Bronx Community Health Dashboard: Maternal and Child Health

Last Updated: 1/31/2018

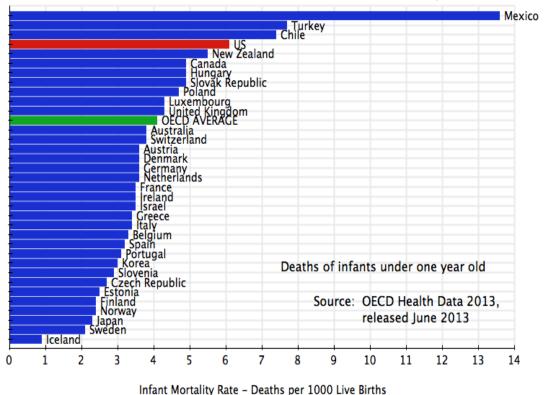
See last slide for more information about this project.



Disability due to low birth weight and short gestation (DALYs per 100,000) Japan, 28

Global Burden of Disease, 2016. Map constructed using GBD Compare Viz Hub. https://vizhub.healthdata.org/gbd-compare/

Infant Mortality Rate – Deaths per 1000 Live Births OECD Member Countries – 2011 or nearest available year



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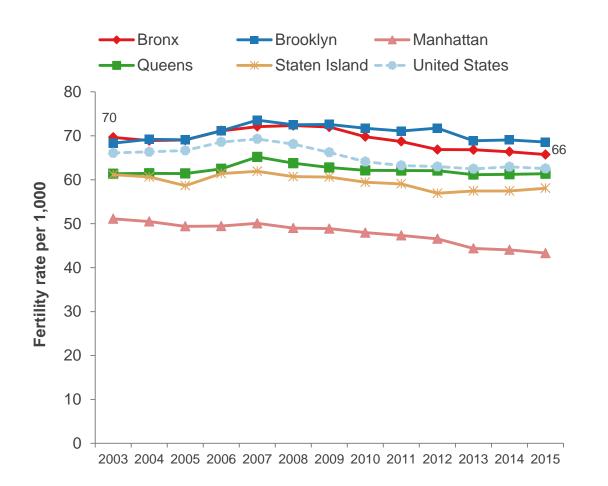
Source: https://aneconomicsense.org/2013/11/22/us-health-care-high-cost-and-mediocre-results/

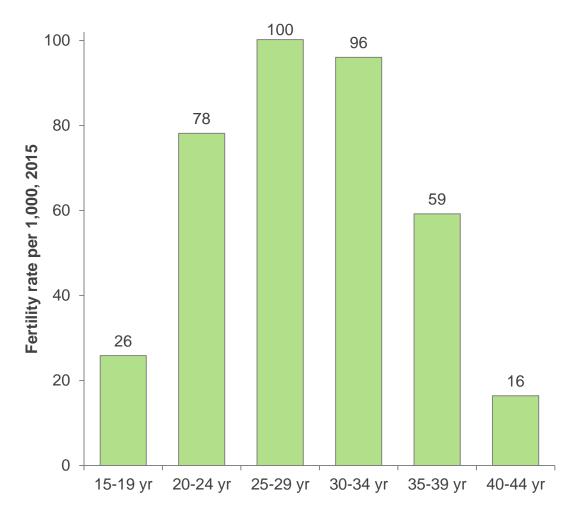
Infant mortality rate in the U.S. is higher than the average for other higher-income countries



Similar to national rates, the fertility rate* in the Bronx has declined modestly by 6%

In the Bronx, 25-29 year olds have the highest birth rate





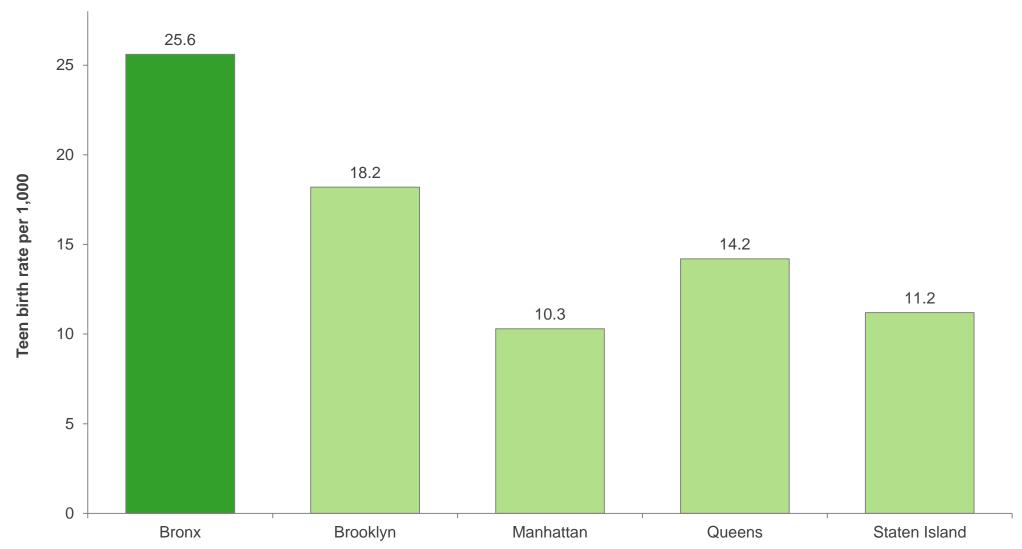
*The fertility rate is the number of births over the number of women 15-44 years of age.



Teen (age 15-19y) birth rate

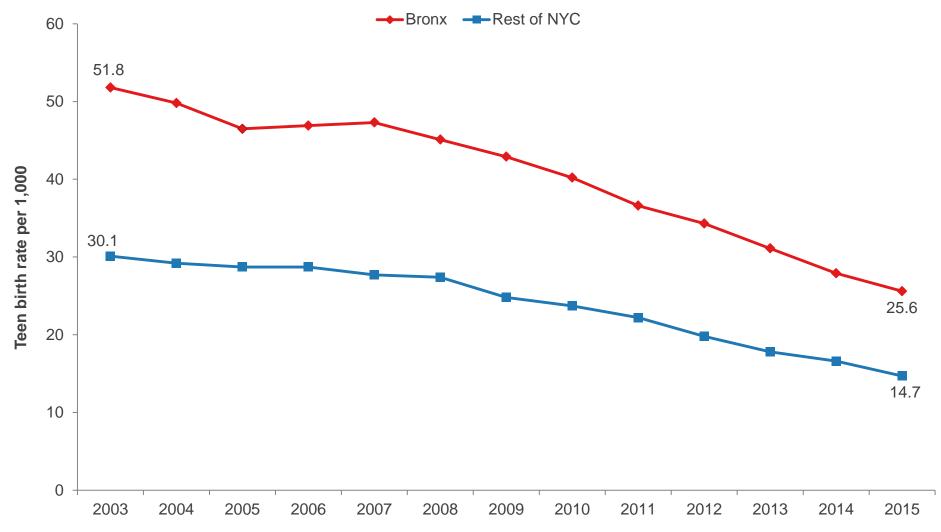


Bronx has the highest teen birth rate in New York City

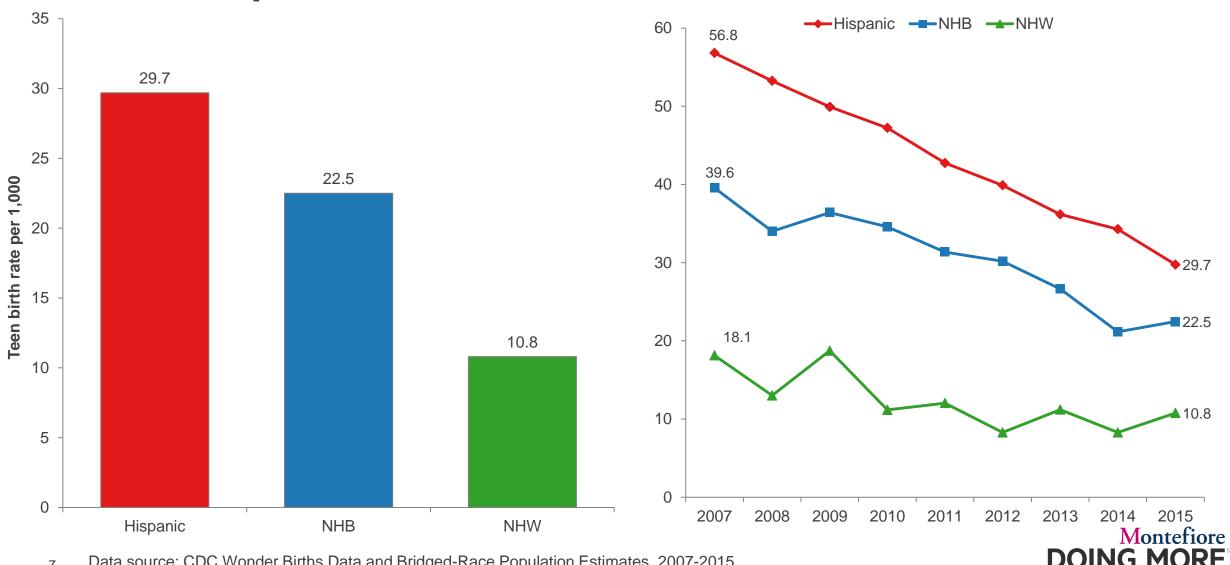




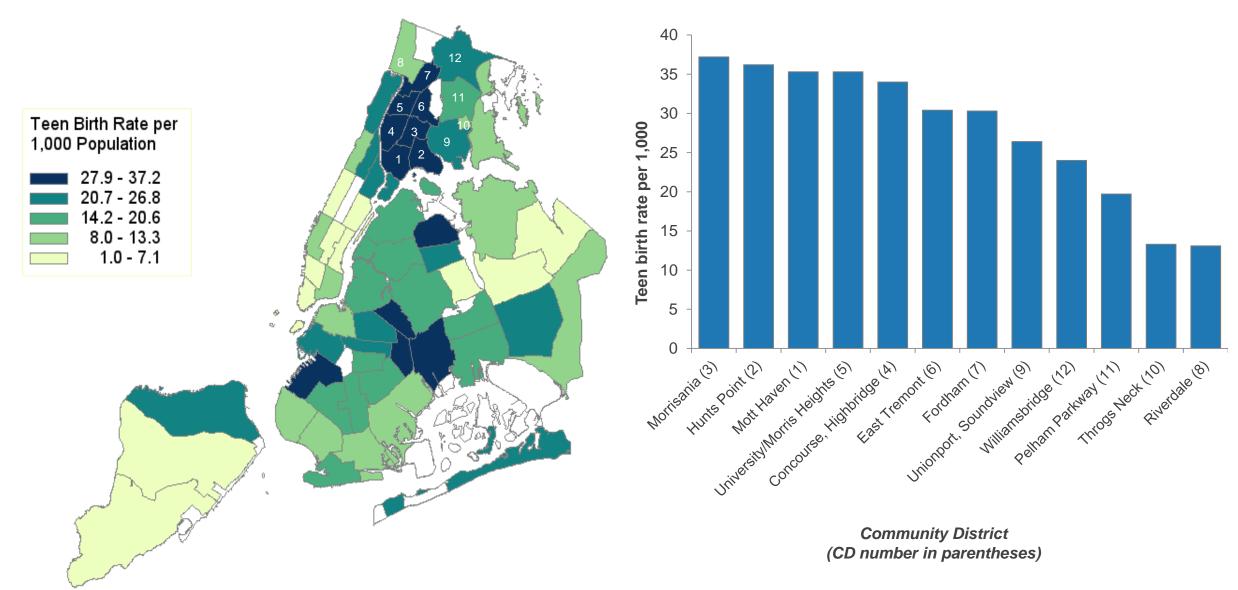
Teen birth rate in Bronx has declined by 50% since 2003, but is still 75% higher than the rest of NYC



Teen birth rates have declined in all racial/ethnic groups but the disparities remain constant



In the Bronx, Morrisania has the highest teen birth rate

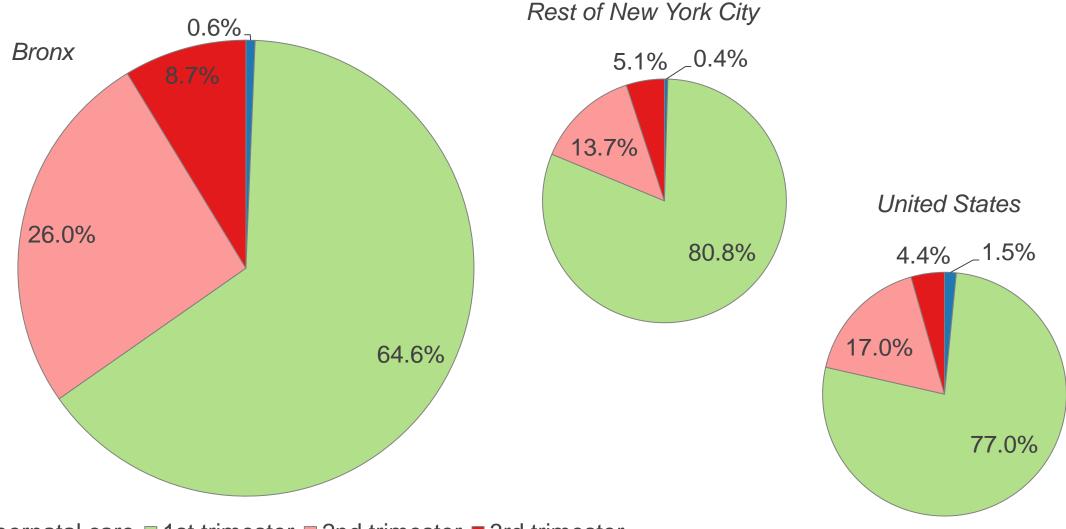


Timely initiation of prenatal care

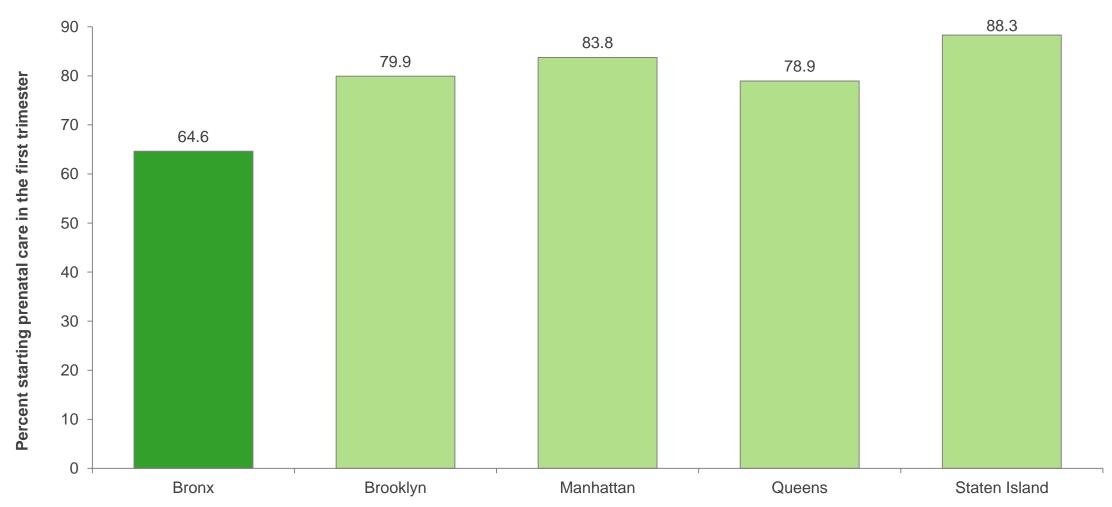
Defined as starting prenatal care in 1st, 2nd or 3rd month of pregnancy



In the Bronx, 9.3% of women do not get prenatal care until the 3rd trimester if not at all, compared to 5.5% in the rest of NYC and 5.9% nationally

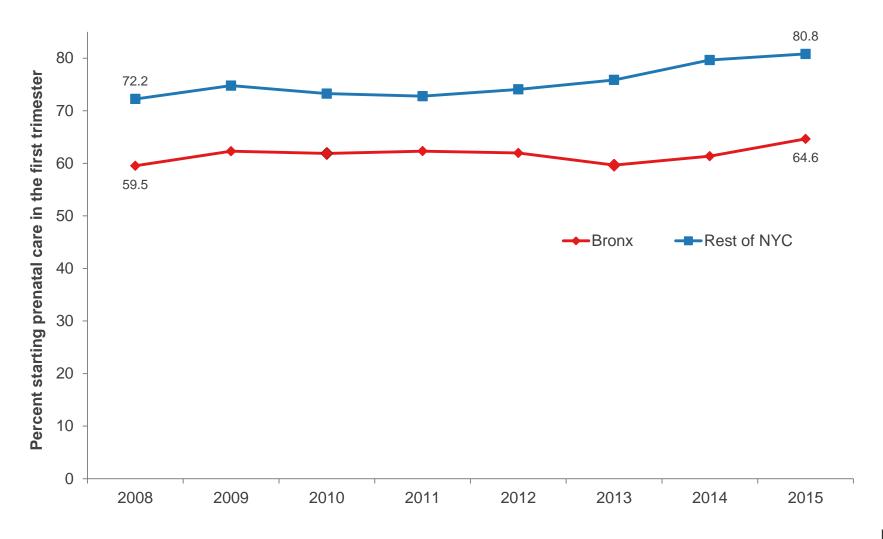


Bronx has a much lower percent of mothers getting their first prenatal care visit in the first trimester of pregnancy than other NYC boroughs



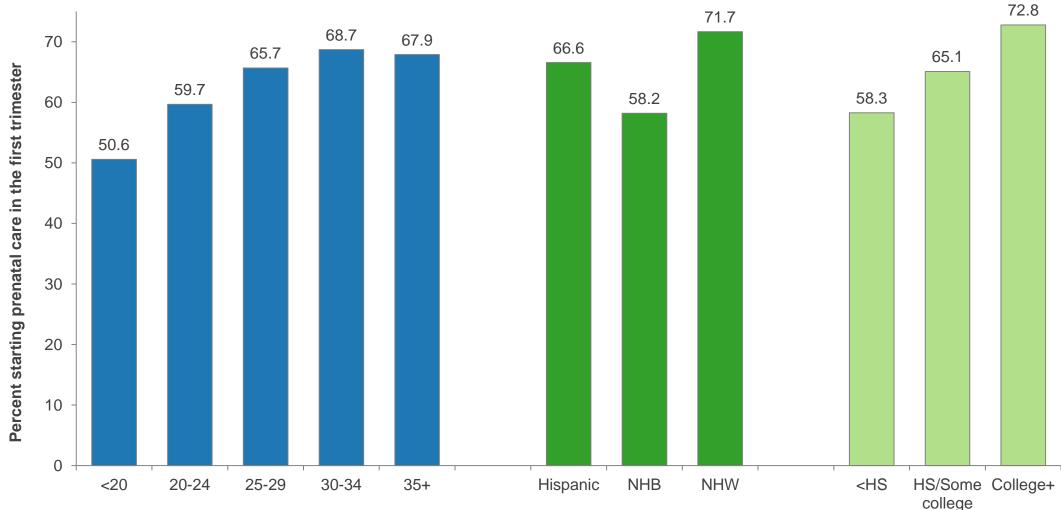


The proportion of women starting prenatal care in the first trimester has increased, though the disparity has between the Bronx and rest of NYC has marginally worsened

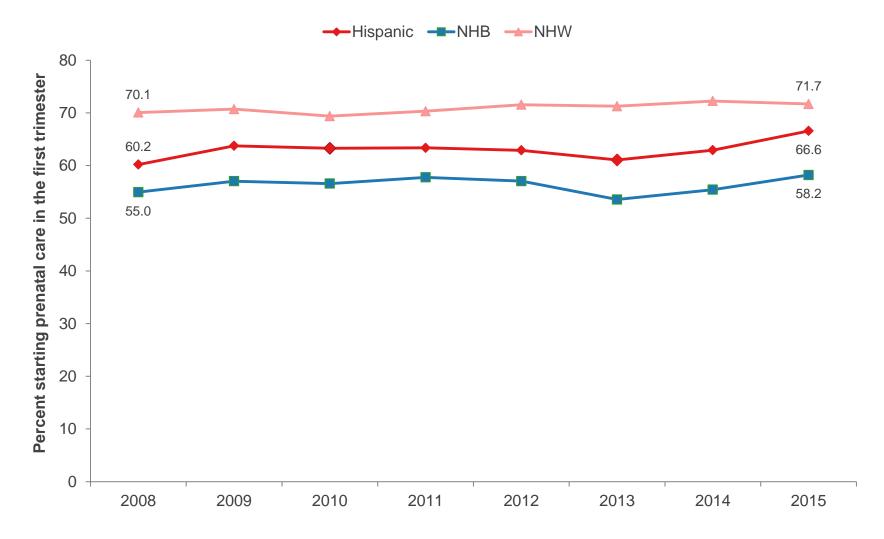




Teen women, non-Hispanic black women and those with less education are least likely to start prenatal care in the first trimester

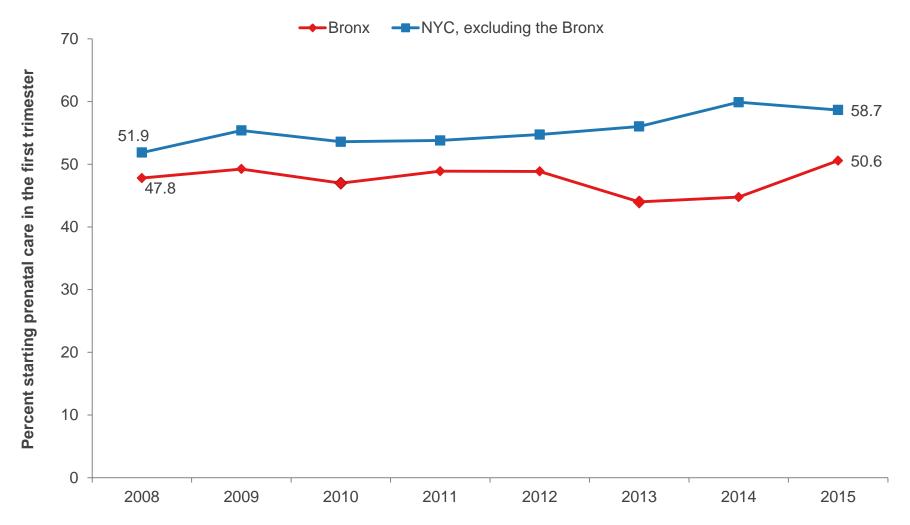


Racial/ethnic disparities in the early initiation of prenatal care in the Bronx have largely persisted





In the rest of NYC, the percent of teen mother's starting prenatal care in the first trimester has increased by 13% as compared to 6% in the Bronx





Low birth weight

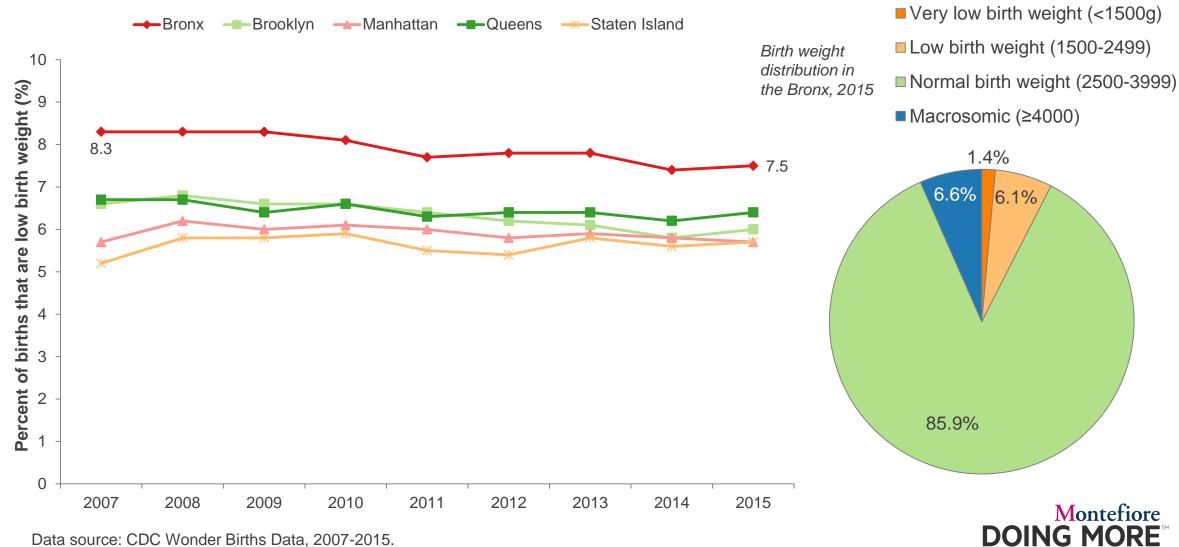
Defined as <2,500 grams

Data are limited to single births because there is evidence that multiple births are more likely to result in low birth weight.

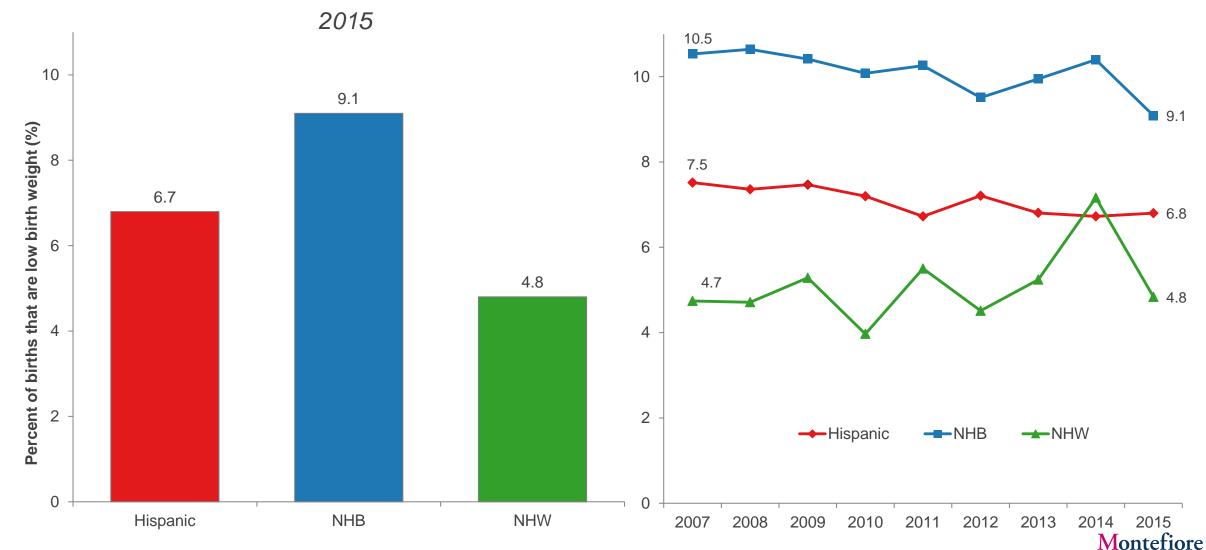
Source: Ventura SJ, Martin JA, Curtin SC, Mathews TJ. Report of final natality statistics, 1996. Hyattsville, Maryland: US Department for Health and Human Services, CDC, National Center for Health Statistics. Monthly vital statistics reports (vol 46, no. 11).



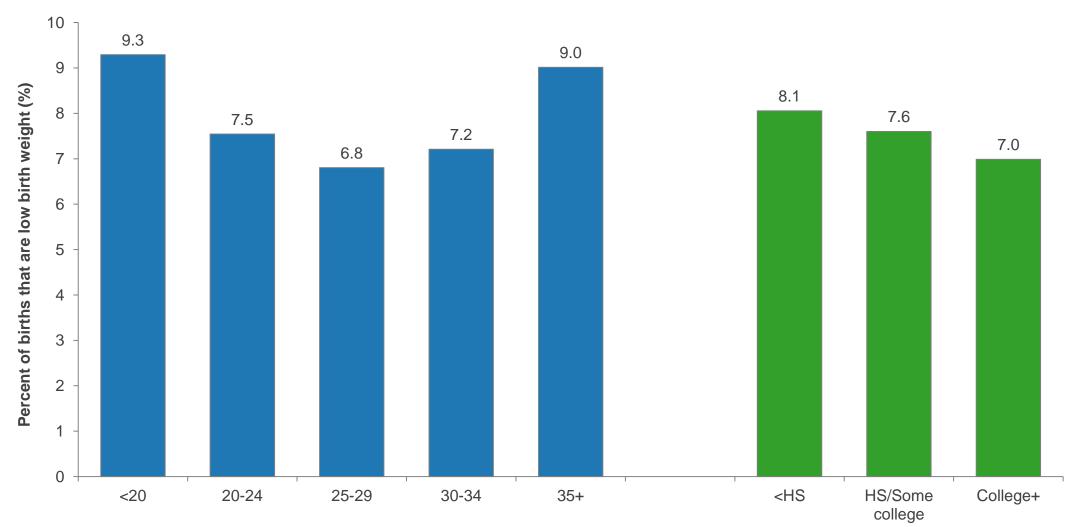
Percent of total births with low birth weight has decreased by 10% in the Bronx



In the Bronx, non-Hispanic blacks have the highest percent of total births with low birth weight



Teens (and older women) are more likely to have a low birth weight infant as are women with less education





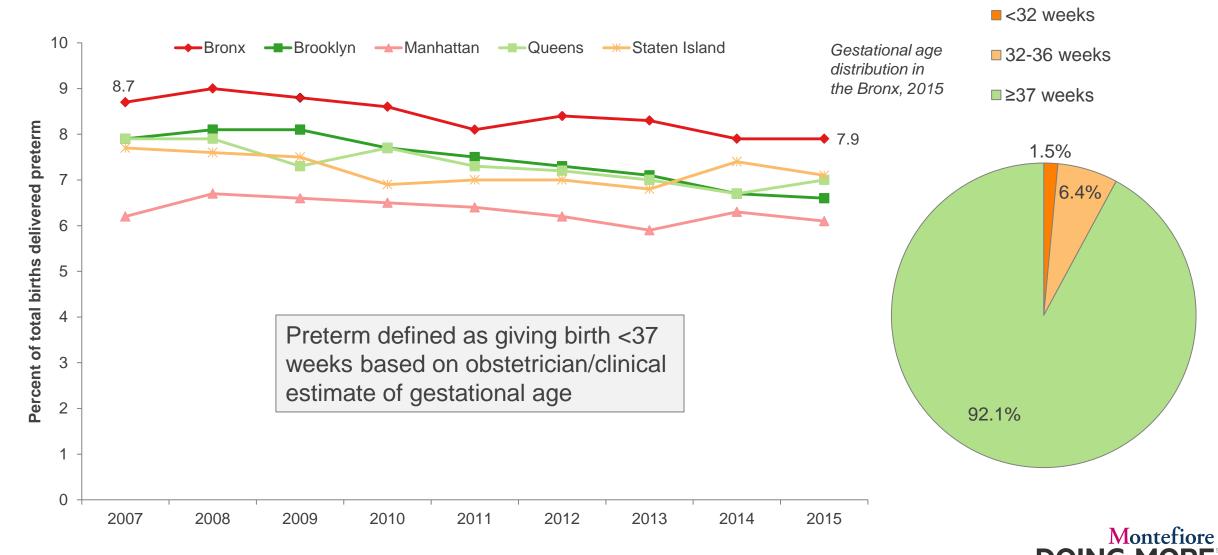
Preterm delivery

Defined as <37 weeks

Data are limited to single births because there is evidence that multiple pregnancies greatly increase the risk for preterm delivery.

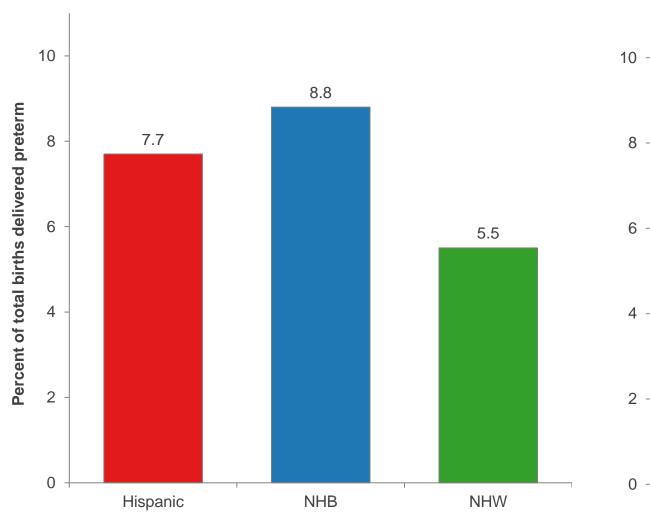


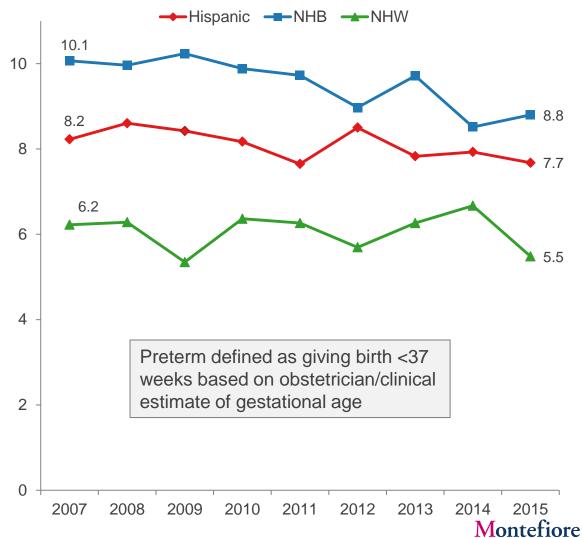
Percent of total births delivered preterm has declined by 9% in the Bronx



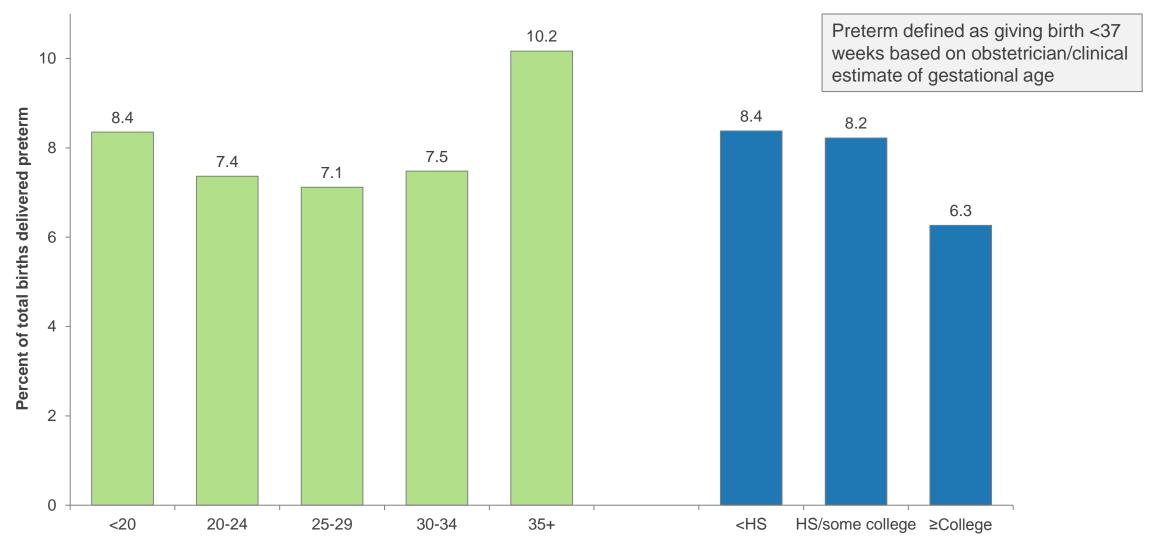


In the Bronx, non-Hispanic blacks have the highest percent of preterm births





Teens (and older women), as well as those with less education tend to have a higher preterm birth percentage

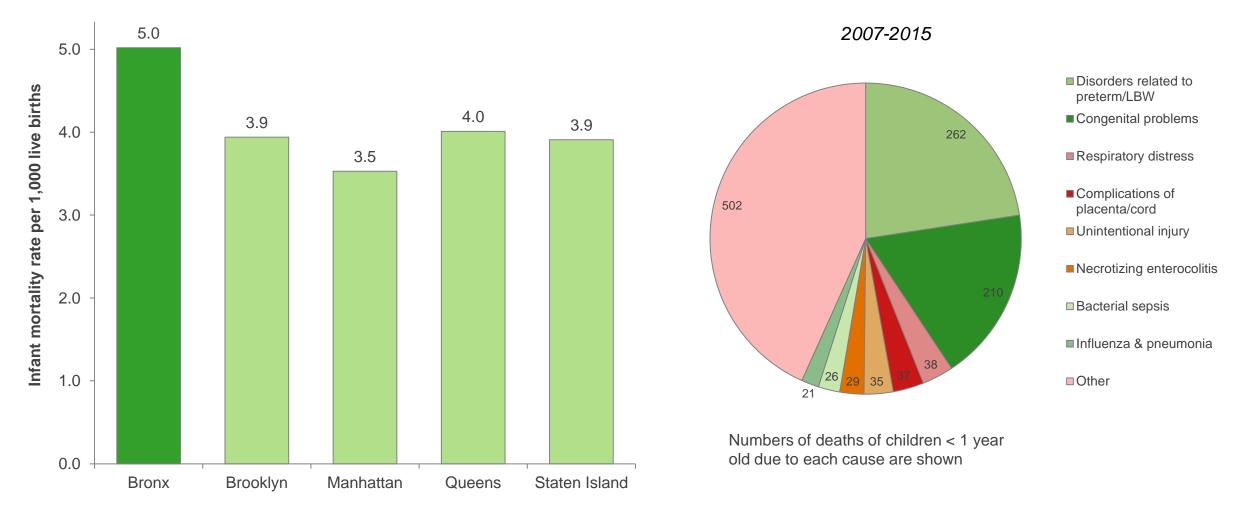




Infant mortality rate

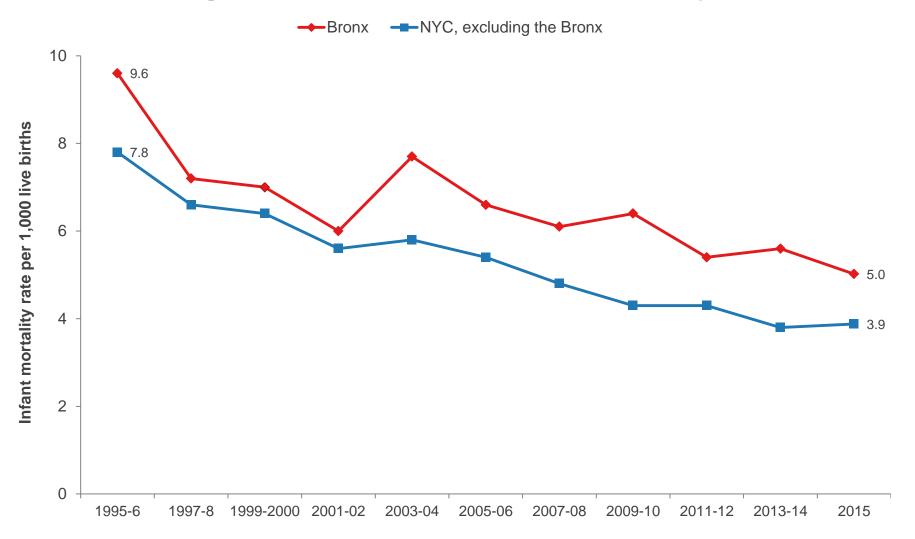


Bronx has the highest burden of infant mortality, of which the leading cause is disorders related to preterm and low birth weight, followed by congenital problems



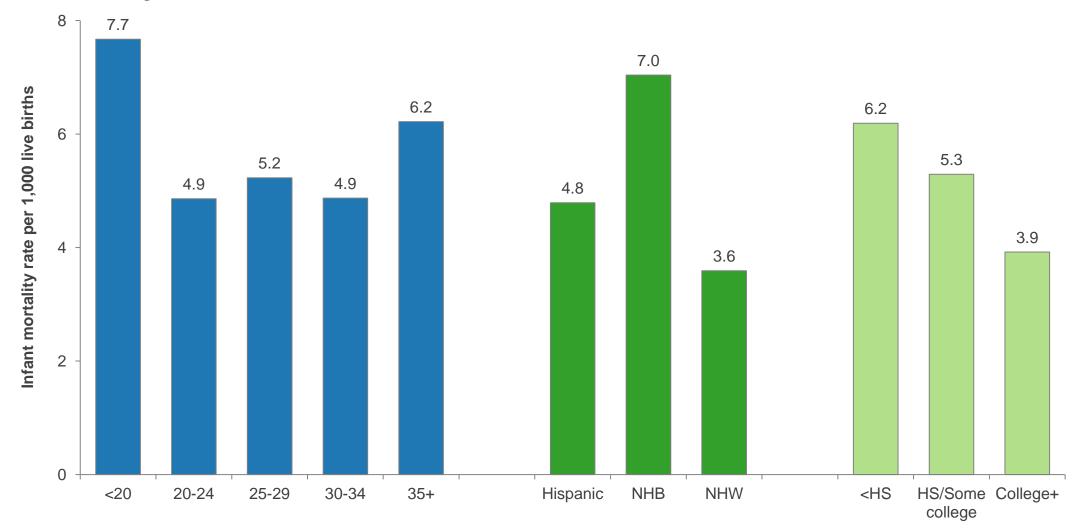


Infant mortality rate in the Bronx has declined by 33%, but remains higher than the infant mortality rate in the rest of NYC

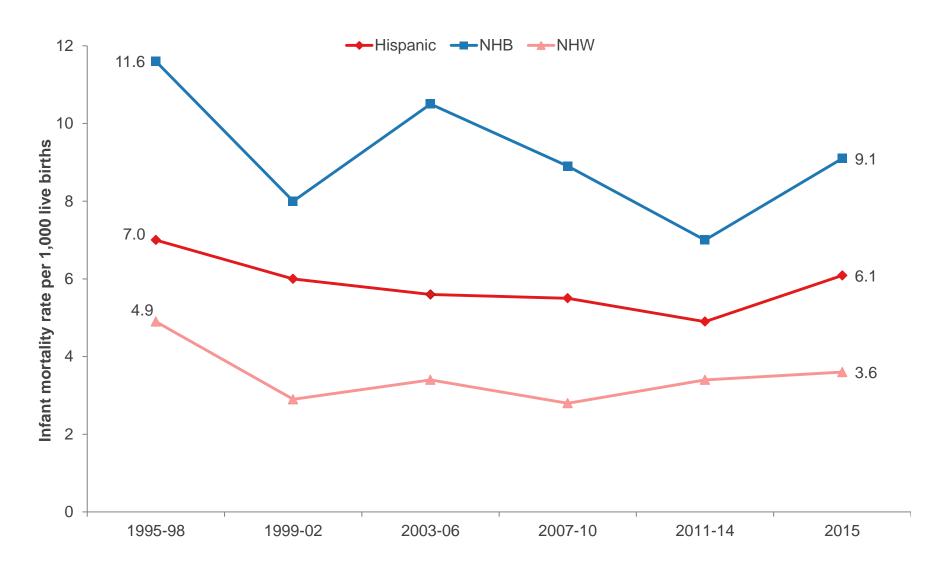




In the Bronx, mothers younger than 20 years old, non-Hispanic black, and without a high school diploma have the highest infant mortality rates

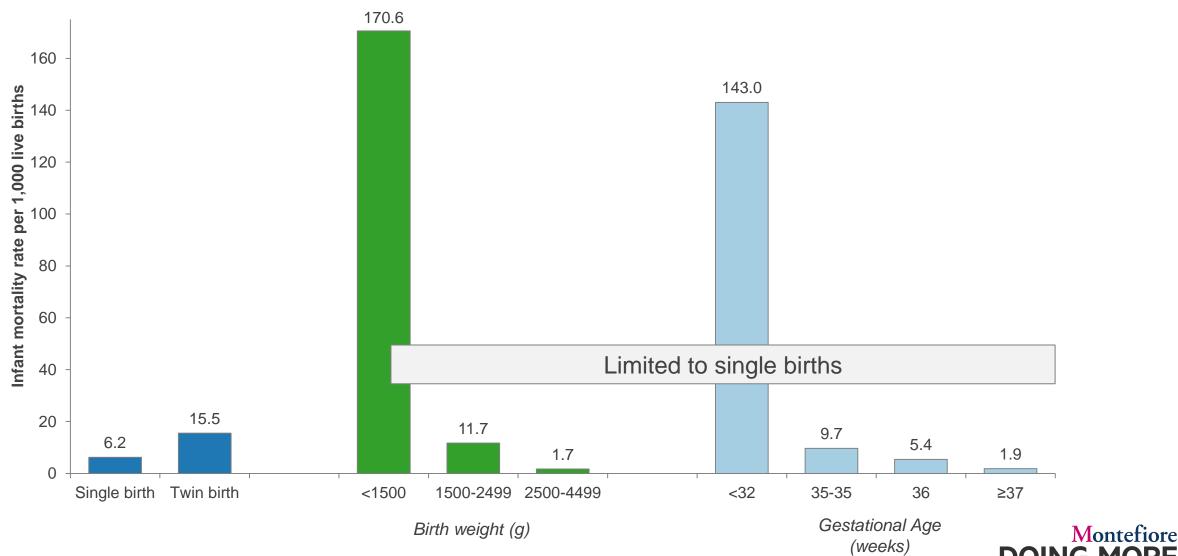


In the Bronx, infant mortality rate has declined by 40% among non-Hispanic blacks and disparities have modestly declined but do remain

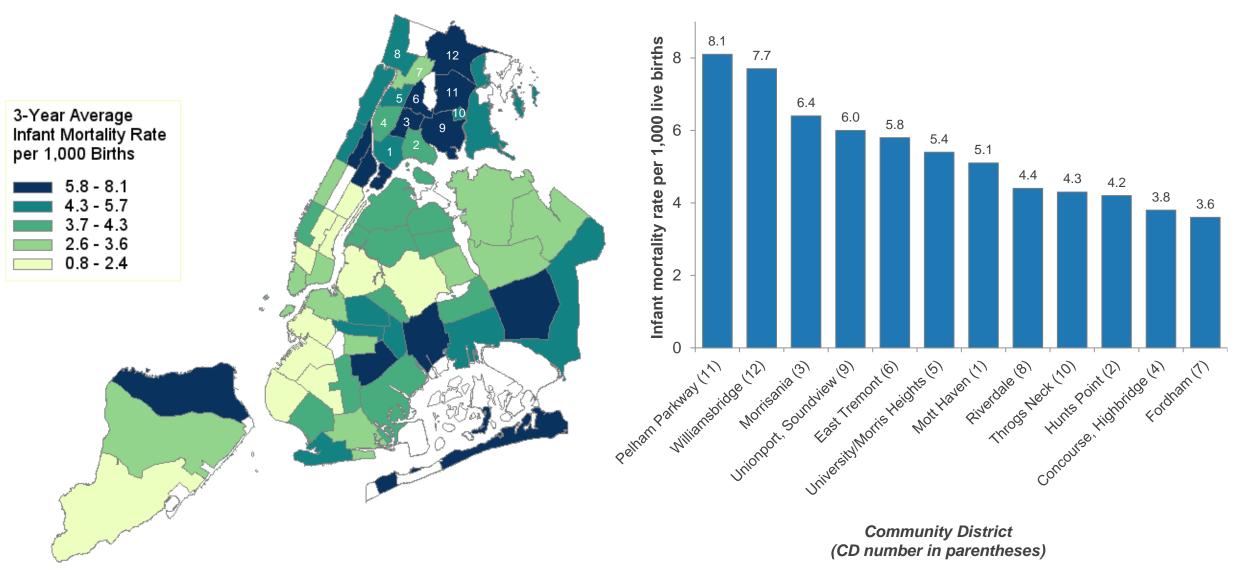




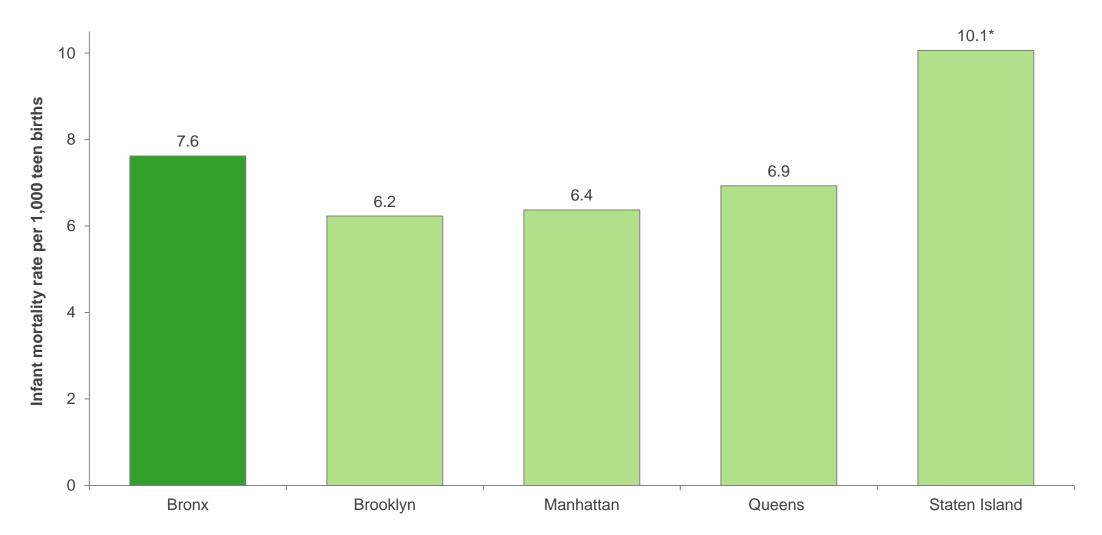
In the Bronx, twins have an increased risk of infant mortality, as do very low birth weight and very preterm infants



In the Bronx, Pelham Parkway has the highest infant mortality rate



Bronx has the second highest infant mortality rate among teen mothers

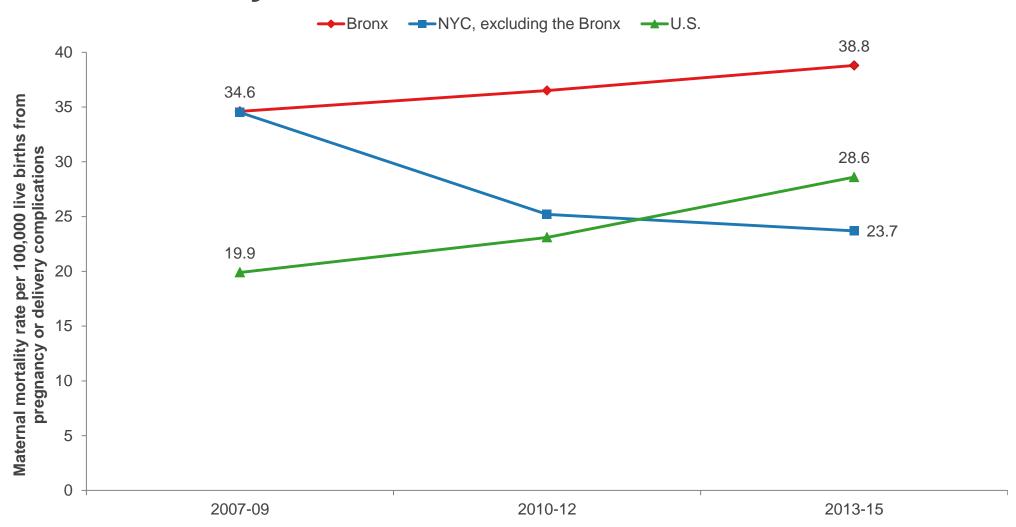




Maternal mortality rate from pregnancy or delivery complications

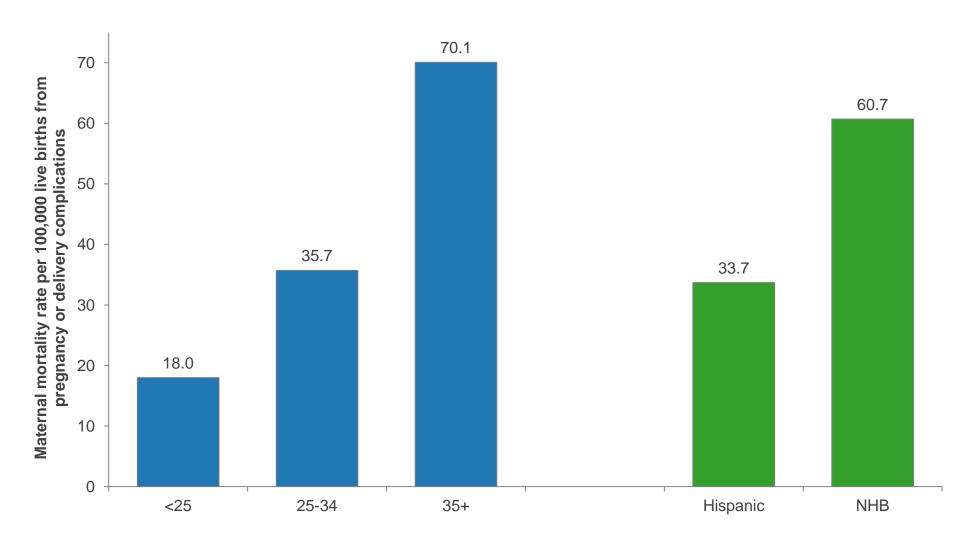


Maternal mortality rate from pregnancy or delivery complications has increased by 12% in the Bronx, but decreased by 31% in the rest of NYC





In the Bronx, 35+ year olds and non-Hispanic blacks have the highest mortality rates from pregnancy or delivery complications

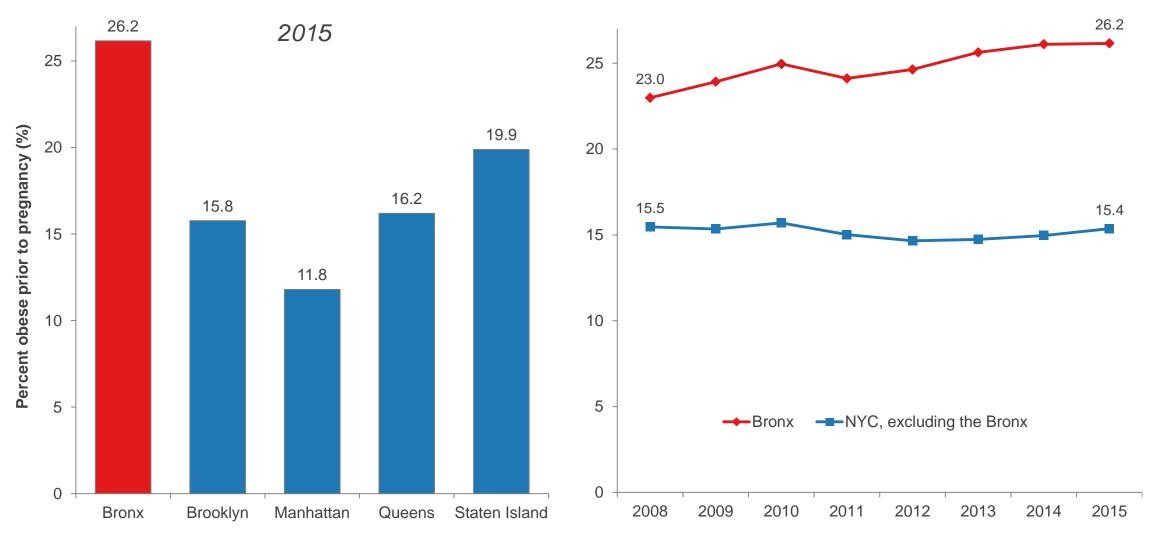




Pre-pregnancy BMI



The Bronx has the highest percent of women who are obese prior to pregnancy and this percentage has increased since 2008

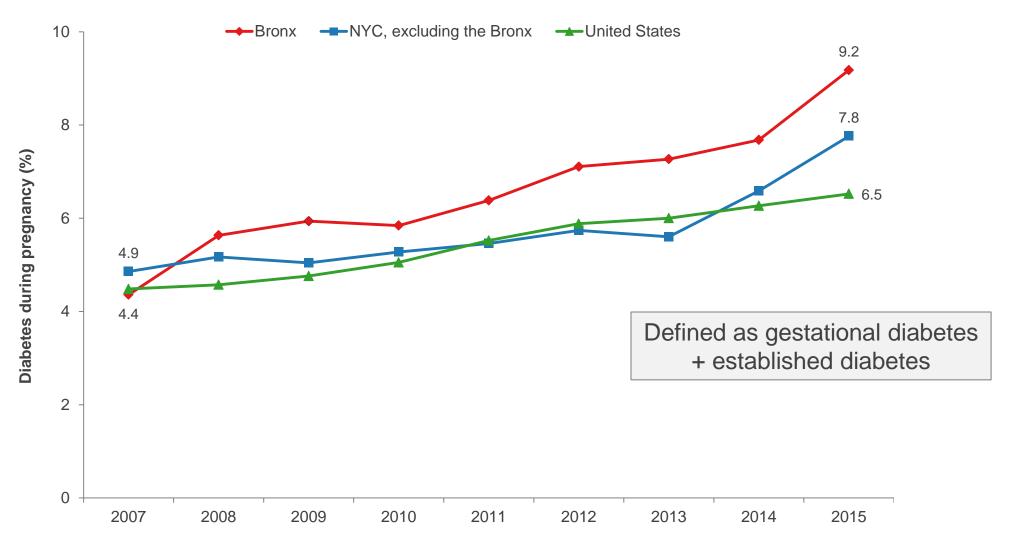




Diabetes during pregnancy

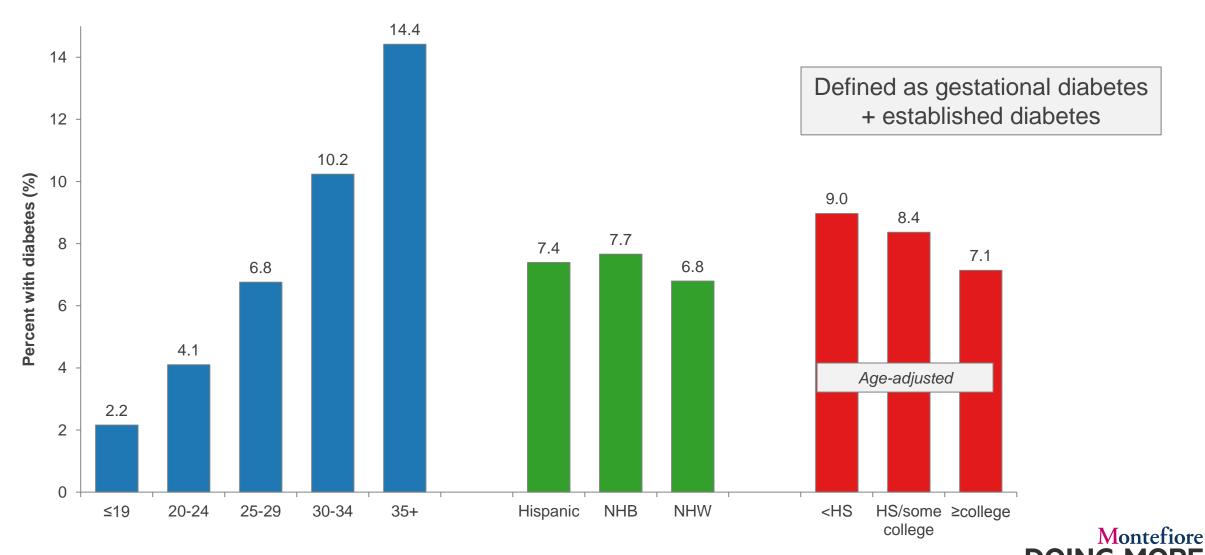


In both the Bronx and the rest of NYC the prevalence of diabetes during pregnancy has increased substantially





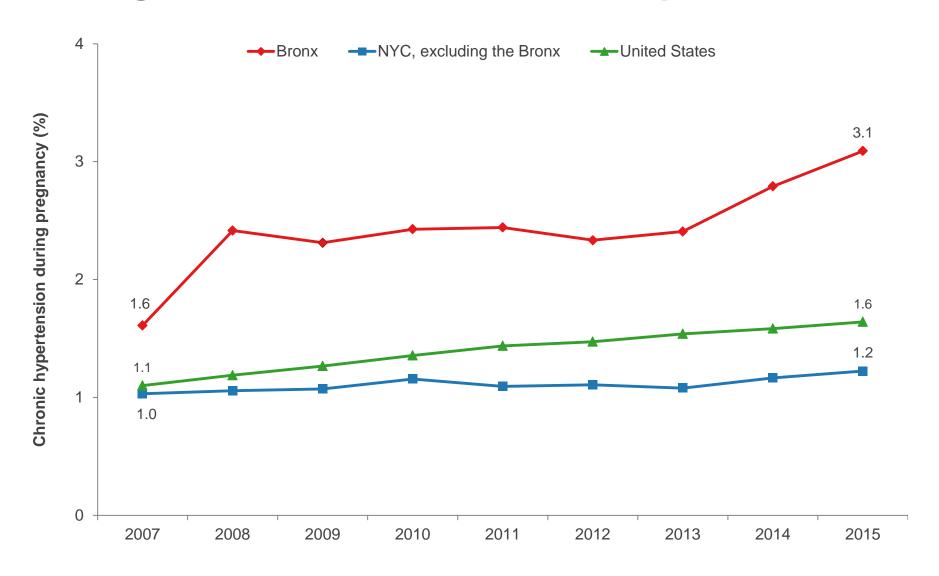
Diabetes during pregnancy is most common among older moms and those with less education



Chronic hypertension

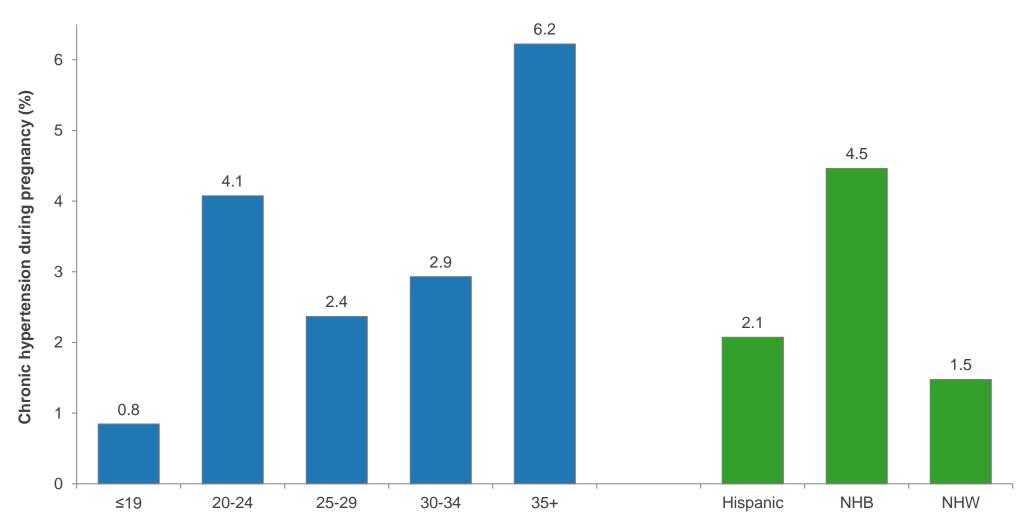


Chronic hypertension during pregnancy is 2.5-times higher among women in the Bronx as compared to the rest of NYC





Among Bronx women, chronic hypertension during pregnancy is much more common among non-Hispanic black women and older women

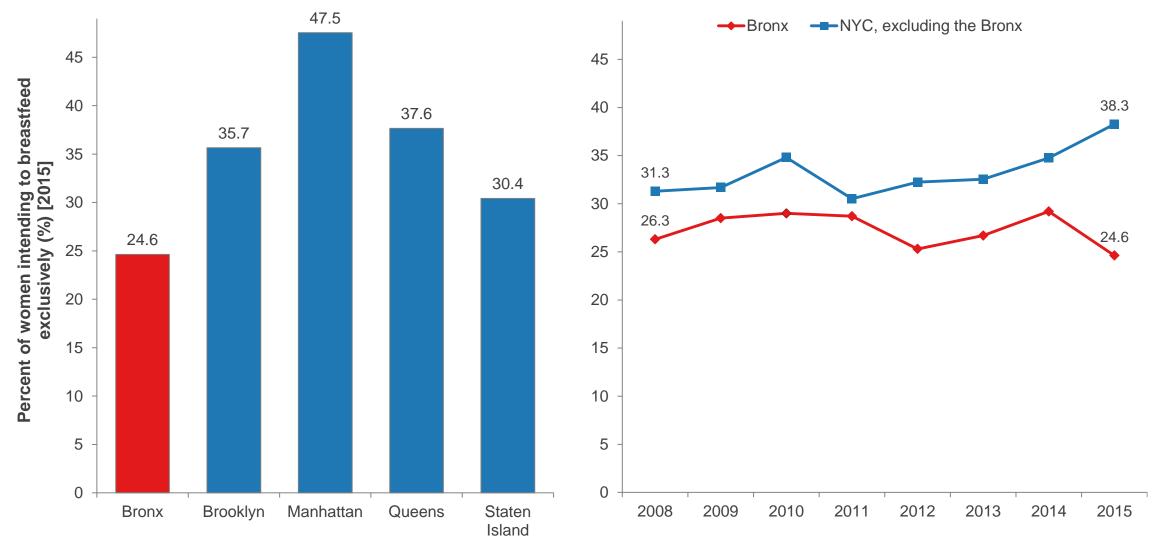




Intent to exclusively breastfeed



The Bronx has the lowest percentage of women saying they plan to breastfeed exclusively & the disparity with the rest of NYC has widened





About the Community Health Dashboard Project

- The goal of the project is to provide Bronx-specific data on risk factors and health outcomes with an emphasis on presenting data on trends, socio-demographic differences (e.g., by age, sex, race/ethnicity, etc.) and sub-county/neighborhood level data
- Data will be periodically updated as new data becomes available.
- Produced by Montefiore's Office of Community & Population Health using publicly-available data sources
- For more information please contact Colin Rehm, PhD, Manager of Research & Evaluation (<u>crehm@montefiore.org</u>).

