# **NCHS** Dataline

New reports from the Centers for Disease Control and Prevention (CDC) National Center for Health Statistics (NCHS) present the 2004 preliminary birth data showing record highs in unmarried childbearing, cesarean deliveries, and low birthweight and preterm infants. There's a new study tracking trends in HIV testing from the National Survey of Family Growth, and the latest annual summary of visits to office-based physicians is now available.

#### PRELIMINARY 2004 BIRTH DATA

Both the number of births and the fertility rate were up slightly in 2004, according to the latest data reported to NCHS through the National Vital Statistics system based on birth records from state vital statistics offices. There were 4.1 million births in 2004, nearly 1% more than in 2003. The general fertility rate in 2004 was up slightly—66.3 live births per 1,000 women aged 15-44 years, compared to 66.1 live births per 1,000 women in 2003. Childbearing by unmarried women reached a record high of almost 1.5 million births in 2004, up 4% from 2003. More than four in five births to teenagers were among unmarried teens. More than half of births to women in their early twenties and nearly three in 10 births to women aged 25-29 years were to unmarried women. The birth rate among unmarried women of all ages increased 3% from 2003 to 2004. In 2004, 35.7% of all births were to unmarried women.

Teenage birth rates declined again in 2004, but at a much slower pace than observed since the declines started after 1991. The birth rate in 2004 for females aged 15–19 years reached an all-time low of 41.2 births per 1,000. This was 1% lower than in 2003 (41.6), and 33% lower than the teenage birth rate of 61.8 per 1,000 in 1991. Childbearing by women in their early twenties showed a decline. The birth rate for women aged 20–24 years decreased 1% to 101.8 births per 1,000 women in 2004, the lowest rate ever reported. Women aged 25–29 years had the highest U.S. birth rate of 115.5 per 1,000 births. This rate was essentially unchanged from 2003.

Births to older women continue to increase. From 2003 to 2004, the birth rate for women aged 30–34 years increased slightly (less than 1%) whereas the rate for women aged 35–39 years rose by 4%. The birth rate for women 40–44 years increased 3% to 9.0

per 1,000, and the rate for women aged 45–49 years increased in 2004 to 0.6 births per 1,000 women compared to 0.5 in 2003.

The 2004 report also shows increasing numbers of infants at risk from low birthweight and preterm delivery. Both low birthweight and preterm delivery make infants more susceptible to a wide range of health problems. Mortality rates for low birthweight infants are nearly 25 times those for infants of normal weight. For the smallest infants the risk is 100-fold. The report also tracks cesarean deliveries, which have increased again to a record high. The rate of cesarean delivery increased by 6% for 2003–2004 to 29% of all births in 2004, the highest rate ever reported in the United States. The rate, which had declined between 1989 and 1996, has risen by more than 40% since 1996 (from 21%). The primary cesarean rate rose 8% for 2003–2004, from 19.1 to 20.6. The rate of vaginal birth after cesarean delivery (VBAC) dropped 13%, down from 10.6 in 2003 to 9.2 per 100 live births to women with a previous cesarean delivery in 2004.

More than a half million infants were born preterm in 2004. This is the highest number reported since comparable national data on gestational age have been available (1981). The rate of preterm birth (the percent of infants delivered at less than 37 completed weeks) rose 2%, from 12.3% in 2003 to 12.5%, or one of every eight infants born in 2004. The preterm birth rate has risen 18% since only 1990. Overall preterm rates increased for non-Hispanic white and Hispanic births, but were not significantly changed for non-Hispanic black, American Indian or Asian/Pacific Islander births. Infants were more likely to have low birthweight (<2,500 grams) in 2004. The low birthweight rate rose to 8.1% in 2004 from 7.9% in 2003. The percentage of infants with low birthweight has climbed 16% since 1990 to the highest rate in more than 30 years. Rates of very low birthweight (<1,500 grams) and moderately low birthweight (1,500-2,499 grams) were both up for the current year. Overall low birthweight levels rose among births to non-Hispanic white and Hispanic mothers for 2003-2004; increases for non-Hispanic black, American Indian, and Asian and Pacific Islander infants were not statistically significant. The substantial increases in multiple births—at greater risk of being born preterm and low birthweight—have strongly influenced recent upswings in those rates. However, preterm and low birthweight rates have also been on the rise among babies born in single deliveries.

These findings are presented in two reports, "Preliminary Birth Data, 2004" and "Preliminary Birth Data: Maternal and Infant Health, 2004," available on the NCHS website at www.cdc.gov/nchs.

## HIV TESTING REPORT SHOWS BOTH PROGRESS AND NEED FOR TESTING

Another new report shows national estimates of HIV testing from the National Survey of Family Growth (NSFG) and two other Centers for Disease Control and Prevention surveys. The data show both marked progress since the earlier survey in 1995 and a significant number of individuals at risk of HIV who appear to need testing and counseling for HIV. The data also show the status of testing in the United States just before the 2003 CDC initiative to increase testing and counseling as part of HIV prevention efforts. The main source of the data in the report is the 2002 National Survey of Family Growth, a national survey of 12,571 men and women 15-44 years of age in the United States. The findings in this report include the most detailed and specific portrait of HIV testing in the U.S. population ever published using a national sample.

#### Highlights of findings

- The proportion of women who were tested in the year before the 1995 and 2002 surveys was quite similar (15% in 1995 and 16% in 2002), but the proportion of women who had ever been tested was only 35% in 1995, and rose sharply to 55% in 2002.
- About one-half (51%) of those 15–44 have been tested for HIV (not counting blood donations) at some time in their lives. In the 12 months before the survey, 15% (more than 18 million) had been tested.
- One significant innovation in this report is a direct, specific measure of behavioral risk of HIV. If someone reported any of several recent behaviors in the self-administered part of the survey, they were classified as "at risk of HIV." Of those at risk of HIV, 28% were tested in the last year, compared with 14% of those not at risk of HIV. Similarly, 66% of those at risk of HIV had been tested at some time in their lives. This means that about 4.8 million people (2.8 million men and 2.0 million women) at risk of HIV had never

been tested for HIV in 2002 (Tables 1–3 and Table E).

The report also covers reasons for being tested, where the test was done, receipt of HIV counseling and topics covered in the counseling. "HIV Testing in the United States, 2002" can be viewed or downloaded from the NCHS website at www.cdc.gov/nchs.

#### 2003 AMBULATORY MEDICAL CARE SURVEY

The National Ambulatory Medical Care Survey is an annual survey of office-based physicians in the United States. The survey gathers data on selected characteristics of the physician's practice, the patient, and the visit. Among the information collected are data on symptoms and diagnoses, treatments, diagnostic tests, drug prescribed or ordered, patient disposition and followup. "National Ambulatory Medical Care Survey, 2003 Summary"<sup>4</sup> reports on more than 900 million visits made to physician offices in the United States, an overall rate of 317.3 visits per 100 individuals. The survey found that the visit rate to physician offices in metropolitan statistical areas (MSAs) was significantly larger than the rate in non-MSAs. Women had a higher visit rate compared with men, and whites had higher rates than black or African-American individuals. Overall, 59.4% of visits were to physicians in the specialties of general and family practice, internal medicine, pediatrics, and obstetrics and gynecology. Primary care specialists provided 87.8% of all preventive care visits. New patients, representing 11.6% of visits in 2003, have decreased 26% since 1993 (15.6%). Utilization rates were highest for Medicare enrollees (585.0 visits per 100 individuals) and lowest for patients without insurance (106.8 visits per 100). The number of visits relying on Medicaid or the State Children's Health Insurance Program increased by 42% between 2001 and 2003. Essential hypertension, acute upper respiratory infection, arthropathies, and diabetes mellitus were the leading illness-related primary diagnoses. The percent of visits made by patients with high blood pressure readings was highest among those 45-64 years of age. On average, 2.6 medications were ordered or provided at each office visit with any mention of a medication. From 2001 to 2003, the estrogen and progestin drug mention rate for females 45 years and older declined by 45%. These findings are in the latest annual summary available on the NCHS website at www.cdc.gov/nchs.

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### REFERENCES

- 1. Hamilton BE, Ventura SJ, Martin JA, Sutton PD. Preliminary births for 2004 [cited 2005 Nov 21]. Health E-Stats, National Center for Health Statistics, 2005 Oct 28. Available from: URL: http://www.cdc.gov/nchs/products/pubs/pubd/hestats/prelim\_births/prelim\_births04.htm
- Martin JA, Hamilton BE, Menacker F, Sutton PD, Mathews TJ. Preliminary births for 2004, infant and maternal health [cited 2005 Nov 21]. Health E-Stats, National Center for Health Statistics, 2005
- Nov 15. Available from: URL: http://www.cdc.gov/nchs/products/pubs/pubd/hestats/prelimbirths04/prelimbirths04health .htm
- 3. Anderson JE, Chandra A, Mosher WD. HIV Testing in the United States, 2002 [cited 2005 Nov 21]. Advance Data No. 363, National Center for Health Statistics, 2005 Nov 8. Available from: URL: http://www.cdc.gov/nchs/data/ad/ad363.pdf
- Hing E, Cherry DK, Woodwell DA. National Ambulatory Medical Care Survey, 2003 Summary [cited 2005 Nov21]. Advance Data No. 365, National Center for Health Statistics, 2005 Oct 5. Available from: URL: http://www.cdc.gov/nchs/data/ad/ad365.pdf