



Maternal Characteristics and Infant Outcomes of Women Born in and Outside the United States: United States, 2020

Analytical and Epidemiological Studies



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention
National Center for Health Statistics

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Hyattsville, Maryland
June 2022

National Center for Health Statistics

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Contents

Abstract	1
Key Findings	1
Introduction	2
Methods	2
Figures and Tables	5
Maternal Characteristics	10
Place of Residence in the United States	34
Infant Outcomes	48
References	55
Appendix. Technical Notes	56

Figures

1. World regions	4
2. Birthplace of women who gave birth: United States, 2020	6
3. Birthplace region of women born outside the United States who gave birth: United States, 2020	7
4. Birthplace subregion of women born in Latin America and Asia who gave birth: United States, 2020	8
5. Maternal age, by region of birth of women who gave birth: United States, 2020	10
6. Maternal age, by subregion of birth in Latin America of women who gave birth: United States, 2020	11
7. Maternal age, by subregion of birth in Asia of women who gave birth: United States, 2020	12
8. Maternal age within subregion of birth in Asia of women who gave birth: United States, 2020	13
9. Maternal education, by region of birth of women who gave birth: United States, 2020	14
10. Maternal education, by subregion of birth in Latin America of women who gave birth: United States, 2020	15
11. Maternal education, by subregion of birth in Asia of women who gave birth: United States, 2020	16
12. Maternal education within subregion of birth in Asia of women who gave birth: United States, 2020	17
13. Parity, by region of birth of women who gave birth: United States, 2020	18
14. Parity, by subregion of birth in Latin America of women who gave birth: United States, 2020	19
15. Parity, by subregion of birth in Asia of women who gave birth: United States, 2020	20
16. Parity within subregion of birth in Asia of women who gave birth: United States, 2020	21
17. Source of payment, by region of birth of women who gave birth: United States, 2020	22
18. Source of payment, by subregion of birth in Latin America of women who gave birth: United States, 2020	23
19. Source of payment, by subregion of birth in Asia of women who gave birth: United States, 2020	24
20. Source of payment within subregion of birth in Asia of women who gave birth: United States, 2020	25
21. Prepregnancy body mass index, by region of birth of women who gave birth: United States, 2020	26

Contents—Con.

22. Prepregnancy body mass index, by subregion of birth in Latin America of women who gave birth: United States, 2020	27
23. Prepregnancy body mass index, by subregion of birth in Asia of women who gave birth: United States, 2020.	28
24. Prepregnancy body mass index within subregion of birth in Asia of women who gave birth: United States, 2020	29
25. Trimester prenatal care began, by region of birth of women who gave birth: United States, 2020	30
26. Trimester prenatal care began, by subregion of birth in Latin America of women who gave birth: United States, 2020.	31
27. Trimester prenatal care began, by subregion of birth in Asia of women who gave birth: United States, 2020	32
28. Trimester prenatal care began within subregion of birth in Asia of women who gave birth: United States, 2020	33
29. U.S. region of residence, by region of birth of women who gave birth: United States, 2020	34
30. U.S. region of residence, by subregion of birth in Latin America of women who gave birth: United States, 2020	35
31. U.S. region of residence, by subregion of birth in Asia of women who gave birth: United States, 2020	36
32. U.S. region of residence within subregion of birth in Asia of women who gave birth: United States, 2020	37
33. Urbanicity of U.S. residence, by region of birth of women who gave birth: United States, 2020	38
34. Urbanicity of U.S. residence, by subregion of birth in Latin America of women who gave birth: United States, 2020	39
35. Urbanicity of U.S. residence, by subregion of birth in Asia of women who gave birth: United States, 2020	40
36. Urbanicity of U.S. residence within subregion of birth in Asia of women who gave birth: United States, 2020	41
37. Infant outcomes, by maternal region of birth: United States, 2020.	48
38. Infant outcomes, by maternal subregion of birth in Latin America: United States, 2020	49
39. Infant outcomes, by maternal subregion of birth in Asia: United States, 2020.	50
40. Infant outcomes within maternal subregion of birth in Asia: United States, 2020.	51

Detailed Tables

1. Distribution of births, by maternal region, subregion, and country of birth: United States, 2020	9
2. Maternal characteristics, by maternal region of birth: United States, 2020	42
3. Maternal characteristics, by maternal subregion of birth in Latin America: United States, 2020.	43
4. Maternal characteristics, by maternal subregion and country of birth in Asia: United States, 2020	44
5. Maternal U.S. residence, by maternal region of birth: United States, 2020	45

Contents—Con.

- 6. Maternal U.S. residence, by maternal subregion of birth in Latin America: United States, 2020 46
- 7. Maternal U.S. residence, by maternal subregion and country of birth in Asia: United States, 2020 47
- 8. Infant outcomes, by maternal region of birth: United States, 2020 52
- 9. Infant outcomes, by maternal subregion of birth in Latin America: United States, 2020 53
- 10. Infant outcomes, by maternal subregion and country of birth in Asia: United States, 2020 54

Maternal Characteristics and Infant Outcomes of Women Born in and Outside the United States: United States, 2020

by Anne K. Driscoll, Ph.D., and Claudia P. Valenzuela, M.P.H.

Abstract

Objective

This report describes and compares maternal characteristics and infant outcomes by maternal place of birth (that is, whether the mother was born in the United States or in regions, subregions, and selected countries outside the United States) among births occurring in 2020.

Methods

Data are from 2020 birth certificates from the National Vital Statistics System. Women were categorized by whether they were born in the United States and, for women born outside the United States, by region (Latin America, Asia, Africa, Europe, Oceania, and Canada) and subregion of birth. Women born in Latin America and Asia were further categorized and compared by subregion and selected country of birth. Maternal characteristics, region and urbanicity of U.S. residence, and infant outcomes were compared between women born in the United States and women born in regions and subregions outside the United States.

Results

In 2020, 21.9% of women who gave birth in the United States were born outside the United States. Women born in Latin America accounted for 12.0% of all women giving birth and more than one-half (54.9%) of women born outside the United States; those born in Asia accounted for 5.9% of all U.S. births and 27.2% of women born outside the United States. Differences are shown in maternal characteristics and region and urbanicity of U.S. residence as well as infant outcomes for women born in and outside the United States by maternal region and subregion of birth.

Conclusion

There is considerable variability in maternal characteristics, U.S. region and urbanicity residence patterns, and infant outcomes by women's place of birth. Distinguishing non-U.S.-born women by their place of birth shows the diversity of this subgroup of women giving birth in the United States.

Keywords: place of birth • immigrant women • birth outcomes • National Vital Statistics System

Key Findings

More than one-fifth (21.9%) of women who gave birth in the United States in 2020 were born outside the country (Figure 2). More than one-half (54.9%) of women born outside the United States were born in Latin America; women born in Mexico (43.9%) accounted for the largest percentage of those born in Latin America (Figures 3 and 4). Women born in Asia accounted for just over one-quarter (27.2%) of women born outside the United States; women born in South Asia (37.2%) accounted for the largest percentage among those born in this region (Figures 3 and 4). Women born in Africa accounted for 8.1% of women born outside the United States, followed by women born in Europe (7.5%), Oceania (1.2%), and Canada (1.1%).

Among women giving birth in 2020 who were born outside the United States, maternal characteristics varied by region, subregion, and country of birth. For example, the percentage of women under age 20 who gave birth was higher for women born in the United States (5.0%) than for women born in all other regions (Figure 5). The percentage of women with less than a high school education ranged from 1.7% of women born in Europe to 32.4% of those born in Latin America (Figure 9). Obesity rates ranged from about 1 in 10 (10.7%) women born in Asia to almost 4 in 10 (38.1%) women born in Oceania (Figure 21).

Among women born in Latin America, women born in South America (46.6%) were more than five times more likely to have at least a bachelor's degree compared with those born in Central America (8.3%) (Figure 10). Women born in Mexico were about four times more likely to have had a

fourth or higher-order birth (25.5%) and about twice as likely to have obesity (32.9%) compared with those born in South America (6.5% and 17.9%, respectively) (Figures 14 and 22). About three in four women (75.9%) born in South America began prenatal care in their first trimester compared with just over one-half (57.6%) of those born in Central America (Figure 26).

Among women born in Asia, women born in West Asia were about three times more likely to have less than a high school education (12.2%) than those born in East Asia (3.9%) and Central Asia (3.9%) (Figure 11). Almost one-half (48.3%) of births to women born in East Asia were first births compared with 3 in 10 (30.4%) of those born in Central Asia (Figure 15). The percentage of deliveries covered by Medicaid ranged from about one in five (18.6%) women born in East Asia to more than one-half (55.3%) of those born in Central Asia (Figure 19). Women born in West Asia were about four times as likely to have prepregnancy obesity as those born in East Asia (16.7% compared with 4.7%) (Figure 23).

Where women giving birth in 2020 lived in the United States also varied by their place of birth. U.S. residence patterns, whether women lived in the Northeast, South, Midwest, or West, and level of urbanicity varied widely by women's region of birth. Women born in Europe and Canada were the most likely to live in the Northeast (25.4% and 24.8%, respectively). Women born in Africa were most likely to live in the Midwest (25.5%) (Figure 29). Women born in Latin America were most likely to live in the South (45.5%). Those born in Oceania were most likely to live in the West (57.2%). Women born in Asia (52.6%) were the most likely to live in large central metro counties. Those born in Africa (30.8%) and Europe (30.7%) were the most likely to live in large fringe metro counties. Women born in the United States were most likely to live in nonmetro counties (16.0%) (Figure 33).

Infant outcomes also varied by mother's place of birth. Preterm birth rates ranged from 6.90% of infants of women born in Canada to 11.43% of infants of women born in Oceania (Figure 37). Similarly wide ranges across place of birth were found for low birthweight and neonatal intensive care unit (NICU) admission rates. Low birthweight ranged from 5.67% of infants of women born in Canada to 8.47% of infants of women born in the United States. NICU admission ranged from 7.30% of infants of women born in Canada to 10.03% of those of women born in Oceania.

For infants of women born in Latin America, those of women born in the Caribbean had the highest rates for all three adverse birth outcomes (Figure 38). For infants of women born in Asia, preterm birth rates were highest for infants of women born in Southeast Asia (9.81%) whereas the low birthweight (9.62%) and NICU admission rates (9.07%) were highest for infants of women born in South Asia (Figure 39).

In summary, the characteristics, residence patterns, and infant outcomes of women born outside the United States vary considerably. Not only do they often differ between

women born in and outside the United States, but they also differ by region of birth outside the United States as well as between and within subregions.

Introduction

The living standards and experiences of women differ by country of origin and from those of women born in the United States. For example, poverty levels and access to health care vary by country (1). Girls' and women's access to education and employment, which are associated with women's health and the health of their children, also vary by country and region (2–4). Unlike U.S.-born people, immigrants to the United States often contend with a new language and cultural practices (5,6).

As a group, immigrants to the United States have lower incomes and are more likely to be poor than people born in the United States (7). They are more likely to have less than a high school education but also equally likely to have a bachelor's degree or higher (7). However, these findings do not take into consideration the variation of immigrant demographics and behavior by place of birth. Socioeconomic status, including educational attainment, health, and health behaviors of immigrants vary by country or region of birth (8,9). Immigrants to the United States tend to be healthier than the U.S.-born population, with lower levels of chronic disease and obesity (10). Immigrant women, including pregnant women, tend to be less likely to smoke, use alcohol or other drugs, or have obesity than women born in the United States (11–13).

Place of birth, whether a person was born in the United States or in another country, is an important factor in many aspects of life, including maternal characteristics and infant outcomes. This report compares maternal characteristics and infant outcomes by women's region of birth (United States, Latin America, Asia, Africa, Europe, Oceania, and Canada). Maternal characteristics and infant outcomes are also compared across subregions for women born in Latin America and Asia and within subregions for women born in Asia.

Methods

Data for this report are from the 2020 birth file. Birth certificate data are based on 100% of births registered in the 50 states and the District of Columbia (14). Women giving birth were categorized by whether they were born in the 50 states and the District of Columbia (U.S.-born) or, if born outside the United States, by region: Latin America, Asia, Africa, Europe, Oceania, and Canada. For the two regions that represent the largest percentages of women born outside the United States, Asia and Latin America, women are further categorized by subregions and selected country of birth.

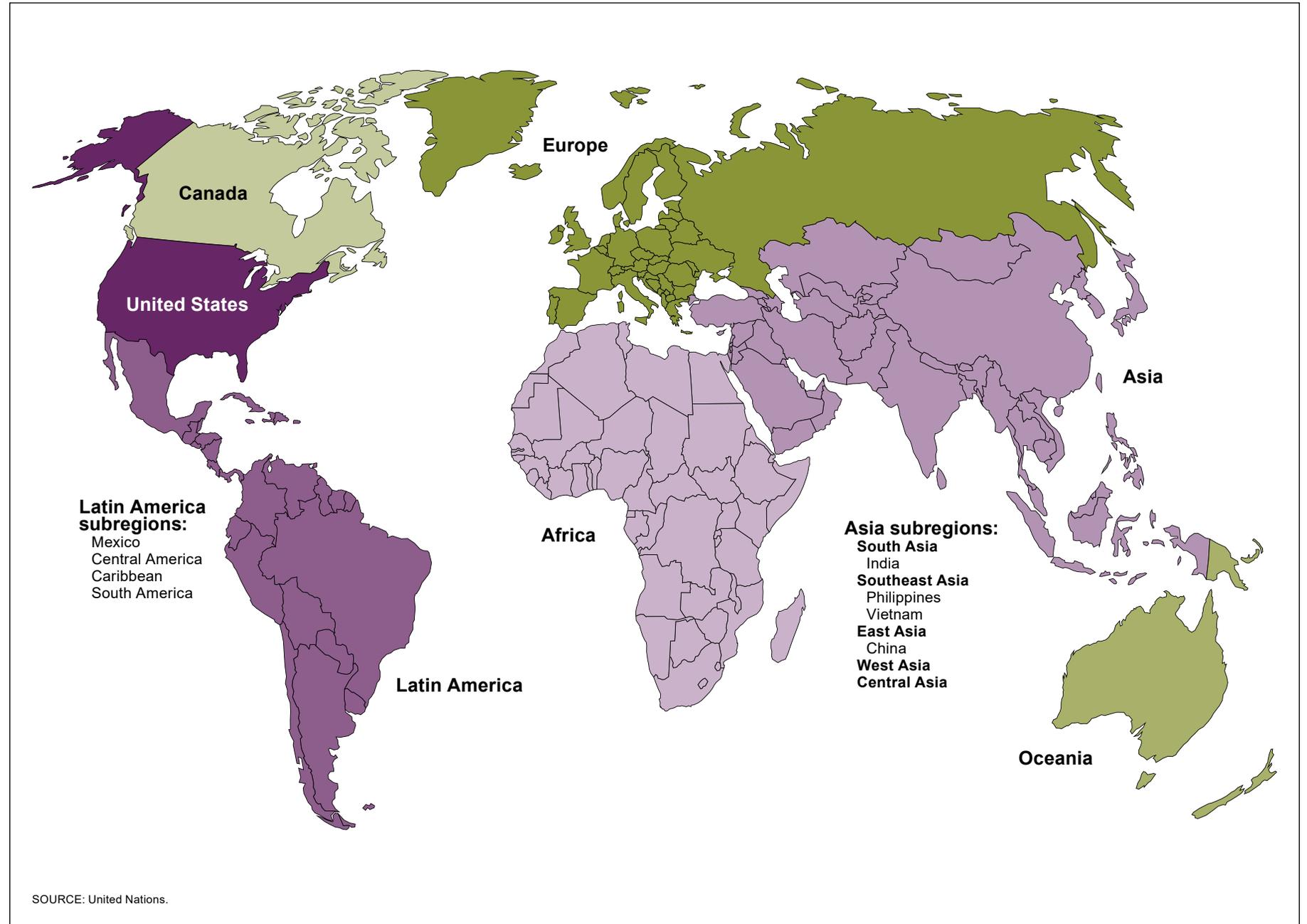
United Nations categories were used to assign countries of origin to regions and subregions (Appendix) (15). Six regions or countries (Canada) were defined (Figure 1). There are five subregions in Asia (South, Southeast, East, West, and Central). Within three Asia subregions (South, Southeast, and East Asia) one or two countries accounted for the majority of women born in that subregion and were analyzed separately within the subregion. Women born in India make up more than one-half (61.7%) of women born in South Asia, women born in the Philippines and Vietnam together account for more than about two-thirds (69.9%) of women born in Southeast Asia, and women born in China account for more than one-half (61.2%) of women born in East Asia. Accordingly, these countries are compared with the rest of the subregion in which they are located. There are three United Nations regions in Latin America (Central America, the Caribbean, and South America). Although Mexico is not a region, it is treated as a separate region of Latin America in these analyses because it is the country with the largest percentage of women born outside the United States. Women born in U.S. territories are assigned to the region that includes the territory; Puerto Rico and the U.S. Virgin Islands are included in the Caribbean and Latin America; the Northern Marianas, Guam, and American Samoa are included in Oceania.

Comparisons of maternal characteristics and infant outcomes were made by maternal region of birth. Comparisons were also made across subregions of Asia and Latin America. In addition, within the three subregions of Asia where one or two countries account for more than one-half of the women, additional comparisons are made between the individual country and the rest of the subregion. All comparisons shown in the text are based on z tests for statistical significance.

The maternal characteristics examined are age, education, parity, prepregnancy body mass index (BMI), timing of initiation of prenatal care, and source of payment for the delivery. Analyses of maternal education were restricted to women aged 25 and over to allow for completion of education. Two variables that describe where women live, U.S. region of residence and urbanicity, were also analyzed. The four largest states by population, California, Texas, Florida, and New York, are presented separately within their respective U.S. regions. The urbanicity measure is based on the NCHS classification scheme for counties (16) (Appendix). U.S. region is based on the four U.S. Census regions (17) (Appendix).

Three infant outcomes were examined: preterm birth, low birthweight, and NICU admission. The preterm birth rate is the percentage of births delivered at less than 37 completed weeks of gestation based on the obstetric estimate of gestation. The low birthweight rate is the percentage of infants born at less than 2,500 grams (5 pounds, 8 ounces). The NICU admission rate is the percentage of infants admitted to a facility or unit staffed and equipped to provide continuous mechanical ventilatory support for a newborn.

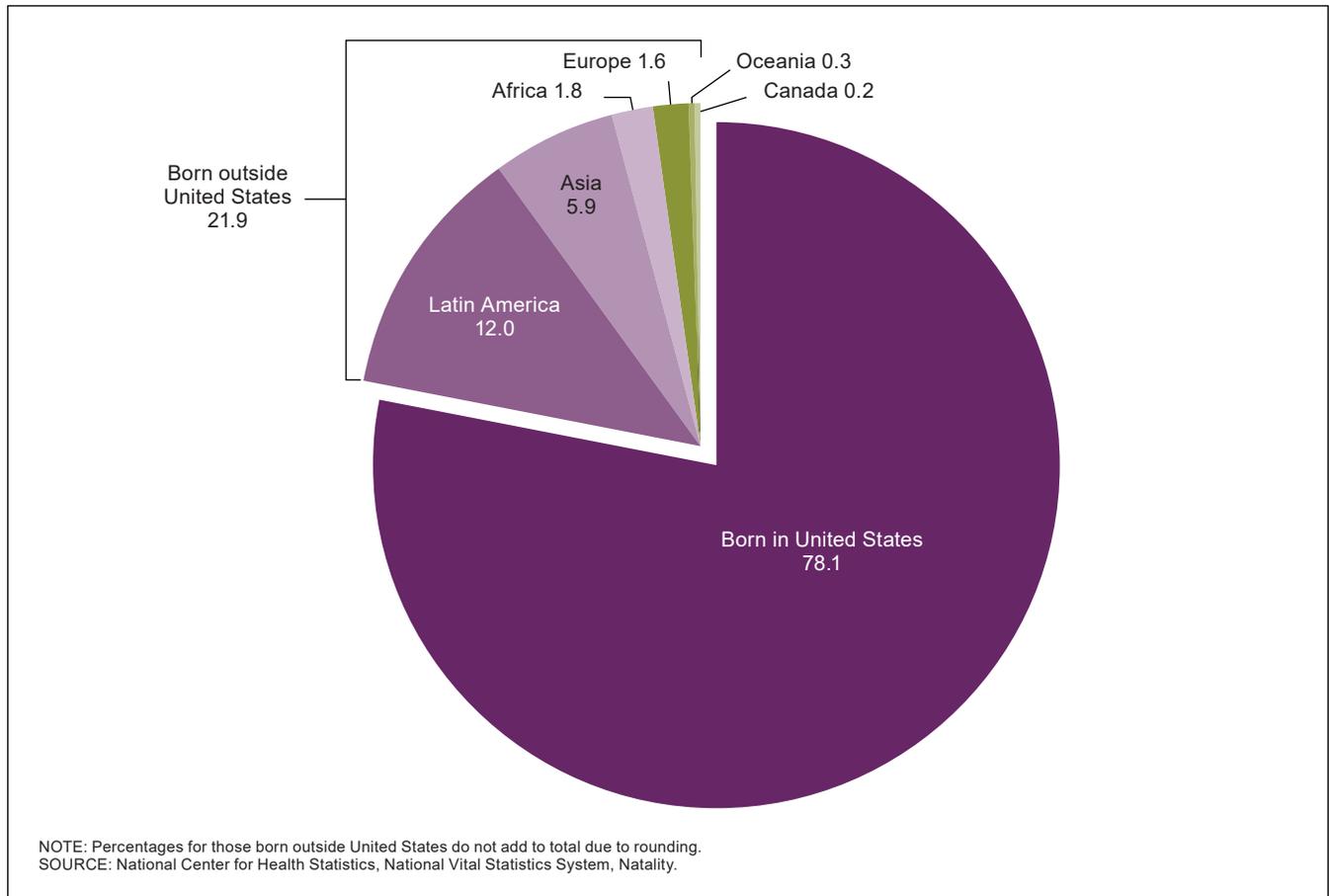
Figure 1. World regions



Figures and Tables

Maternal Birthplace

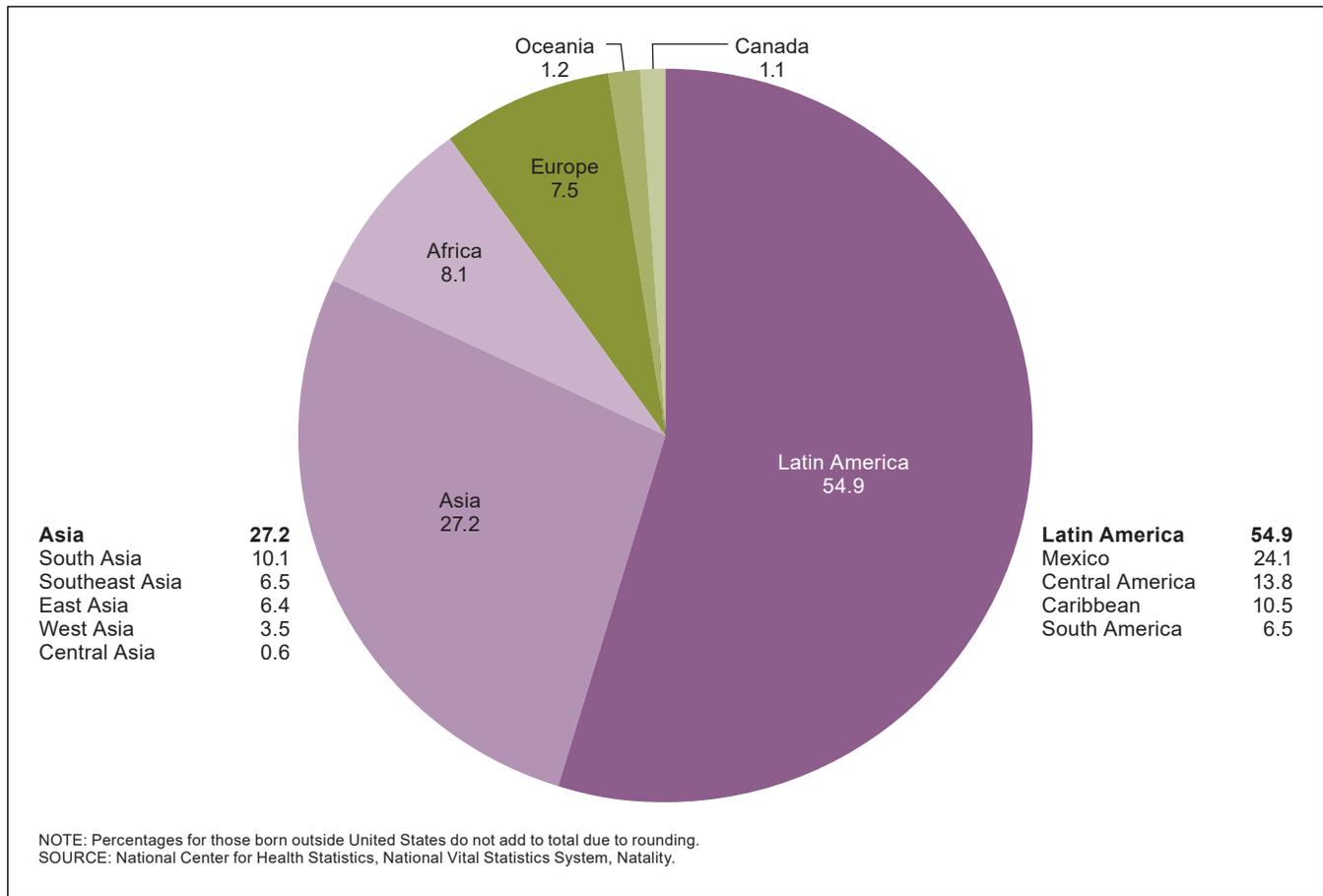
Figure 2. Birthplace of women who gave birth: United States, 2020



- In 2020, 21.9% of all women who gave birth in the United States were born outside the United States (Figure 2, Table 1).
- Women born in Latin America made up the largest group of women born outside the United States (12.0%), followed by women born in Asia (5.9%).
- Women born in Africa made up 1.8% of women giving birth in the United States, followed by women born in Europe (1.6%); women born in Oceania (0.3%) and Canada (0.2%) accounted for less than 1.0%.

Maternal Region of Birth Outside United States

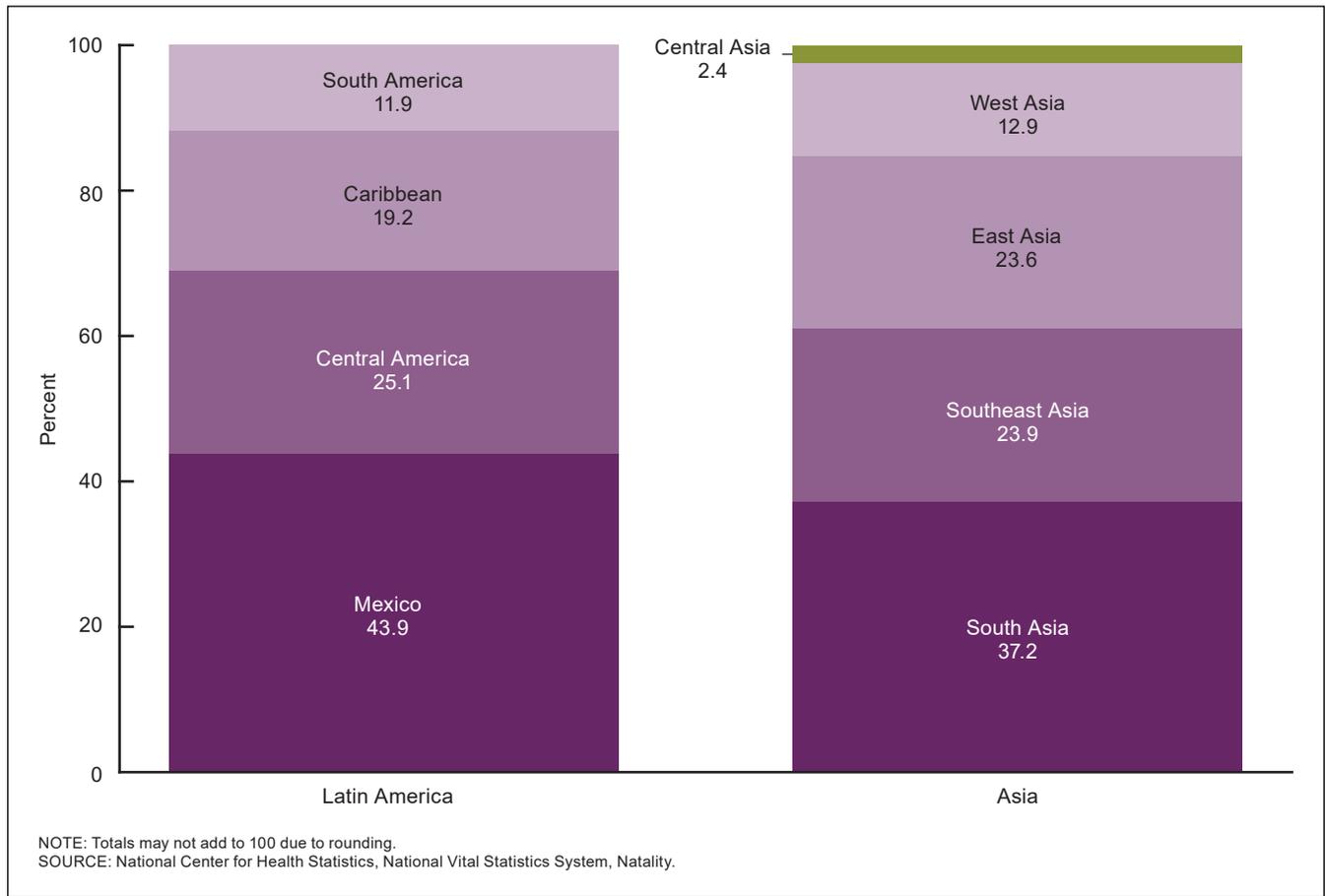
Figure 3. Birthplace region of women born outside the United States who gave birth: United States, 2020



- Among women born outside the United States who gave birth in 2020, more than one-half (54.9%) were born in Latin America (Figure 3, Table 1).
- Women born in Mexico accounted for 24.1% of women born outside the United States.
- Just over one-quarter of women born outside the United States were born in Asia (27.2%), 8.1% in Africa, 7.5% in Europe, 1.2% in Oceania, and 1.1% in Canada.
- Women born in South Asia accounted for 10.1% of women born outside the United States; those born in Southeast and East Asia accounted for similar percentages (6.5% and 6.4%, respectively).

Maternal Subregion of Birth: Latin America and Asia

Figure 4. Birthplace subregion of women born in Latin America and Asia who gave birth: United States, 2020



- Women born in Mexico accounted for 43.9% of those born in Latin America (Figure 4, Table 1).
- One-quarter of women from Latin America were born in Central America (25.1%), 19.2% in the Caribbean, and 11.9% in South America.
- Women born in South Asia accounted for 37.2% of women born in Asia. Women born in Southeast Asia accounted for 23.9% of women born in Asia, followed by East Asia (23.6%), West Asia (12.9%), and Central Asia (2.4%).

Table 1. Distribution of births, by maternal region, subregion, and country of birth: United States, 2020

Place of birth	All births		Born outside United States	
	Number	Percent	Percent	Subregion percent
Total	3,605,104	100.0
Born in United States	2,816,447	78.1
Born outside United States	788,657	21.9	100.0	...
Latin America	432,763	12.0	54.9	...
Mexico	189,830	5.3	24.1	43.9
Central America	108,470	3.0	13.8	25.1
Caribbean	83,151	2.3	10.5	19.2
South America	51,312	1.4	6.5	11.9
Asia	214,175	5.9	27.2	...
South	79,644	2.2	10.1	37.2
India	49,123	1.4	6.2	...
Elsewhere	30,521	0.8	3.9	...
Southeast	51,263	1.4	6.5	23.9
Philippines	20,977	0.6	2.7	...
Vietnam	14,860	0.4	1.9	...
Elsewhere	15,426	0.4	2.0	...
East	50,571	1.4	6.4	23.6
China	30,977	0.9	3.9	...
Elsewhere	19,594	0.5	2.5	...
West	27,591	0.8	3.5	12.9
Central	5,106	0.1	0.6	2.4
Africa	64,228	1.8	8.1	...
Europe	59,457	1.6	7.5	...
Oceania	9,434	0.3	1.2	...
Canada	8,600	0.2	1.1	...

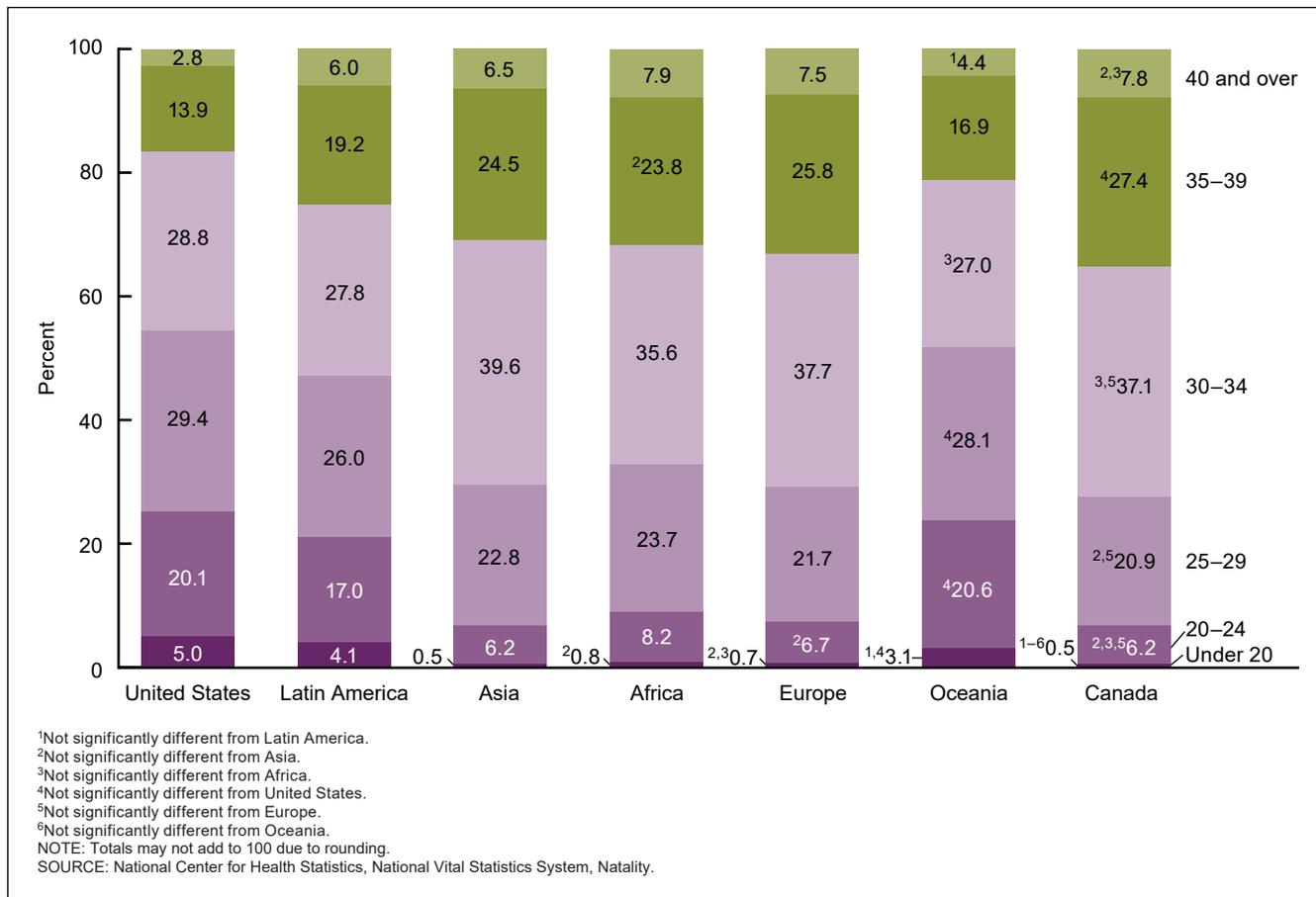
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SOURCE: National Center for Health Statistics, National Vital Statistics System, Natality.

Maternal Characteristics

Maternal Age by Region of Birth

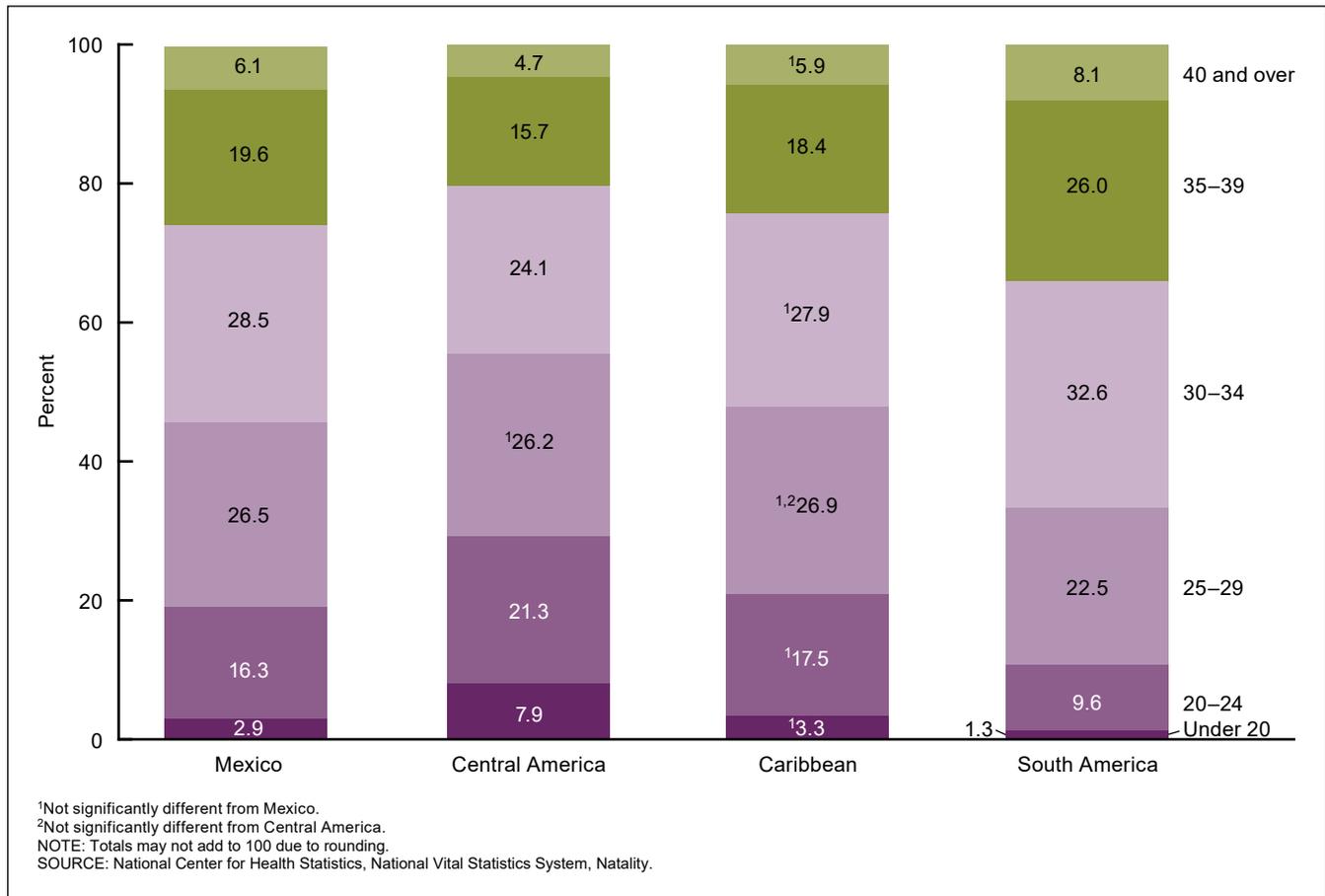
Figure 5. Maternal age, by region of birth of women who gave birth: United States, 2020



- Women born in the United States were generally younger when they gave birth than women born outside the United States; less than 1.0% of women born in Asia, Europe, Africa, and Canada were under age 20 compared with 5.0% of U.S.-born women, and less than 10.0% were aged 20–24 compared with 20.1% of U.S.-born women (Figure 5, Table 2).
- U.S.-born women were less likely to be aged 30 and over than women born in any region outside the United States.
- Women aged 30–34 were the largest group among those born in Asia, Latin America, Europe, Africa, and Canada.

Maternal Age by Subregion of Birth: Latin America

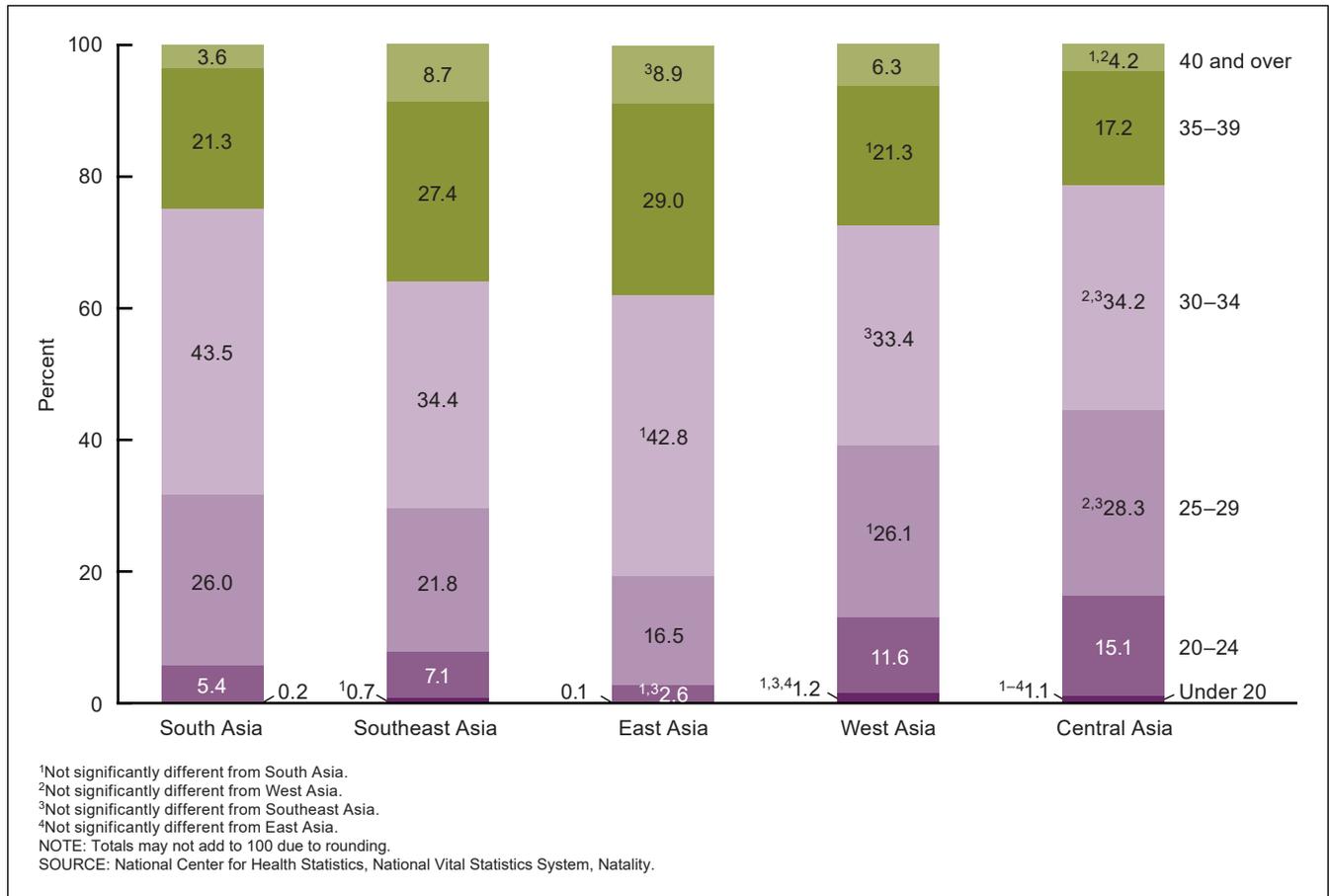
Figure 6. Maternal age, by subregion of birth in Latin America of women who gave birth: United States, 2020



- Among women born in Latin America who gave birth in 2020, those born in South America were the least likely to be under age 20 and aged 20–24 (1.3% and 9.6%, respectively) compared with those born elsewhere; those born in Central America were the most likely to be those ages (7.9% and 21.3%, respectively) (Figure 6, Table 3).
- Women born in South America were most likely to be aged 30 and over; women born in Central America were the least likely.

Maternal Age by Subregion of Birth: Asia

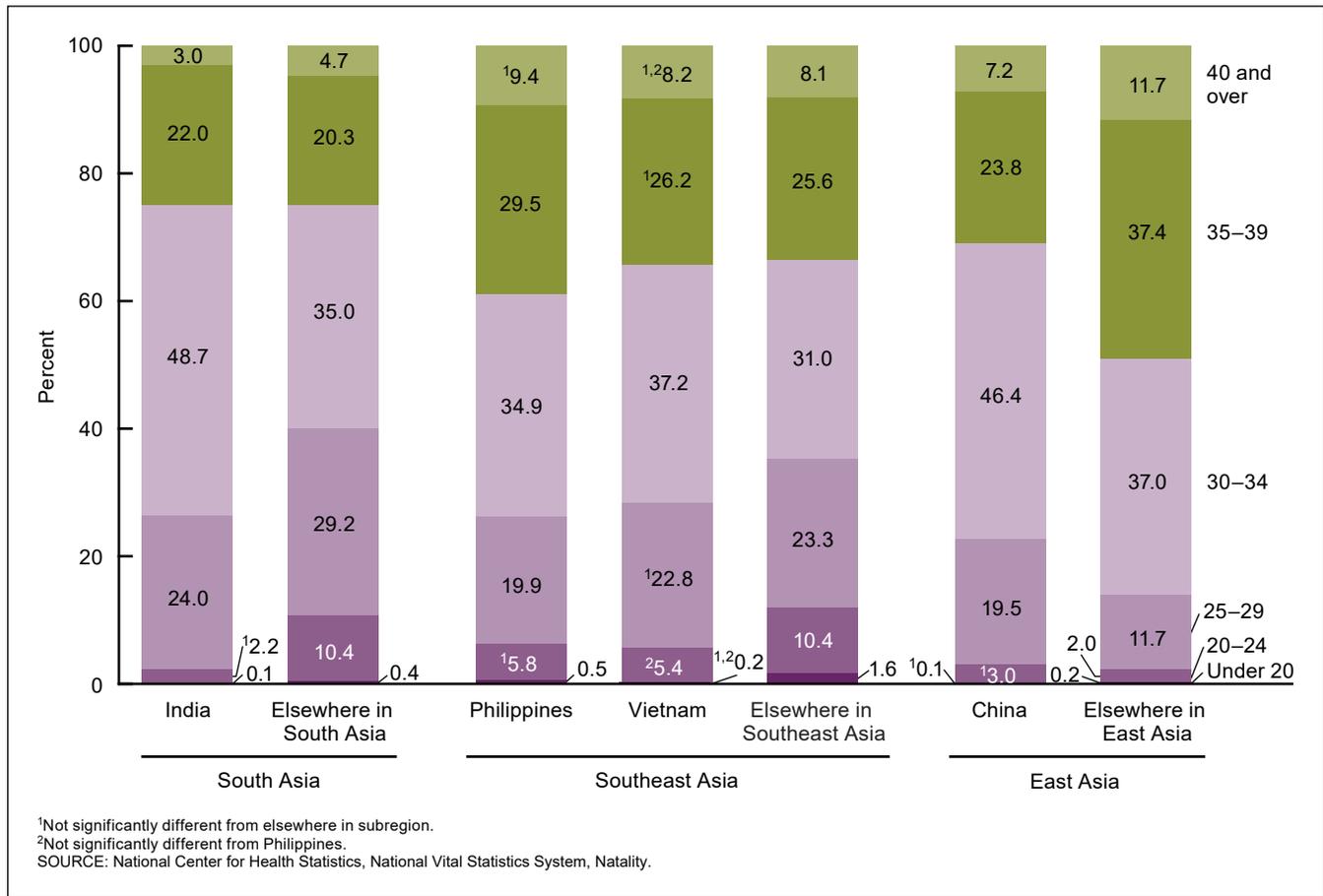
Figure 7. Maternal age, by subregion of birth in Asia of women who gave birth: United States, 2020



- Among Asian-born women who gave birth in 2020, no differences were seen across the five subregions in the percentage who were under age 20; no more than 1.2% fell into this category (Figure 7, Table 4).
- Women born in East Asia were the least likely to be aged 20–24 (2.6%), while those from Central Asia were the most likely (15.1%).
- In each region, women aged 30–34 were the largest group, accounting for about one-third of births to women born in Southeast (34.4%), West (33.4%), and Central (34.2%) Asia and about 43% of births to women born in South Asia (43.5%) and East Asia (42.8%).
- Women born in East and Southeast Asia were more likely to be aged 40 and over than those born in other regions in Asia.

Maternal Age Within Subregions of Birth: Asia

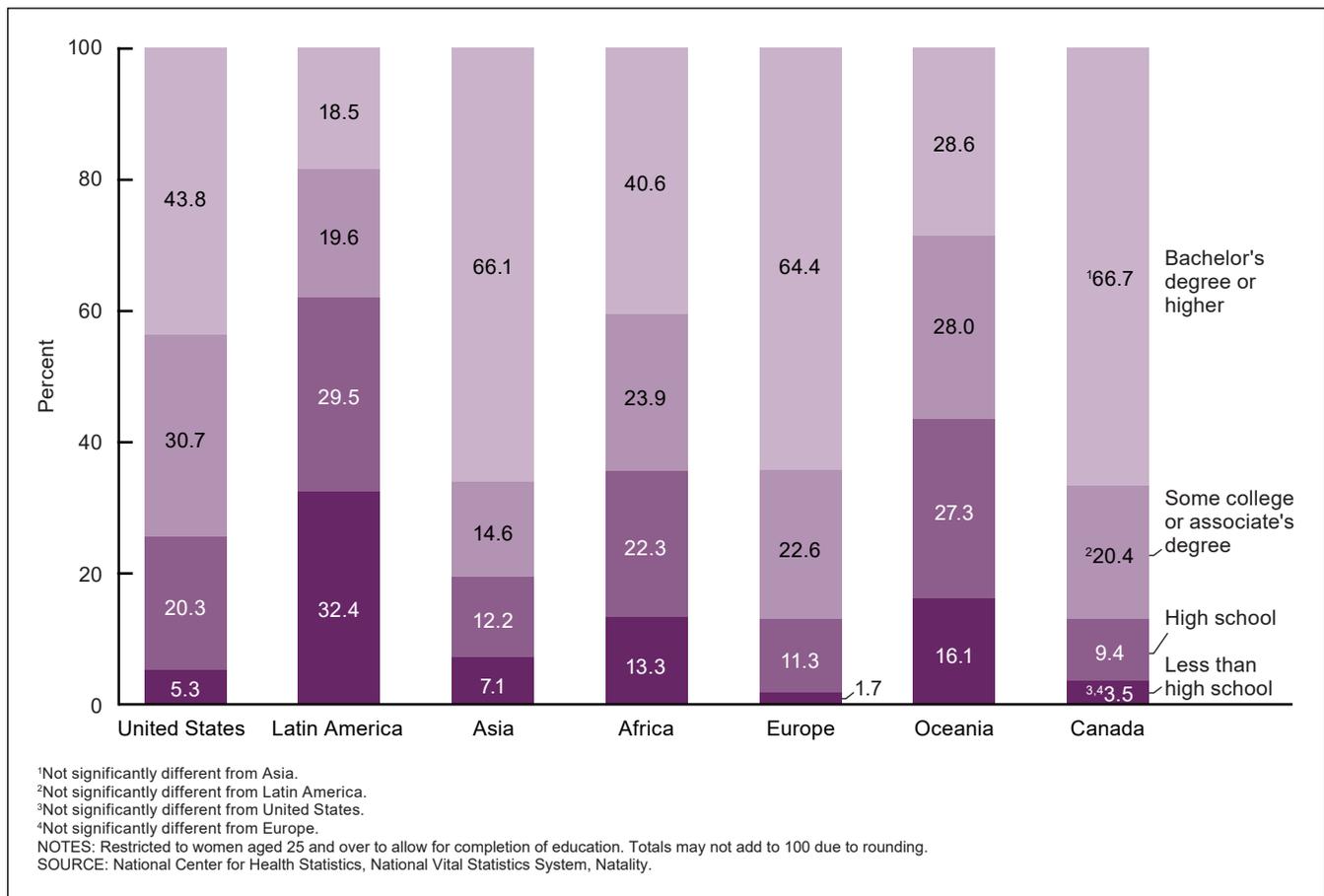
Figure 8. Maternal age within subregion of birth in Asia of women who gave birth: United States, 2020



- Among women born in South Asia who gave birth in 2020, women born in India were less likely to be in their 20s and more likely to be in their 30s than women born elsewhere in the subregion (Figure 8, Table 4).
- Among women born in Southeast Asia, those born in the Philippines were less likely to be in their 20s and more likely to be in their 30s than women born elsewhere.
- Women born in Vietnam were equally likely to be under age 20 and 35 and over as those born elsewhere in Southeast Asia.
- Among women born in East Asia, those born in China were more likely to be aged 25–34 and less likely to be aged 35 and over than those born elsewhere in East Asia.

Maternal Education by Region of Birth

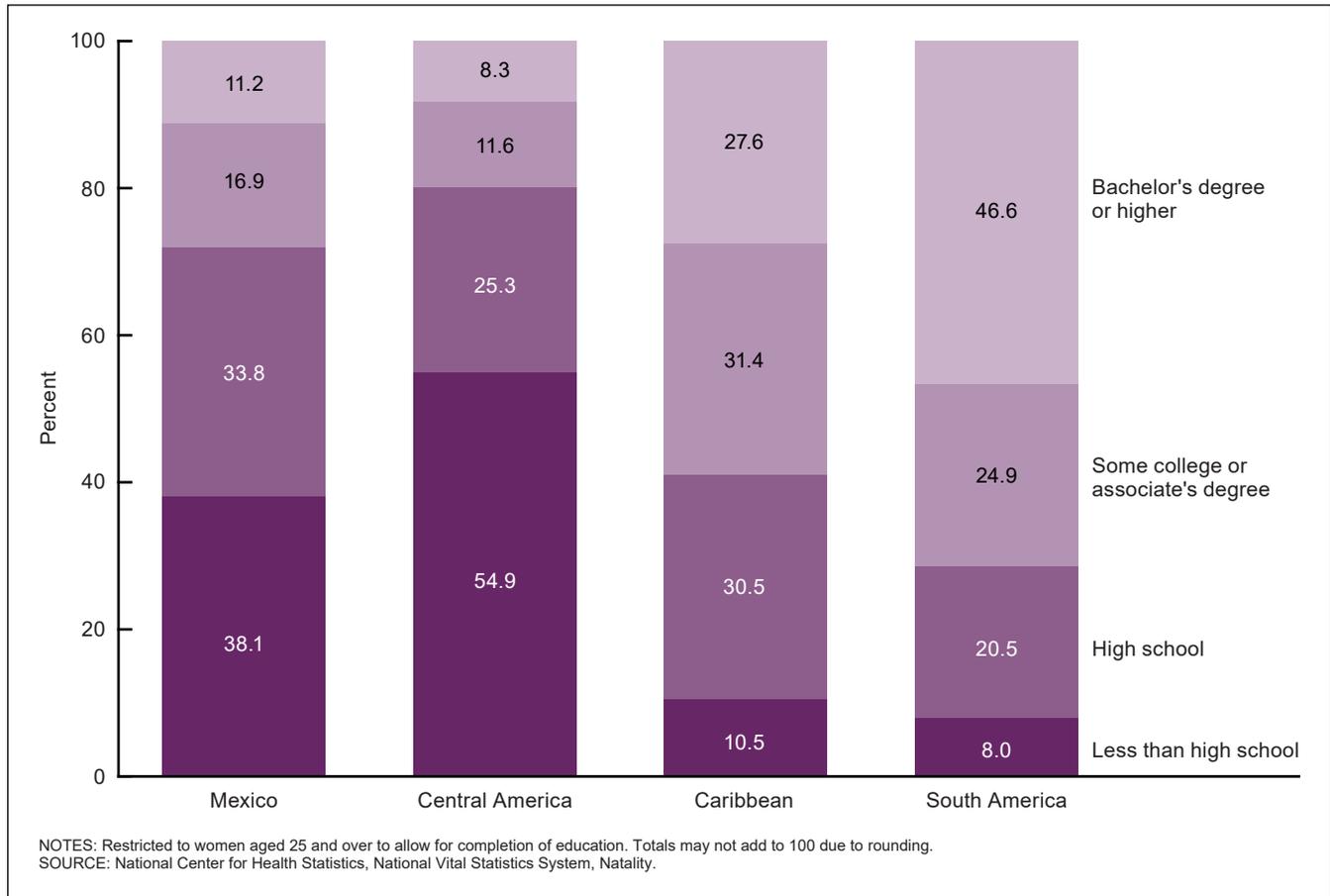
Figure 9. Maternal education, by region of birth of women who gave birth: United States, 2020



- Education levels varied by women's place of birth. Having a bachelor's degree or more was the largest category for every region except Latin America. Similar percentages of women born in Oceania had at least a bachelor's degree (28.6%), some college or an associate's degree (28.0%), or completed high school (27.3%) (Figure 9, Table 2).
- About one-third of women born in Latin America had less than a high school education (32.4%); this was at least twice the percentage for women born in any other region.
- Women born in Latin America were the most likely to have less than a high school education (32.4%), and those from Europe were the least likely (1.7%).
- About two-thirds of women from Asia (66.1%) and Canada (66.7%) had at least a bachelor's degree, followed by women from Europe (64.4%); women from Latin America were the least likely to have at least a bachelor's degree (18.5%), followed by those from Oceania (28.6%).

Maternal Education by Subregion of Birth: Latin America

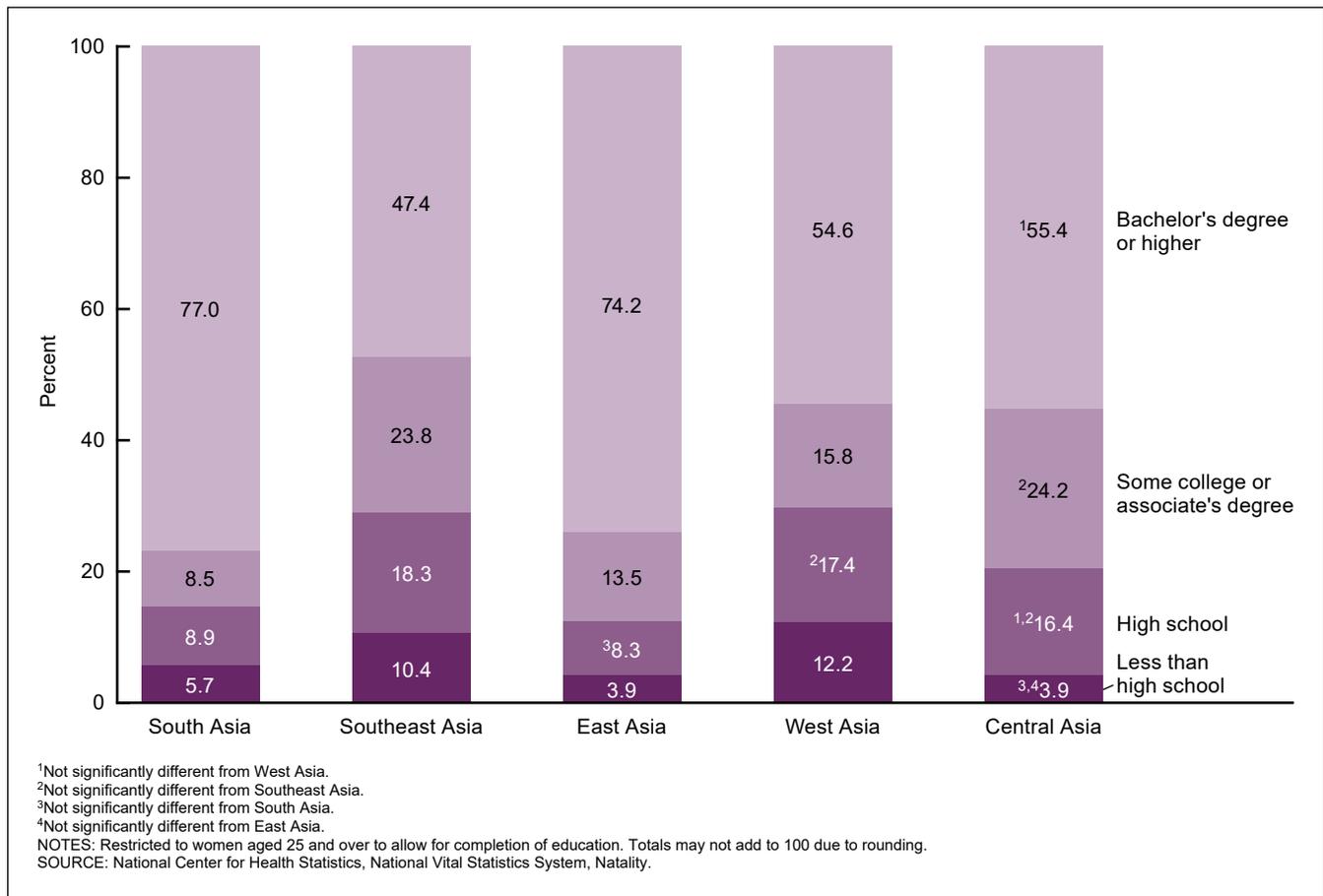
Figure 10. Maternal education, by subregion of birth in Latin America of women who gave birth: United States, 2020



- Having less than a high school education was the largest category for women born in Mexico (38.1%) and Central America (54.9%), whereas women born in South America were more likely to have at least a bachelor's degree (46.6%) than to fall into any other education category (Figure 10, Table 3).
- Women born in Central America were the most likely to have not finished high school (54.9%) compared with women born in Mexico (38.1%), those born in the Caribbean (10.5%), and those born in South America (8.0%).
- Women born in South America were the most likely to have at least a bachelor's degree (46.6%) compared with women born in the Caribbean (27.6%), women born in Mexico (11.2%), and women born in Central America (8.3%).

Maternal Education by Subregion of Birth: Asia

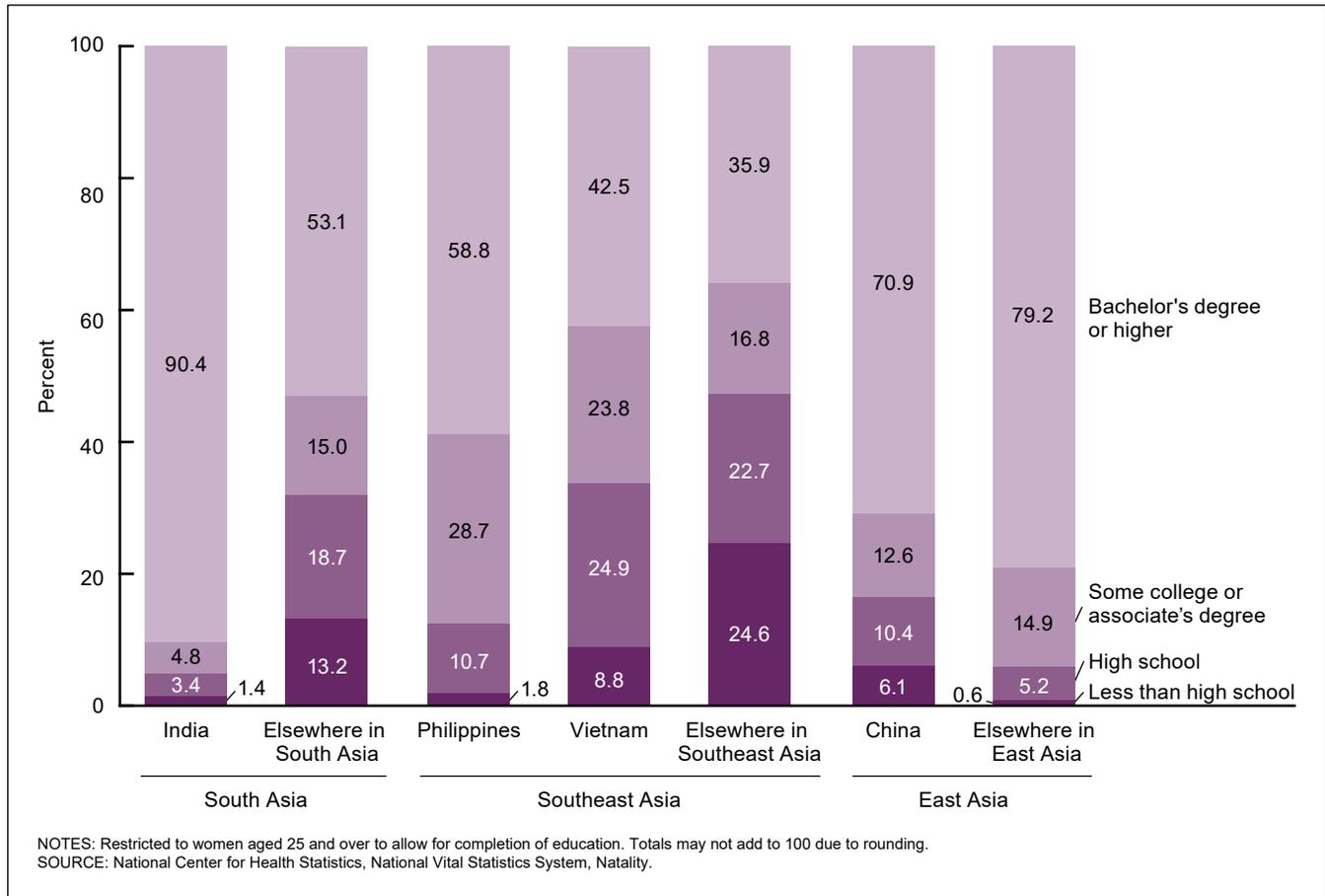
Figure 11. Maternal education, by subregion of birth in Asia of women who gave birth: United States, 2020



- Among Asian-born women who gave birth in 2020, those born in Southeast and West Asia were more likely to have less than a high school education (10.4% and 12.2%, respectively) than those born in South (5.7%), East (3.9%), and Central (3.9%) Asia (Figure 11, Table 4).
- Women born in South Asia were the most likely to have at least a bachelor's degree (77.0%), followed by those born in East Asia (74.2%); women born in Southeast Asia were the least likely (47.4%).

Maternal Education Within Subregion of Birth: Asia

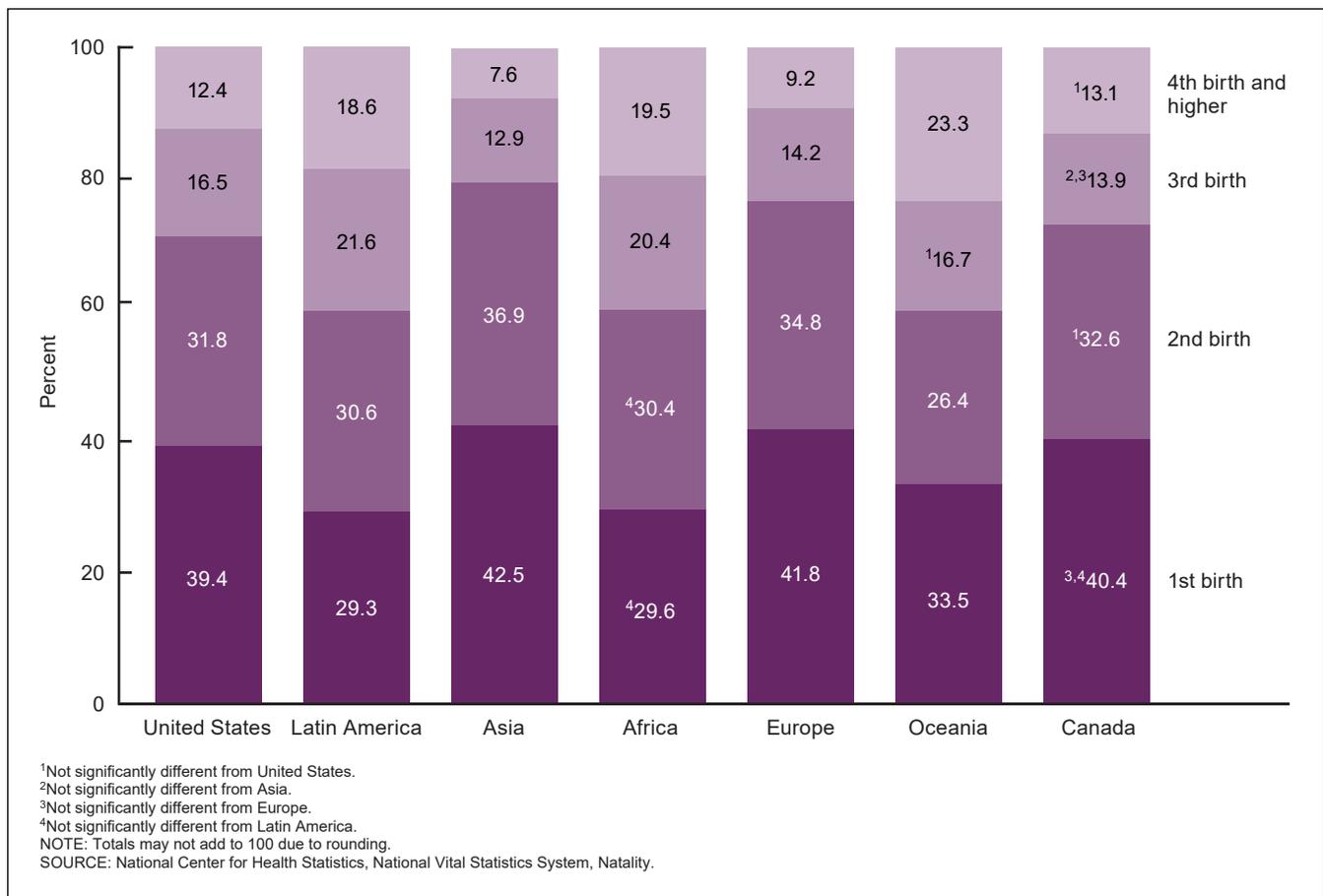
Figure 12. Maternal education within subregion of birth in Asia of women who gave birth: United States, 2020



- Among women born in South Asia who gave birth in 2020, 90.4% of those born in India had at least a bachelor's degree compared with 53.1% of women born elsewhere in South Asia (Figure 12, Table 4).
- Among women born in Southeast Asia, those born in the Philippines were more likely to have at least a bachelor's degree (58.8%) than those born in Vietnam (42.5%) or elsewhere (35.9%).
- Among women born in East Asia, 70.9% of those born in China had at least a bachelor's degree compared with 79.2% of those born elsewhere in East Asia.

Parity by Region of Birth

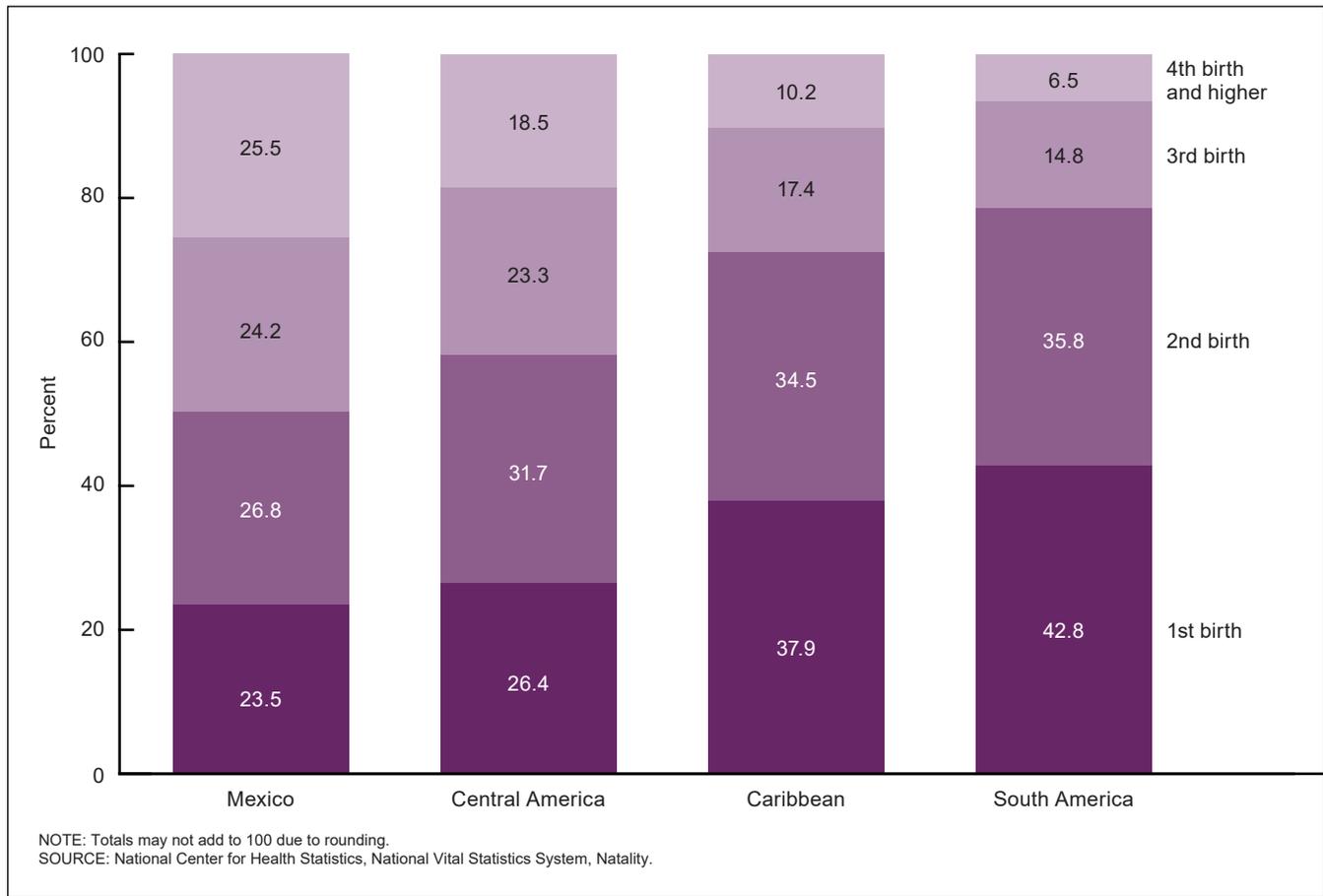
Figure 13. Parity, by region of birth of women who gave birth: United States, 2020



- Except for women born in Latin America (29.3%) and Africa (29.6%), first births were the largest category of births to women in each region (Figure 13, Table 2).
- Women born in Asia were the most likely to have a first birth in 2020 (42.5%), followed by women born in Europe (41.8%).
- Women born in the United States (39.4%) and Canada (40.4%) were equally likely to have a first birth; women born in Latin America (29.3%) and Africa (29.6%) were the least likely to have a first birth.
- Women born in Oceania (23.3%) were most likely to have a fourth or higher birth, followed by those born in Africa (19.5%) and Latin America (18.6%); women born in Asia (7.6%) were the least likely to have a fourth or higher birth, followed by those born in Europe (9.2%).

Parity by Subregion of Birth: Latin America

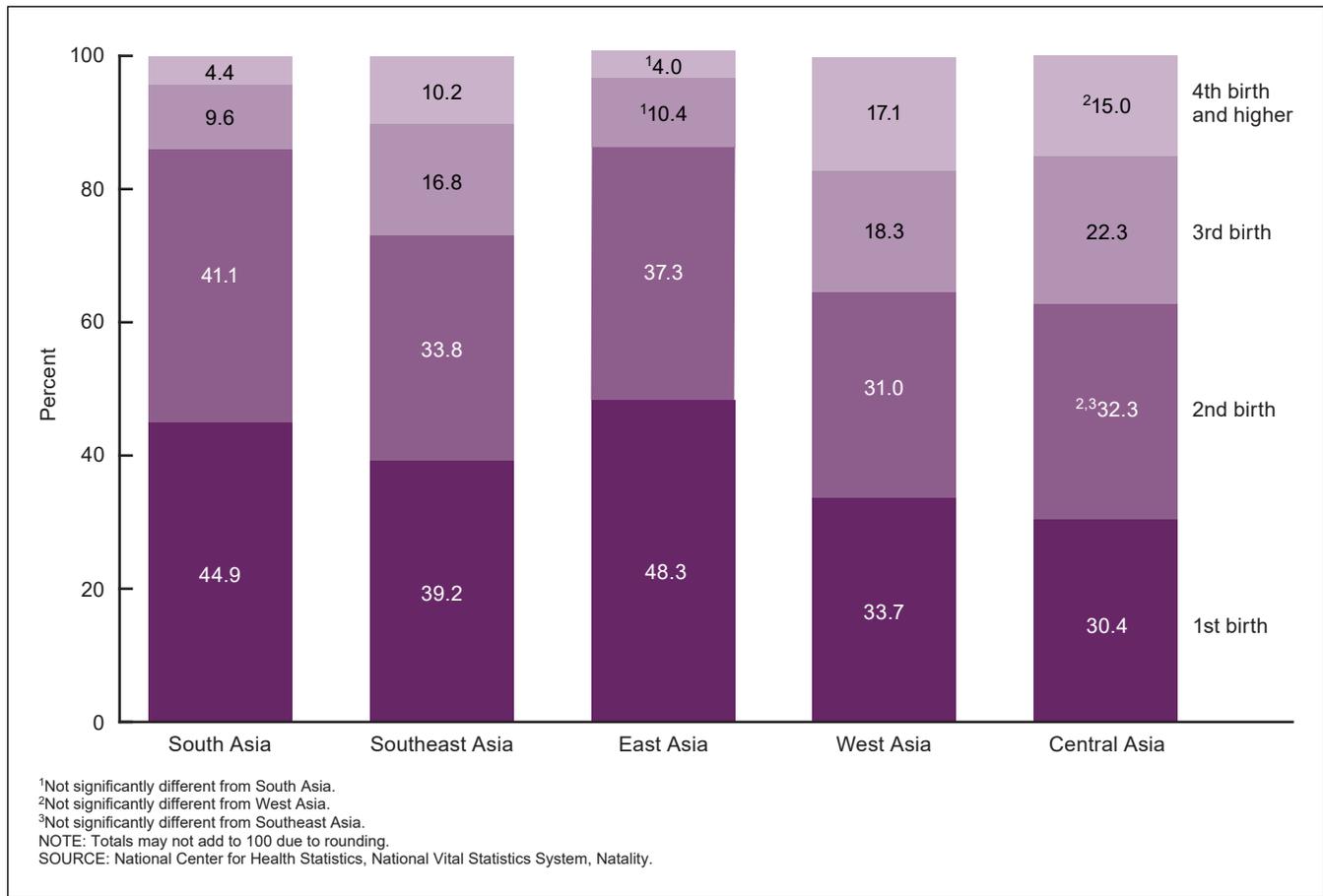
Figure 14. Parity, by subregion of birth in Latin America of women who gave birth: United States, 2020



- Among women born in Latin America, those born in Mexico were least likely to have a first birth (23.5%) and most likely to have a fourth or higher-order birth (25.5%) (Figure 14, Table 3).
- Those born in South America were the most likely (42.8%) to have a first birth and least likely to have a fourth or higher-order birth (6.5%).
- Among women born in the Caribbean and South America, the percentage of births declined with increasing parity.
- Among women born in Mexico and Central America, those with a second birth were the largest category (26.8% and 31.7%, respectively).

Parity by Subregion of Birth: Asia

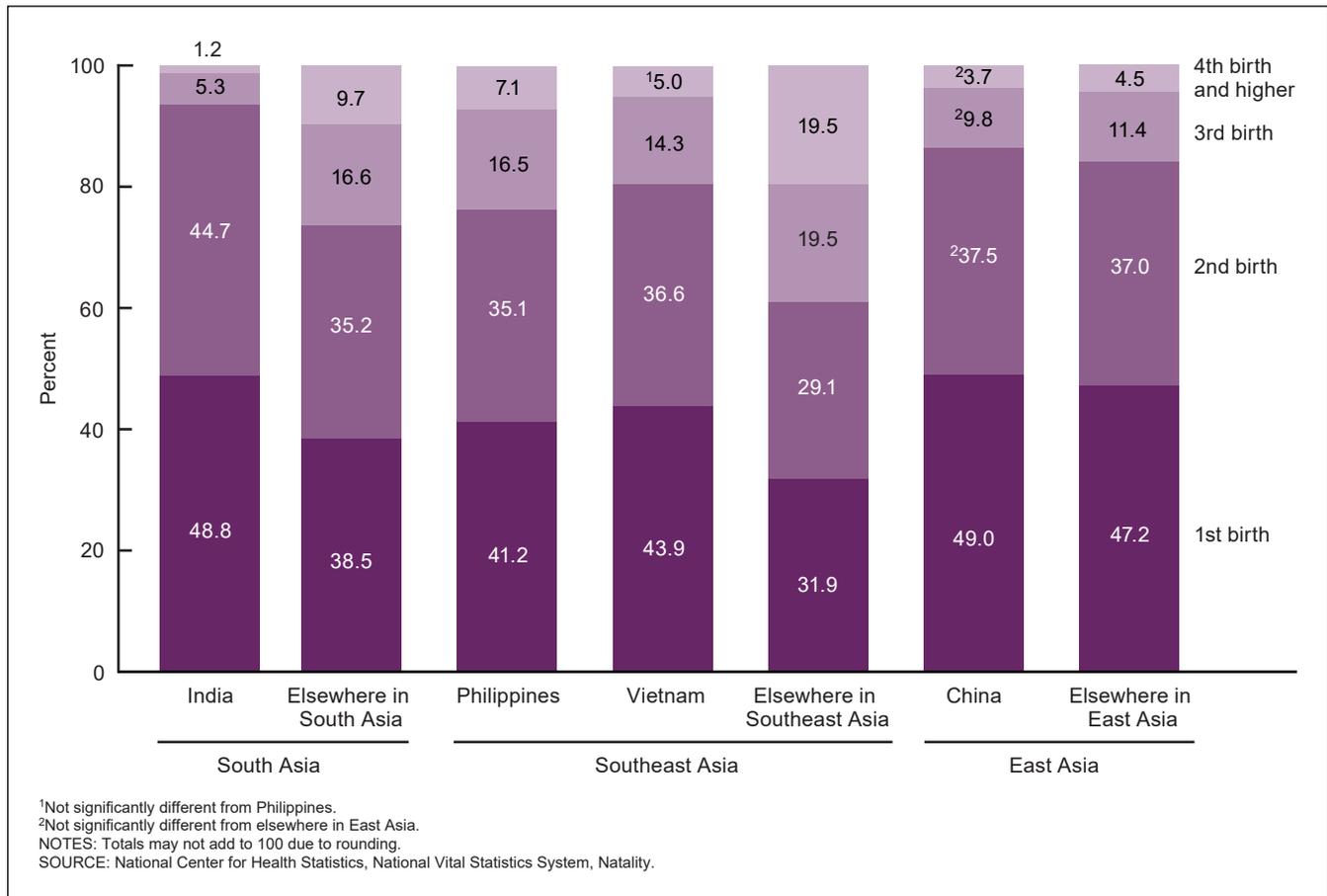
Figure 15. Parity, by subregion of birth in Asia of women who gave birth: United States, 2020



- Parity varied by subregion among women born in Asia (Figure 15, Table 4). The percentage with a first birth ranged from 30.4% of women born in Central Asia to 48.3% of women born in East Asia.
- Women born in South Asia (4.4%) and East Asia (4.0%) were the least likely to have a fourth or higher birth; those born in West Asia (17.1%) and Central Asia (15.0%) were the most likely to have a fourth or higher-order birth.

Parity Within Subregion of Birth: Asia

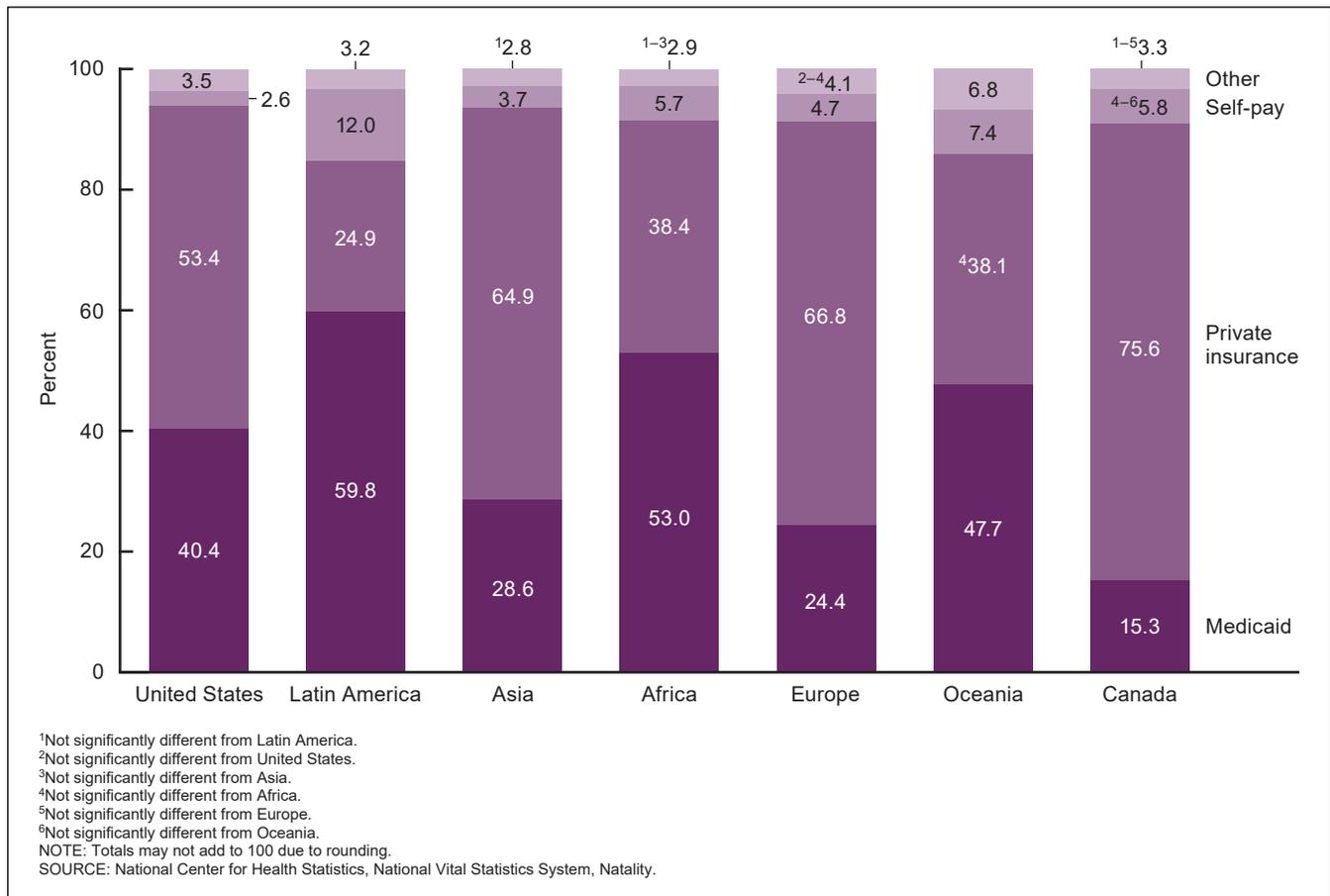
Figure 16. Parity within subregion of birth in Asia of women who gave birth: United States, 2020



- Among women born in South Asia, women born in India were more likely to have a first birth (48.8%) compared with women born elsewhere in the subregion (38.5%) and less likely to have a fourth or higher-order birth (1.2% compared with 9.7%) (Figure 16, Table 4).
- Among women born in Southeast Asia, those born in Vietnam were most likely to have a first birth (43.9%), followed by those born in the Philippines (41.2%) and those born elsewhere in Southeast Asia (31.9%); women born in the rest of Southeast Asia were more likely to have a fourth or higher-order birth (19.5%) than those born in the Philippines (7.1%) or Vietnam (5.0%).
- Among women born in East Asia, those born in China were more likely to have a first birth than those born elsewhere in East Asia (49.0% compared with 47.2%), but no differences were seen in the likelihood of higher-order births between women born in China (3.7%) and elsewhere (4.5%).

Source of Payment by Region of Birth

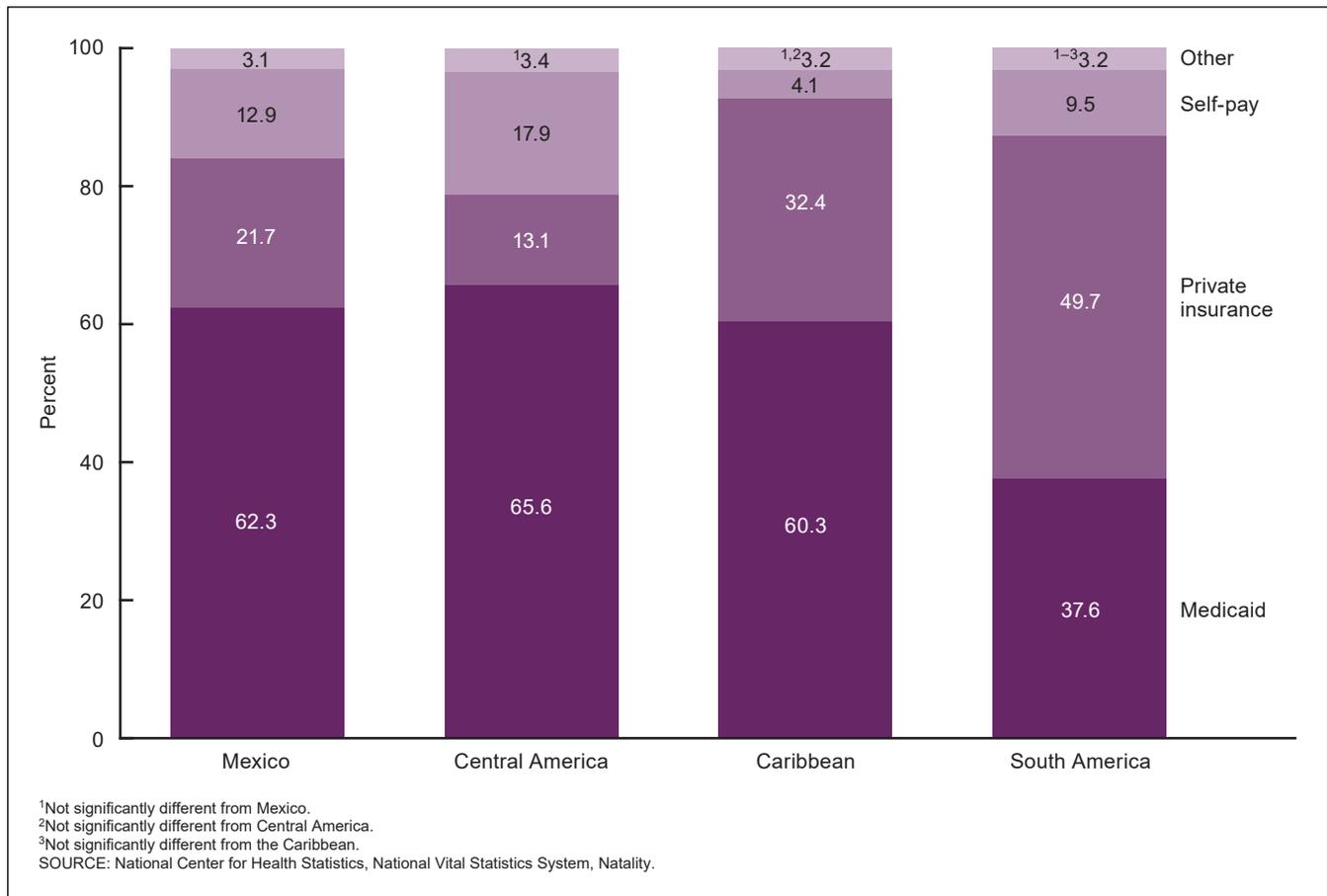
Figure 17. Source of payment, by region of birth of women who gave birth: United States, 2020



- Women born in Latin America were the most likely to have Medicaid as the source of payment for the delivery (59.8%), followed by women born in Africa (53.0%) and Oceania (47.7%) (Figure 17, Table 2).
- Women born in Canada were the least likely to have Medicaid (15.3%), followed by women born in Europe (24.4%) and Asia (28.6%).
- Women born in Canada were the most likely to have private health insurance (75.6%), followed by women born in Europe (66.8%) and Asia (64.9%).
- Women born in Latin America were the least likely to have private insurance (24.9%), followed by those born in Oceania (38.1%) and Africa (38.4%).
- Just over one-half (53.4%) of U.S.-born women had private insurance; 40.4% had Medicaid.
- Women born in Latin America were the most likely to self-pay for the delivery (12.0%).

Source of Payment by Subregion of Birth: Latin America

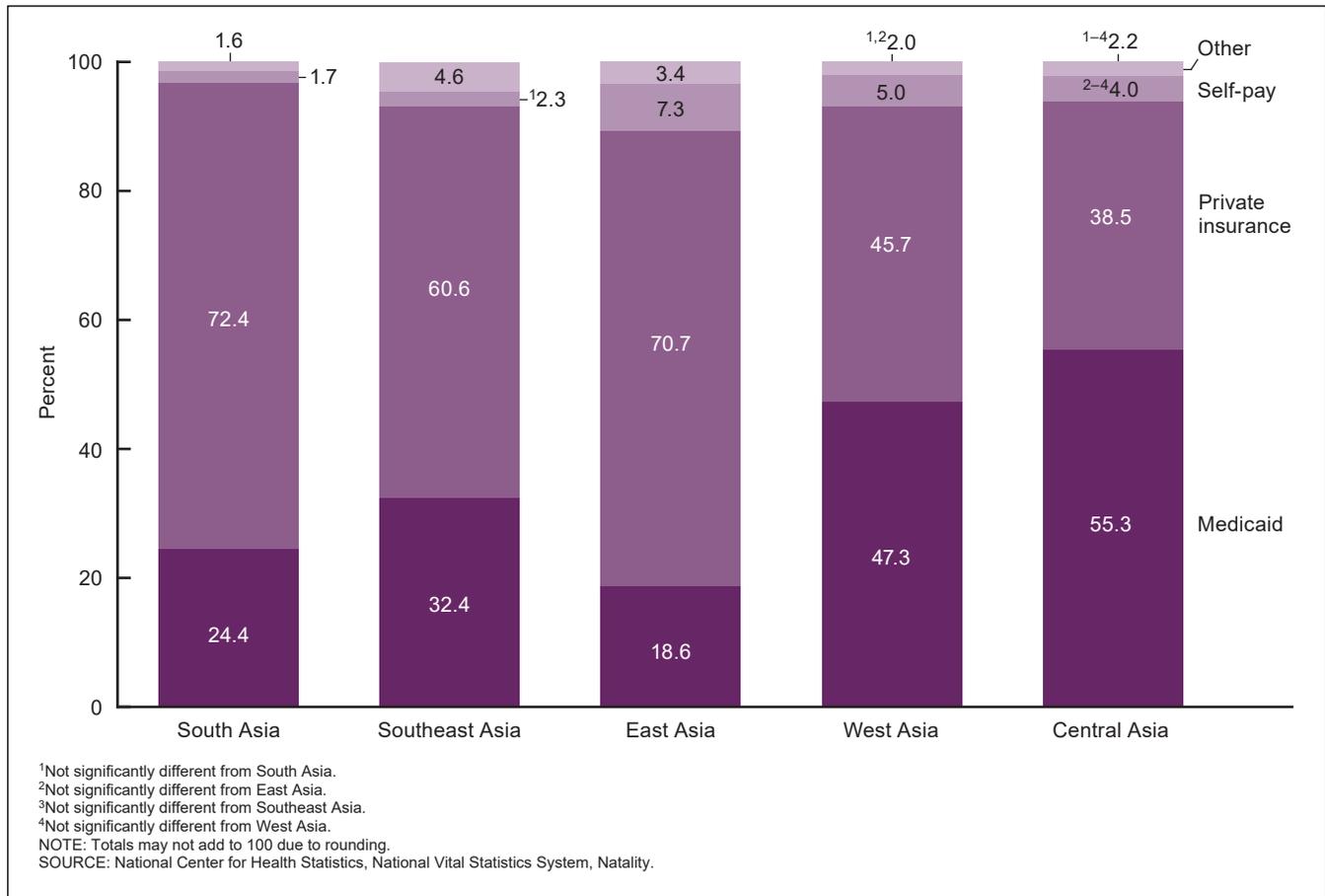
Figure 18. Source of payment, by subregion of birth in Latin America of women who gave birth: United States, 2020



- Among women born in Latin America, at least 60% of women born in Mexico (62.3%), Central America (65.6%), and the Caribbean (60.3%) had Medicaid as the source of payment for the delivery compared with 37.6% of women born in South America (Figure 18, Table 3).
- About one-half (49.7%) of women born in South America had private insurance compared with 32.4% of women born in the Caribbean, 21.7% of those born in Mexico, and 13.1% of women born in Central America.
- Women born in Central America were most likely to pay for the delivery themselves (17.9%); those born in the Caribbean were the least likely (4.1%).

Source of Payment by Subregion of Birth: Asia

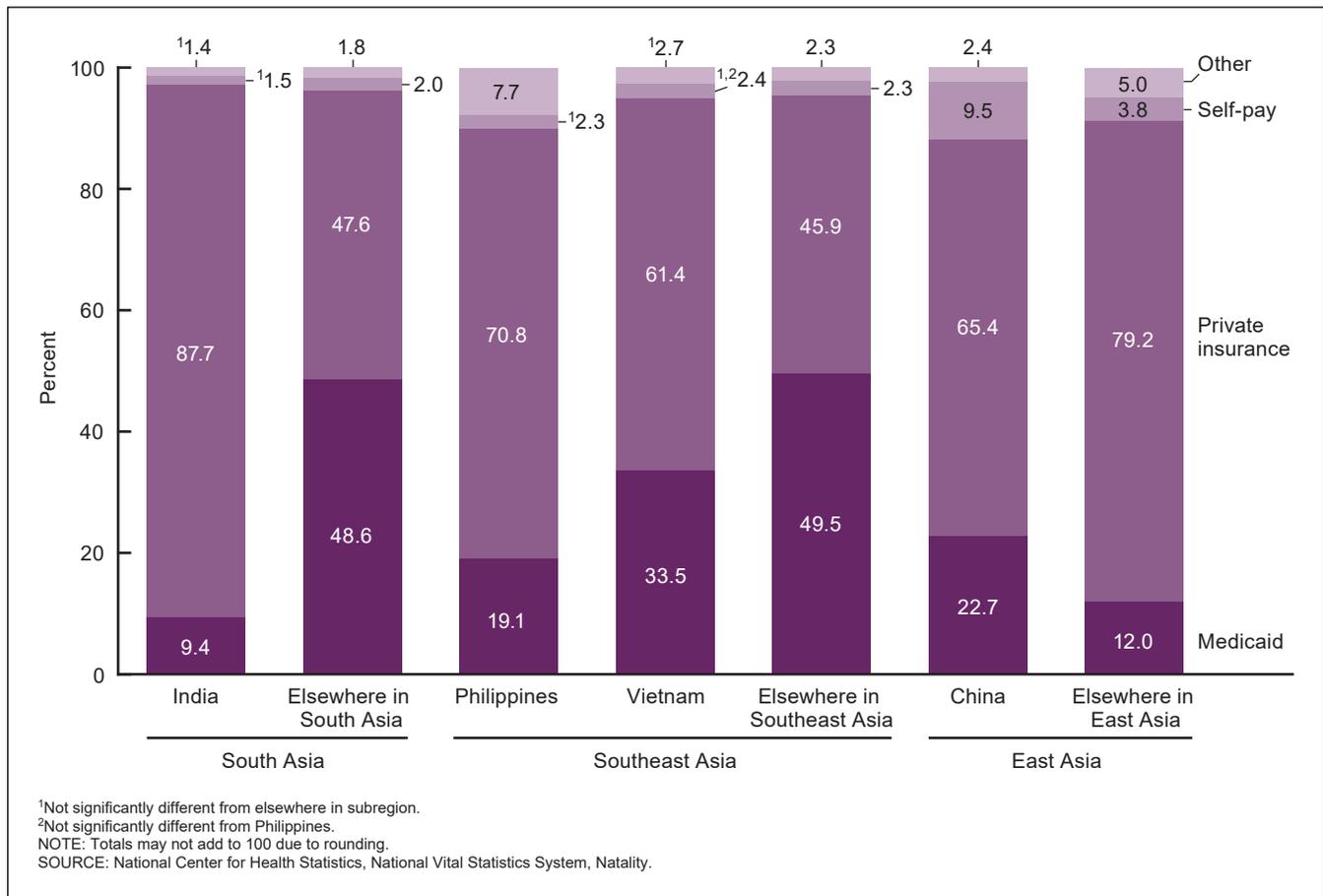
Figure 19. Source of payment, by subregion of birth in Asia of women who gave birth: United States, 2020



- Among women born in Asia, the percentage with Medicaid as a source of payment for the delivery ranged from 18.6% of women born in East Asia to 55.3% of those born in Central Asia (Figure 19, Table 4).
- The percentage with private health insurance ranged from 38.5% of women born in Central Asia to 72.4% of women born in South Asia.

Source of Payment Within Subregion of Birth: Asia

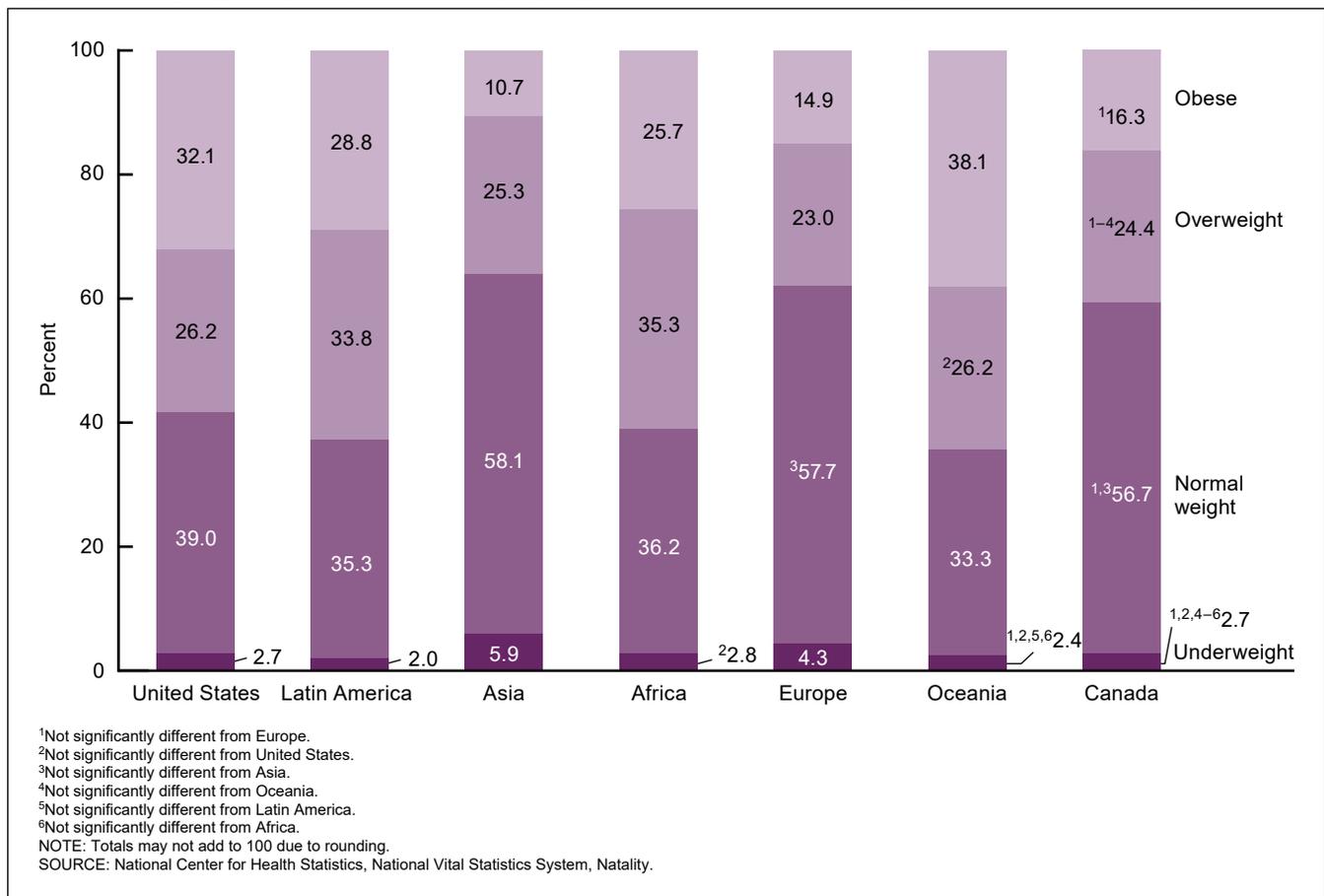
Figure 20. Source of payment within subregion of birth in Asia of women who gave birth: United States, 2020



- Among women born in South Asia, women born in India were about one-fifth as likely as those born elsewhere in the subregion to have Medicaid as the source of payment (9.4% compared with 48.6%) (Figure 20, Table 4).
- Almost 9 in 10 (87.7%) women born in India had private insurance compared with almost one-half (47.6%) of women born elsewhere in South Asia.
- Among women born in Southeast Asia, those born in the Philippines were the least likely to have Medicaid (19.1%) and the most likely to have private insurance (70.8%). Women born elsewhere in the subregion were the most likely to have Medicaid (49.5%) and the least likely to have private insurance (45.9%).
- About one-third (33.5%) of women born in Vietnam had Medicaid compared with 49.5% of those born elsewhere in Southeast Asia; 61.4% had private insurance compared with 45.9% of women born elsewhere.
- Among women born in East Asia, those born in China were more likely to have Medicaid than those born elsewhere in East Asia (22.7% compared with 12.0%) and less likely to have private insurance (65.4% compared with 79.2%).
- Women born in China were more than twice as likely to self-pay for the delivery than those born elsewhere (9.5% compared with 3.8%).

Prepregnancy BMI by Region of Birth

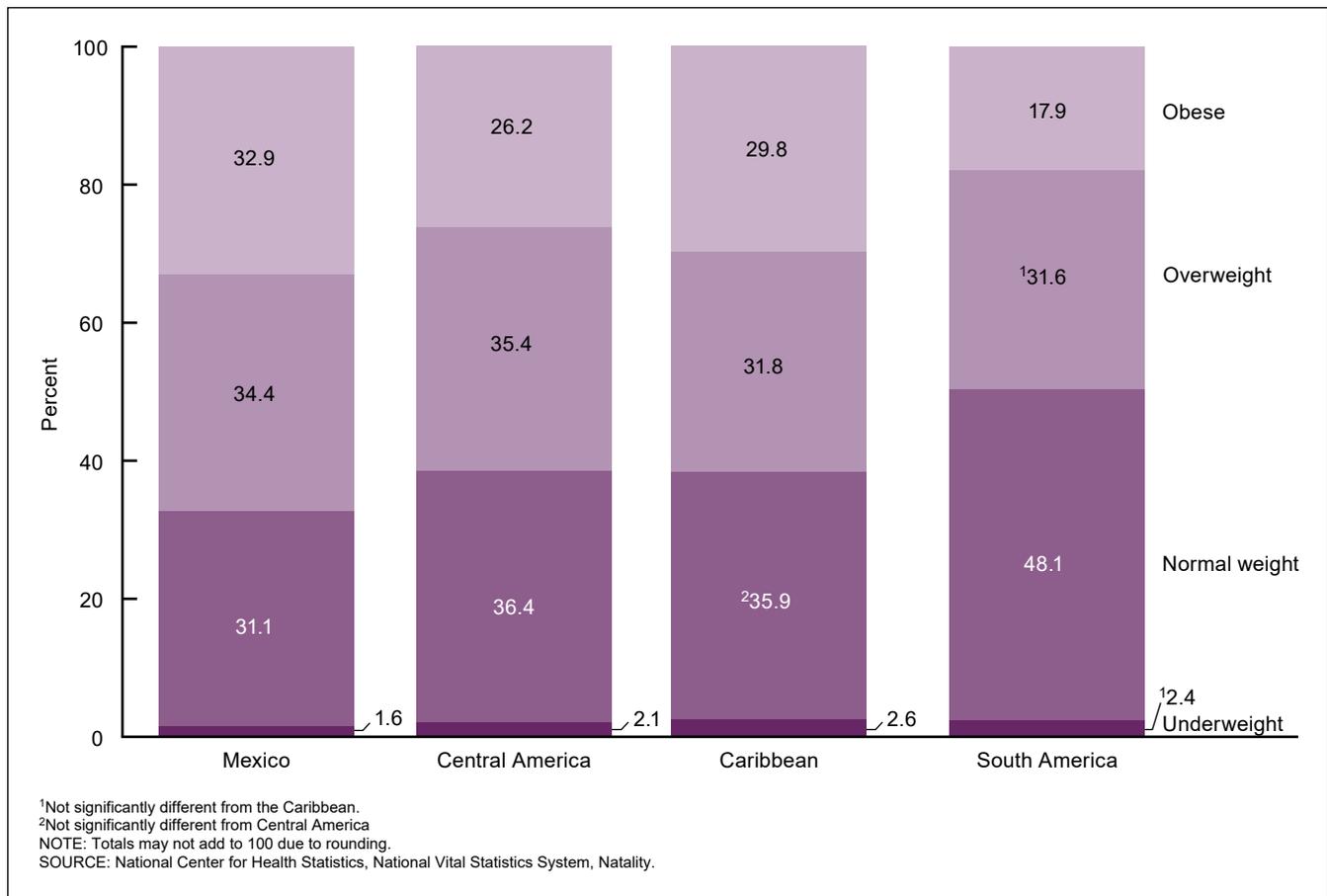
Figure 21. Prepregnancy body mass index, by region of birth of women who gave birth: United States, 2020



- Among women who gave birth in 2020, normal weight women were the largest prepregnancy BMI category in all regions except for women born in Oceania, for whom women with obesity was the largest category (38.1%) (Figure 21, Table 2).
- Women born in Asia were the most likely to be underweight (5.9%), followed by those born in Europe (4.3%).
- The percentage of underweight women ranged from 2.0% to 2.8% for women born in other regions, including the United States.
- More than one-half of women born in Asia, Europe, and Canada were normal weight (58.1%, 57.7%, and 56.7%, respectively).
- Women born in Oceania were most likely to have obesity, followed by women born in the United States (32.1%); women born in Asia were the least likely to have obesity (10.7%), followed by those born in Europe (14.9%) and Canada (16.3%).

Prepregnancy BMI by Subregion of Birth: Latin America

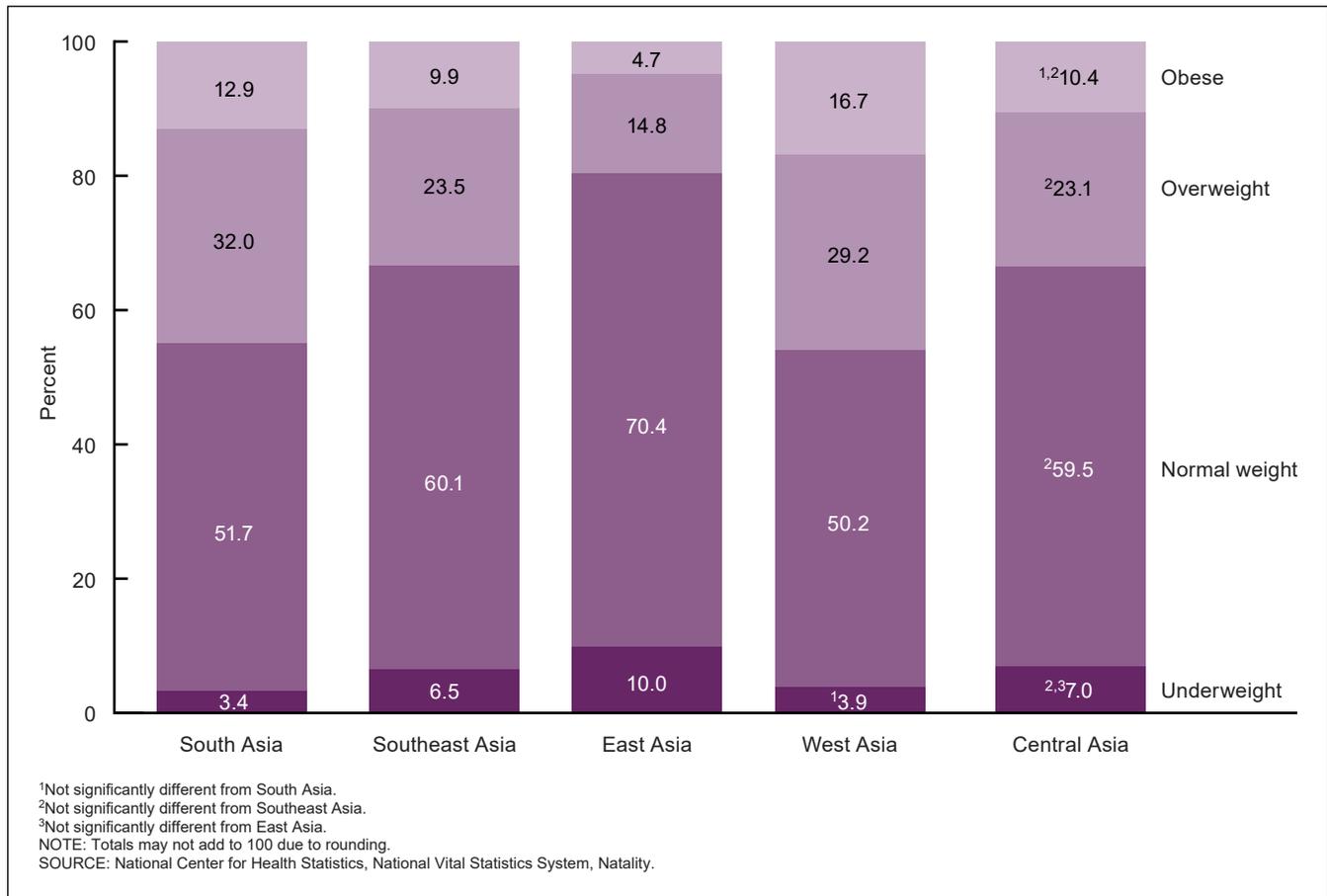
Figure 22. Prepregnancy body mass index, by subregion of birth in Latin America of women who gave birth: United States, 2020



- Among women born in Latin America who gave birth in 2020, those born in Mexico were the least likely to be normal weight (31.1%) and those born in South America were the most likely (48.1%) (Figure 22, Table 3).
- Women born in Mexico were the most likely to have obesity (32.9%) and those born in South America were the least likely (17.9%).

Prepregnancy BMI by Subregion of Birth: Asia

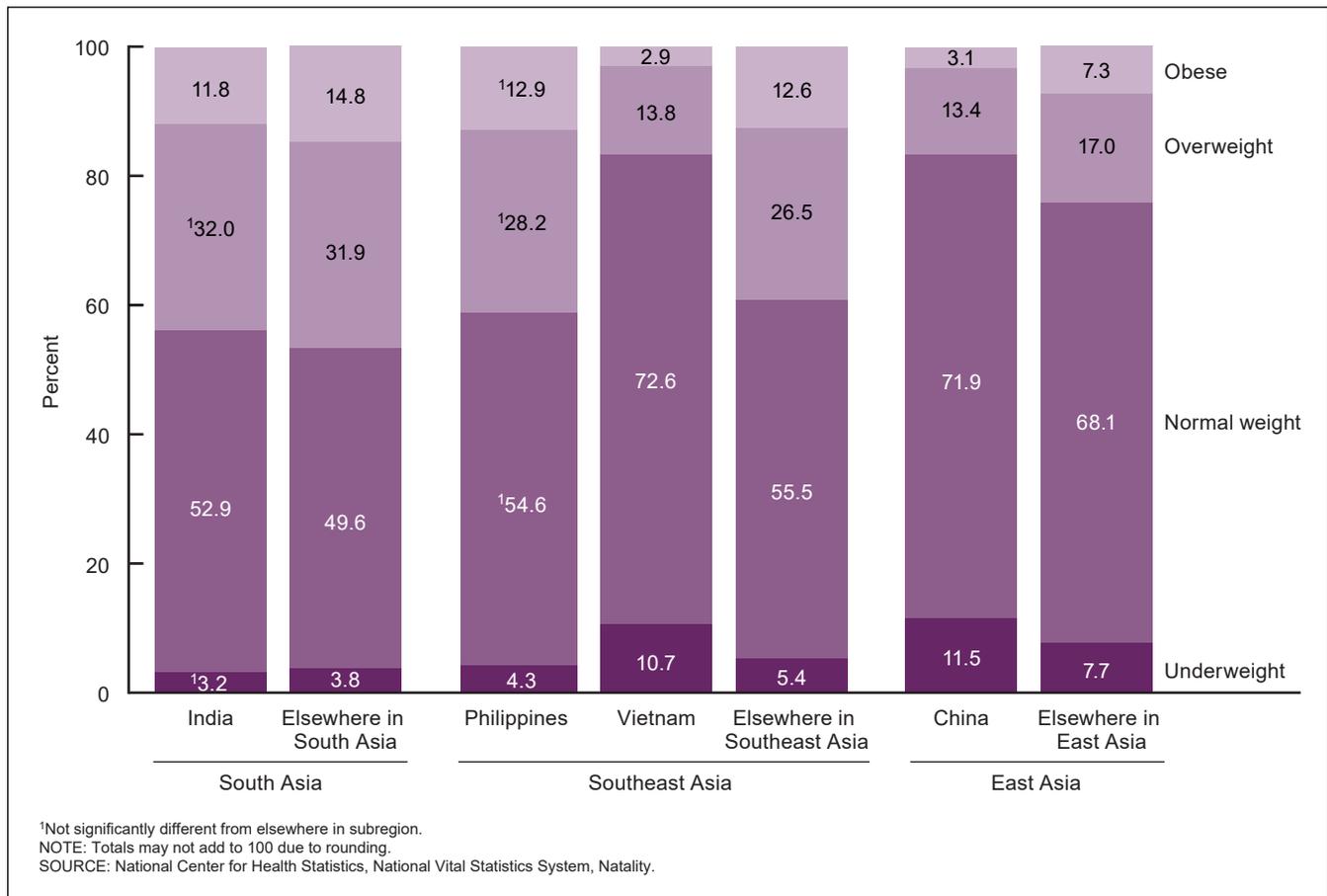
Figure 23. Prepregnancy body mass index, by subregion of birth in Asia of women who gave birth: United States, 2020



- Among women born in Asia who gave birth in 2020, those born in South Asia (3.4%) and West Asia (3.9%) were the least likely to be underweight and those from East Asia were the most likely (10.0%) (Figure 23, Table 4).
- At least one-half of women born in each subregion were normal weight, ranging from 50.2% of women born in West Asia to 70.4% of women born in East Asia.
- The percentage of women with obesity ranged from 4.7% of those born in East Asia to 16.7% of those born in West Asia.

Prepregnancy BMI Within Subregion of Birth: Asia

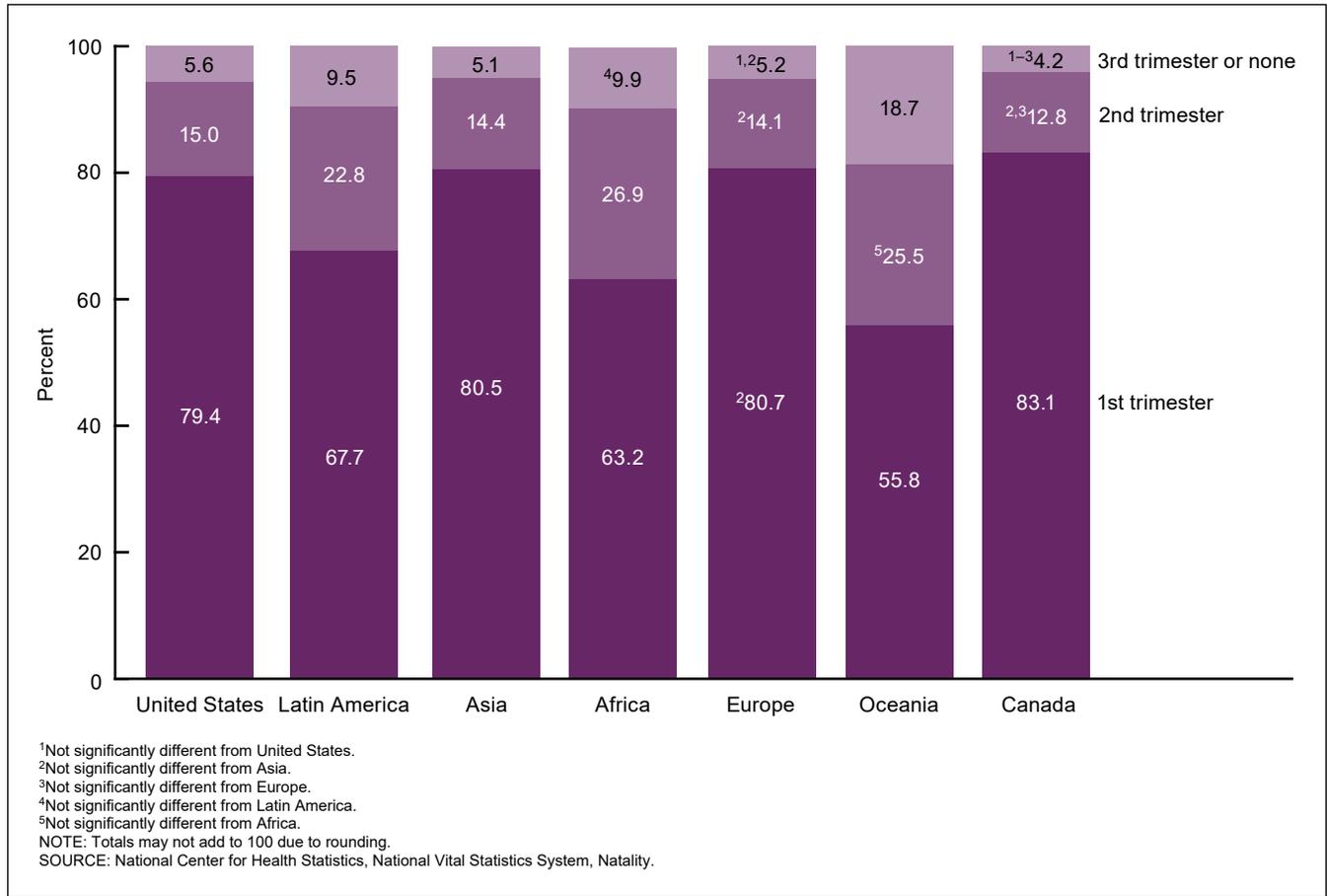
Figure 24. Prepregnancy body mass index within subregion of birth in Asia of women who gave birth: United States, 2020



- Among women born in South Asia who gave birth in 2020, those born in India were more likely to be normal weight than those born in the rest of South Asia (52.9% compared with 49.6%) and less likely to have obesity (11.8% compared with 14.8%) (Figure 24, Table 4).
- Among women born in Southeast Asia, those born in Vietnam were more likely to be underweight (10.7%) than those born in the Philippines (4.3%) and the rest of Southeast Asia (5.4%).
- Women born in Vietnam were more likely to be normal weight (72.6%) than women born in the Philippines (54.6%) and elsewhere in Southeast Asia (55.5%); they were less likely to have obesity (2.9%) than those born in the Philippines (12.9%) and elsewhere in Southeast Asia (12.6%).
- Among women born in East Asia, those born in China were more likely to be underweight than those born in the rest of East Asia (11.5% compared with 7.7%); they were more likely to be normal weight (71.9% compared with 68.1%) and less likely to have obesity (3.1% compared with 7.3%) than women born in the rest of East Asia.

Trimester Prenatal Care Began by Region of Birth

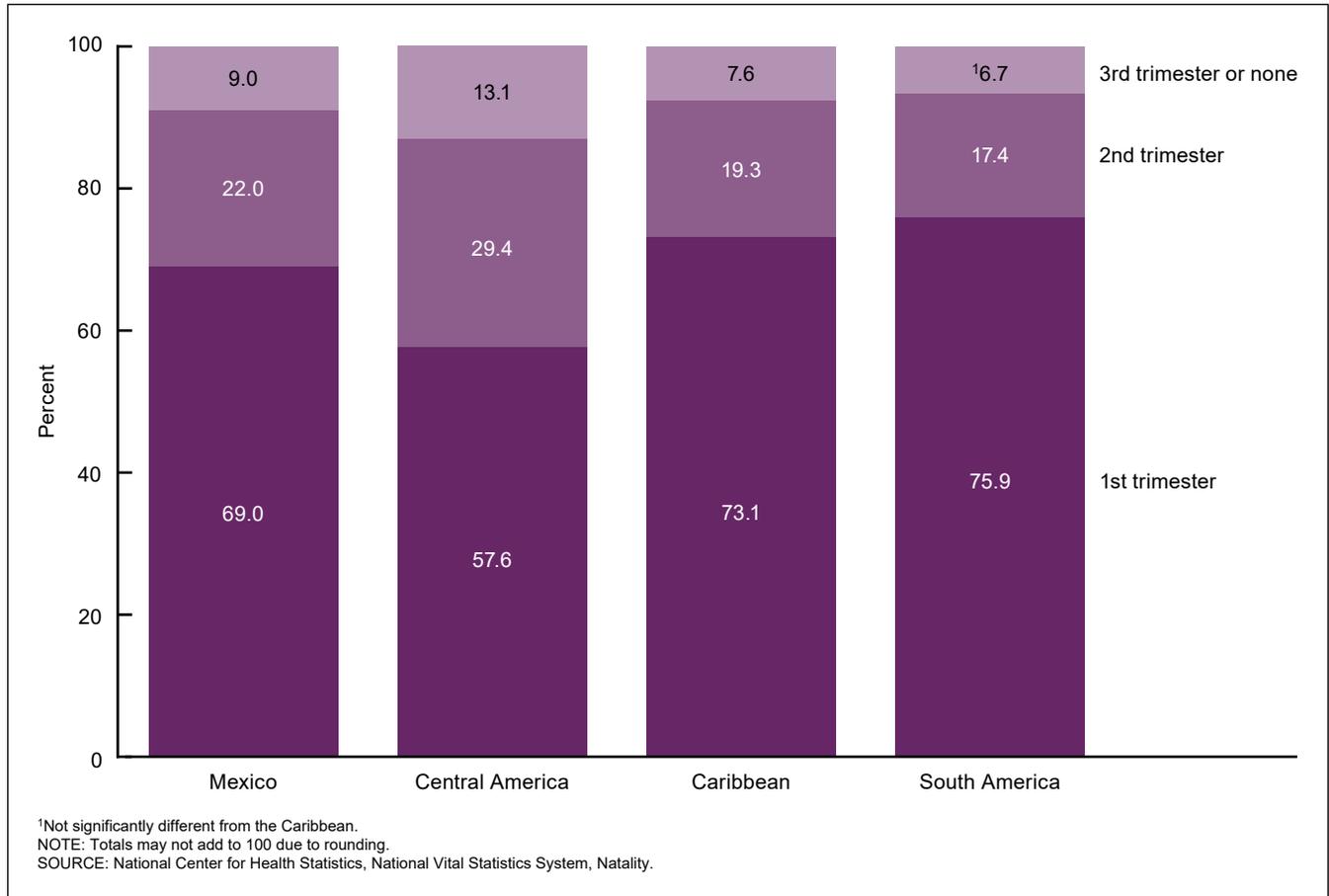
Figure 25. Trimester prenatal care began, by region of birth of women who gave birth: United States, 2020



- The percentage of women who began care in the first trimester of pregnancy ranged from 55.8% of women born in Oceania to 83.1% of women born in Canada (Figure 25, Table 2).
- Women born in Oceania were the most likely to first begin care in the third trimester or have no care (18.7%), a rate two to three times higher than that for women born in any other region.

Trimester Prenatal Care Began by Subregion of Birth: Latin America

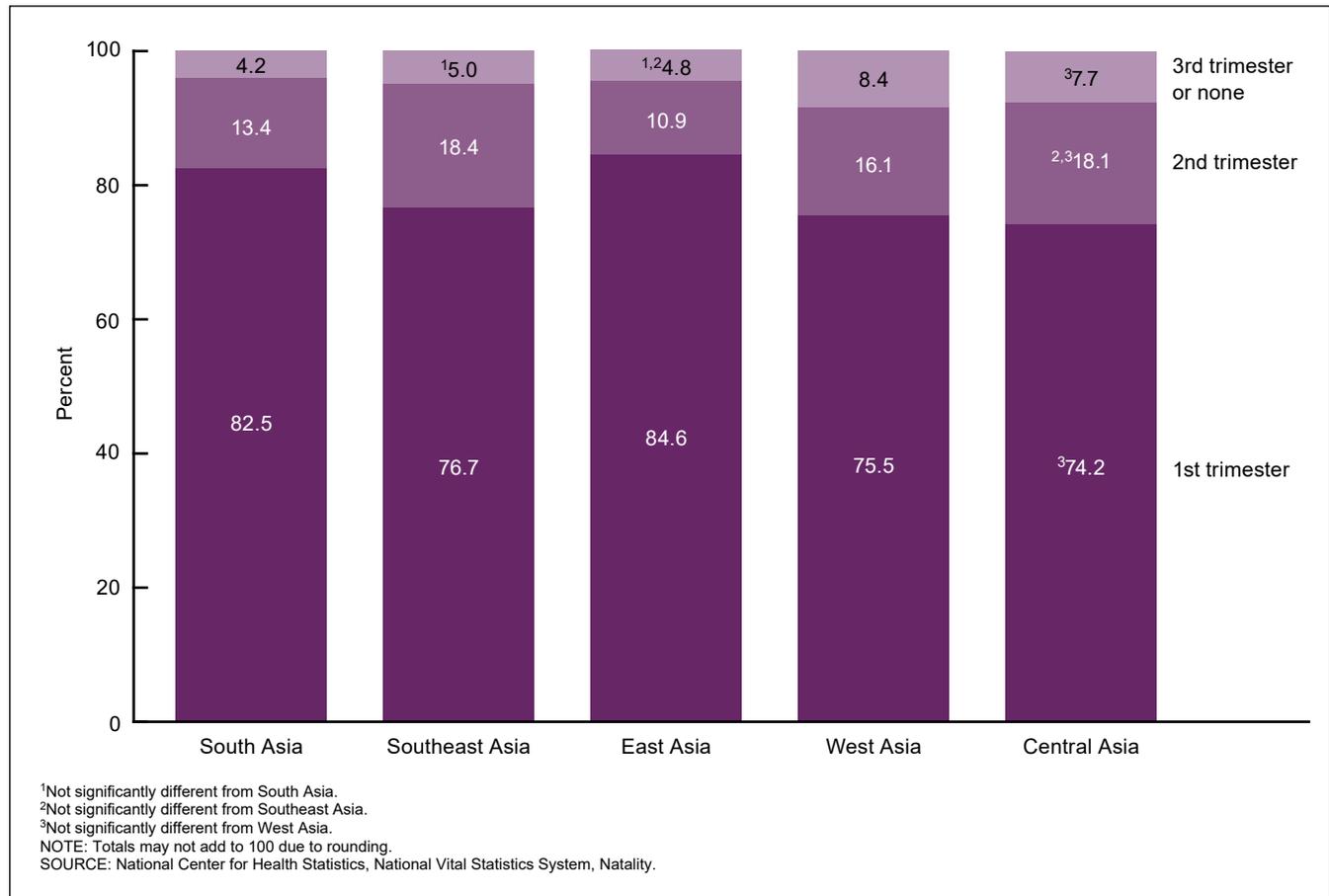
Figure 26. Trimester prenatal care began, by subregion of birth in Latin America of women who gave birth: United States, 2020



- Among women born in Latin America, the percentage who began prenatal care in the first trimester ranged from 57.6% of those born in Central America to 75.9% of those born in South America (Figure 26, Table 3).
- Women born in Central America were most likely to not receive care until the third trimester or receive no care (13.1%), about twice the percentage for women born in the Caribbean (7.6%) and South America (6.7%).

Trimester Prenatal Care Began by Subregion of Birth: Asia

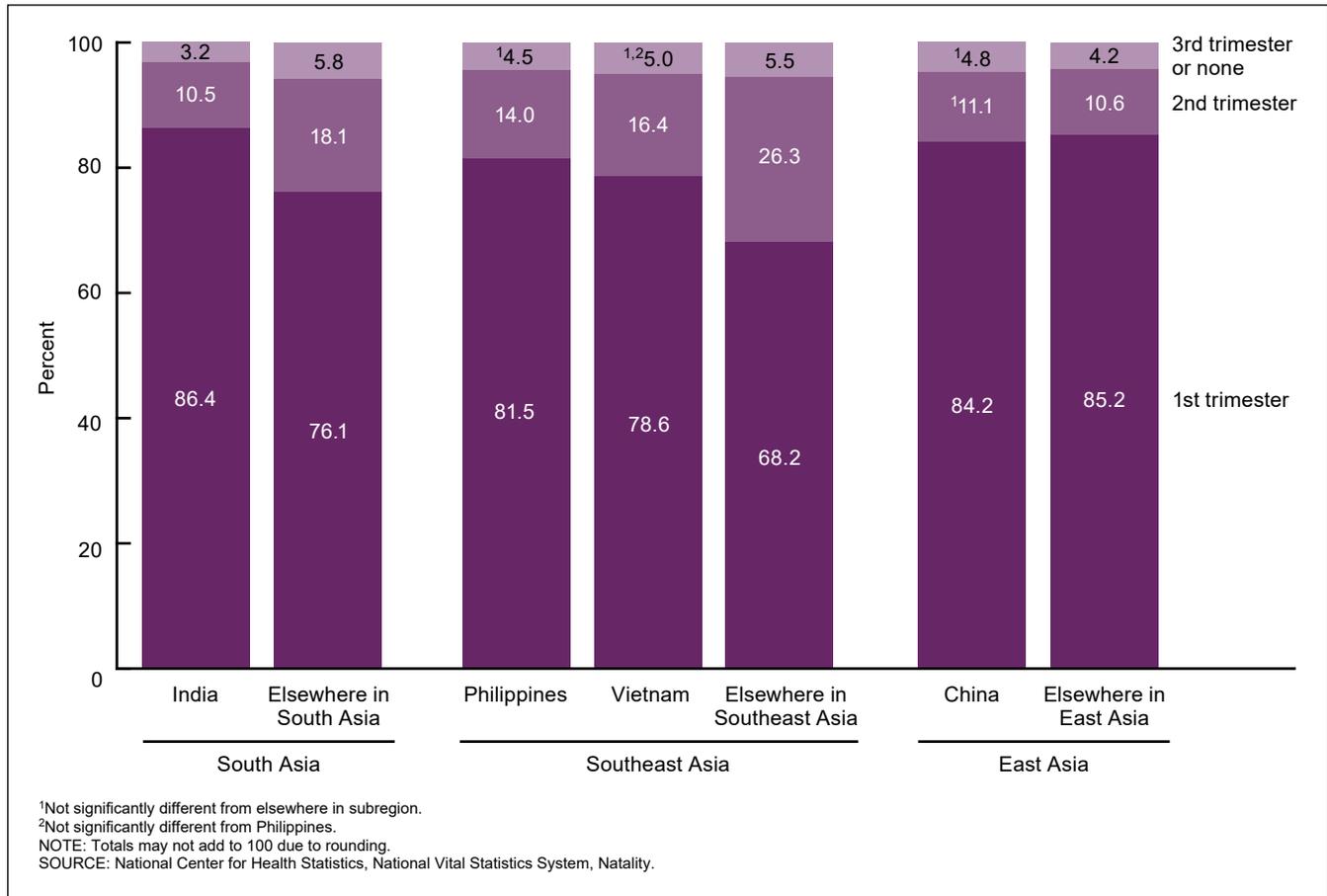
Figure 27. Trimester prenatal care began, by subregion of birth in Asia of women who gave birth: United States, 2020



- Among women born in Asia, those born in East Asia were most likely to begin prenatal care in the first trimester (84.6%); those born in West Asia (75.5%) and Central Asia (74.2%) were the least likely (Figure 27, Table 4).
- Women born in West Asia (8.4%) and Central Asia (7.7%) were more likely to begin care in the third trimester or not receive any care compared with those born in South Asia (4.2%), East Asia (4.8%), and Southeast Asia (5.0%).

Trimester Prenatal Care Began Within Subregion of Birth: Asia

Figure 28. Trimester prenatal care began within subregion of birth in Asia of women who gave birth: United States, 2020

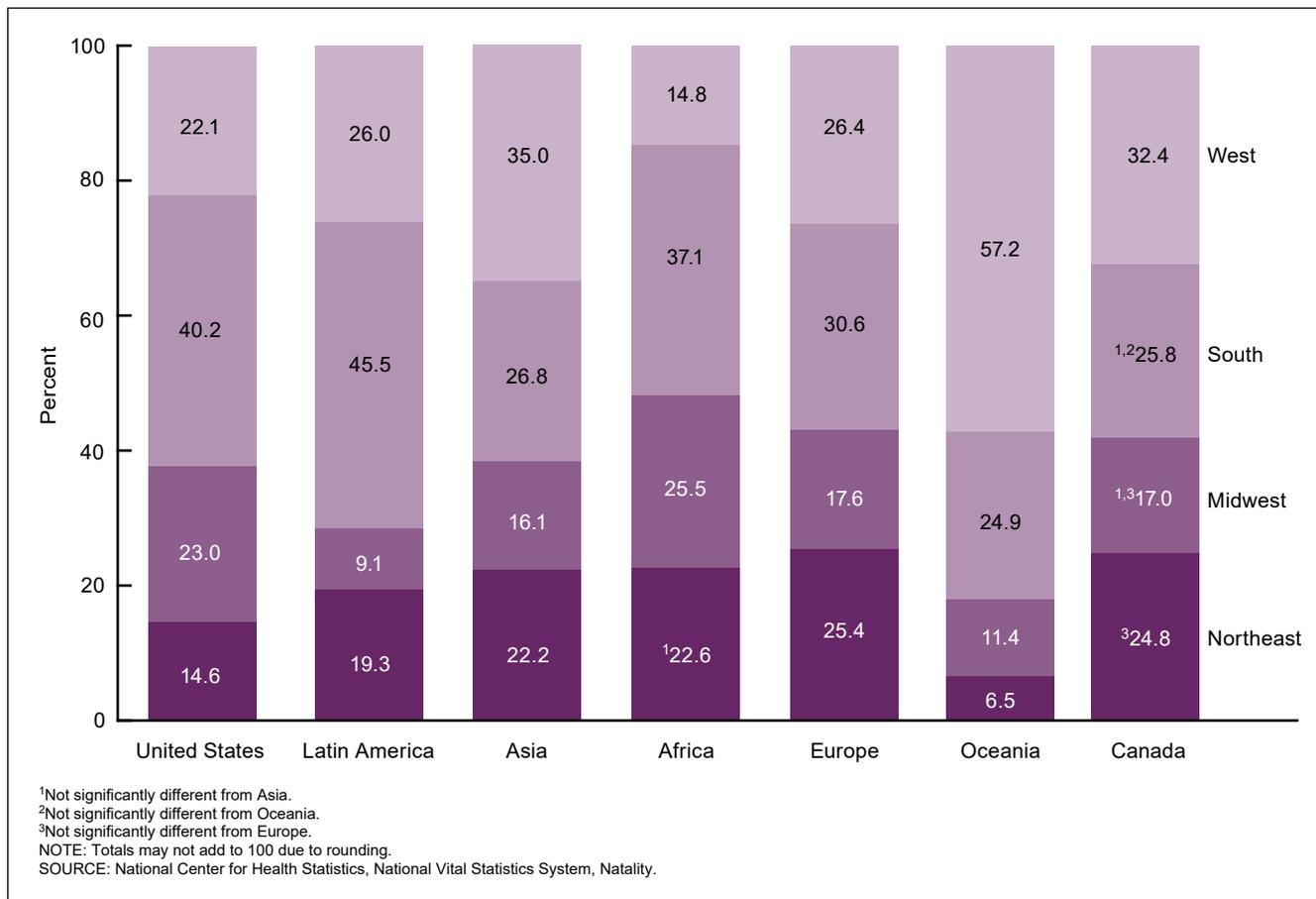


- Among women born in South Asia, those born in India were more likely to begin prenatal care in the first trimester compared with those born in the rest of South Asia (86.4% compared with 76.1%) (Figure 28, Table 4).
- Among women born in Southeast Asia, women born in the Philippines were most likely to begin care in the first trimester (81.5%), followed by those born in Vietnam (78.6%) and those born elsewhere in Southeast Asia (68.2%).
- Among women born in East Asia, women born in China were equally likely to first begin care in the second (11.1%) or third (4.8%) trimester as women born elsewhere in East Asia (10.6% and 4.2%, respectively).

Place of Residence in the United States

U.S. Region of Maternal Residence by Region of Birth

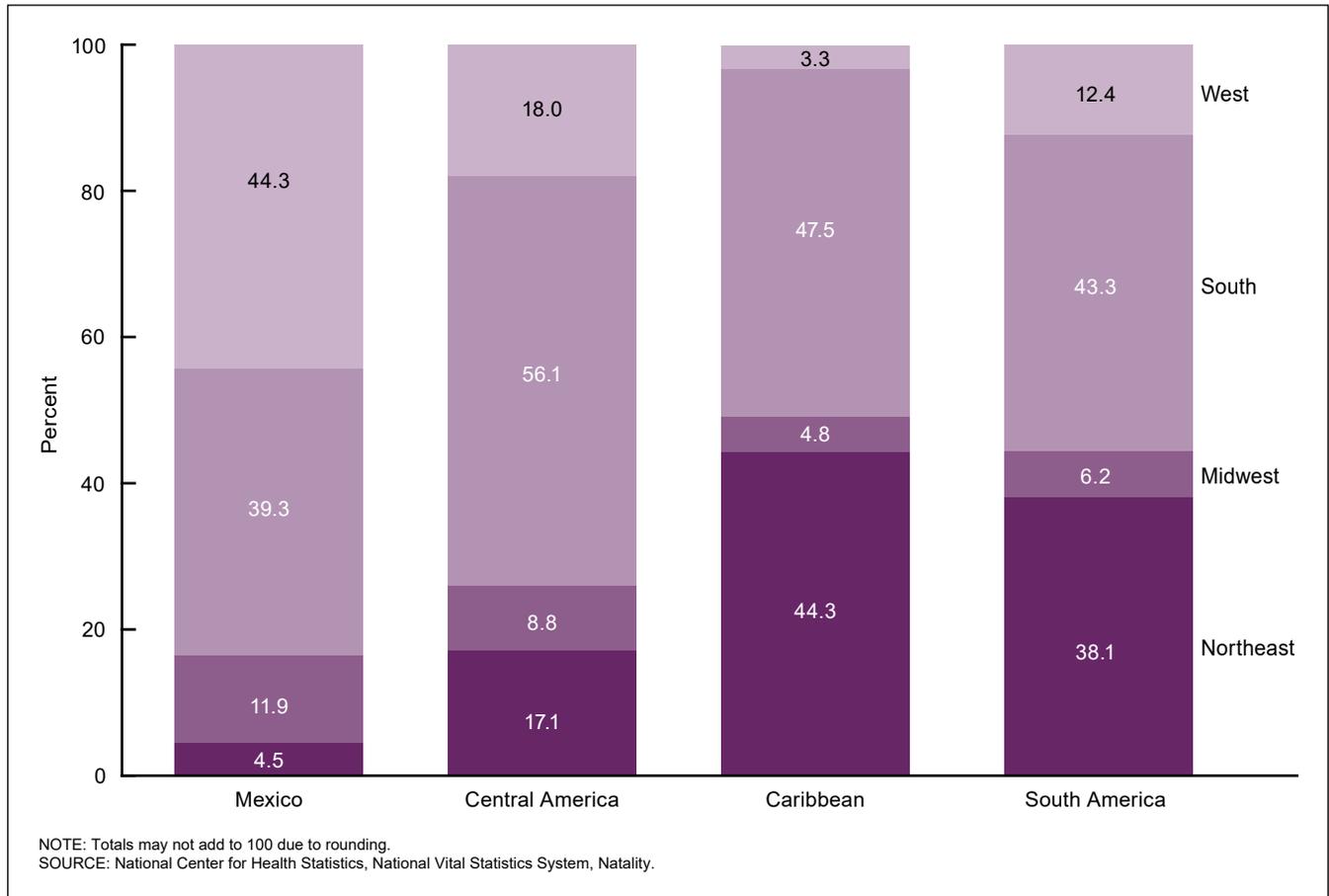
Figure 29. U.S. region of residence, by region of birth of women who gave birth: United States, 2020



- Among women who gave birth in 2020, those born in the United States (40.2%), Latin America (45.5%), Europe (30.6%), and Africa (37.1%) were most likely to live in the U.S. South (Figure 29, Table 5).
- Women born in Asia (35.0%), Oceania (57.2%), and Canada (32.4%) were most likely to live in the U.S. West.
- Women born in Asia (16.1%), Latin America (9.1%), Europe (17.6%), and Canada (17.0%) were least likely to live in the Midwest.
- Women born in the United States (14.6%) and Oceania (6.5%) were least likely to live in the Northeast and women born in Africa (14.8%) were least likely to live in the West.

U.S. Region of Maternal Residence by Subregion of Birth: Latin America

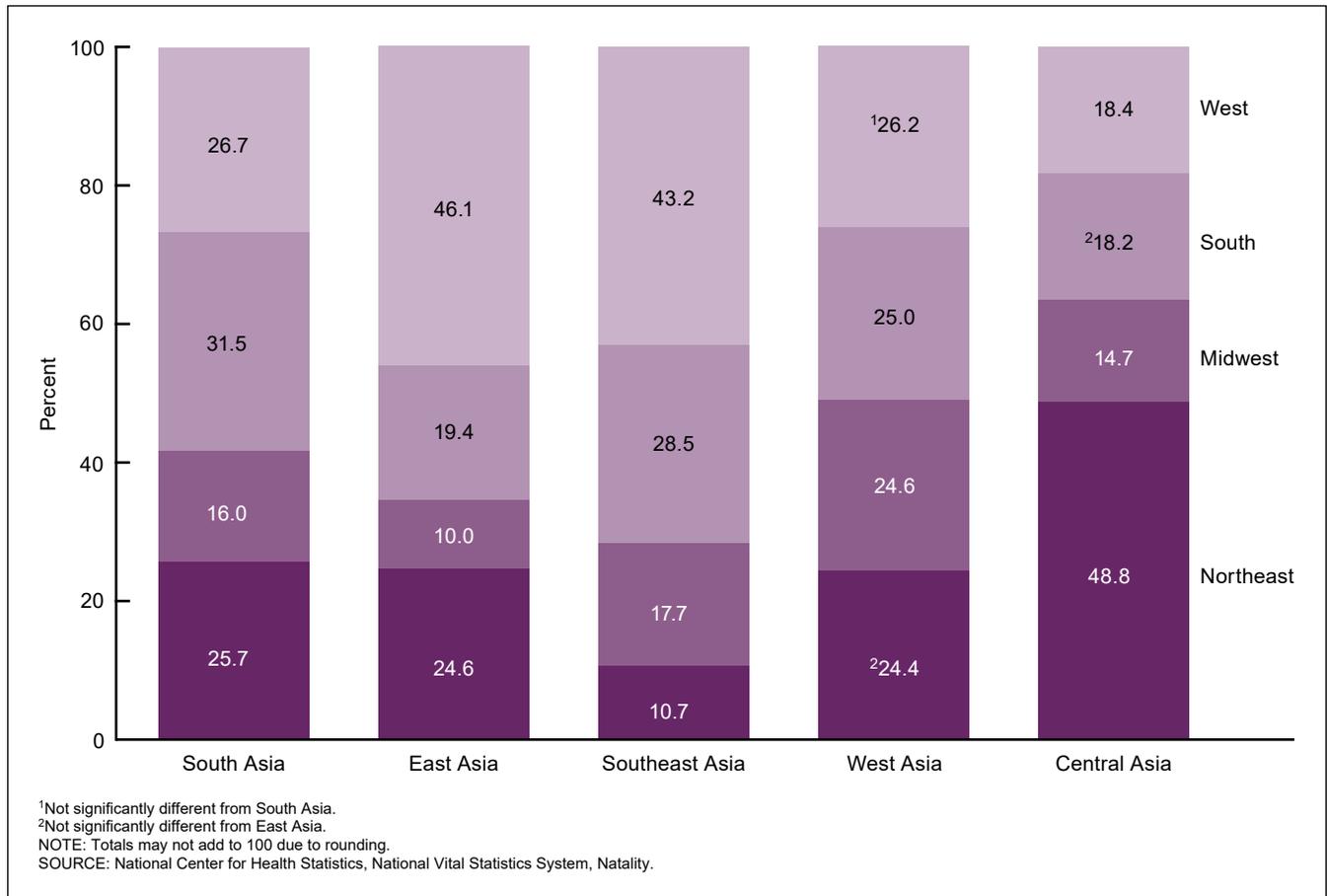
Figure 30. U.S. region of residence, by subregion of birth in Latin America of women who gave birth: United States, 2020



- Among women born in Mexico who gave birth in 2020, those who lived in the West made up the largest group (44.3%) (28.6% lived in California) (Figure 30, Table 6).
- Among women born in the other subregions in Latin America, more lived in the South than in any of the other U.S. regions (Central America: 56.1%, Caribbean: 47.5% [33.0% lived in Florida], and South America: 43.3% [23.3% lived in Florida]).

U.S. Region of Maternal Residence by Subregion of Birth: Asia

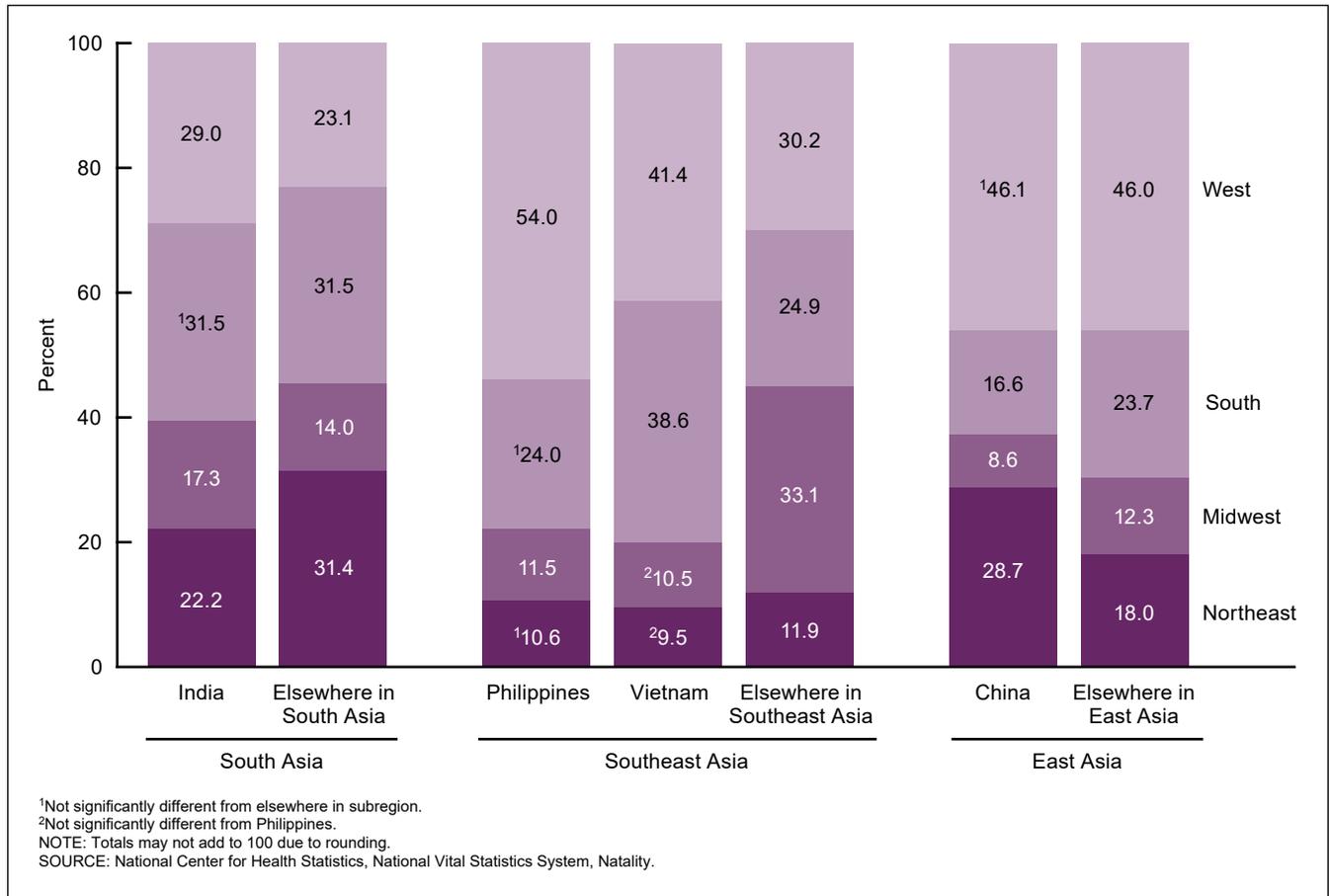
Figure 31. U.S. region of residence, by subregion of birth in Asia of women who gave birth: United States, 2020



- Among women born in Asia who gave birth in 2020, more women born in South Asia lived in the South (31.5%) than in any other U.S. region; more women born in East Asia (46.1% [34.8% lived in California]) and Southeast Asia (43.2% [27.7% lived in California]) lived in the West than in any other U.S. region (Figure 31, Table 7).
- Almost one-half of women born in Central Asia lived in the Northeast (48.8% [35.5% lived in New York]).
- About one-quarter of women born in West Asia lived in each of the four U.S. regions.

U.S. Region of Maternal Residence Within Subregion of Birth: Asia

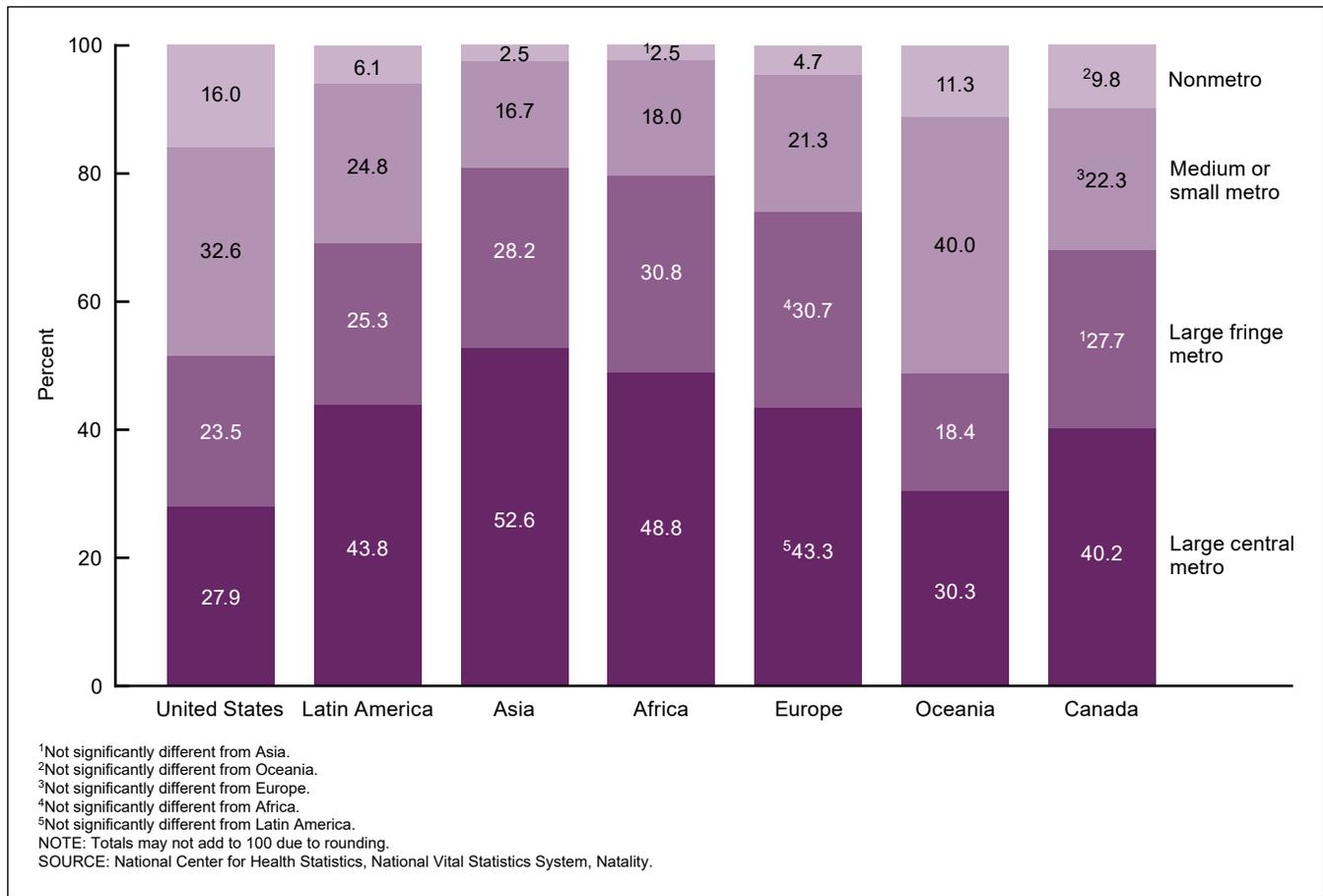
Figure 32. U.S. region of residence within subregion of birth in Asia of women who gave birth: United States, 2020



- Among women born in South Asia who gave birth in 2020, those born in India (31.5%) and elsewhere in the subregion (31.5%) were equally likely to live in the South (Figure 32, Table 7).
- Women born in India were less likely to live in the Northeast (22.2%) and more likely to live in the West (29.0%) than those born elsewhere in South Asia (31.4% and 23.1%, respectively).
- More than one-half (54.0%) of women born in the Philippines lived in the West compared with 41.4% of women born in Vietnam and 30.2% of those born elsewhere in Southeast Asia.
- Among women born in East Asia, those born in China (46.1%) and elsewhere in the subregion (46.0%) were equally likely to live in the West; those born in China were more likely to live in the Northeast (28.7%) and less likely to live in the South (16.6%) than those born elsewhere in East Asia (18.0% and 23.7%, respectively).

Urbanicity of U.S. Maternal Residence by Region of Birth

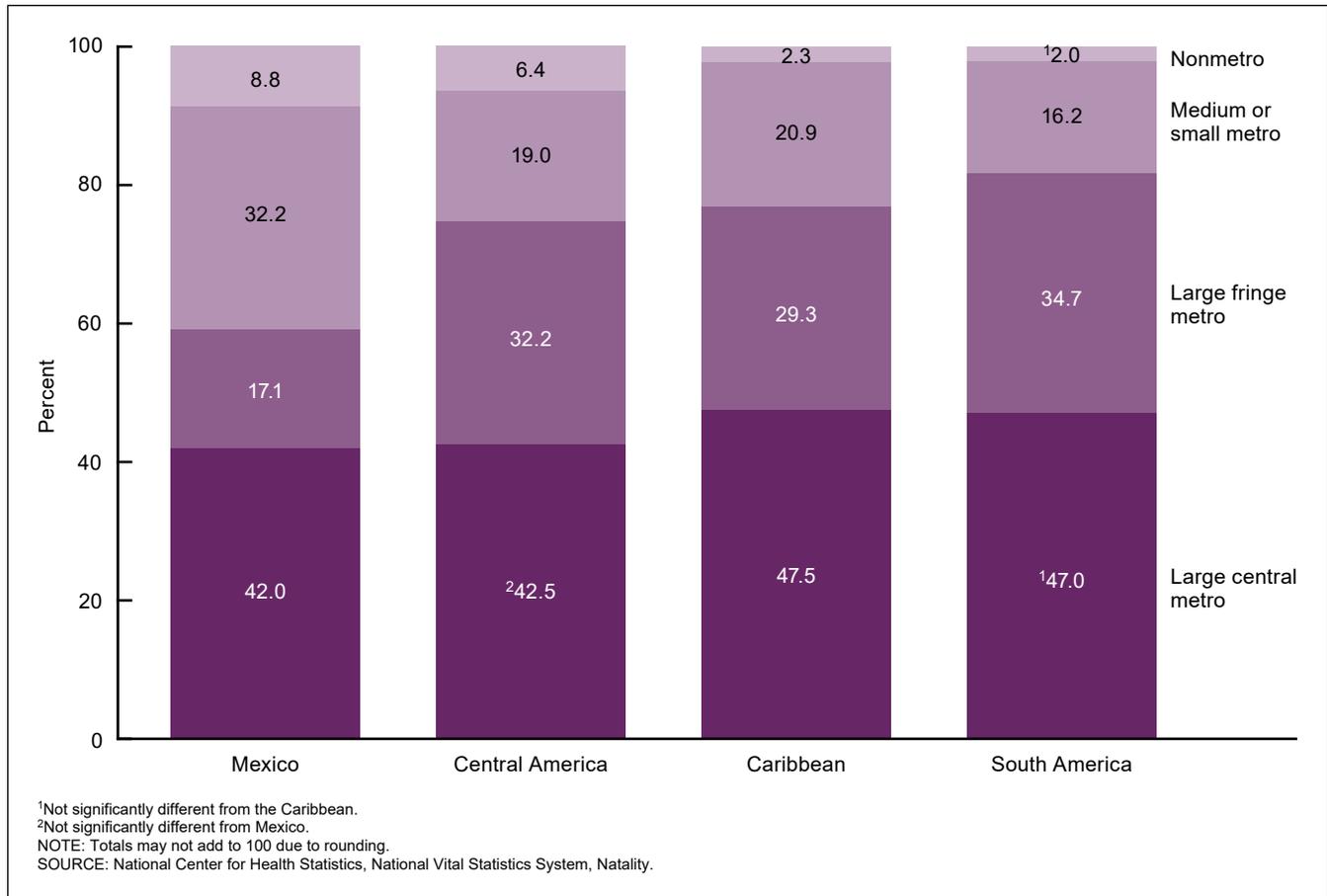
Figure 33. Urbanicity of U.S. residence, by region of birth of women who gave birth: United States, 2020



- Women born in Asia (52.6%), Africa (48.8%), Latin America (43.8%), Europe (43.3%), and Canada (40.2%) who gave birth in 2020 were more likely to live in large central metro counties than in other counties (Figure 33, Table 5).
- Women born in Africa (30.8%) and Europe (30.7%) were more likely to live in large fringe metro counties than women born elsewhere.
- Women born in the United States and Oceania were more likely to live in medium or small metro counties than in other counties (32.6% and 40.0%, respectively).
- Women born in the United States were most likely to live in nonmetro counties (16.0%); those born in Asia and Africa were the least likely (2.5% and 2.5%).

Urbanicity of U.S. Maternal Residence by Subregion of Birth: Latin America

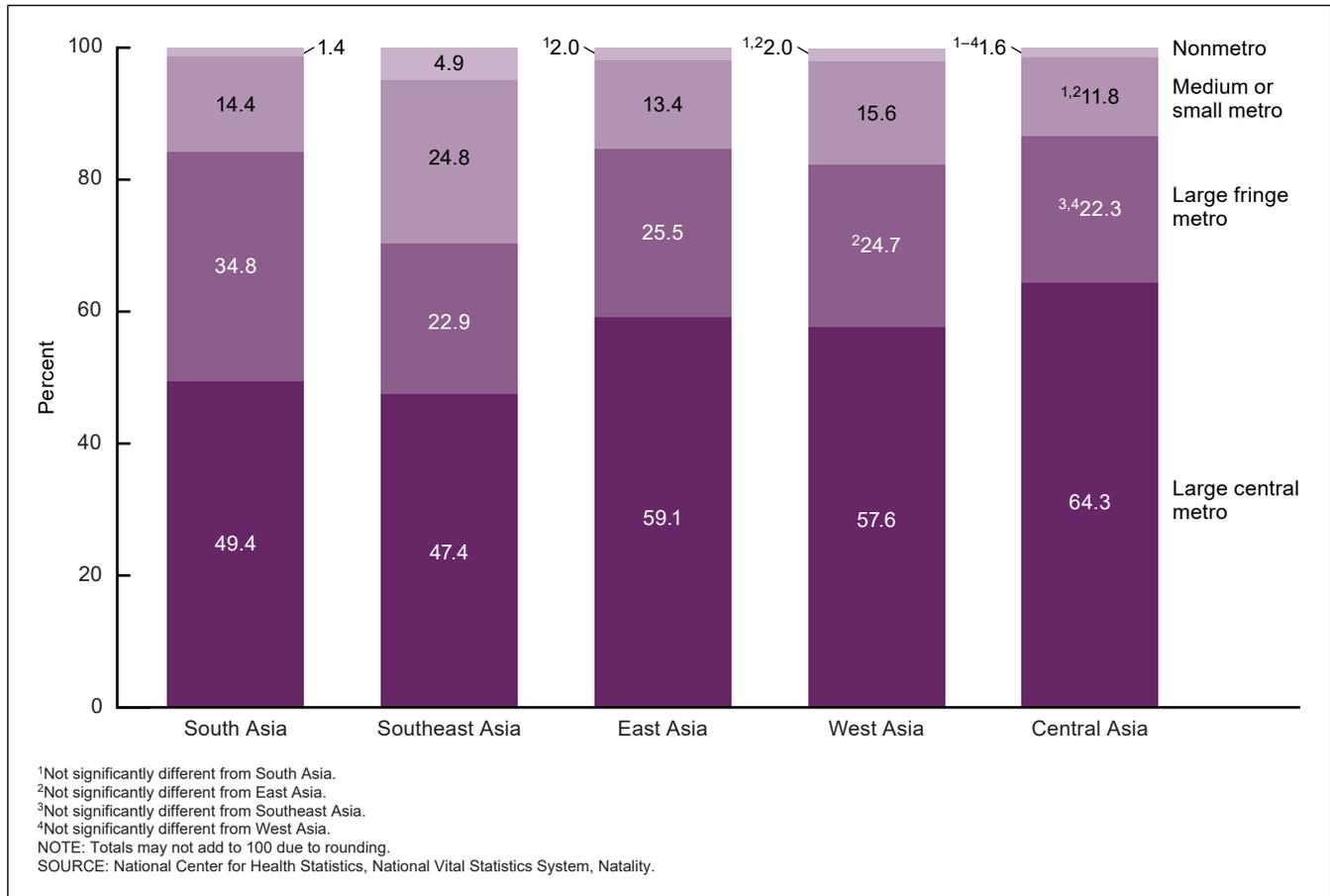
Figure 34. Urbanicity of U.S. residence, by subregion of birth in Latin America of women who gave birth: United States, 2020



- Women born in each subregion of Latin America who gave birth in 2020 were most likely to live in large central metro counties and least likely to live in nonmetro counties (Figure 34, Table 6).
- The percentage of women born in Latin America who lived in large fringe metro counties ranged from 17.1% of women born in Mexico to 34.7% of those born in South America.
- Women born in Mexico (8.8%) were several times more likely to live in nonmetro counties than those born in the Caribbean (2.3%) and South America (2.0%).

Urbanicity of U.S. Maternal Residence by Subregion of Birth: Asia

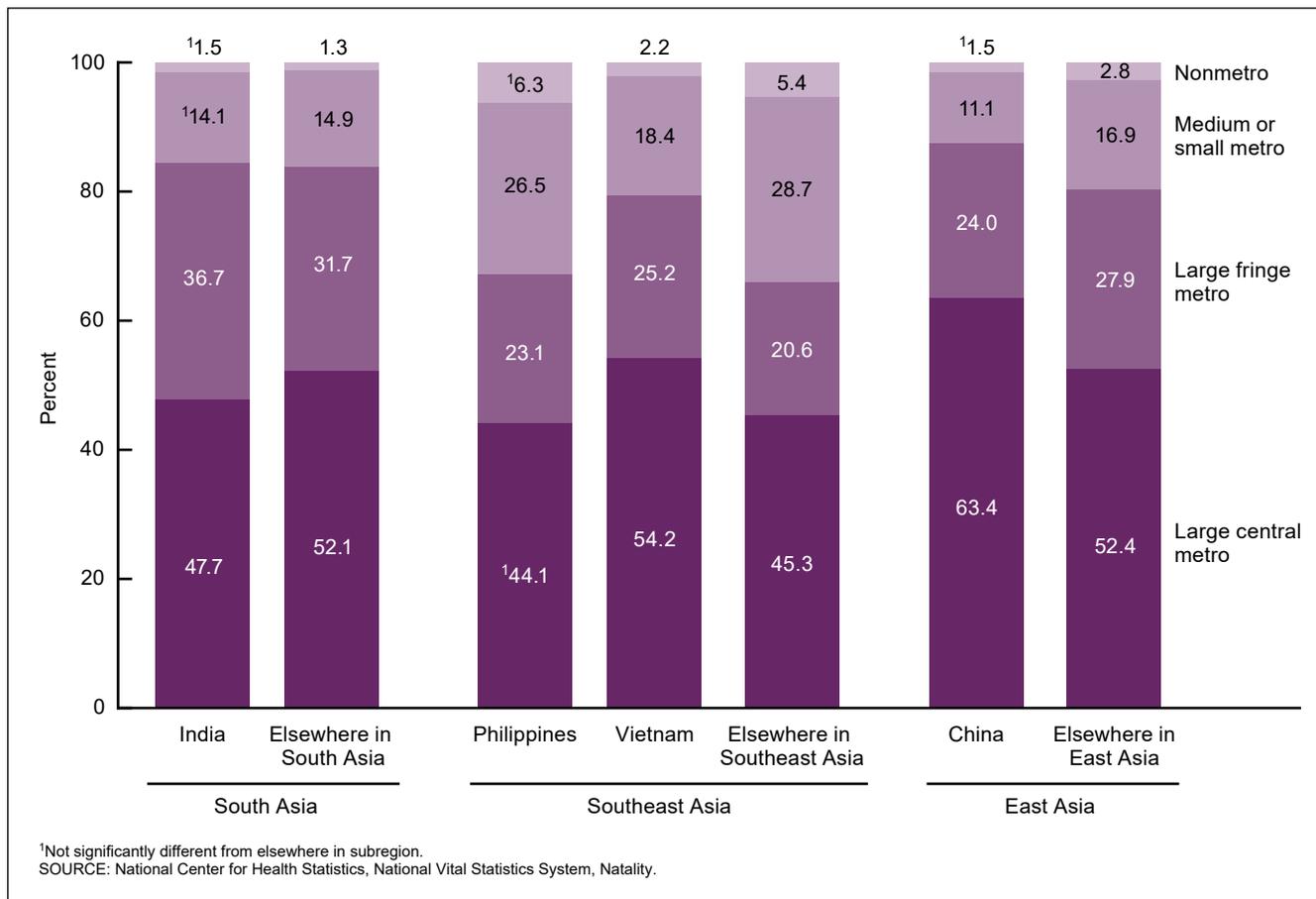
Figure 35. Urbanicity of U.S. residence, by subregion of birth in Asia of women who gave birth: United States, 2020



- More than one-half of women born in East Asia (59.1%), West Asia (57.6%), and Central Asia (64.3%) lived in large central metro counties as did almost one-half of women born in South Asia (49.4%) and Southeast Asia (47.4%) (Figure 35, Table 7).
- Less than 5% of women born in any Asian subregion lived in nonmetro counties; women born in Southeast Asia were the most likely (4.9%).
- About one-third (34.8%) of women born in South Asia lived in large fringe metro counties compared with one-quarter of women born in East Asia (25.5%) and West Asia (24.7%).
- Women born in Southeast Asia (24.8%) were the most likely to live in medium or small metro counties.

Urbanicity of U.S. Maternal Residence Within Subregion of Birth: Asia

Figure 36. Urbanicity of U.S. residence within subregion of birth in Asia of women who gave birth: United States, 2020



- Among women born in South Asia who gave birth in 2020, those born in India were less likely to live in large central metro counties (47.7%) and more likely to live in large fringe metro counties (36.7%) than those born elsewhere in South Asia (52.1% and 31.7%, respectively) (Figure 36, Table 7).
- Among women born in Southeast Asia, those born in Vietnam were more likely to live in large central metro counties (54.2%) than those born in the Philippines (44.1%) or elsewhere in the subregion (45.3%).
- Women born in Vietnam were also more likely to live in large fringe metro counties (25.2%) than those born in the Philippines (23.1%) or elsewhere in Southeast Asia (20.6%).
- Women born in Vietnam (2.2%) were less likely to live in nonmetro counties than those born in the Philippines (6.3%) or elsewhere in Southeast Asia (5.4%).
- Among women born in East Asia, those born in China (63.4%) were more likely to live in large central metro counties than those born elsewhere in the subregion (52.4%).

Table 2. Maternal characteristics, by maternal region of birth: United States, 2020

Characteristic	United States	Latin America	Asia	Africa	Europe	Oceania	Canada
				Percent			
Maternal age							
Under 20	5.0	4.1	0.5	¹ 0.8	^{1,2} 0.7	^{3,4} 3.1	¹⁻⁶ 0.5
20–24	20.1	17.0	6.2	8.2	16.7	³ 20.6	^{1,2,5} 6.2
25–29	29.4	26.0	22.8	23.7	21.7	³ 28.1	^{1,5} 20.9
30–34	28.8	27.8	39.6	35.6	37.7	⁴ 27.0	^{2,5} 37.1
35–39	13.9	19.2	24.5	^{1,2} 3.8	25.8	16.9	⁵ 27.4
40 and over	2.8	6.0	6.5	7.9	7.5	44.4	^{2,5} 7.8
Education⁷							
Less than high school	5.3	32.4	7.1	13.3	1.7	16.1	^{3,5} 3.5
High school	20.3	29.5	12.2	22.3	11.3	27.3	⁵ 9.4
Some college or associate's degree	30.7	19.6	14.6	23.9	22.6	28.0	⁴ 20.4
Bachelor's degree or more	43.8	18.5	66.1	40.6	64.4	28.6	¹ 66.7
Parity							
1st birth	39.4	29.3	42.5	⁴ 29.6	41.8	33.5	^{3,5} 40.4
2nd birth	31.8	30.6	36.9	⁴ 30.4	34.8	26.4	³ 32.6
3rd birth	16.5	21.6	12.9	20.4	14.2	³ 16.7	^{1,5} 13.9
4th birth and higher	12.4	18.6	7.6	19.5	9.2	23.3	³ 13.1
Source of payment							
Medicaid	40.4	59.8	28.6	53.0	24.4	47.7	15.3
Private insurance	53.4	24.9	64.9	38.4	66.8	² 38.1	75.6
Self-pay	2.6	12.0	3.7	5.7	4.7	7.4	^{2,5,6} 5.8
Other	3.5	3.2	^{4,2} 8	^{1,3,4,2,9}	^{2,3,4,1}	6.8	^{1-5,3,3}
Body mass index							
Underweight	2.7	2.0	5.9	^{3,2} 8	4.3	²⁻⁵ 2.4	²⁻⁶ 2.7
Normal weight	39.0	35.3	58.1	36.2	^{1,5} 7.7	33.3	^{1,5} 6.7
Overweight	26.2	33.8	25.3	35.3	23.0	^{3,2} 6.2	^{1,3,5,6} 24.4
Obese	32.1	28.8	10.7	25.7	14.9	38.1	⁵ 16.3
Prenatal care							
1st trimester	79.4	67.7	80.5	63.2	^{1,8} 0.7	55.8	83.1
2nd trimester	15.0	22.8	14.4	26.9	¹ 14.1	^{2,2} 5.5	^{1,5} 12.8
3rd trimester or none	5.6	9.5	5.1	^{4,9} 9	^{1,3,5,2}	18.7	^{1,3,5,4,2}

¹Not significantly different from Asia.

²Not significantly different from Africa.

³Not significantly different from United States.

⁴Not significantly different from Latin America.

⁵Not significantly different from Europe.

⁶Not significantly different from Oceania.

⁷Restricted to women aged 25 and over to allow for completion of education.

SOURCE: National Center for Health Statistics, National Vital Statistics System, Natality.

Table 3. Maternal characteristics, by maternal subregion of birth in Latin America: United States, 2020

Characteristic	Mexico	Central America	Caribbean	South America
Maternal age				
			Percent	
Under 20	2.9	7.9	13.3	1.3
20–24	16.3	21.3	17.5	9.6
25–29	26.5	¹ 26.2	^{1,2} 26.9	22.5
30–34	28.5	24.1	¹ 27.9	32.6
35–39	19.6	15.7	18.4	26.0
40 and over	6.1	4.7	¹ 5.9	8.1
Education ³				
Less than high school	38.1	54.9	10.5	8.0
High school	33.8	25.3	30.5	20.5
Some college or associate's degree	16.9	11.6	31.4	24.9
Bachelor's degree or more	11.2	8.3	27.6	46.6
Parity				
1st birth	23.5	26.4	37.9	42.8
2nd birth	26.8	31.7	34.5	35.8
3rd birth	24.2	23.3	17.4	14.8
4th birth and higher	25.5	18.5	10.2	6.5
Source of payment				
Medicaid	62.3	65.6	60.3	37.6
Private insurance	21.7	13.1	32.4	49.7
Self-pay	12.9	17.9	4.1	9.5
Other	3.1	¹ 3.4	^{1,2} 3.2	^{1,2,4} 3.2
Body mass index				
Underweight	1.6	2.1	2.6	⁴ 2.4
Normal weight	31.1	36.4	² 35.9	48.1
Overweight	34.4	35.4	31.8	⁴ 31.6
Obese	32.9	26.2	29.8	17.9
Prenatal care				
1st trimester	69.0	57.6	73.1	75.9
2nd trimester	22.0	29.4	19.3	17.4
3rd trimester or none	9.0	13.1	7.6	⁴ 6.7

¹Not significantly different from Mexico.²Not significantly different from Central America.³Restricted to women aged 25 and over to allow for completion of education.⁴Not significantly different from Caribbean.

SOURCE: National Center for Health Statistics, National Vital Statistics System, Natality.

Table 4. Maternal characteristics, by maternal subregion and country of birth in Asia: United States, 2020

Characteristic	South Asia			Southeast Asia				East Asia				
	Total	India	Elsewhere in South Asia	Total	Philippines	Vietnam	Elsewhere in Southeast Asia	Total	China	Elsewhere in East Asia	West Asia	Central Asia
Maternal age												
							Percent					
Under 20	0.2	10.1	0.4	² 0.7	10.5	^{1,3} 0.2	1.6	^{2,4} 0.1	50.1	0.2	^{2,4,5} 1.2	^{2,4-6} 1.1
20–24	5.4	2.2	10.4	7.1	5.8	³ 5.4	10.4	2.6	¹ 3.0	2.0	11.6	15.1
25–29	26.0	24.0	29.2	21.8	19.9	^{1,2} 22.8	23.3	16.5	19.5	11.7	² 26.1	^{4,6} 28.3
30–34	43.5	48.7	35.0	34.4	34.9	37.2	31.0	² 42.8	46.4	37.0	⁴ 33.4	^{4,6} 34.2
35–39	21.3	22.0	20.3	27.4	29.5	^{1,2} 26.2	25.6	29.0	23.8	37.4	² 21.3	17.2
40 and over	3.6	3.0	4.7	8.7	19.4	^{1,3} 8.2	8.1	⁴ 8.9	7.2	11.7	6.3	^{2,6} 4.2
Education ⁷												
Less than high school	5.7	1.4	13.2	10.4	1.8	8.8	24.6	3.9	6.1	0.6	12.2	^{2,5} 3.9
High school	8.9	3.4	18.7	18.3	10.7	24.9	22.7	² 8.3	10.4	5.2	⁴ 17.4	^{4,6} 16.4
Some college or associate's degree	8.5	4.8	15.0	23.8	28.7	23.8	16.8	13.5	12.6	14.9	15.8	⁴ 24.2
Bachelor's degree or more	77.0	90.4	53.1	47.4	58.8	42.5	35.9	74.2	70.9	79.2	54.6	⁶ 55.4
Parity												
1st birth	44.9	48.8	38.5	39.2	41.2	43.9	31.9	48.3	49.0	47.2	33.7	30.4
2nd birth	41.1	44.7	35.2	33.8	35.1	36.6	29.1	37.3	¹ 37.5	37.0	31.0	^{4,6} 32.3
3rd birth	9.6	5.3	16.6	16.8	16.5	14.3	19.5	² 10.4	19.8	11.4	18.3	22.3
4th birth and higher	4.4	1.2	9.7	10.2	7.1	³ 5.0	19.5	^{2,4} 0.0	¹ 3.7	4.5	17.1	⁶ 15.0
Source of payment												
Medicaid	24.4	9.4	48.6	32.4	19.1	33.5	49.5	18.6	22.7	12.0	47.3	55.3
Private insurance	72.4	87.7	47.6	60.6	70.8	61.4	45.9	70.7	65.4	79.2	45.7	38.5
Self-pay	1.7	11.5	2.0	² 2.3	^{1,2} 3.3	^{1,3} 2.4	2.3	7.3	9.5	3.8	5.0	⁴⁻⁶ 4.0
Other	1.6	11.4	1.8	4.6	7.7	12.7	2.3	3.4	2.4	5.0	^{2,5} 2.0	^{2,4-6} 2.2
Body mass index												
Underweight	3.4	13.2	3.8	6.5	4.3	10.7	5.4	10.0	11.5	7.7	23.9	^{4,5} 7.0
Normal weight	51.7	52.9	49.6	60.1	^{1,5} 4.6	72.6	55.5	70.4	71.9	68.1	50.2	^{4,5} 9.5
Overweight	32.0	^{1,3} 2.0	31.9	23.5	^{1,2} 8.2	13.8	26.5	14.8	13.4	17.0	29.2	^{4,2} 3.1
Obese	12.9	11.8	14.8	9.9	^{1,2} 2.9	2.9	12.6	4.7	3.1	7.3	16.7	^{2,4} 10.4
Prenatal care												
1st trimester	82.5	86.4	76.1	76.7	81.5	78.6	68.2	84.6	84.2	85.2	75.5	⁶ 74.2
2nd trimester	13.4	10.5	18.1	18.4	14.0	16.4	26.3	10.9	¹ 11.1	10.6	16.1	^{4,6} 18.1
3rd trimester or none	4.2	3.2	5.8	^{2,5} 0.0	14.5	^{1,3,5} 5.0	5.5	^{2,4} 4.8	14.8	4.2	8.4	^{6,7} 7.7

¹Not significantly different from elsewhere in subregion.²Not significantly different from South Asia.³Not significantly different from the Philippines.⁴Not significantly different from Southeast Asia.⁵Not significantly different from East Asia.⁶Not significantly different from West Asia.⁷Restricted to women aged 25 and over to allow for completion of education.

SOURCE: National Center for Health Statistics, National Vital Statistics System, Natality.

Table 5. Maternal U.S. residence, by maternal region of birth: United States, 2020

Characteristic	United States	Latin America	Asia	Africa	Europe	Oceania	Canada
Region				Percent			
Northeast	14.6	19.3	22.2	¹ 22.6	25.4	6.5	² 24.8
New York	4.9	8.1	10.5	8.0	11.3	³ 3.3	^{1,2} 11.7
Rest of Northeast	9.7	11.2	⁴ 11.6	14.6	⁵ 14.1	3.2	^{1,2,4,6} 13.1
Midwest	23.0	9.1	16.1	25.5	17.6	11.4	^{1,2} 17.0
South	40.2	45.5	26.8	37.1	30.6	24.9	^{1,6} 25.8
Florida	5.0	12.5	3.2	2.3	8.3	^{2,5} 2.0	³ 4.9
Texas	9.7	15.1	8.6	11.0	5.6	^{2,5} 5.9	⁶ 6.6
Rest of South	25.5	17.9	14.9	³ 23.8	16.7	^{1,2,4} 17.0	^{1,2,4,6} 14.3
West	22.1	26.0	35.0	14.8	26.4	57.2	32.4
California	10.0	16.9	24.5	5.2	12.7	^{2,4} 14.4	^{2,4,6} 14.0
Rest of West	12.2	9.2	10.4	⁴ 9.6	13.7	42.8	18.4
Urbanicity							
Large central metro	27.9	43.8	52.6	48.8	⁴ 43.3	30.3	40.2
Large fringe metro	23.5	25.3	28.2	30.8	⁵ 30.7	18.4	¹ 27.7
Medium or small metro	32.6	24.8	16.7	18.0	21.3	40.0	² 22.3
Nonmetro	16.0	6.1	2.5	¹ 2.5	4.7	11.3	⁶ 9.8

¹Not significantly different from Asia.
²Not significantly different from Europe.
³Not significantly different from United States.
⁴Not significantly different from Latin America.
⁵Not significantly different from Africa.
⁶Not significantly different from Oceania.

NOTE: Figures may not add to totals due to rounding.

SOURCE: National Center for Health Statistics, National Vital Statistics System, Natality.

Table 6. Maternal U.S. residence, by maternal subregion of birth in Latin America: United States, 2020

Characteristic	Mexico	Central America	Caribbean	South America
Region		Percent		
Northeast	4.5	17.1	44.3	38.1
New York	2.0	7.3	18.4	15.7
Rest of Northeast	2.5	9.8	25.9	22.4
Midwest	11.9	8.8	4.8	6.2
South	39.3	56.1	47.5	43.3
Florida	2.6	9.1	33.0	23.3
Texas	23.1	13.6	4.3	6.3
Rest of South	13.6	33.5	10.3	13.6
West	44.3	18.0	3.3	12.4
California	28.6	13.3	1.1	6.5
Rest of West	15.7	4.7	2.2	6.0
Urbanicity				
Large central metro	42.0	¹ 42.5	47.5	² 47.0
Large fringe metro	17.1	32.2	29.3	34.7
Medium or small metro	32.2	19.0	20.9	16.2
Nonmetro	8.8	6.4	2.3	² 2.0

¹Not significantly different from Mexico.

²Not significantly different from Caribbean.

NOTE: Figures may not add to totals due to rounding.

SOURCE: National Center for Health Statistics, National Vital Statistics System, Natality.

Table 7. Maternal U.S. residence, by maternal subregion and country of birth in Asia: United States, 2020

Characteristic	South Asia			Southeast Asia			East Asia					
	Total	India	Elsewhere in South Asia	Total	Philippines	Vietnam	Elsewhere in Southeast Asia	Total	China	Elsewhere in East Asia	West Asia	Central Asia
Region							Percent					
Northeast	25.7	22.2	31.4	10.7	¹ 10.6	² 9.5	11.9	24.6	28.7	18.0	³ 24.4	48.8
New York	10.1	4.3	19.4	3.7	4.1	1.7	5.2	14.0	17.7	8.0	³ 13.7	35.5
Rest of Northeast	15.6	17.9	12.0	7.0	¹ 6.5	^{1,2} 7.8	6.8	10.6	¹ 11.0	10.0	³ 10.5	13.2
Midwest	16.0	17.3	14.0	17.7	11.5	² 10.5	33.1	10.0	8.6	12.3	24.6	14.7
South	31.5	¹ 31.5	31.5	28.5	¹ 24.0	38.6	24.9	19.4	16.6	23.7	25.0	³ 18.2
Florida	2.9	¹ 3.1	2.6	3.9	¹ 4.2	² 5.1	2.3	2.2	¹ 2.1	2.3	⁴ 4.8	^{4,5} 5.2
Texas	11.0	¹ 11.1	10.9	9.3	¹ 6.8	14.7	7.5	5.8	¹ 5.4	6.4	6.8	3.0
Rest of South	17.7	¹ 17.4	18.1	15.3	12.9	18.8	15.1	11.4	9.2	15.1	^{3,4} 13.4	^{3,5} 9.9
West	26.7	29.0	23.1	43.2	54.0	41.4	30.2	46.1	¹ 46.1	46.0	⁶ 26.2	18.4
California	18.6	19.8	16.7	27.7	32.5	29.2	19.6	34.8	37.2	31.1	⁶ 19.6	9.3
Rest of West	8.1	9.2	6.4	15.5	21.5	¹ 12.3	10.5	11.2	8.9	14.9	6.6	^{3,6} 9.0
Urbanicity												
Large central metro	49.4	47.7	52.1	47.4	¹ 44.1	54.2	45.3	59.1	63.4	52.4	57.6	64.3
Large fringe metro	34.8	36.7	31.7	22.9	23.1	25.2	20.6	25.5	24.0	27.9	³ 24.7	^{4,5} 22.3
Medium or small metro	14.4	¹ 14.1	14.9	24.8	26.5	18.4	28.7	13.4	11.1	16.9	15.6	^{3,6} 11.8
Nonmetro	1.4	¹ 1.5	1.3	4.9	¹ 6.3	2.2	5.4	⁶ 2.0	11.5	2.8	^{3,6} 2.0	⁴⁻⁶ 1.6

¹Not significantly different from elsewhere in subregion.²Not significantly different from the Philippines.³Not significantly different from East Asia.⁴Not significantly different from Southeast Asia.⁵Not significantly different from West Asia.⁶Not significantly different from South Asia.

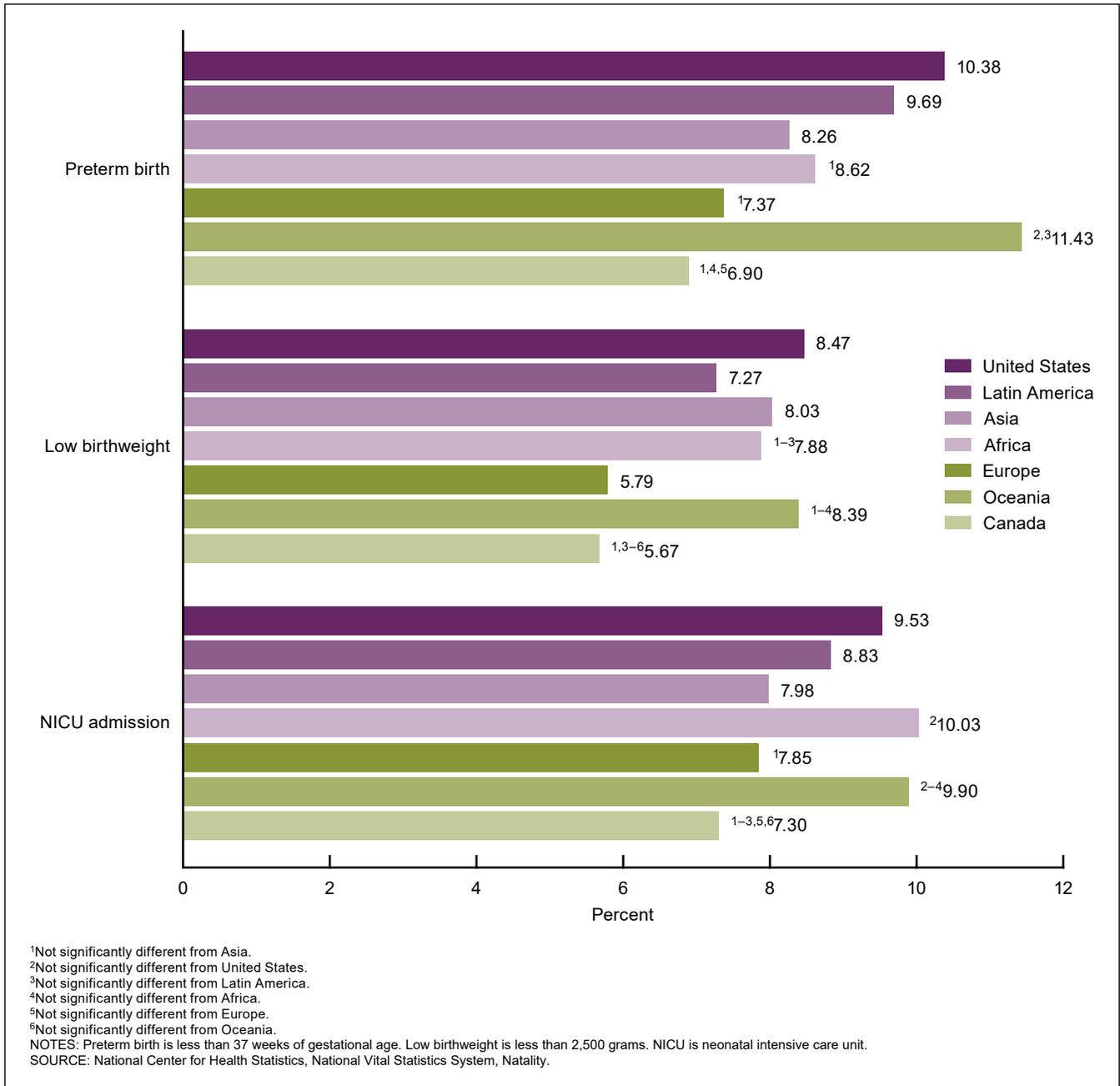
NOTE: Figures may not add to totals due to rounding.

SOURCE: National Center for Health Statistics, National Vital Statistics System, Natality.

Infant Outcomes

Infant Outcomes by Maternal Region of Birth

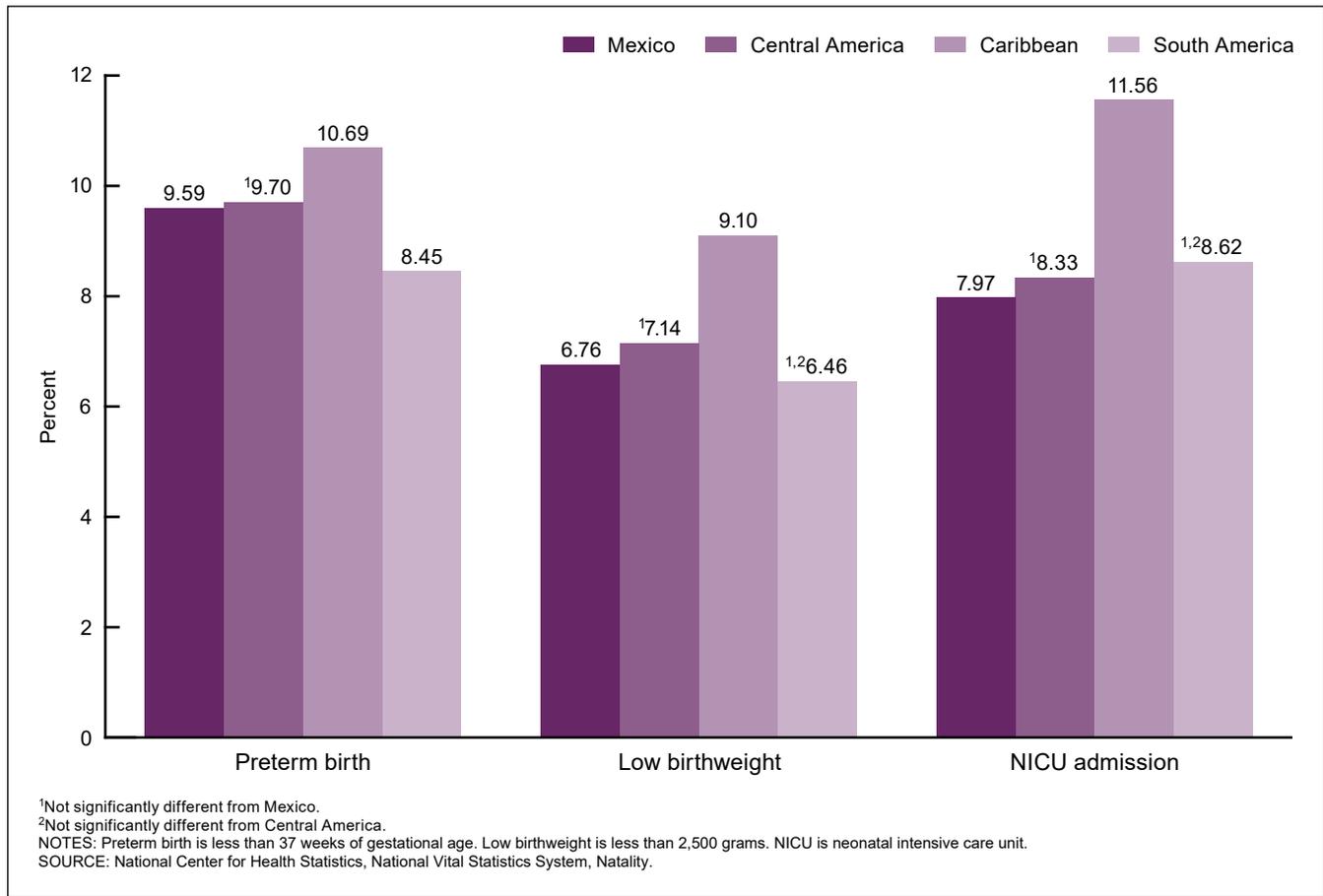
Figure 37. Infant outcomes, by maternal region of birth: United States, 2020



- Infants of women born in Oceania (11.43%) and the United States (10.38%) were most likely to be born preterm, followed by those of women born in Latin America (9.69%) (Figure 37, Table 8).
- Low birthweight rates ranged from 5.67% and 5.79% of infants of women born in Canada and Europe, respectively, to 8.39% and 8.47% of infants of women born in Oceania and the United States, respectively.
- Infants of women born in Asia (7.98%) and Europe (7.85%) were less likely to be admitted to the NICU than infants of women born in the United States (9.53%), Latin America (8.83%), Africa (10.03%), and Oceania (9.90%).

Infant Outcomes by Maternal Subregion of Birth: Latin America

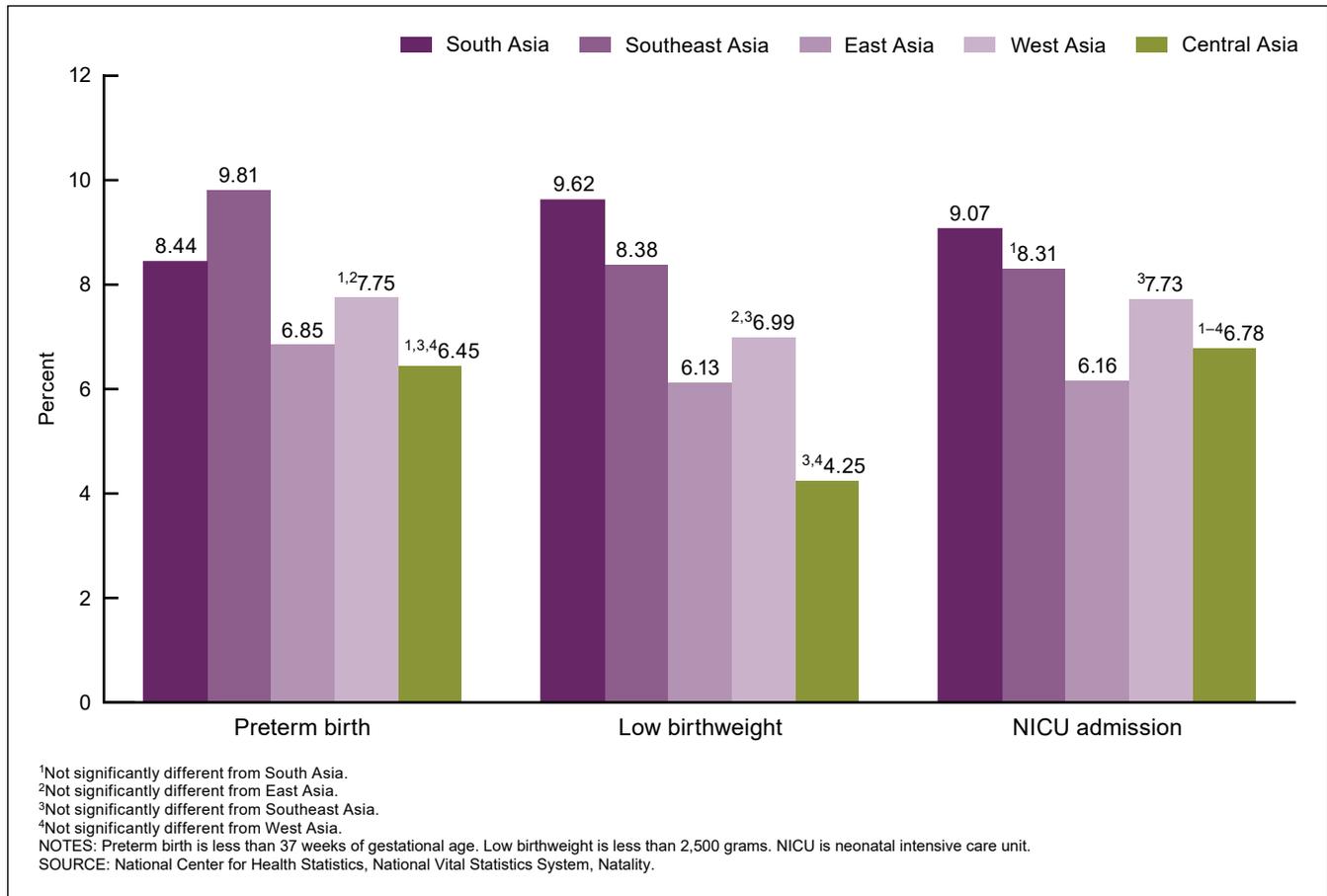
Figure 38. Infant outcomes, by maternal subregion of birth in Latin America: United States, 2020



- Among infants of women born in Latin America, those of women born in the Caribbean were the most likely to be preterm (10.69%); infants of women born in South America were the least likely to be preterm (8.45%) (Figure 38, Table 9).
- Among infants of women born in Latin America, those of women born in the Caribbean were more likely to be low birthweight (9.10%) than those of women born in South America (6.46%), Mexico (6.76%), and Central America (7.14%).
- Among infants of women born in Latin America, those of women born in the Caribbean were more likely to be admitted to the NICU (11.56%) than those of women born in South America (8.62%), Central America (8.33%), or Mexico (7.97%).

Infant Outcomes by Maternal Subregion of Birth: Asia

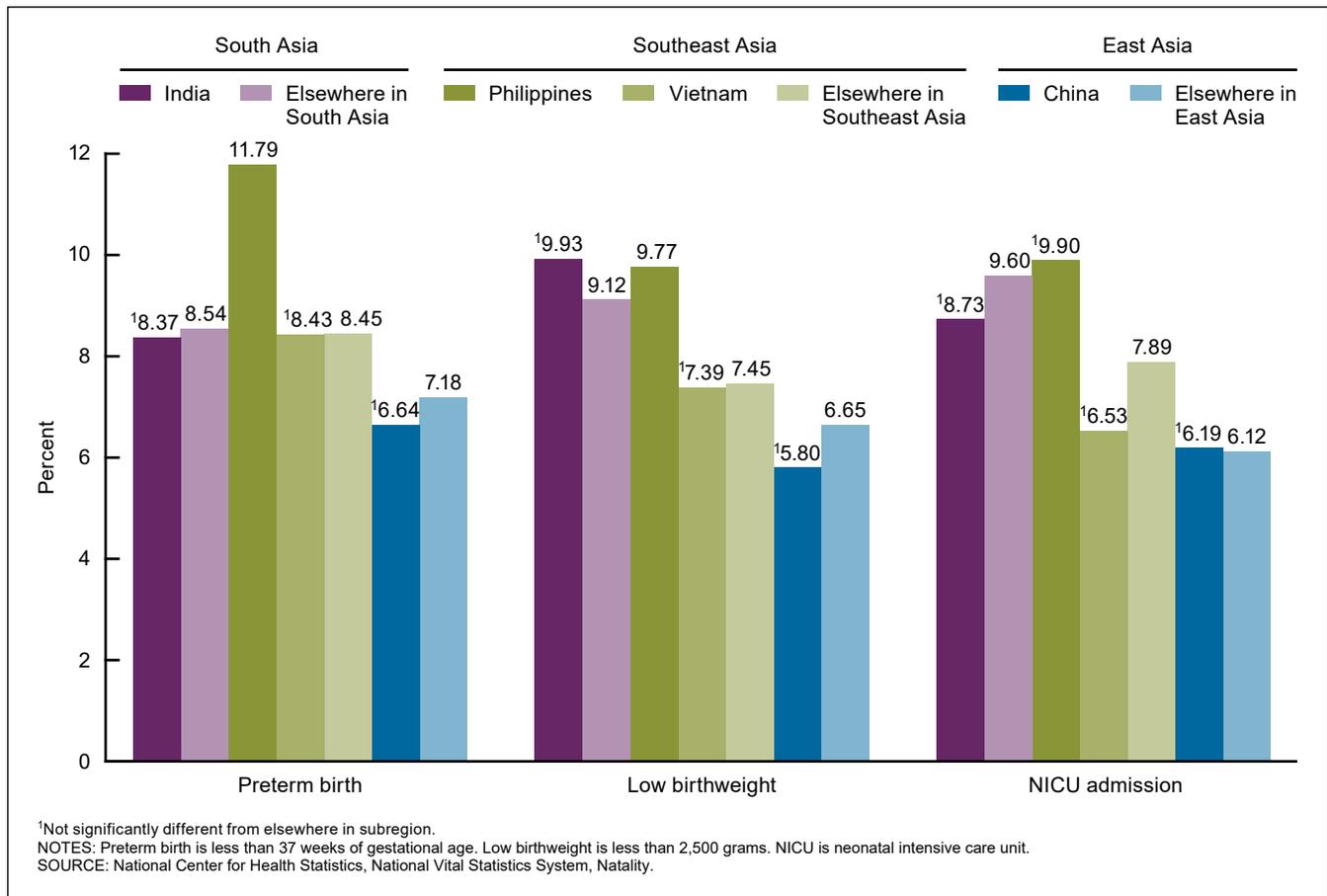
Figure 39. Infant outcomes, by maternal subregion of birth in Asia: United States, 2020



- Among infants of women born in Asia, those of women born in Southeast Asia were most likely to be preterm (9.81%), followed by those born in South Asia (8.44%) (Figure 39, Table 10).
- Infants of women born in East Asia (6.85%), Central Asia (6.45%), and West Asia (7.75%) had the lowest preterm birth rates.
- Among infants of women born in Asia, the low birthweight rate was highest for those of women born in South Asia (9.62%), followed by those born in Southeast Asia (8.38%).
- Infants of women born in Central Asia (4.25%), East Asia (6.13%), and West Asia (6.99%) had the lowest rates of low birthweight.
- NICU admission rates for infants of women born in Asia ranged from 6.16% of infants of women born in East Asia to 9.07% of infants of women born in South Asia.
- Infants of women born in East Asia (6.16%) had a lower NICU admission rate than those of women born in all other regions except Central Asia (6.78%). These rates (6.16% and 6.78%) were not significantly different.

Infant Outcomes Within Maternal Subregion of Birth: Asia

Figure 40. Infant outcomes within maternal subregion of birth in Asia: United States, 2020



- Preterm birth rates did not differ between those of women born in India (8.37%) and those born elsewhere in South Asia (8.54%) (Figure 40, Table 10); preterm birth rates did not differ between those of women born in China (6.64%) and those born elsewhere in East Asia (7.18%).
- Among infants of women born in Southeast Asia, those of women born in the Philippines were more likely to be preterm (11.79%) than those of women born in Vietnam (8.43%) and those born elsewhere in Southeast Asia (8.45%).
- Among infants of women born in South Asia, low birthweight rates did not differ between those of women born in India (9.93%) and those born elsewhere in the subregion (9.12%).
- Among infants of women born in East Asia, low birthweight rates did not differ between those of women born in China (5.80%) and those born elsewhere in East Asia (6.65%).
- Among infants of women born in Southeast Asia, those of women born in the Philippines were more likely to be low birthweight (9.77%) than those of women born in Vietnam (7.39%) and those born elsewhere in the subregion (7.45%).
- NICU admission rates did not differ between infants of women born in India (8.73%) and those born elsewhere in South Asia (9.60%); rates also did not differ between infants of women born in China (6.19%) and those born elsewhere in East Asia (6.12%).
- Among infants of women born in Southeast Asia, those of women born in the Philippines were more likely to be admitted to the NICU (9.90%) than those of women born in Vietnam (6.53%).

Table 8. Infant outcomes, by maternal region of birth: United States, 2020

Outcome	United States	Latin America	Asia	Africa	Europe	Oceania	Canada
				Percent			
Preterm birth	10.38	9.69	8.26	¹ 8.62	¹ 7.37	^{2,3} 11.43	^{1,4,5} 6.90
Low birthweight	8.47	7.27	8.03	¹⁻³ 7.88	¹⁻⁴ 5.79	¹⁻⁴ 8.39	^{1,3-6} 5.67
NICU admission	9.53	8.83	7.98	² 10.03	¹ 7.85	²⁻⁴ 9.90	^{1-3,5,6} 7.30

¹Not significantly different from Asia.
²Not significantly different from United States.
³Not significantly different from Latin America.
⁴Not significantly different from Africa.
⁵Not significantly different from Europe.
⁶Not significantly different from Oceania.

NOTES: Preterm birth is less than 37 weeks of gestational age. Low birthweight is less than 2,500 grams. NICU is neonatal intensive care unit.

SOURCE: National Center for Health Statistics, National Vital Statistics System, Natality.

Table 9. Infant outcomes, by maternal subregion of birth in Latin America: United States, 2020

Outcome	Mexico	Central America	Caribbean	South America
		Percent		
Preterm birth	9.59	¹ 9.70	10.69	8.45
Low birthweight	6.76	¹ 7.14	9.10	^{1,2} 6.46
NICU admission	7.97	¹ 8.33	11.56	^{1,2} 8.62

¹Not significantly different from Mexico.

²Not significantly different from Central America.

NOTES: Preterm birth is less than 37 weeks of gestational age. Low birthweight is less than 2,500 grams. NICU is neonatal intensive care unit.

SOURCE: National Center for Health Statistics, National Vital Statistics System, Natality.

Table 10. Infant outcomes, by maternal subregion and country of birth in Asia: United States, 2020

Outcome	South Asia			Southeast Asia			East Asia					
	Total	India	Elsewhere in South Asia	Total	Philippines	Vietnam	Elsewhere in Southeast Asia	Total	China	Elsewhere in East Asia	West Asia	Central Asia
	Percent											
Preterm birth	8.44	18.37	8.54	9.81	11.79	18.43	8.45	6.85	16.64	7.18	^{2,3} 7.75	^{2,4,5} 6.45
Low birthweight	9.62	19.93	9.12	8.38	9.77	17.39	7.45	6.13	15.80	6.65	^{3,4} 6.99	^{4,5} 4.25
NICU admission	9.07	18.73	9.60	² 8.31	19.90	16.53	7.89	6.16	16.19	6.12	⁴ 7.73	²⁻⁵ 6.78

¹Not significantly different from elsewhere in subregion.

²Not significantly different from South Asia.

³Not significantly different from East Asia.

⁴Not significantly different from Southeast Asia.

⁵Not significantly different from West Asia.

NOTES: Preterm birth is less than 37 weeks of gestational age. Low birthweight is less than 2,500 grams. NICU is neonatal intensive care unit.

SOURCE: National Center for Health Statistics, National Vital Statistics System, Natality.

References

1. UNDP, Oxford Poverty & Human Development Initiative. Global multidimensional poverty index 2019: Illuminating inequalities. 2019.
2. United Nations. The sustainable development goals report, 2019. Available from: <https://unstats.un.org/sdgs/report/2019/The-Sustainable-Development-Goals-Report-2019.pdf>.
3. Caldwell J, McDonald P. Influence of maternal education on infant and child mortality: Levels and causes. *Health Policy Educ* 2(3–4):251–67. 1982.
4. Bicego GT, Boerma JT. Maternal education and child survival: A comparative study of survey data from 17 countries. *Soc Sci Med* 36(9):1207–27. 1993.
5. Pew Research Center. Facts on U.S. immigrants, 2018. 2020. Available from: <https://www.pewresearch.org/hispanic/2020/08/20/facts-on-u-s-immigrants-previous-years-data/>.
6. Titzmann PF, Fuligni AJ. Immigrants' adaptation to different cultural settings: A contextual perspective on acculturation. *Int J Psychol* 50(6):407–12. 2015.
7. Trevelyan E, Gambino C, Gryn T, Larsen L, Acosta Y, Grieco E, et al. Characteristics of the U.S. population by generational status: 2013. U.S. Census Bureau. 2016.
8. Budiman A. Key findings about U.S. immigrants. Pew Research Center. 2020. Available from: <https://www.pewresearch.org/fact-tank/2020/08/20/key-findings-about-u-s-immigrants/>.
9. Read JG, Reynolds MM. Gender differences in immigrant health: The case of Mexican and Middle Eastern immigrants. *J Health Soc Behav* 53(1):99–123. 2012.
10. Kennedy S, Kidd MP, McDonald JT, Biddle N. The healthy immigrant effect: Patterns and evidence from four countries. *J Int Migr Integr* 16:317–32. 2015.
11. Elo IT, Culhane JF. Variations in health and health behaviors by nativity among pregnant Black women in Philadelphia. *Am J Public Health* 100(11):2185–92. 2010.
12. Singh GK, Rodriguez-Lainz A, Kogan MD. Immigrant health inequalities in the United States: Use of eight major national data systems. *Scientific World Journal* 512313. 2013.
13. Xaverius PK, Salas J, Tenkku LE. Preconception wellness: Differences in health by immigrant status. *J Immigr Minor Health* 14(2):216–22. 2012.
14. National Center for Health Statistics. User guide to the 2020 natality public use file. Available from: https://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/DVS/natality/UserGuide2020.pdf.
15. United Nations. M49 Standard: Countries or areas/geographical regions. Statistical Services Branch, UN Statistics Division. Available from: <https://unstats.un.org/unsd/methodology/m49/>.
16. Ingram DD, Franco SJ. 2013 NCHS urban–rural classification scheme for counties. National Center for Health Statistics. *Vital Health Stat* 2(166). 2014.
17. U.S. Census Bureau. Census regions and divisions of the United States. Available from: https://www2.census.gov/geo/pdfs/maps-data/maps/reference/us_regdiv.pdf.

Appendix. Technical Notes

Place of Birth

Maternal place of birth categories are based on United Nations assignment of countries to regions and subregions (15).

Women born in U.S. territories are assigned to the world region of the territory: Puerto Rico and U.S. Virgin Islands are assigned to Caribbean and Latin America, respectively; Northern Marianas, Guam, and American Samoa are assigned to Oceania.

Asia

- *Central Asia*—Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, and Uzbekistan.
- *East Asia*—China, Hong Kong, Japan, Macau, Mongolia, North Korea, South Korea, and Taiwan.
- *South Asia*—Afghanistan, Bangladesh, Bhutan, India, Iran, Maldives, Nepal, Pakistan, and Sri Lanka.
- *Southeast Asia*—Brunei, Burma, Cambodia, Cocos (Keelings) Islands, East Timor, Indonesia, Laos, Malaysia, Philippines, Singapore, Thailand, and Vietnam.
- *West Asia*—Armenia, Azerbaijan, Bahrain, Cyprus, Gaza Strip, Georgia, Iraq, Israel, Jordan, Kuwait, Lebanon, Oman, Qatar, Saudi Arabia, Syria, Turkey, United Arab Emirates, West Bank, and Yemen.

Latin America

- *Caribbean*—Anguilla, Antigua and Barbuda, Aruba, Bahamas, Barbados, Bermuda, British Virgin Islands, Cayman Islands, Cuba, Dominica, Dominican Republic, Grenada, Guadeloupe, Haiti, Jamaica, Martinique, Montserrat, Netherlands Antilles, Puerto Rico, St. Kitts and Nevis, St. Lucia, St. Vincent and the Grenadines, Trinidad and Tobago, Turks and Caicos Islands, and U.S. Virgin Islands.
- *Central America*—Belize, Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua, Panama, and Panama Canal Zone.
- *Mexico*—Mexico.
- *South America*—Argentina, Bolivia, Brazil, Chile, Colombia, Ecuador, Falkland Islands, French Guiana, Guyana, Paraguay, Peru, South Georgia and the South Sandwich Islands, Suriname, Uruguay, and Venezuela.

Africa

- *East Africa*—Burundi, Comoros, Djibouti, Eritrea, Ethiopia, Kenya, Madagascar, Malawi, Mauritius, Mozambique,

Reunion, Rwanda, Senegal, Seychelles, Somalia, South Africa, Sudan, Tanzania, Uganda, Zambia, and Zimbabwe.

- *Middle Africa*—Angola, Cameroon, Central African Republic, Chad, Congo, Equatorial Guinea, and Sao Tome and Principe.
- *North Africa*—Algeria, Egypt, Libya, Morocco, Spanish Sahara, Tunisia, and Western Sahara.
- *Southern Africa*—Benin, Burkina Faso, Cape Verde, Dahomey, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Ivory Coast, Liberia, Mali, Mauritania, Niger, Nigeria, Senegal, Sierra Leone, St. Helena, and Togo.

Europe

- *Eastern Europe*—Belarus, Bulgaria, Czechia, Czechoslovakia, Hungary, Moldova, Poland, Romania, Russian Federation, Slovakia, and Ukraine.
- *Northern Europe*—Channel Islands, Denmark, Estonia, Faroe Islands, Finland, Iceland, Ireland, Isle of Man, Latvia, Lithuania, Norway, Sweden, and United Kingdom.
- *Southern Europe*—Albania, Andorra, Bosnia and Herzegovina, Croatia, Gibraltar, Greece, Italy, Macedonia, Malta, Portugal, San Marino, Slovenia, Spain, Vatican City, and Yugoslavia.
- *Western Europe*—Austria, Belgium, East Berlin, Federal Republic of Germany, France, German Democratic Republic, Germany, Liechtenstein, Luxembourg, Monaco, Netherlands, and Switzerland.

Oceania

- *Australasia*—Australia, Christmas Island, Coral Sea Islands, Heard Island and McDonald Islands, New Zealand, and Norfolk Island.
- *Melanesia*—Fiji, New Caledonia, Papua New Guinea, Solomon Islands, and Wake Island.
- *Micronesia*—Canton and Enderbury Islands, Federated States of Micronesia, Kiribati, Marshall Islands, Midway Island, Nauru, Palau, Palmyra Atoll, Pitcairn Island, and Vanuatu.
- *Polynesia*—Cook Islands, French Polynesia, Gilbert and Ellice Islands, Niue, Samoa, Tonga, and Tuvalu.

Canada

Maternal Characteristics

Initiation of prenatal care—The timing of first prenatal care is determined by the month care began, based on the date of the first prenatal visit, date of birth, and gestational age.

Maternal age—Age of mother is computed in most cases from the mother's and infant's dates of birth as reported on the birth certificate.

Maternal education—Educational attainment is the highest level of school completed by the mother at the time of birth and is self-reported.

Parity—The number of live births to the woman, including the current birth.

Prepregnancy body mass index (BMI)—Prepregnancy BMI is based on weight and height and calculated as kg/m². It is calculated from maternal height and prepregnancy weight immediately before pregnancy as reported by the mother. BMI values under 18.5 are underweight; those from 18.5 through 24.9 are normal weight; values from 25.0 through 29.9 are overweight; and values of 30.0 and over are classified as obesity.

Source of payment—The primary source of payment for the delivery categories are private insurance, Medicaid, self-pay, and other (Indian Health Service, CHAMPUS/TRICARE, other government [federal, state, or local], or charity) as reported on the facility worksheet.

Urban–Rural Classification

The urban–rural categories are based on the 2013 NCHS Urban–Rural Classification Scheme for Counties (14). This scheme consists of six categories of counties; there are four metropolitan categories (large central metro, large fringe metro, medium metro, and small metro) and two non-metropolitan categories (micropolitan and noncore). In this report, medium and small metro categories were combined into one category; the two non-metropolitan categories were combined into one nonmetro category.

Metropolitan counties

- *Large central metro*—Counties in metropolitan statistical areas (MSAs) of 1 million or more population that: 1) contain the entire population of the largest principal city of the MSA, or 2) have their entire population contained in the largest principal city of the MSA, or 3) contain at least 250,000 inhabitants of any principal city of the MSA.
- *Large fringe metro*—Counties in MSAs of 1 million or more population that did not qualify as large central metro counties.
- *Medium metro*—Counties in MSAs of populations of 250,000–999,999.
- *Small metro*—Counties in MSAs of populations less than 250,000.

Non-metropolitan counties

- *Micropolitan*—Counties in micropolitan statistical areas.
- *Noncore*—Non-metropolitan counties that did not qualify as micropolitan.

U.S. Region

U.S. region is based on U.S. Census regions (17).

- *Northeast*—Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, and Vermont.
- *Midwest*—Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, and Wisconsin.
- *South*—Alabama, Arkansas, Delaware, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, and West Virginia.
- *West*—Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, and Wyoming.

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Reports present statistics on health resources and use of health care resources based on data collected from health care providers and provider records. As of 2015, these reports are included in Series 3.

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Reports include analyses by health and demographic variables, and geographic and trend analyses. The last Series 21 report was published in 2006; these reports are now included in Series 3.
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