

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. In 2023, 15.7% of all live births in the U.S. were to women that received inadequate prenatal care*,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 Women, Infants, and Children (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.



*Inadequate prenatal care is defined as an infant whose mom received less than 50% of their expected visits or started care in or after the fifth month.

References:

1. Maternal, Infant, and Child Health. Healthy People 2030. Accessed December 8, 2025. <https://odphp.health.gov/healthypeople/about/workgroups/maternal-infant-and-child-health-workgroup>
2. March of Dimes. PeriStats: [Specific Indicator, e.g., Preterm Birth Rates], United States. Accessed November 24, 2025. <https://www.marchofdimes.org/peristats/data?reg=99&top=5&stop=34&lev=1&slev=4&obj=1>

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 (2020-2022)²

Location	Prenatal Depressive Symptoms 2020-2022	Post Partum Depressive Symptoms 2020-2022
California	14.80%	14.10%
Greater Sacramento Region*	15.50%	14.10%

*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 mothers will suffer from a Perinatal Mood and Anxiety Disorder and 1 in 7 California new mothers have symptoms of depression during or after pregnancy.^{1,2} The greater Sacramento region had higher prevalence of both prenatal and postpartum depressive symptoms among new mothers compared to California for 2020-2022 (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 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. Children's Hospital of Philadelphia. *Perinatal or Postpartum Mood and Anxiety Disorders*. Accessed November 24, 2025. <https://www.chop.edu/conditions-diseases/perinatal-or-postpartum-mood-and-anxiety-disorders>
2. Maternal Mental Health. California Department of Public Health. Accessed November 24, 2025. <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 hormones.¹ Breastmilk also provides a protective effect against long term health risks of chronic diseases such as asthma, obesity, and type 1 diabetes.¹ Benefits for mothers include lowering the risk of high blood pressure, type 2 diabetes, ovarian cancer, and breast cancer.¹ 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 foods.²

Where We Are Now:

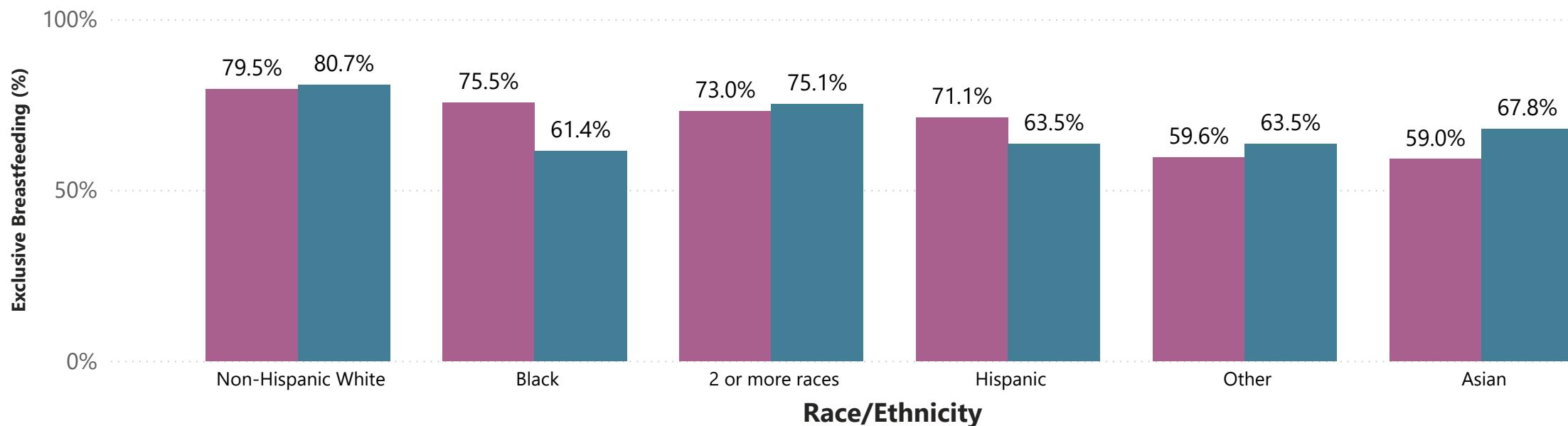
Nationally, exclusive breastfeeding through six months of age has increased slightly from 2015 (24.9%) to 2022 (27.9%). The rate of having ever breastfed has also increased slightly on the national level from 83.2% in 2015 to 85.7% in 2022.⁴ For 2021-2023, Sutter County exclusive in-hospital breastfeeding rates were lower than California rates for all ethnicities except for Hispanic and Black (Figure 1).³ Non-Hispanic White residents have the highest breastfeeding rates in both Sutter County (79.5%) and in California (80.7%).³

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 2021, Sutter County had higher exclusive in-hospital breastfeeding rates than California (70.03% and 69.18%, respectively)³. Sutter County rates (72.0%) have remained higher compared to CA (68.9%) for 2021-2023. The Sutter County Asian population (59.0%) is disproportionately affected (Figure 1).³ Complex family and social dynamics may create barriers to breastfeeding. Some barriers may include lack of support from family, friends, and healthcare provider; inadequate prenatal education and postpartum care; language and 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, and Adolescent Health (MCAH) program also provides lactation support and consultation during hospital and home visits to promote breastfeeding for new Sutter County mothers.

Figure 1: Exclusive In-Hospital Breastfeeding Percentage in Sutter County and California By Race/Ethnicity (2021-2023)³

● Sutter ● California



References:

1. Centers for Disease Control and Prevention. Accessed November 24, 2025. <https://www.cdc.gov/breastfeeding/features/breastfeeding-benefits.html>
2. American Academy of Pediatrics. Accessed November 24, 2025. <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 November 2025. CSV Accessed November 24, 2025. <https://www.cdph.ca.gov/Programs/CFH/DMCAH/surveillance/Pages/Breastfeeding-Initiation.aspx>
4. National Immunization Survey Results: Percentage of U.S. Children Who Were Breastfed, By Birth Year. Accessed November 24, 2025. <https://www.cdc.gov/breastfeeding-data/survey/results.html>

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INFANT MORTALITY RATE (IMR)

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, a mother's 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 2023, 20,162 infants died due to birth defects, preterm birth, injuries, sudden infant death syndrome, and maternal pregnancy complications, which is a 2% decrease from 20,577 in 2022.² Nationally Black/African American, Native Hawaiian or Pacific Islander, and American Indian or Alaska Native had the highest infant mortality rates in 2023 as illustrated in Figure 1.² Sutter County has had consistently higher infant mortality rates from 2011 to 2019 compared to California, but declined between 2020-2022 as illustrated in Figure 2.¹

Those Most Affected:

As illustrated in Figure 1, infant mortality rate differed by race/ethnicity in 2023. In the United States, non-Hispanic Black residents have the highest infant mortality rate, followed by American Indian or Alaska Native and Native Hawaiian or other Pacific Islander residents. In Sutter County, the three-year Infant mortality rate increased from 4.7 infant deaths per 1,000 live births for 2011-2013 to 6.6 infant deaths per 1,000 live births for 2017-2019 (Figure 2). These rates were consistently higher than California. However, for 2020-2022 the California infant mortality rate was 4.1 deaths per 1,000 live births and Sutter County's infant mortality rate was 2.7 deaths per 1,000 live births.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 (2023)²

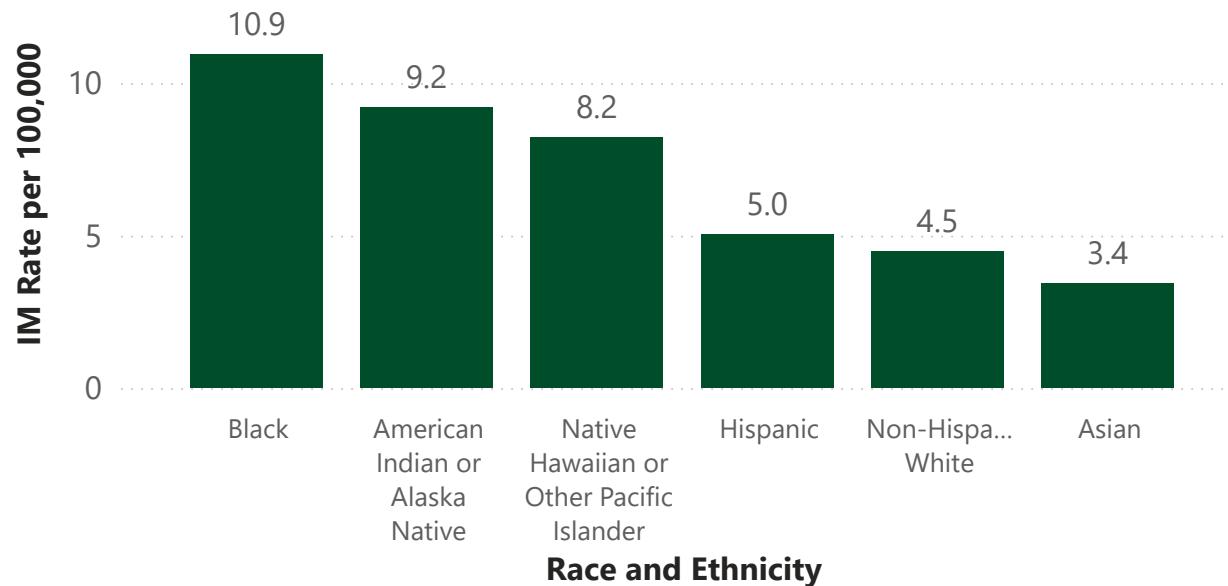
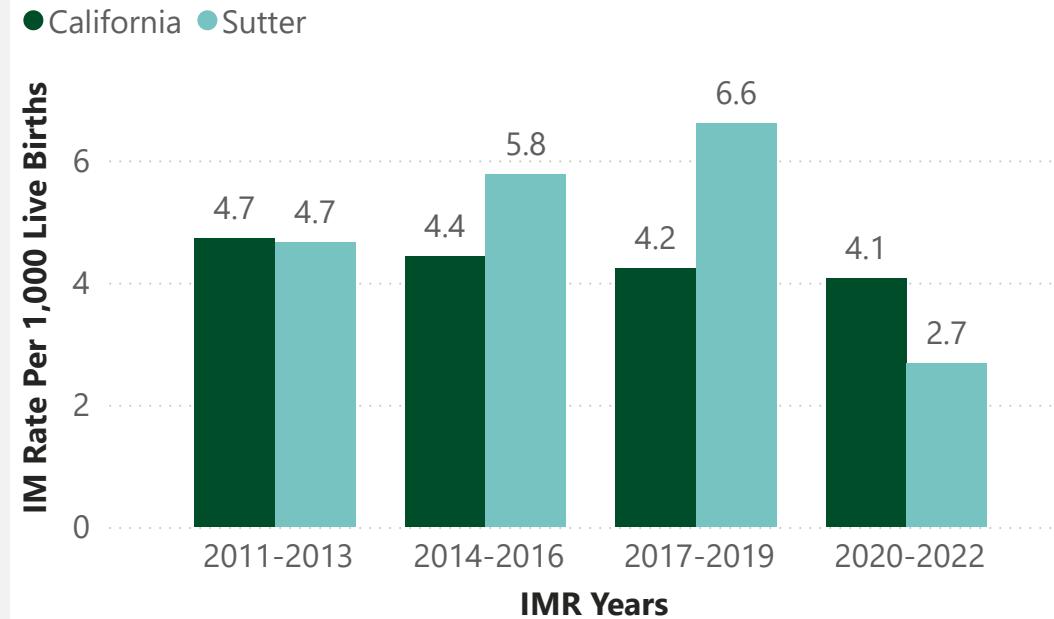


Figure 2: Infant Mortality Rate (IMR) in California and Sutter County (2011-2022)¹



References:

1. California Department of Public Health. Infant Mortality: County Dashboard. Accessed November 24, 2025. <https://www.cdph.ca.gov/Programs/CFH/DMCAH/surveillance/Pages/Infant-Mortality.aspx>
2. Ely DM, Driscoll AK. Infant mortality in the United States, 2023: Data from the period linked birth/infant death file. Natl Vital Stat Rep. 2025 Jun;74(7):1-20. Accessed November 24, 2025. DOI: