

BIRTHS

On July 1, 2005 Vermont implemented a revised birth certificate based on the 2003 revision of the U.S. Standard Certificate of Live Birth. Comparisons of Vermont rates to U.S. rates are made when possible, but for those items not comparable with the prior version of the birth certificate, comparisons will be made to rates for the 38 states and the District of Columbia, who also revised their birth certificates in 2012, or earlier. In those cases, references will be made to the “revised states”.

In 2012, 6007 babies were born to Vermont residents. This represents a decrease of 72 births from 2011. The crude birth rate in 2012 is 9.6 per 1,000 Vermont residents, a slight decrease from the 2011 rate. The U.S. birth rate for 2012 was 12.6. The Vermont birth rate peaked in 1955 at 24 per 1,000 residents; it then dropped for two decades, remained relatively stable from the late 1970's through the 1980's, slowly and steadily decreased through the 1990's, and has continued a slow decline through this decade.

FERTILITY

Although the crude birth rate is based on the total population, a better measure of birth patterns is the fertility rate which is based on the population of women ages 15 through 44, the peak child-bearing years. The 2012 Vermont fertility rate was 51.6 per 1,000 women ages 15 through 44 ([Table B-6](#)), a decrease from the 2011 rate of 51.8. The U.S. fertility rate was 63.0 in 2012. The fertility rate in Vermont peaked in 1960 at 126, declined through the 1960's and 1970's, leveled off slightly in the 1980's, steadily declined through the early 90's, and has remained fairly stable since 1995. Age-specific fertility rates have generally declined among the younger age groups (<30), and increased among the older age groups, with the largest increase among 30-34 year olds.

FIGURE 4
AGE-SPECIFIC FERTILITY RATES, SELECTED YEARS 1980-2012

AGES/ YEAR	1980	1990	2000	2010	2012
TOTAL	63.3	60.6	49.7	52.5	51.6
15 – 19	38.5	34.1	23.4	17.8	16.3
20 – 24	102.4	93.9	74.1	64.0	61.1
25 – 29	113.0	114.6	102.1	97.2	97.8
30 – 34	60.2	79.5	84.0	101.0	93.9
35 – 44	12.5	19.6	21.3	24.7	24.7

Just over half of all births (50.4 %) in 2012 were to women in their twenties ([Table B-5](#)), up slightly from 49.5 percent in 2010. Women age 30 and over accounted for 43.6 percent of births, down from 44.1 in 2010 and down from 43.9 percent in 2000. Women age 15 through 19 accounted for 6.0 percent of births, down from both 6.4 in 2010 and 8.0 percent in 2000.

BIRTH WEIGHT

The median birth weight for all resident births in 2012 was 3,418 grams (approximately 7 pounds 9 ounces). Low birth weight infants are those born weighing less than 2,500 grams (5 pounds 8 ounces). They are much more likely than heavier babies to suffer short and long term disabilities, and to die in infancy. In 2012, 6.2 percent of Vermont resident births were low birth weight ([Table B-12](#)) and 1.0 percent were very low birth

weight (less than 1,500 grams or 3 pounds 5 ounces). The U.S. low birth weight rate for 2012 was 8.0 percent.

Low birth weight rates vary by age groups ([Table B-12](#)): in Vermont, the low birth weight rate among women under age 20 was 8.8 percent, compared to 6.0 percent of births among women age 20-29, 5.8 percent of births among women age 30-39, and 9.1 percent of births to women age 40 and older.

Infant birth weight is also positively associated with maternal weight gain: mothers who do not gain adequate weight during pregnancy are more likely to deliver low birth weight infants. On the other hand, there are risks associated with gaining too much weight including delivery complications, maternal and infant obesity. Although the weight gained by 19.5 percent of Vermont mothers in 2012 fell below the range recommended by the Institute of Medicine, 49.5 percent gained above the recommended range ([Table B-23](#)). Please refer to [Appendix B](#) for further information on the guidelines.

The single most important preventable risk factor for low birth weight is smoking during pregnancy. The low birth weight rate among women who smoked cigarettes during their pregnancy was 11.5 percent compared to 5.1 percent among women who did not smoke during pregnancy ([Table B-19](#)). The rate of women who reported smoking during pregnancy in 2012 was 17.7 percent, up from 17.2 percent in 2011. Among those who smoked before pregnancy or during the first trimester, 28.4 percent quit.

PRENATAL CARE

Early, comprehensive, and high quality prenatal care is essential for a healthy pregnancy and birth. Through prenatal care, pregnant women are screened for medical conditions and counseled on nutrition, behavioral risks (such as using tobacco and alcohol), and domestic violence.

In 2012, 83.8 percent of the babies were born to mothers who began prenatal care in the first three months of pregnancy ([Table B-14](#)), an increase from 82.8 percent in 2011. In general, the percentage of women receiving first trimester prenatal care has steadily increased since 1987. Vermont's rate in 2012 was higher than the 74.1 percent experienced by mothers in the revised states in 2012.

The proportion of births in 2012 to Vermont mothers who delayed care to the third trimester or received no prenatal care was 2.2 percent, down from 2.5 in 2011. The proportion of women receiving late or no prenatal care in 2012 was 6.0 percent in the revised states. As in previous years, the age of the mother is closely associated with the time of entry to prenatal care with young women seeking care later than older women ([Table B-15](#)).

Based on the APNCU Index, in 2012, 87.3 percent of Vermont resident mothers received at least adequate prenatal care, ([Table B-25](#)). The percent of Vermont mothers who received inadequate care was 8.0. Teen mothers had the highest percent of inadequate care (13.6 percent) while mothers 30 and older had the highest percent of adequate plus intensive care (90.1 percent).

MEDICAL RISK FACTORS

Of those births with medical risk factors reported for the mother, the most common were gestational hypertension, gestational diabetes and previous pre-term births. The most common characteristics of labor and delivery were spinal anesthesia during labor, augmentation of labor, induction of labor and antibiotics received by mother during labor ([Table B-21](#)).

DELIVERIES

Of babies born in Vermont hospitals in 2012, 28.1 percent were delivered by cesarean section ([Table B-18](#)) compared to 32.7 percent for U.S. women in 2012. The primary cesarean section rate was 20.1 percent in Vermont for 2012, lower than the 23.1 percent for mothers in the revised states in 2012. Of mothers delivering in Vermont hospitals in 2012 who had a previous delivery by cesarean section, 14.8 percent had vaginal births, compared to 10.2 percent for mothers in the revised states in 2012.

VERMONT RESIDENT PREGNANCIES

The pregnancy rate is derived by adding live births, fetal deaths and abortions. The pregnancy rates presented in this report underestimate the actual number of pregnancies for two reasons. First, Vermont resident abortions and fetal deaths that occur out of state are not reported to us. Second, by statute, fetal deaths prior to 20 weeks gestation are not reportable. Since residents of some counties may be more likely to use out-of-state services, the extent of these underestimates may differ among counties.

In 2012, the pregnancy rate in Vermont was 61.7 pregnancies per 1,000 women age 15 to 44 ([Table B-31](#)), a decrease from 62.4 in 2011. Overall, the pregnancy rate peaked at 127.6 in 1960 then dropped steadily through the next four decades to a low of 58.7 in 2001 before increasing to 64.8 in 2007 and decreasing the past few years ([Table A-1](#)).

The 2012 teen pregnancy rate was 23.1 pregnancies per 1,000 women age 15 to 19 years ([Table B-31](#)), a decrease from 25.2 in 2011. In general the teen pregnancy rate has been decreasing since 1991. In 2012, the highest pregnancy rate was seen in women 25 to 29 years of age at 113.2 followed by the 30 to 34 age group at 104.8. The lowest rate was for teens.