

New reports and data files from CDC's National Center for Health Statistics provide an array of vital health statistics for research and analysis. The releases cover topics ranging from the latest birth statistics for the nation, to new profiles of the health of older Americans, to detailed data for tracking health care in various settings.

## HIGHER ORDER MULTIPLE BIRTHS DROP FOR THE FIRST TIME IN A DECADE

Triplet and other higher order multiple births (triplet/+) declined in 1999 for the first time in a decade after more than doubling from 1990 to 1998, according to the latest natality statistics in "Births: Final Data for 1999."<sup>1</sup> The report shows that 7,321 triplet/+ babies were born in 1999, down from 7,625 in 1998. The triplet/+ birth rate declined 4%, from 194 per 100,000 live births to 185 per 100,000 live births. In comparison, in 1990 there were 3,028 triplet/+ births and the rate was 73 per 100,000. An estimated two-thirds of triplet/+ births are the result of fertility-enhancing therapies. Births in triplets are more often premature and of low birth weight.

While triplet/+ births are down in the US, twin births continued to rise—from 110,670 in 1998 to 114,307 in 1999. The rate of twin births was also up 3%, from 28.1 per 1,000 live births in 1998 to 28.9 per 100,000 live births in 1999. This rate has risen more than 25% since 1990. The report is a comprehensive overview of the latest information on birth patterns, trends in birth and fertility rates, maternal health characteristics, and birth outcomes.

Other findings show:

- The birth rate for teenagers ages 15–19 declined 3% to 49.6 births per 1,000 teenaged women. This rate has fallen 20% since 1991 and is now at a record low.
- Birth rates for women in their 30s increased 2% to 3% from 1998 to 1999, and are at their highest level in more than three decades. The birth rate for women ages 40–44 also increased in 1999.
- The median age for first-time mothers increased to 24.5 years, continuing a slow but steady pattern begun in 1972.
- The birth rate for unmarried women increased slightly to 44.4 births per 1,000 unmarried women

ages 15–44. One out of every three births in the US was to an unmarried woman.

- Total births in the US increased to 3,959,417 in 1999, up less than 1% from 1998.
- Cigarette smoking during pregnancy declined in 1999, and the overall rate has fallen steadily since 1989. However, tobacco use by pregnant teens continued to increase in 1999, and the rates for women ages 20–24 rose for the first time in a decade. More than 12% of births to smokers were low birthweight babies, compared to 7.2% of births to non-smokers.
- More pregnant women are getting timely prenatal care (83.2% in 1999 compared to 82.8% in 1998), while the percentage of women with late or no care has fallen to 3.8%, down from 6.1% in 1990.
- After falling steadily from 1989 to 1996, the rate of caesarean delivery increased again in 1999, up 4% from 1998. Twenty-two percent of all births were caesarean deliveries in 1999. The rate of vaginal birth after previous caesarean delivery declined 11% from 1998 to 1999.
- Nearly 12% of all births were delivered preterm (less than 37 completed weeks of gestation). The percentage of preterm births has risen 11% since 1990.
- The percent of babies born with a low birthweight remained unchanged from 1998 to 1999 at 7.6%, but has risen 9% since 1990.

The report can be downloaded from the CDC website at <http://www.cdc.gov/nchs>.

## NEW REPORT SERIES ON OLDER AMERICANS

NCHS has developed a new series of reports to focus attention on some of the most important health issues facing today's generation of older Americans. Aging Trends, produced with support from the National Institute on Aging, uses data from a variety of sources to help monitor the health and well-being of the older population. The first four reports in this new series include *Trends in Causes of Death Among the Elderly*, *Trends in Vision and Hearing Among Older Americans*, *The Oral Health of Older Americans*, and *The Changing Profile of Nursing Home Residents: 1985–1997*.<sup>2–5</sup> Each report

identifies opportunities for prevention and further research, describes those most at risk, and points to areas where increased use of existing services and aids would be beneficial. This series of reports is available to view or download without charge from the interactive data warehouse, "Trends in Health and Aging," at [www.cdc.gov/nchs/agingact.htm](http://www.cdc.gov/nchs/agingact.htm). This website contains state and national trend data on risk factors, health status, health care utilization, mortality, and costs of care for the US population 45 years of age and over. Data on the site come from the range of CDC/NCHS data systems, the Behavioral Risk Factor Surveillance System, the Health Care Financing Administration, and the Census Bureau.

### HOSPITAL DATA FOR 1999 NOW AVAILABLE IN ELECTRONIC FILE AND SUMMARY REPORT

The most current and only nationally representative data on hospital utilization for inpatients in the United States are now available with the release of data from the 1999 National Hospital Discharge Survey from NCHS.

The National Hospital Discharge Survey (NHDS) is a large-scale, continuing survey based on a national probability sample of discharges from non-federal short-stay hospitals in the 50 states and the District of Columbia. The NHDS, conducted since 1965, is a comprehensive and timely resource for those examining patterns of hospital use in the United States.

The survey obtains data on the age, gender, and other demographic characteristics of patients discharged from the hospital; conditions diagnosed and surgical and nonsurgical procedures performed; as well as information on the hospital, such as size, ownership, and region.

Data from the NHDS have been used to study critical issues in health care in America such as: avoidable hospitalizations; effects of legislation on maternal and newborn lengths of stay; changes in inpatient care for patients with HIV; admissions for injury, hysterectomy, and heart attacks; by-pass surgery; the move of inpatient surgery to ambulatory settings; and many other areas of interest.

The 1999 NHDS data set is available at the NCHS website, <http://www.cdc.gov/nchs>. Click on "Data Warehouse" for NHDS files in ASCII format for use with SAS, SPSS, or other statistical software programs. The NHDS public use files are also available on CD-ROM and contain the analytical software package, Statistical Export and Tabulation Systems. Ordering information is also on the website. The CD-ROM for 1979-1999 will be available soon.

NCHS operates the Research Data Center (RDC) for access to variables that are not in the public use file, which utilizes specialized software to facilitate analyses while maintaining the confidentiality of NCHS data files. The RDC provides technical assistance to users. Linked files between the NHDS and the American Hospital Association's database, and with the Area Resource File—a county-based health data file—are being developed for use in the RDC.

"1999 Summary: National Hospital Discharge Survey,"<sup>6</sup> presents the latest data on national trends in hospitalization. The report shows that the number of hospital discharges stabilized during the 1990s after peaking in the early 1980s, but that the average length of a hospital stay continued to decline over the 1990s. The average length of stay for hospital inpatients was 5.0 days in 1999, down from 7.3 days in 1980.

The drop in inpatient hospitalization is attributed primarily to an increase in ambulatory or same-day surgery, made possible over the past 20 years with new surgical techniques and less invasive procedures. Treatment advances, including new drug therapies, have also contributed to fewer and shorter hospital stays as have as cost-management controls and alternative forms of health care organization and payment.

In 1980, the rate of hospitalization was 168 per 1,000 population. That rate dropped nearly 30% to 122 per 1,000 population in 1990 and was 116 per 1,000 in 1999. From 1990 to 1999, the discharge rate among 15- to 44-year-olds decreased 17% and the rate among those 45 to 64 was down 14%, but this was more than offset by an 11% increase for those 65 and older, to keep the overall rate fairly constant during the 1990s.

Women were hospitalized at a rate 45% higher than for men in 1999 (due in part to hospitalization for deliveries and other obstetric and gynecological diagnoses), but men had slightly longer hospital stays. The hospitalization rate varied widely by region, from 93 per 1,000 in the West to 133 per 1,000 in the Northeast.

Six diagnostic categories—heart disease, delivery, pneumonia, cancer, psychoses, and fractures—accounted for more than 13 million of the 32 million hospitalizations in 1999. Heart disease was the most frequent cause of hospitalization with 4.5 million discharges. Coronary atherosclerosis—a type of heart disease—accounted for more than one million discharges; the number and rate of coronary atherosclerosis diagnoses more than doubled during the 1990s. Among those older than 65, the rate more than tripled.

During 1999, more than 41 million procedures were performed on hospital inpatients. Almost three-fourths

of the procedures were in four categories: diagnostic and therapeutic procedures, obstetrical procedures, operations on the cardiovascular system, and operations on the digestive system. Men had more cardiovascular procedures (particularly arteriography and angiocardiology, cardiac catheterization, removal of coronary artery obstruction and insertion of stents) than women, while women had higher rates of digestive surgery. About one-fourth of the operations on women were obstetrical procedures.

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