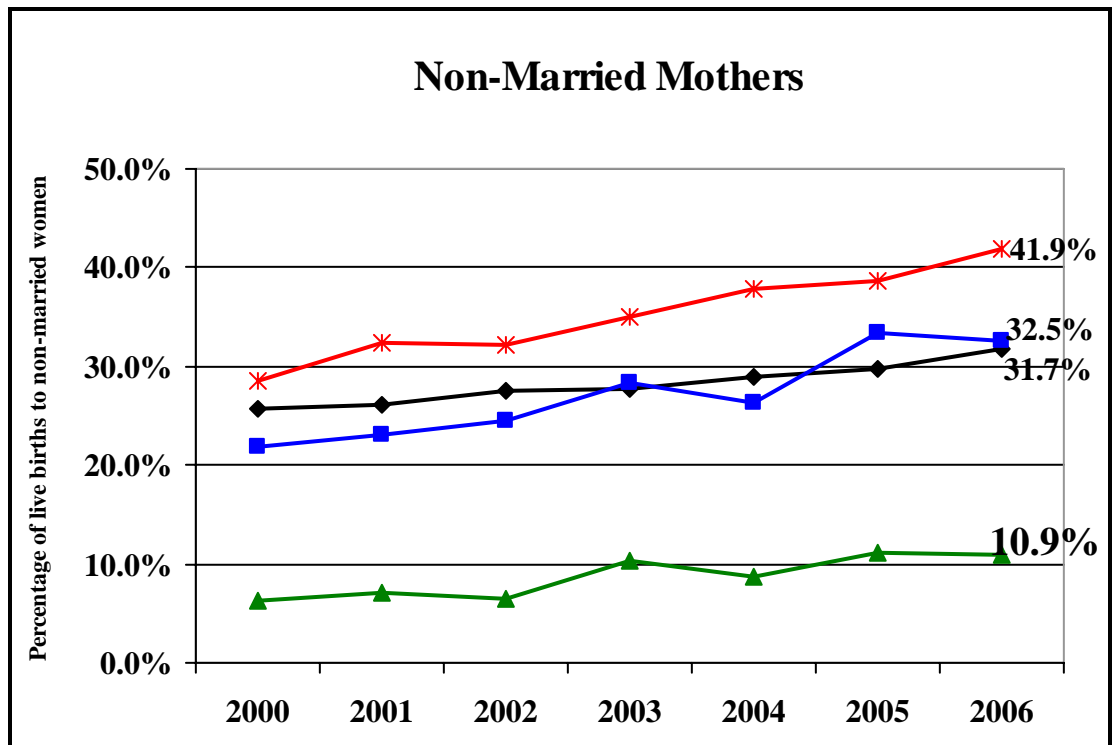
MN 2004 Goal: Reduce adolescent pregnancy rates to no more than 76.7 per 1,000 women age 18-19

## How healthy are the mother and baby?

The percentage of women giving birth over the age of 40 is highest in Edina, but this is declining.

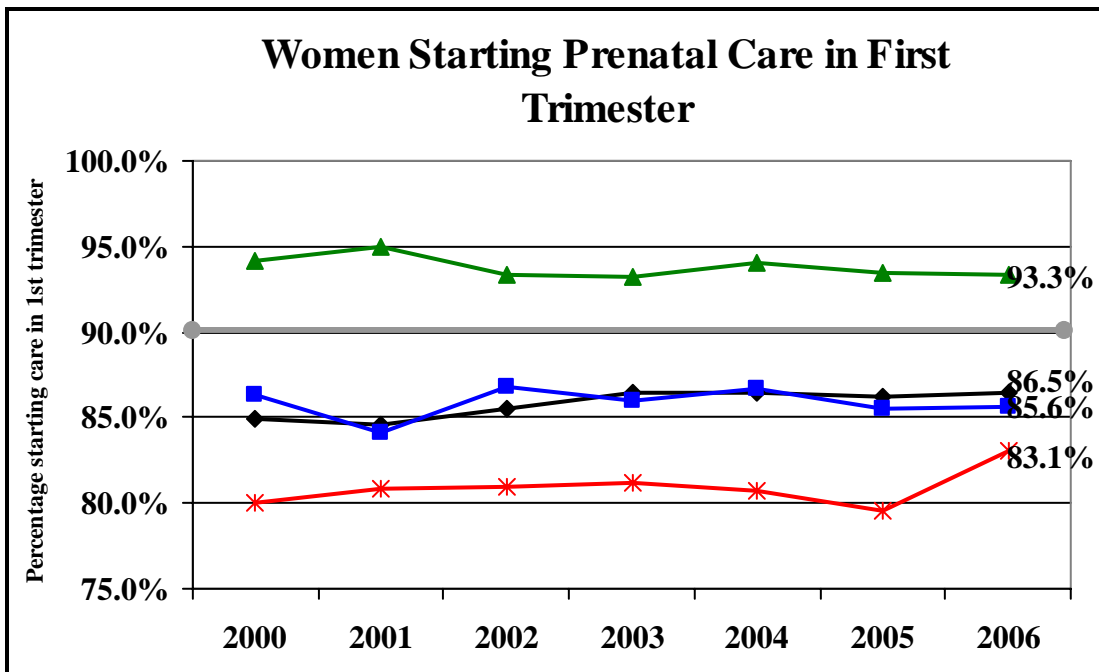
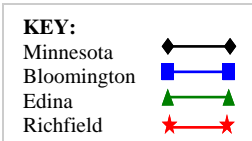


The percentage of non-married women giving birth is increasing in each community.



## How healthy are the mother and baby?

In 2006, Richfield saw an increase in women receiving prenatal care in the first trimester.

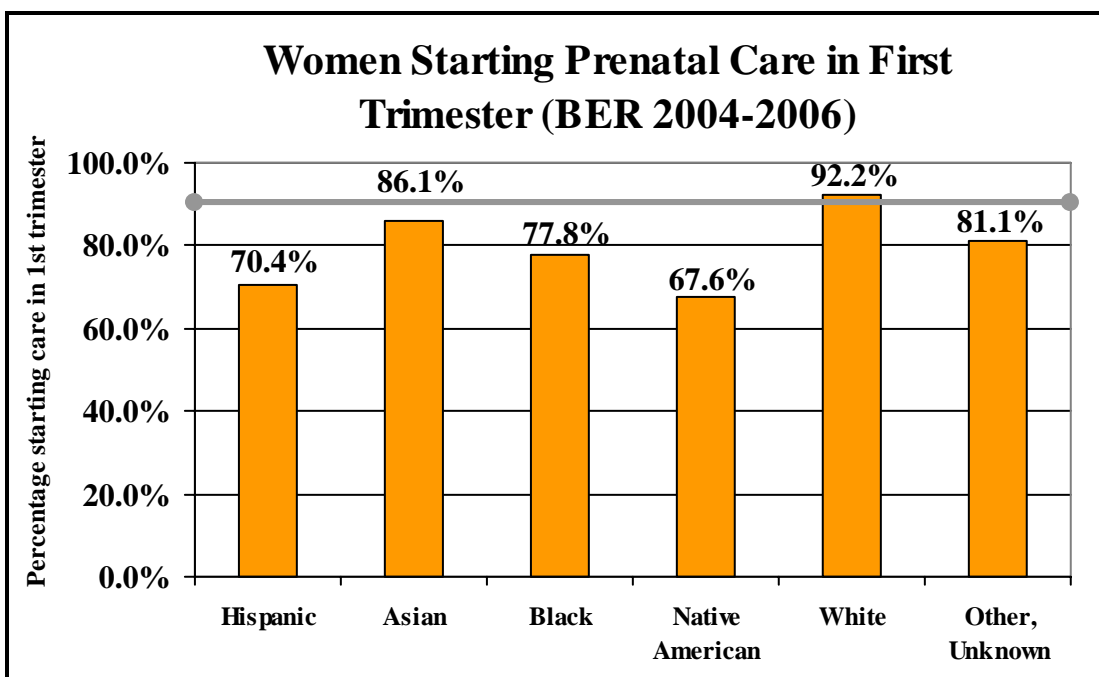


MN 2004 Goal: At least 90% of women receiving prenatal care in their first trimester of pregnancy

## Health disparities

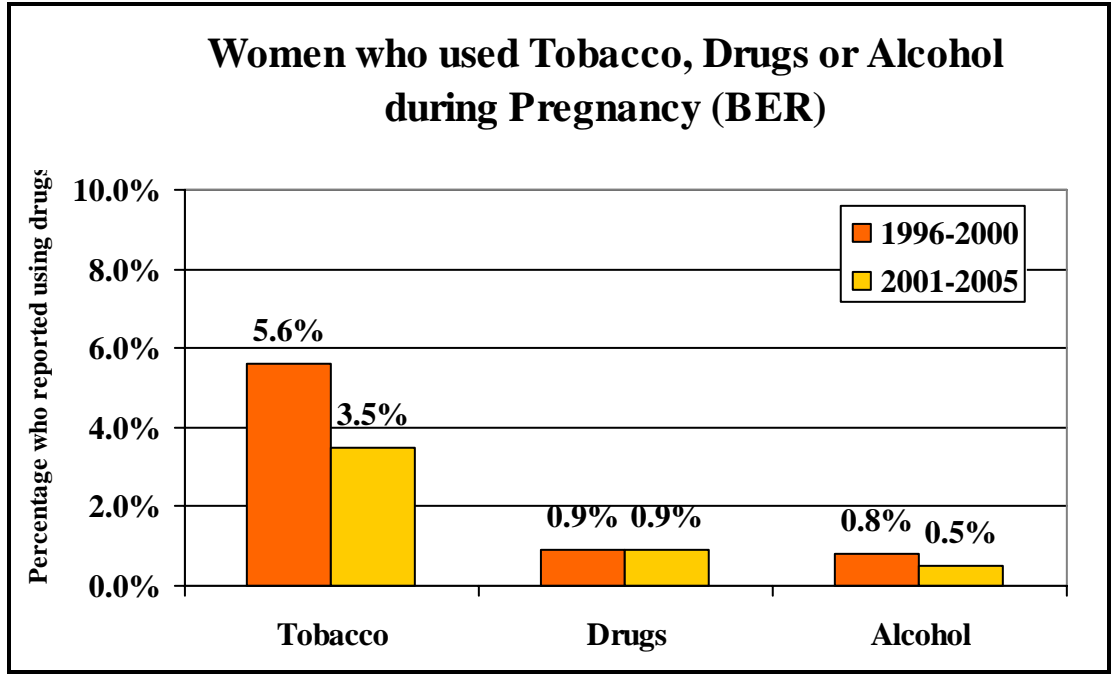
Health disparities are important to consider as cities become more diverse.

White women were the only population to reach the MN 2004 Goal.



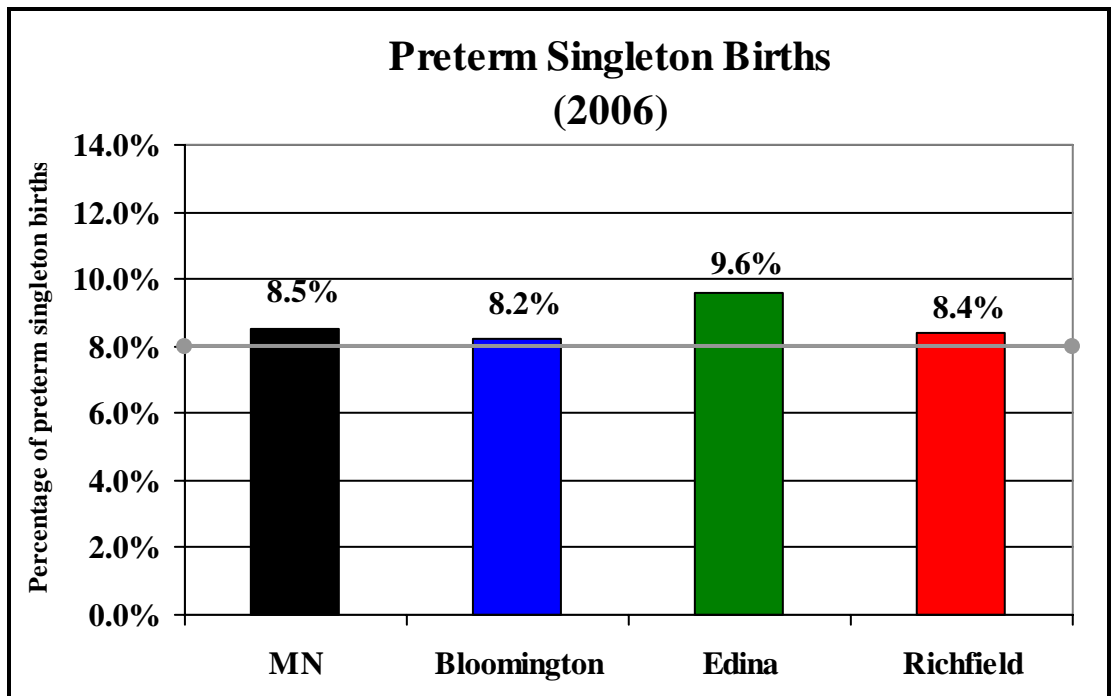
## How healthy are the mother and baby?

The percentage of women who reported using tobacco, drugs or alcohol while pregnant is low and the percent using tobacco has declined.



Note: This indicator relies on self-report from the mother

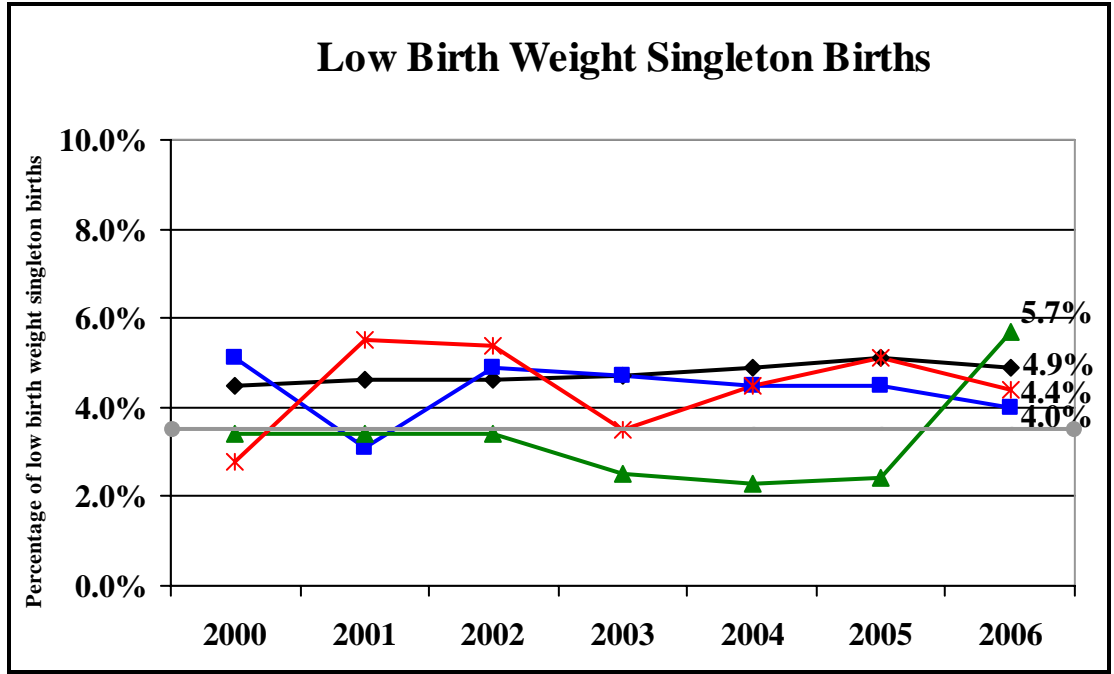
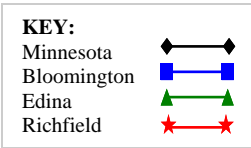
To account for the association between preterm and multiple births, this graph shows singleton births.



MN 2004 Goal: Reduce to no more than 8.0% of all live births the preterm birth rate

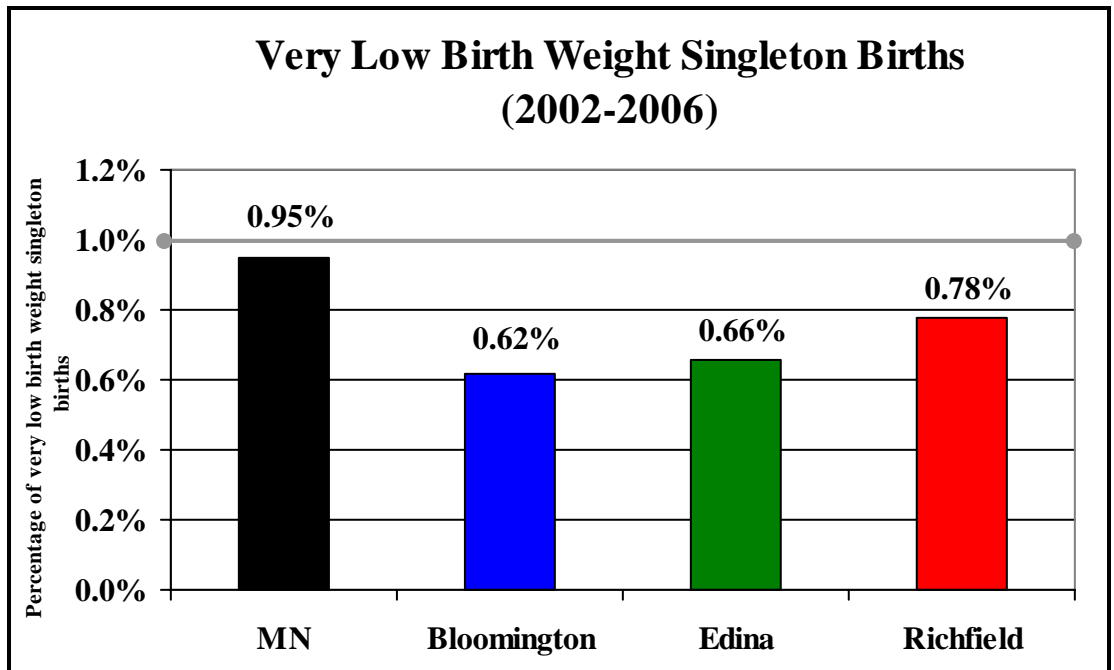
# How healthy are the mother and baby?

In 2006, Edina experienced an increase in low birth weight births.



MN 2004 Goal: Reduce low birth weight births to no more than 3.5% of all singleton births

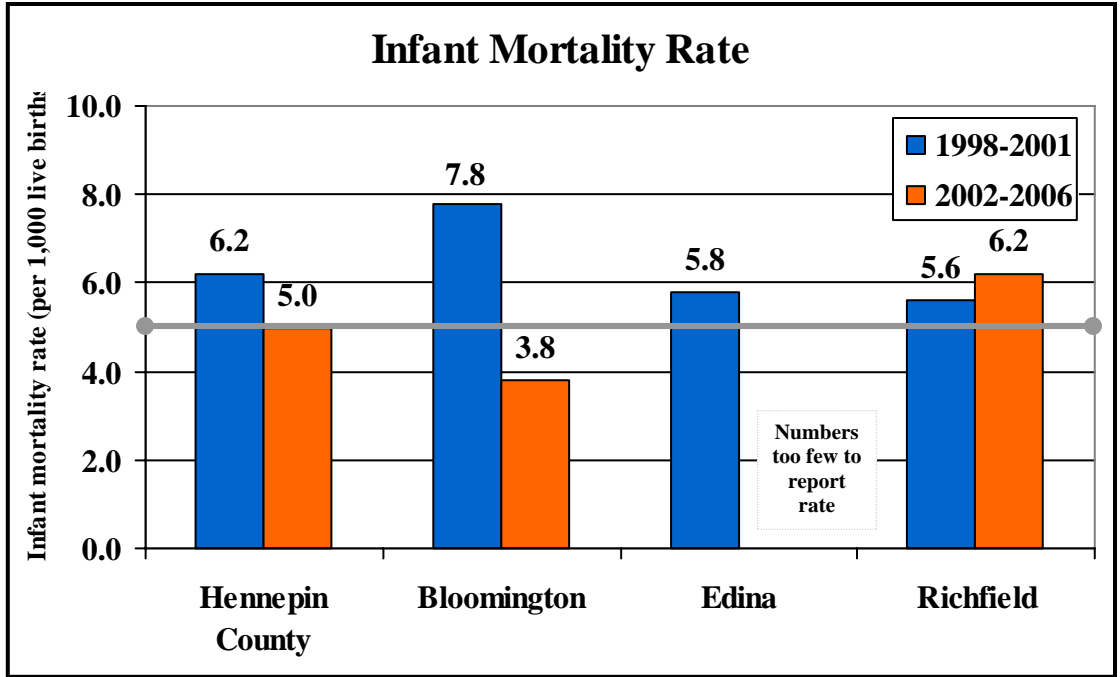
For the combined years 2002-2006, each city reached the MN 2004 Goal for very low birth weight.



MN 2004 Goal: Reduce very low birth weight births to no more than 1.0% of all singleton births

## How healthy are the mother and baby?

Efforts to reduce infant mortality appear fairly successful, including the “Back to Sleep” message to reduce Sudden Infant Death Syndrome.

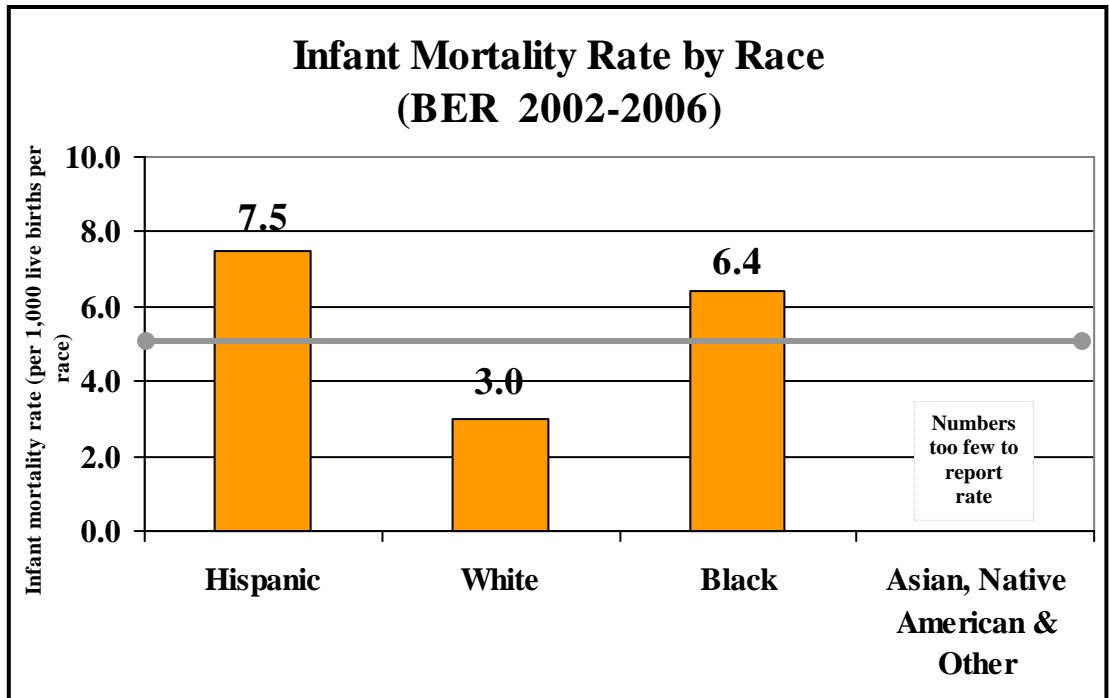


MN 2004 Goal: Reduce infant mortality rate to no more than 5.0 per 1,000 live births

## Health disparities

Health disparities are present in this quality of life indicator.

Among BER infants, White children have the lowest mortality rate.





# Maternal and Child Health Report

## 2000-2006:

### Bloomington, Edina & Richfield

#### DEFINITIONS

**Birth rate:** The total number of live births per 1,000 population (includes all ages). Rate shows true changes as it takes into consideration population growth in a city and counts show numbers without that reference.

**Multiple births:** Number of children born during delivery (twins, triplets, etc.). This counts individual births, not sets of multiples.

**Race/ethnicity of mother:** Percentage of pregnancies in each race/ethnicity category (category names defined by MDH).

**Teenage pregnancy rate:** The number of pregnancies per 1,000 females in particular age group, 15-17 or 18-19 years. (Population estimates used to calculate pregnancy rates are from Hennepin County Public Health, Assessment Unit).

**Advanced maternal age:** Percentage of live births to women age 40 and over.

**Marital status:** Percentage of married versus non-married women.

**Prenatal care:** Percentage of women receiving prenatal care starting in their first trimester of pregnancy.

**High risk behavior:** Percentage of women who used tobacco, drugs, or alcohol at any point during pregnancy.

**Preterm birth:** Percentage of babies born at less than 37 weeks gestation. The graph in this report shows only singleton births. The percent would be higher if all live births were included.

**Low birth weight:** Percentage of singleton birth babies born weighing less than 2500 grams (approximately 5.5 pounds).

**Very low birth weight:** Percentage of singleton birth babies born weighing less than 1500 grams (approximately 3.3 pounds).

**Infant mortality:** The number of deaths of children under one year of age per 1,000 live births (for a particular year).