

# HEALTH MATTERS

Riverside University Health System – Public Health  
Epidemiology & Program Evaluation




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## Racial Disparities in Birth Outcomes in Riverside County (2018-2022)

The impacts of racism have been shown to play a fundamental role in determining the quality of maternal care and the likelihood of poor birth outcomes (Crear-Perry et al., 2021). Despite improvements in healthcare quality and access, disparities in birth outcomes persist, particularly among Black/African American infants (Burriss & Hacker, 2017). Addressing racial disparities in birth outcomes requires consideration of societal factors as possible upstream drivers of health outcomes. This brief provides an overview of selected measures of maternal and infant health across racial and ethnic groups between 2018-2022 in Riverside County, California. Data was retrieved from the State of California, Department of Finance (DOF, 2023) and California Department of Public Health (CDPH, 2018-2022).


### KEY FINDINGS




Birth rates have declined for all race/ethnicity groups except for Multirace and Hispanic/Latino birth parents.




American Indian/Alaska Native birth parents were most likely to have no prenatal care.



Native Hawaiian/Pacific Islander birth parents were most likely to receive inadequate prenatal care.



Black/African American newborns were 2x more likely to be born with a low birthweight compared to White newborns.

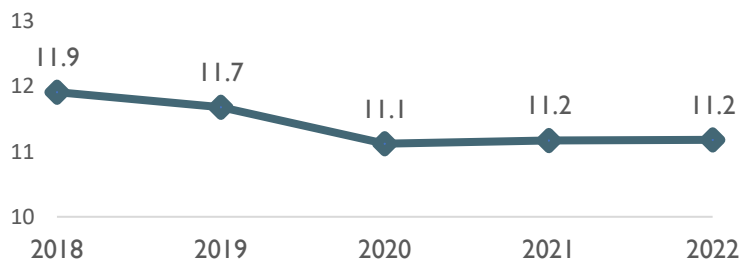


Black/African American infants were 2.8x more likely to die before the age of one compared to White infants.

### Total Live Births

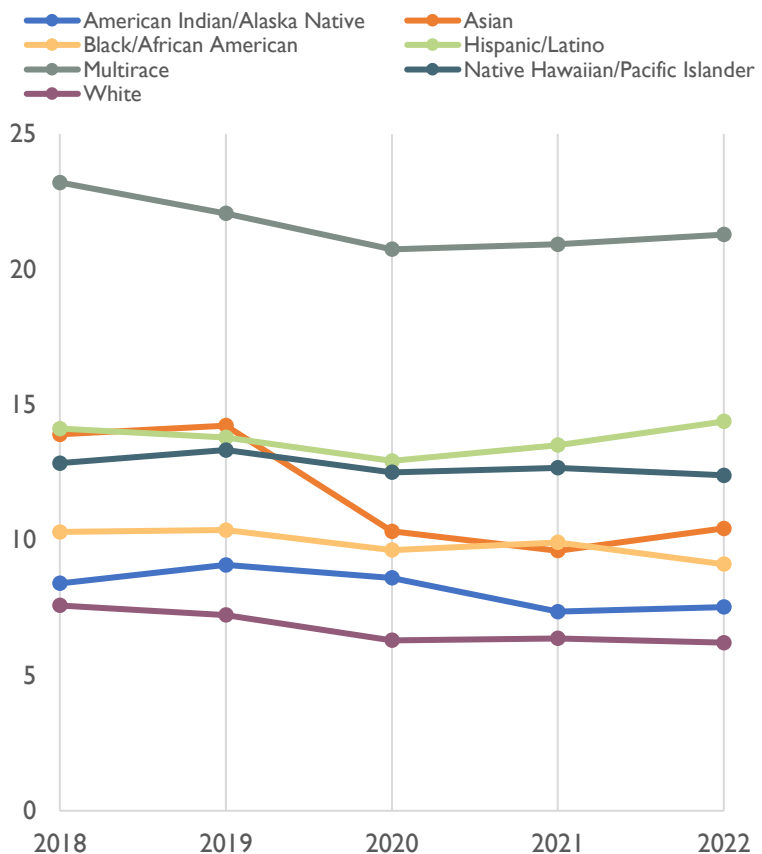
The number of live births in Riverside County has moderately decreased over the last 5 years. In 2018, Riverside County had 28,693 recorded live births, with this number dropping to 27,236 in 2020. As of 2022, the total number of live births increased to 28,024, lower than the total counts of live births from 2018. The birth rate in Riverside County also declined over the same period (Figure 2), with the biggest drop seen between 2019-2020. This trend was consistent among all race/ethnicity groups. During 2018-2022, White birth parents sustained lower birth rates compared to other race/ethnicity groups in the County, while Multirace birth parents had the highest. Birth rates were 2x higher among Hispanic/Latino birth parents compared to White birth parents (Figure 1). Overall, there was a slight decrease in births for Native Hawaiian/Pacific Islander and Black/African American birth parents.

**Figure 2** Birth Rate by Year per 1,000 Population, Riverside County (2018-2022)\*



\*Y-axis does not start at zero.

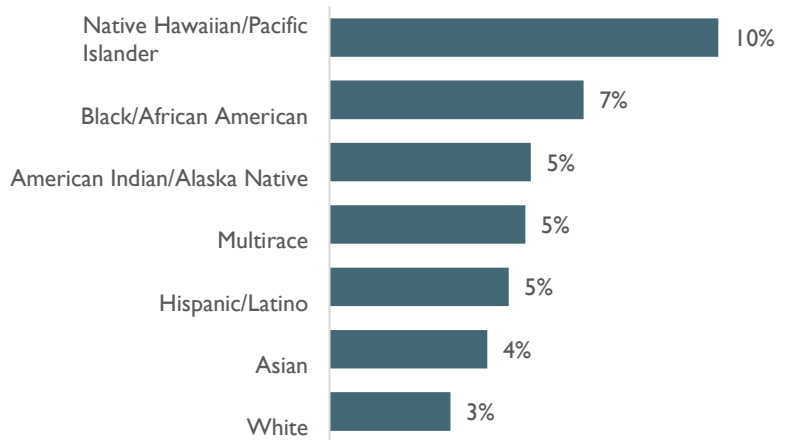
**Figure 1** Birth Rates per 1,000 Population by Year and Race/Ethnicity, Riverside County (2018-2022)



## Prenatal Visits

Prenatal care is most effective when it starts early and continues throughout pregnancy to help prevent and address health problems for both mothers and babies (USDHHS, n.d.). A birth parent’s prenatal care is considered inadequate if it begins in the third trimester or includes less than five visits for a pregnancy of 34 or more weeks (CDPH, 2023). Between 2018-2022 in Riverside County, Native Hawaiian/Pacific Islander birth parents had the highest percentage of inadequate prenatal care with 10% having fewer than five prenatal visits and 5% beginning prenatal care in the third trimester (Figures 3, 4). American Indian/Alaska Native birth parents had the highest percentage of no prenatal care during the same period (Figure 4).

**Figure 3** Percent of Inadequate Prenatal Visits by Race/Ethnicity, Riverside County (2018-2022)\*



\*Births where the number of prenatal visits was unknown or missing were excluded.

**Figure 4** Trimester Prenatal Care Began Percent by Race/Ethnicity, Riverside County (2018-2022)\*

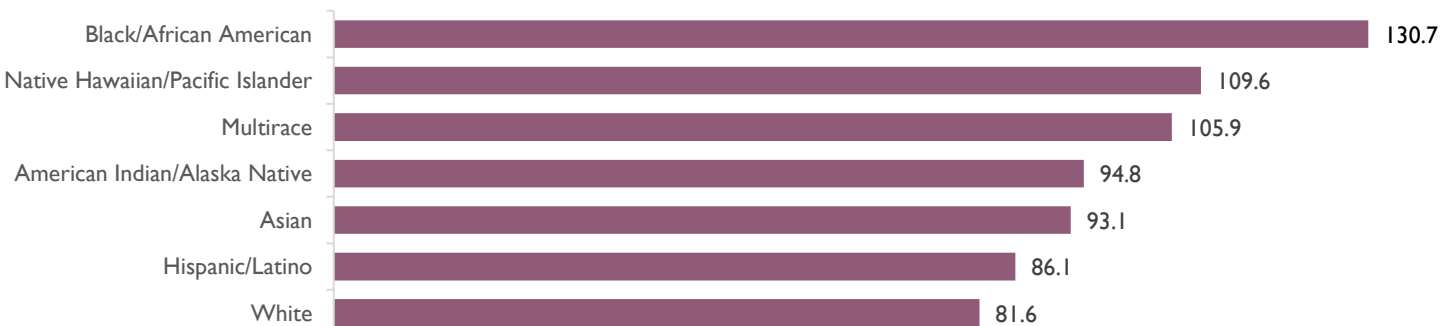
Race/Ethnicity of Parent Giving Birth	No Prenatal Care	First Trimester	Second Trimester	Third Trimester
American Indian/Alaska Native	5%	76%	15%	3%
Asian	0%	86%	9%	5%
Black/African American	2%	85%	11%	2%
Hispanic/Latino	1%	84%	12%	3%
Multirace	1%	85%	11%	2%
Native Hawaiian/Pacific Islander	4%	74%	17%	5%
White	1%	88%	9%	2%
Total	1%	85%	12%	3%

\*Totals may not add to 100 due to rounding of percentages.

## Preterm Births

A preterm birth is defined as a baby born before 37 weeks of pregnancy. Babies born prematurely are at higher risk for serious health problems and death before the age of one. The preterm birth rate for all births in Riverside County between 2018-2022 was 85.0 per 1,000 live births. Apart from White infants, every race and ethnicity group had higher rates of preterm births than the County average. Black/African American infants had the highest rates of preterm births in the County at 130.7 per 1,000 live births, followed by Native Hawaiian/Pacific Islander infants at 109.6 per 1,000 live births (Figure 5).

**Figure 5** Preterm Birth Rates per 1,000 Live Births by Race/Ethnicity, Riverside County (2018-2022)



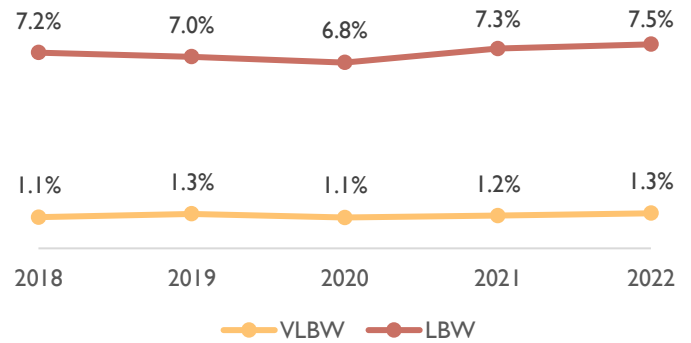
## Low Birthweight and Very Low Birthweight

Low birthweight and very low birthweight in newborns are associated with poor maternal health, inadequate nutrition, limited healthcare resources, and poverty levels. Infants born with a low birthweight, or a very low birthweight have higher chances of developing chronic illness, language impairment, and long-term neurological disability (Cutland et al., 2017).

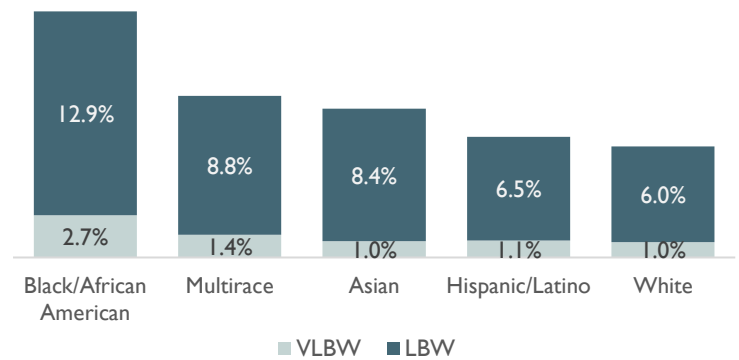
Newborns weighing less than 2,500 grams (5lbs 8oz) at birth are considered to have a low birthweight and newborns weighing less than 1,500 grams (3lbs 4oz) at birth are considered to have a very low birthweight. The percentage of newborns with a low birthweight has increased in Riverside County, from 6.8% in 2020 to 7.5% in 2022. Percentage of newborns with very low birthweights have remained relatively stable from 2018-2022 (Figure 6).

Disparities in birthweights continue to be seen in Riverside County. During 2018-2022, babies born to Black/African American parents had the highest percentage of a low birthweight (12.9%) and the highest percentage of a very low birthweight (2.7%) reported. This percentage is over 2x higher than babies born to White (6.0%) and Hispanic/Latino (6.5%) parents (Figure 7). Multirace and Asian parents had the second and third highest percentages of newborns with a low birthweight.

**Figure 6** Percent of Very Low Birthweight (<1,500 grams) and Low Birthweight (<2,500 grams), Riverside County (2018-2022)



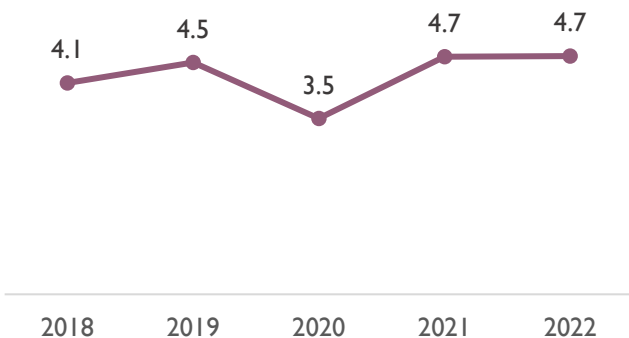
**Figure 7** Percent of Very Low Birthweight and Low Birthweight by Race/Ethnicity, Riverside County (2018-2022)



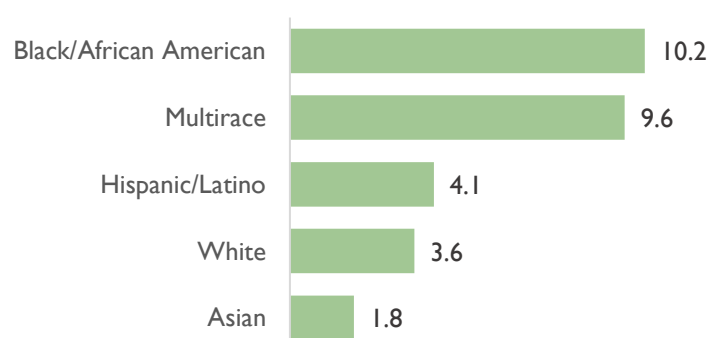
## Infant Mortality

Infant mortality is the death of an infant before the age of one. In 2020, Riverside County's infant mortality rate (3.5 per 1,000 live births) was lower than the rate for the state of California (4.0 per 1,000 live births) (Figure 8) (CDPH, 2023). However, since 2020, the infant mortality rate has increased in the County (Figure 8). In 2022, Riverside County had a provisional infant mortality rate of 4.7 per 1,000 live births, lower than the provisional national infant mortality rate from the same year (5.6 per 1,000 live births) (Ely & Driscoll, 2023) and below the Healthy People 2030 target rate of 5.0 infant deaths per 1,000 live births (USDHHS, n.d.). More specifically, Black/African American infants have the highest rates of mortality compared to any other racial group, followed by Multirace infants (Figure 9). The rise in infant mortality rates across race/ethnicity groups may be attributed to the quality of prenatal care, access to health care resources, and other social factors (Crear-Perry et al., 2021).

**Figure 8** Infant Mortality Rate per 1,000 Live Births, Riverside County (2018-2022)



**Figure 9** Infant Mortality Rates per 1,000 Live Births by Race/Ethnicity, Riverside County (2018-2022)



Note that data are not presented on this page for Native Hawaiian/Pacific Islander or American Indian/Alaska Native people due to the small number of cases observed for these populations, which can lead to distorted comparisons with other groups. The omitted data can be obtained on request for use by community members.

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