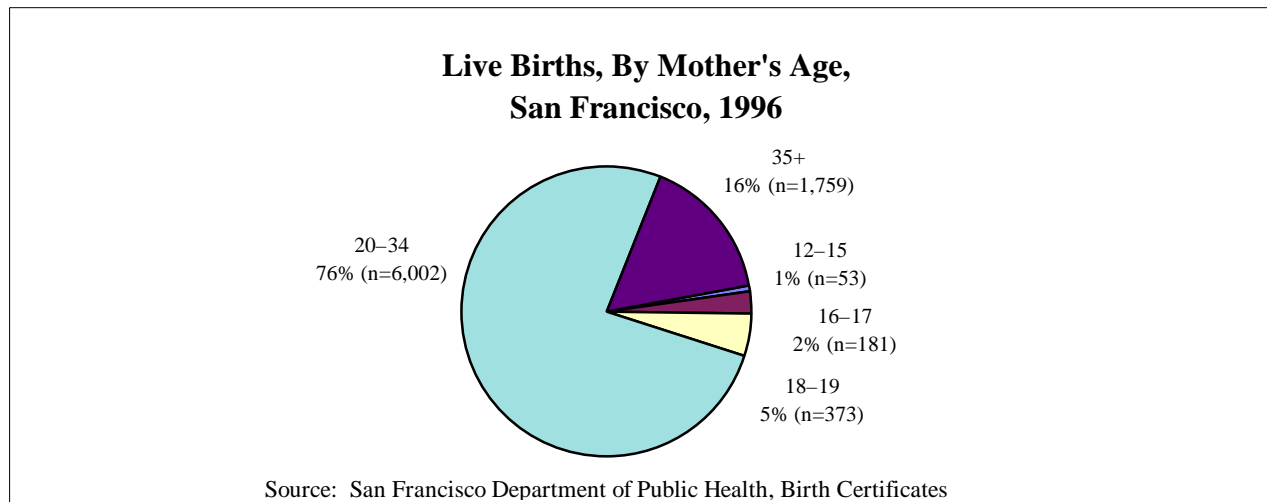


PERINATAL HEALTH

Births

In 1996, there were a total of 8,368 live births in San Francisco. Three-fourths (76%) of these births were to women ages 20 to 34. Births to adolescents (ages 12 to 19) totaled 607 or 8% of all births, with older adolescents ages 18 to 19 representing a majority (373) of births to adolescents.¹ The total number of births among San Francisco women declined by 15% from 1991 (9,893 births) to 1996. (Refer to the Appendix for detailed data.)



Women of childbearing age (ages 15 to 44) in San Francisco are giving birth at much lower rates (49.8 live births per 1,000) than their statewide counterparts (79.4). San Francisco's relatively older population also contributes to the low birth rate per 1,000 population (12.0) in the City compared to the statewide rate (17.4).

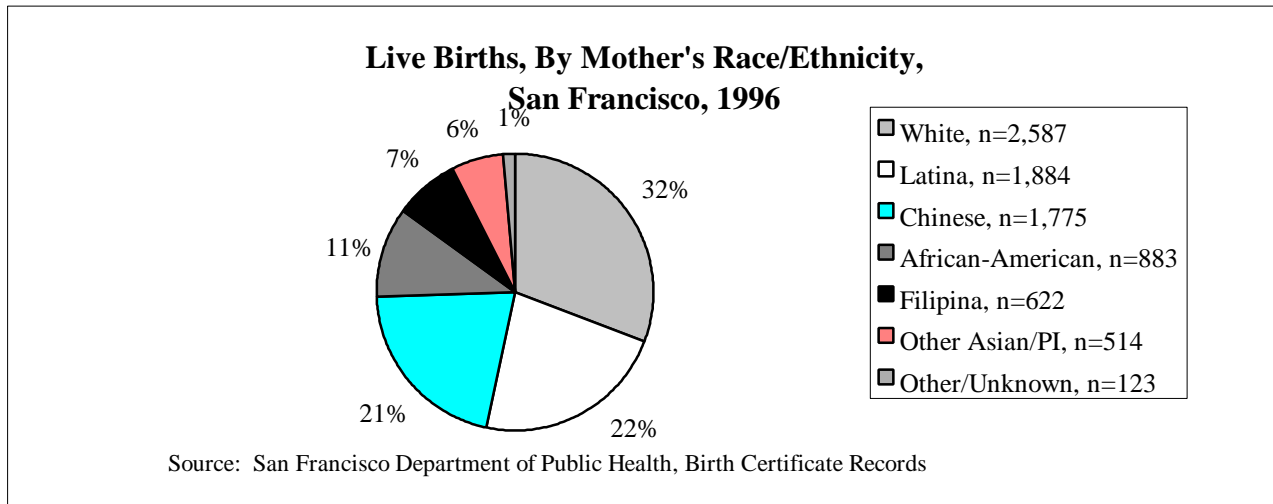
**Birth Rate and Fertility Rate,
San Francisco and California**

	San Francisco	California
Birth Rate (Live Births Per 1,000 Population) (1994)	12.0	17.4
Fertility Rate (Births Per 1,000 Women Ages 15-44) (1992-1994 average)	49.8	79.4

Source: California Department of Health Services, Health Data Summaries for California Counties, 1996

¹ The terms "adolescents" and "teens" are often used interchangeably to refer to young mothers through age 19.

By Race/Ethnicity. In 1996, over two-thirds of all births in San Francisco were to women of racial/ethnic minorities. Whites accounted for the largest proportion (32%) of births. Births to Latina (22%), Chinese (21%), and African-American (11%) mothers combined accounted for over half of all births in the City.



By Zip Code. In 1996, 70% of women who gave birth were from among ten zip codes in the City. There were over 1,000 births each within the two top zip codes, Inner Mission/Bernal Heights (94110) and Ingleside-Excelsior/Crocker-Amazon (94112). (Refer to the Appendix for detailed data.)

**Live Births - "Top
10,"
By Mother's Residence Zip Code,
San Francisco Residents, 1996**

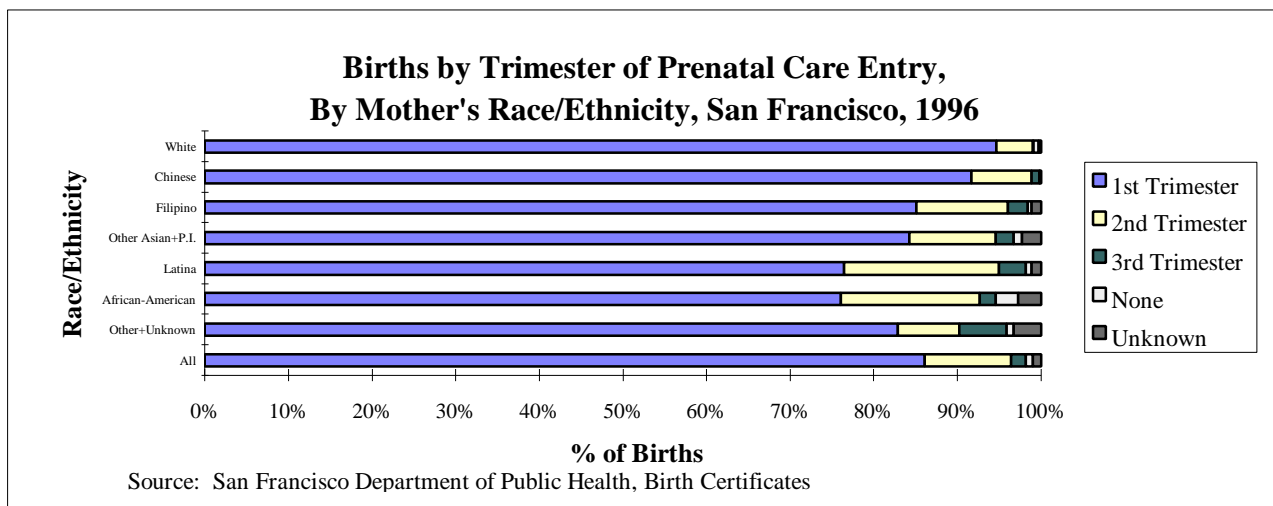
Zip Code	Area	Total	
		#	%
94110	Inner Mission/Bernal Hts.	1,124	13.4%
94112	Ingles'-Excels'r/Crock'r-Amaz'n	1,098	13.1%
94134	Visitacion Valley/Sunnydale	567	6.8%
94122	Sunset	564	6.7%
94124	Bayview-Hunter's Point	538	6.4%
94116	Parkside	452	5.4%
94121	Outer Richmond	436	5.2%
94109	Polk/Russian Hill	414	4.9%
94118	Inner Richmond	377	4.5%
94115	Western Addition/Japantown	298	3.6%
-	All Other Areas	2,500	29.9%
-	Total	8,368	100.0%

Source: San Francisco Department of Public Health, Birth Records

Entry into Prenatal Care

Late prenatal care (in the second or third trimester) is considered a risk factor for worse birth outcomes including low birth-weight and infant mortality. Poverty, poor education, and unmarried status are associated with lack of access to or use of prenatal care. In 1996, 86% of all births in San Francisco were to women who received early prenatal care (in the first trimester of pregnancy). This rate is close to achieving the Healthy People 2000 objective that 90% of all pregnant women receive early prenatal care.

By Race/Ethnicity. In the same year, African-Americans and Latinas both experienced the lowest rate (76%) of first trimester prenatal care compared to women of other race/ethnicities. Latinas were more likely to receive late prenatal care (3.2%; 61) than none at all (0.7%; 14), while African American women were more likely to receive no prenatal care (3%; 24) than prenatal care beginning in the third trimester (2%; 17).



Pacific Islanders, grouped within “Other Asian”, represented a small percentage of the total number of births (1%; 87). Only 59% of Pacific Islander women (51) obtained early prenatal care. One-fourth (26%; 23) received prenatal care in the second trimester, 8% (7) received prenatal care in the third trimester, and 2.3% (2) received no prenatal care at all (4 unknown).

Trends. Citywide, early entry into prenatal care improved, from 79% of all births in 1992 to 86% in 1996. Rates for African-Americans and Latinas are also improved, from 64% to 76% for African-Americans and from 68% to 76% for Latinas.

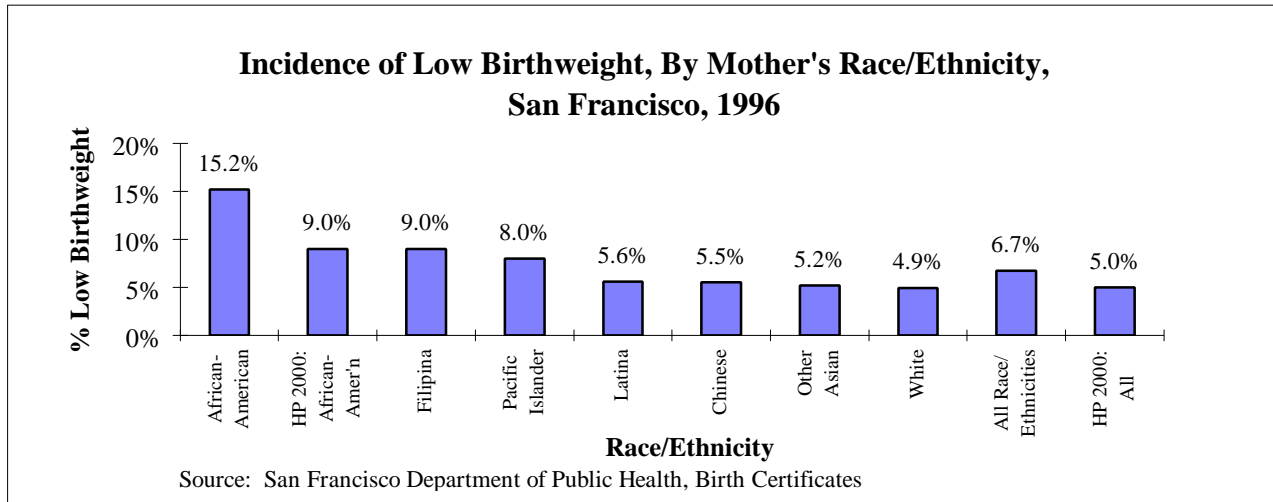
At the same time, combined rates of late prenatal care (third trimester entry) and no prenatal care citywide decreased from 1992 to 1996, from 5% to 2.5% for all race/ethnicities except for Pacific Islanders (from 9% to 10%). African-American and Latina rates of late and no prenatal care decreased, from 12% to 5% for African-Americans and from 6% to 4% for Latinas.

Low Birthweight

Birthweight serves as a marker for health status of infants. Low birthweight infants (under 2500 grams or 5.5 pounds) are at a higher risk for physical and developmental complications (morbidity) and infant

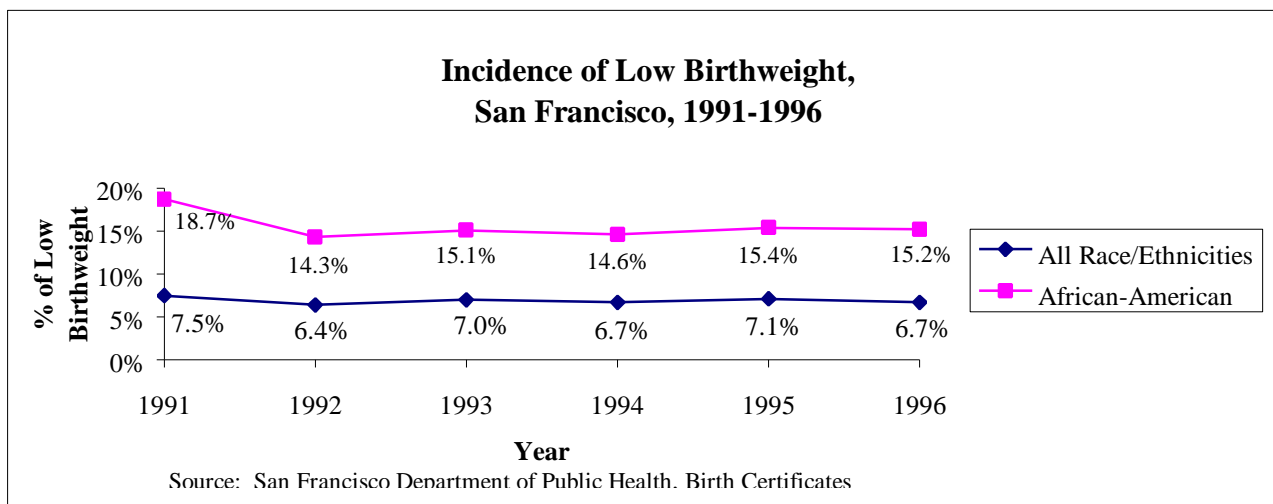
mortality. Low birthweight is associated with late or no prenatal care, poor maternal nutrition, maternal smoking, preterm delivery, and other conditions.

In 1996, there were 560 low birthweight births in San Francisco, representing 6.7% of all births in the City. African-American women had the highest rate, 15.2% of births. Filipinas and Pacific Islanders had the second (9.0%) and third (8.0%) highest. Latinas (5.6%), Chinese (5.5%), and “Other Asians” (5.2%) had low birthweight rates which were less than the citywide average. Whites, at 4.9%, had the lowest rate of low birthweight of all ethnic groups in the City.



San Francisco is unlikely to attain the Healthy People 2000 objectives of reducing low birthweight to no more than 5% of live births overall and no more than 9% for African-Americans without a substantial reduction in the number of low birthweight infants born to African-Americans.

In 1996, the incidence of low birthweight citywide (6.7%) was nearly a percentage point lower than the rate in 1991(7.5%). The low birthweight rate for African-Americans over the six-year period was disproportionately high, at over twice the citywide rate, ranging from 14.3% to 18.7% of births. While African-American rates did decline from 1991 to 1996 from 18.7% to 15.2%, all of that improvement came in the first year, from 1991 to 1992, with little change since then.

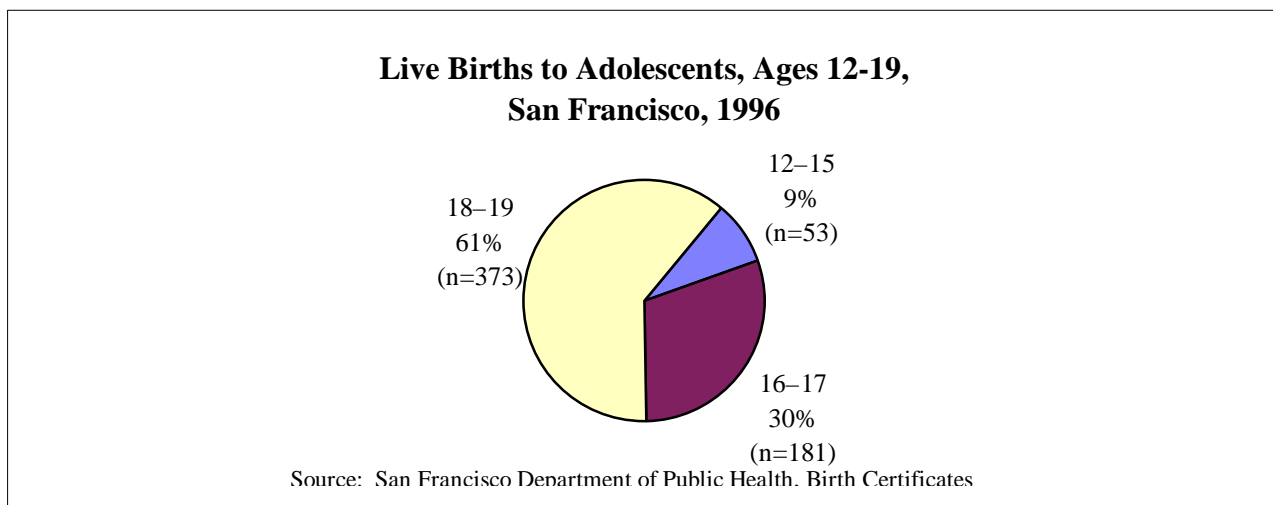


Births to Adolescents

Adolescent childbearing has important health and social consequences for young women, their babies, and their families. Many adolescent mothers are not ready for the emotional, psychological, and financial responsibilities and challenges of parenthood. Pregnant adolescents are more likely to have no health insurance coverage and to have inadequate prenatal care. The younger the adolescent mother, the more likely she is to have poor pregnancy outcomes such as preterm delivery and a low birthweight infant.

Later in life, adolescent mothers are more likely to experience marital instability, lower educational attainment, and poor socioeconomic status. Children born to adolescent mothers are less likely to complete high school and to be financially independent of public assistance, and are more likely to get pregnant during adolescence. Maintaining a low rate of births to adolescents can be accomplished through the combined effect of school-based family life education programs, adequate and accessible reproductive health care services, and social support services addressing adolescent pregnancy and parenting.

In 1996, there were 607 births to adolescents ages 12 to 19, representing 7.3% of all births (8,368) in the City.² San Francisco's percentage of births to adolescents was notably lower than the statewide rate (1995) of 12%.³ Nearly two-thirds (61%) of births to adolescents in San Francisco were to mothers ages 18 to 19, 30% were to ages 16 to 17, and 9% were ages 12 to 15.



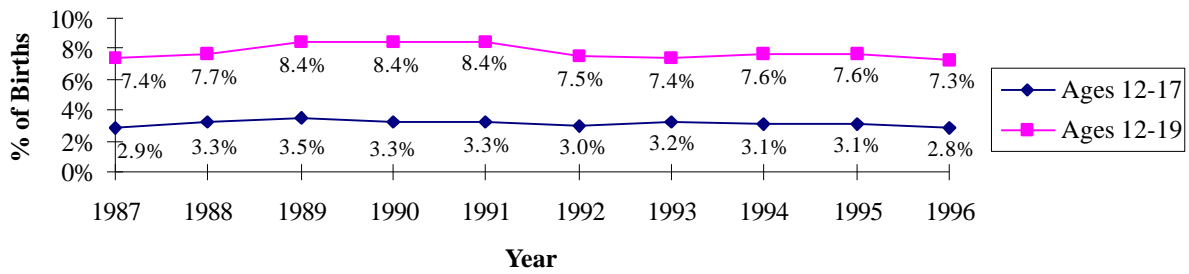
San Francisco has set as an objective to reduce births to adolescents to no more than 5% by the Year 2000.⁴ Although the percentage of births to adolescents in 1996 was the lowest since 1987, this objective may be difficult to attain. The percentage of births to adolescents has not dropped below 7% in the last ten years.

² The Healthy People 2000 objective is to reduce pregnancies among girls aged 17 and younger to no more than 50 per 1,000 adolescents.

³ California Department of Health Services, Vital Statistics

⁴ San Francisco Department of Public Health, Maternal, Child, and Adolescent Health 5 Year Plan, 1996-2001

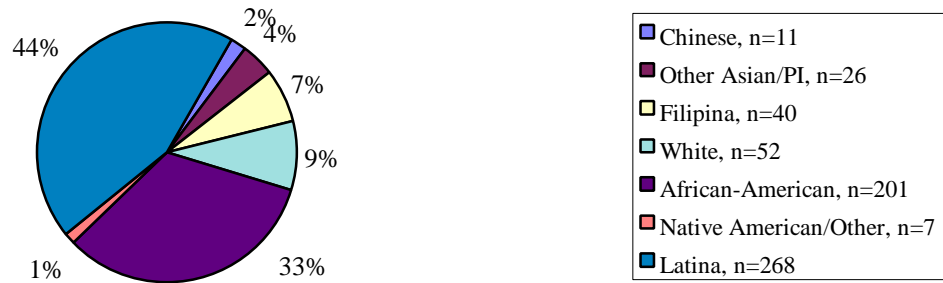
**Percent of Births to Adolescents, Ages 12-19,
San Francisco, 1987-1996**



Source: San Francisco Department of Public Health, Birth Certificate Records

Latinas and African-Americans represent over three-quarters (77%) of all births to adolescent mothers ages 12 to 19, with 268 births to Latinas and 201 births to African Americans.

**Live Births to Adolescent Mothers, Ages 12-19,
By Mother's Race/Ethnicity, San Francisco, 1996**

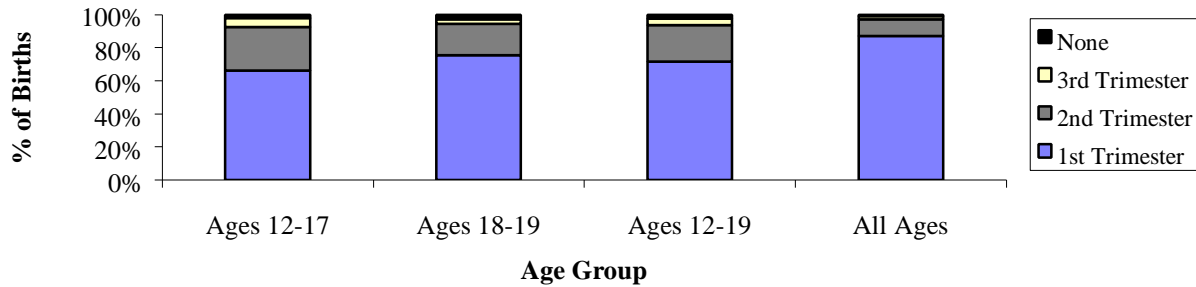


Source: San Francisco Department of Public Health Birth Certificates

Adolescent Entry Into Prenatal Care. For many adolescents, the daunting task of facing their pregnancy and their general lack of connection to health care services delays their entry into prenatal care. Adolescent mothers are much less likely than older women to receive timely prenatal care and more likely to have no care at all, and the likelihood of poor access to care is even greater for the school-age mother (ages 12 to 17) than the older adolescent mother (ages 18 to 19).

In 1996, 65% (152) of adolescents ages 12 to 17 and 75% (279) of adolescents ages 18 to 19 years old obtained early prenatal care (during their first trimester). This compares to 87% (6,780) of pregnant women ages 20 and older who received early prenatal care. The level of prenatal care sought by adolescents is far short of the Healthy People 2000 goal of 90%.

Trimester of Prenatal Care Entry, By Various Age Groups, San Francisco, 1996

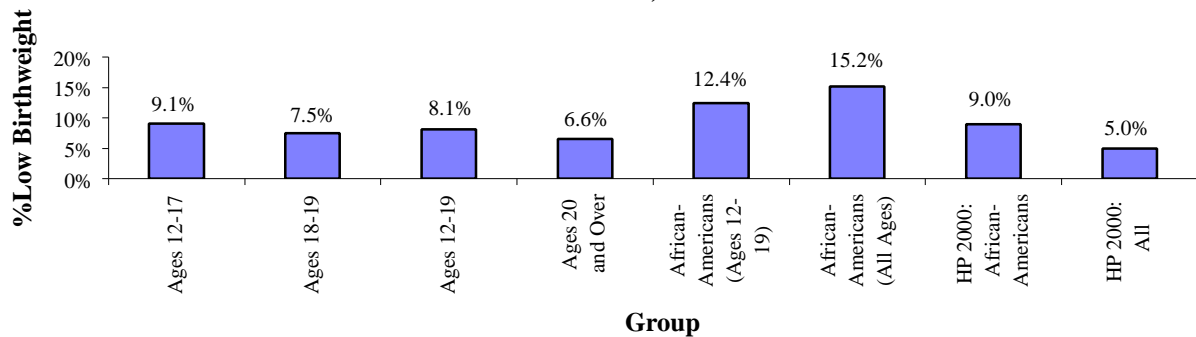


Source: San Francisco Department of Public Health Birth Certificates

Five percent (12) of adolescent mothers ages 12 to 17 first obtained prenatal care in the third trimester and 2% (5) received no prenatal care at all. Three percent (11) of adolescent mothers ages 18 to 19 first obtained prenatal care in the third trimester and 3% (10) received no prenatal care at all. These rates compare to 2% (124) of third trimester entry and 1% (74) of no prenatal care for women ages 20 and older.

Low Birthweight Among Births to Adolescents. In 1996, 8.1% of all births to San Francisco adolescents (ages 12 to 19) were low birthweight, compared to 6.6% of infants born to San Francisco mothers age 20 or older.

Incidence of Low Birthweight, By Selected Groups, San Francisco, 1996



Source: San Francisco Department of Public Health, Birth Certificates

The rate of low birthweight infants was higher among younger adolescents ages 12 to 17 (9.1%) compared to older adolescents ages 18 to 19 (7.5%). The rate of low birthweight infants born to African-American adolescents (ages 12 to 19) was substantially higher (12.4%) than the rate for all adolescents, although the rate was lower than the rate for African-American mothers of all ages (15.2%).

San Francisco is making progress in increasing the proportion of pregnant women who seek prenatal care in the first trimester. Adolescents are following suit with improvements from 1994 to 1996 from 61% to 65% for mothers ages 12 to 17 and from 67.5% to 75% for mothers ages 18 to 19.

**Live Births to Adolescents – “Top 10”,
By Mother’s Zip Code of Residence,
San Francisco, 1996**

<u>Zip Code</u>	<u>Area</u>	Total	
		#	%
94102	Tenderl'n/Hayes Val./N. of Mkt.	142	23.4%
94103	South of Market	104	17.1%
94107	Potrero Hill	95	15.7%
94108	Chinatown	47	7.7%
94109	Polk/Russian Hill	41	6.8%
94110	Inner Mission/Bernal Hts.	27	4.4%
94112	Ingles'-Excels'r/Crock'r-Amaz'n	23	3.8%
94114	Castro, Noe Valley	18	3.0%
94115	Western Addition/Japantown	17	2.8%
94116	Parkside	17	2.8%
-	All Other Areas	76	12.5%
-	Total	607	100.0%
	% of All Births	7.3%	-

Source: San Francisco Department of Public Health, Birth Records

By Zip Code. In 1996, over half (56%) of all births to adolescents were to mothers residing in three zip codes in the City, including 94110 (Inner Mission/Bernal Heights), 94112 (Ingleside-Excelsior/Crocker-Amazon), and 94124 (Bayview-Hunter’s Point). (Refer to Appendix for detailed data.)