

MATERNAL AND CHILD HEALTH

Why It Is Important:

Maternal health refers to health during pregnancy, childbirth, and the postnatal period. Maternal health influences health outcomes for the next generation and can help predict future public health challenges for families, communities, and the health care system as a whole.¹ Maternal health is largely influenced by the social determinants of health, including access to health care, early intervention services, education, employment, income, and available resources. Not all members of the community have the same opportunities to access the health care resources vital to optimal maternal health. Women receiving no prenatal care are five times more likely to have a pregnancy related death than those who receive prenatal care and 25% of all U.S. women start care late in pregnancy or do not receive the recommended number of prenatal visits,² a contributing factor to poor maternal health outcomes.

The following will be discussed in this dashboard:

1. Perinatal Mood Disorders and Anxiety Disorders
2. Breastfeeding
3. Infant Mortality Rate

What We Are Doing:

The Sutter County Public Health Maternal, Child and Adolescent Health (MCAH) and Womens, Infants, and Childrens (WIC) programs work to promote and improve maternal health and well-being in the community. These programs work to increase access to resources, provide breastfeeding and nutrition education, reproductive health services, safe-sleeping information, increase access to early prenatal care and conduct home visiting programs to Sutter County residents, targeting those who are at increased risk of adverse health outcomes. Providing these services and addressing the needs of the community is the first step in improving maternal health and preventing future illness and negative health outcomes in Sutter County.



References:

1. Maternal, Infant, and Child Health. Healthy People 2030. Accessed October 21, 2024. <https://odphp.health.gov/healthypeople/about/workgroups/maternal-infant-and-child-health-workgroup>
2. Maternal Health in the United States. Maternal Health Task Force. Accessed April 20, 2022. Maternal Health in the United States – Maternal Health Task Force (mhtf.org)

PERINATAL MOOD AND ANXIETY DISORDERS

Why it is Important:

Mood and anxiety disorders are one of the most common complications after childbirth. If untreated during pregnancy, perinatal mood and anxiety disorders can cause high fetal stress levels and lead to adverse birth outcomes such as preterm birth, low birth rate, small head circumference, and low Apgar score (Apgar scores indicate how well a child is doing immediately after birth). During the postpartum period, mental health disorders can negatively affect bonding, which may lead to developmental delays and behavioral problems as the child ages.¹

Table 1: Depressive Symptom and Mood Disorder Percentage (2019-2021)²

Location	Prenatal Depressive symptoms 2019-2021	Post Partum Depressive Symptoms 2019-2021
Greater Sacramento Region*	15.0%	14.0%
California	14.7%	13.5%

*Greater Sacramento Region includes Sutter County, Yuba County, Yolo County, Sacramento County, Placer County, and El Dorado County. Data specific to Sutter County is not currently available publicly.

Where We Are Now:

Nationally, 1 in 7 new mothers will suffer from a Perinatal Mood and Anxiety Disorder and 1 in 5 California new mothers has a symptom of depression during or after pregnancy^{1,2}. In the United States, 50% of pregnant women suffering with depression did not receive treatment¹. The greater Sacramento region had higher prevalence of both prenatal and postpartum depressive symptoms among new mothers compared to California for 2019-2021 (Table 1).²

Additionally, in the greater Sacramento region, new mothers residing in urban settings had a higher prevalence of prenatal depressive symptoms and lower postpartum depressive symptoms compared to their rural/frontier residing counterparts.² Prevalence is disproportionately higher among low-income new mothers.² Contributing factors include high rates of poverty, lack of screening, lack of access to mental health services, and lack of knowledge in the community and among health care professionals.



References

1. Maternal Health in the Perinatal Period and Beyond. Accessed September 17, 2024. <https://www.thelancet.com/series-do/maternal-perinatal-health>
2. Maternal Mental Health. California Department of Public Health. Accessed October 21, 2024. <https://www.cdph.ca.gov/Programs/CFH/DMCAH/surveillance/Pages/Maternal-Mental-Health.aspx>

BREASTFEEDING

Why it is Important:

Breastmilk is the optimum nutrition source for infants and provides them with the healthiest start. It provides immediate health benefits for mothers and infants such as immune system support, rapid recovery from childbirth, and the release of mood boosting hormones¹. Breastmilk also provides a protective affect against long term health risks of chronic diseases such as asthma, obesity, and Type 1 diabetes¹. Benefits for mothers include lowering the risk of high blood pressure, type 2 diabetes, ovarian cancer, and breast cancer¹. The American Academy of Pediatrics recommends mothers feed infants breastmilk exclusively for the first 6 months of life, followed by continued breastfeeding for up to two years in combination with the introduction of solid foods².

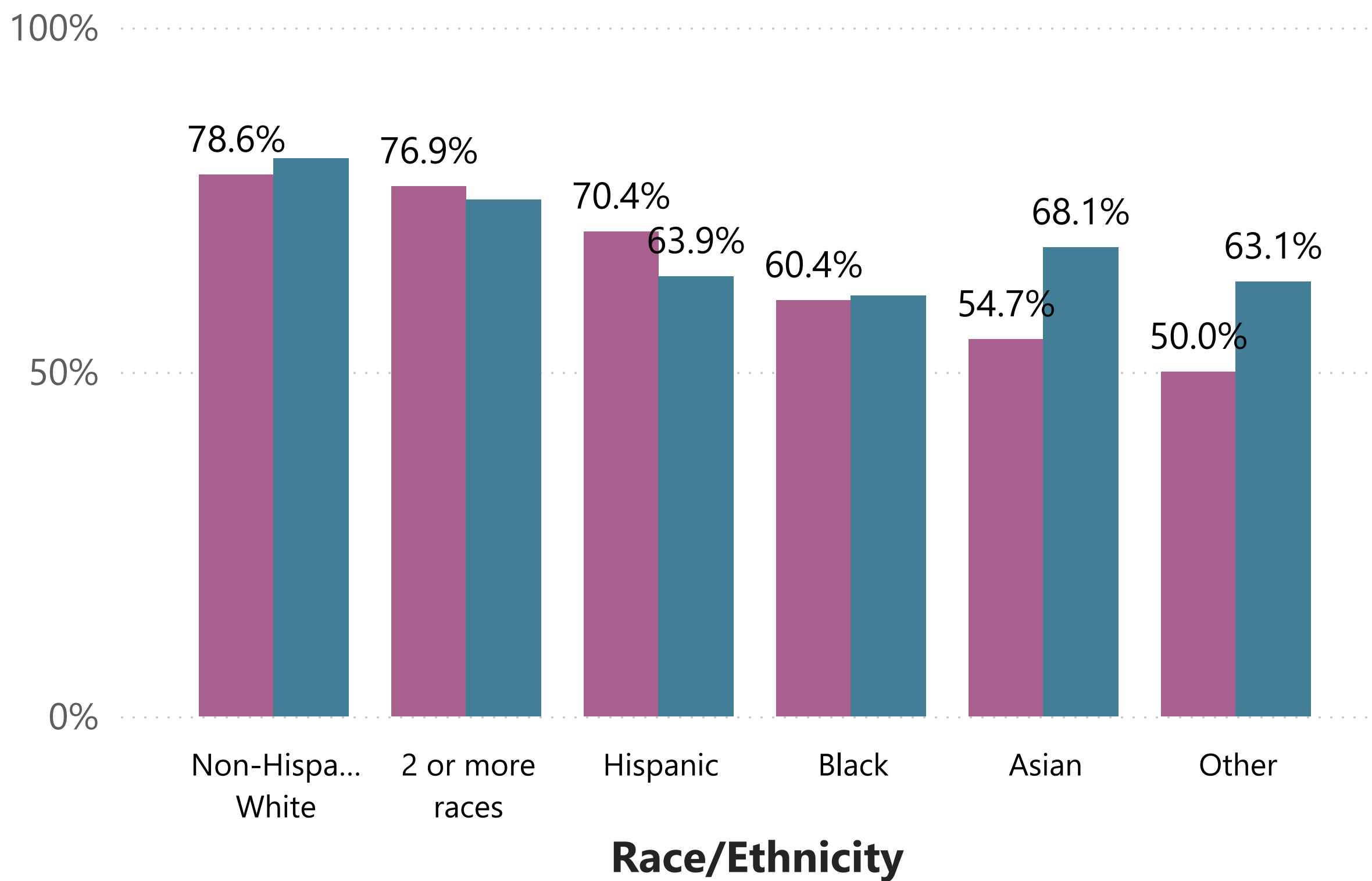
Where We Are Now:

Nationally, exclusive breastfeeding through six months of age has increased slightly from 2014 (24.9%) to 2021 (27.2%). The rate of having ever breastfed has also increased slightly on the national level from 82.5% in 2014 to 84.1% in 2021.⁴

Data for 2020-2022 shows that in Sutter County, exclusive in-hospital breastfeeding rates are lower than California rates for all ethnicities except Hispanic (70.4% in Sutter vs 65% in California) and multi-race (76.9% in Sutter vs. 75.0% in CA) (Figure 1).³ Non-Hispanic White residents have the highest breastfeeding rate compared to other ethnicities in Sutter County (81%) and in California (78.6%).³

Figure 1: Exclusive In-Hospital Breastfeeding Percentage in Sutter County and California By Race/Ethnicity (2020-2022)⁵

● Sutter Percentage ● California



Those Most Affected:

Sutter County previously ranked as one of the lowest counties in California for exclusive in-hospital breastfeeding rates between 2017-2019. However, in 2022, Sutter County had higher exclusive in-hospital breastfeeding rates than California (72.4% and 68.8%, respectively)³. The Sutter County Asian population (54.7%) and Black populations (60.4%) are disproportionately affected, shown in Figure 1.³ Complex family and social dynamics create barriers to breastfeeding, including lack of family/friend support, lack of healthcare provider support, inadequate prenatal education and postpartum care, language/cultural barriers, formula marketing and insufficient workplace accommodations. The Sutter County Women, Infants, And Children (WIC) program promotes breastfeeding by providing support and education for new mothers who are part of the WIC program. Additionally, the Sutter County Maternal Child Adolescent Health (MCAH) program also provides lactation support and consultation during hospital and home visits to promote breastfeeding for new Sutter

References:

1. Centers for Disease Control and Prevention. Accessed September 23, 2024. <https://www.cdc.gov/breastfeeding/features/breastfeeding-benefits.html>
2. American Academy of Pediatrics. Accessed September 23, 2024. <https://www.aap.org/en/patient-care/breastfeeding/>
3. California Department of Public Health, Center for Family Health, Maternal, Child and Adolescent Health Division, Breastfeeding Initiation Dashboard, Last Modified January 2024. CSV Accessed October 21, 2024. <https://www.cdph.ca.gov/Programs/CFH/DMCAH/surveillance/Pages/Breastfeeding-Initiation.aspx>
4. National Immunization Survey Results: Breastfeeding Rates. Accessed September 23, 2024. <https://www.cdc.gov/breastfeeding-data/survey/results.html>
5. CDC AAref Val=https://www.cdc.gov/breastfeeding/data/nis_data/results.html

INFANT MORTALITY RATE

Why it is Important:

Infant mortality rate is an indicator of the health of a specific population. Infant mortality rates can highlight associations between economic development, living conditions, well-being, environmental health, and access to care. Overall, new mothers' health status is important to have healthy babies, which includes access to care, eating healthy, physical activity, stress management, economic stability, and a healthy environment.¹

Where We Are Now:

In the United States in 2022, 20,538 infants died due to birth defects, preterm birth, injuries, sudden infant death syndrome, and maternal pregnancy complications, which is a 3% increase from 19,928 in 2021.² Nationally Black/African American, Native Hawaiian or Pacific Islander, and American Indian or Alaska Native had the highest infant mortality rates in 2022 as illustrated in Figure 1.³ Sutter County has had consistently higher infant mortality rates from 2010 to 2021 compared to California as illustrated in Figure 2.¹

Those Most Affected:

As illustrated in Figure 1, infant mortality rate differed by race/ethnicity in 2022. In the United States, non-Hispanic Black residents have the highest infant mortality rate, followed by Native Hawaiian or other Pacific Islander, American Indian or Alaska Native, Hispanic, non-Hispanic White, and Asian. Over time, infant mortality has decreased in Sutter County from 6.1 in 2012 to 4.5 in 2021, but still has consistently higher rates than California. In Figure 2, for 2019-2021 the California infant mortality rate was 4.1 and Sutter County's infant mortality rate was 4.5.¹ This is the most recent data provided by California Department of Public Health.

Figure 1: Infant Mortality Rates (IMR) Per 1,000 Live Births by Race/Ethnicity in the United States (2022)³

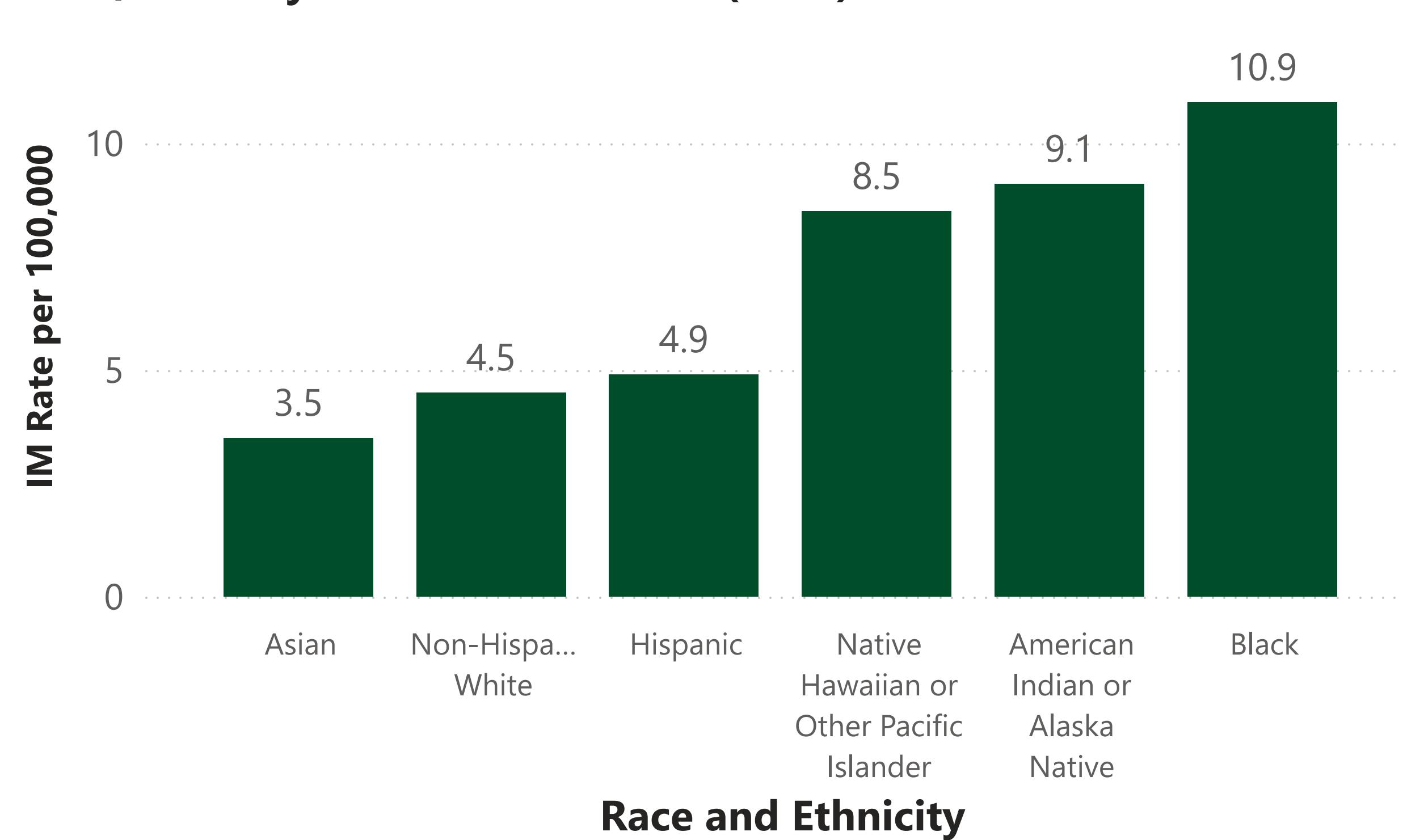
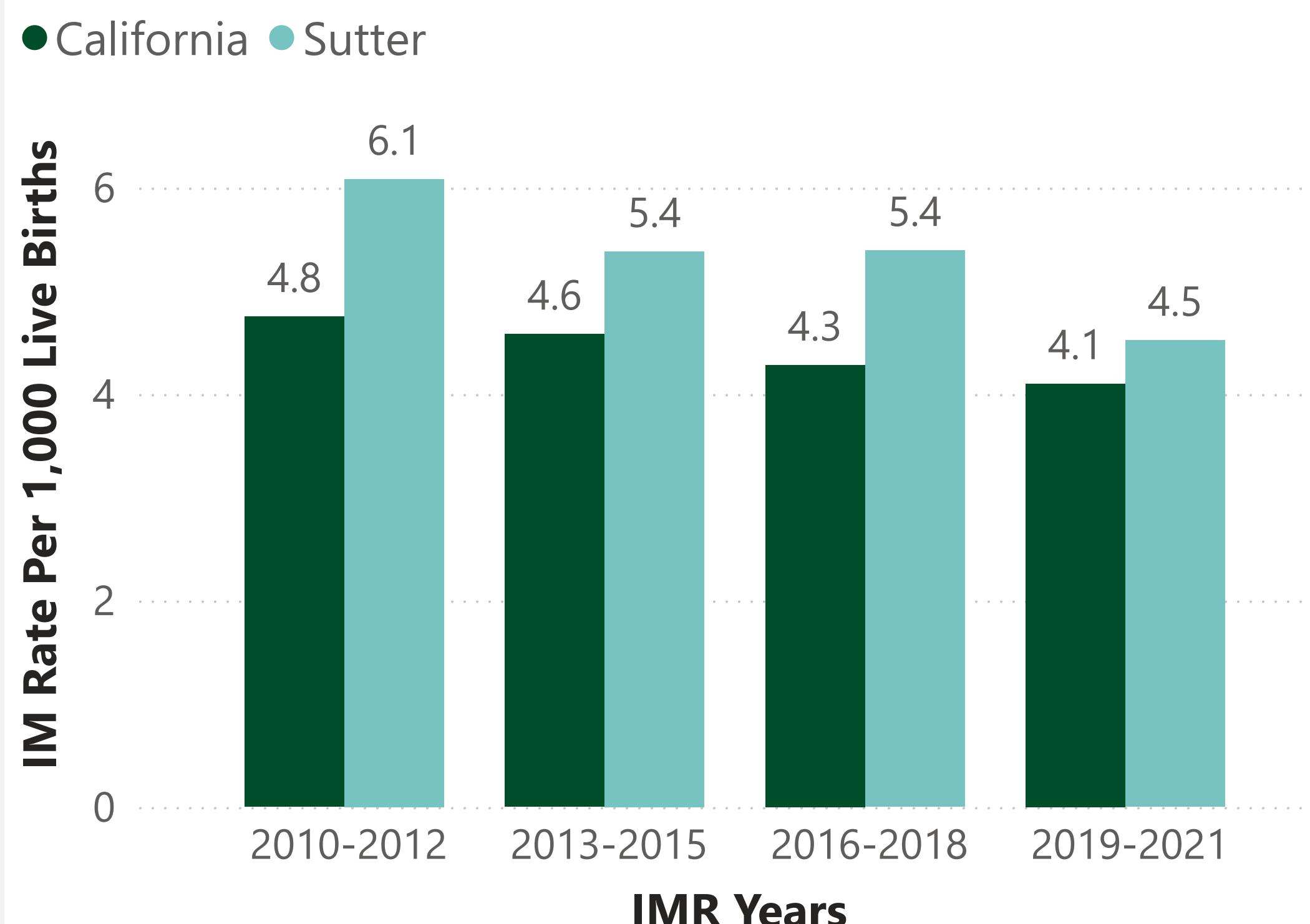


Figure 2: Infant Mortality Rate (IMR) in California and Sutter County (2010-2021)¹



References:

1. Infant Mortality. Accessed September 10, 2024. <https://www.cdph.ca.gov/Programs/CFH/DMCAH/surveillance/Pages/Infant-Mortality.aspx>
2. Infant Mortality in the United States: Provisional Data from the 2022 Period Linked Birth/Infant Death File. Accessed September 24, 2024. <https://www.cdc.gov/nchs/data/vsrr/vsrr033.pdf>
3. Centers for Disease Control and Prevention. Infant Mortality. Accessed September 24, 2024. <https://www.cdc.gov/maternal-infant-health/infant-mortality/index.html>