MATERNAL HEALTH INNOVATIONS (MHI)

Data Snapshot

Priority Area: Substance Use

Washington State Department of HEALTH

DOH 141-242 February 2026 CS

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Maternal Health Outcomes

Indicator	Estimate (95% CI)	Years
Pregnancy-Related Deaths per 100,000 Live Births[1]		
Statewide (n=97)	15.9 (12.9, 19.4)	2014-2020
By Maternal Age		
< 25 Years (n=18)	14 (8, 21)	2014-2020
25-34 Years (n=48)	13 (10, 17)	
≥ 35 Years (n=31)	26 (18, 36)	
By Maternal Race and Ethnicity		
AIAN NH (n=7)	84 (34, 156)	2014-2020
NHPI NH (n=4)	48 (13, 106)	
Black NH (n=10)	36 (17, 61)	
Hispanic (n=21)	19 (12, 28)	
White NH (n=46)	13 (9, 17)	
By Insurance Coverage Type		
Medicaid (n=66)	28 (22, 35)	2014-2020
Private (n=24)	8 (5, 11)	
By County of Residence		
Urban County (n=82)	15 (12, 19)	2014-2020
Rural County (n=15)	23 (13, 36)	
Average Time (Days) Between End of Pregnancy and Death for Top Three Leading Causes of Pregnancy-Related Deaths[1]		
Behavioral Health (n=31, 32%)	115 days/16 weeks (range: 0-344 days)	2014-2020
Hemorrhage (n=12, 12%)	11.5 days (range: 0-124 days)	
Infection (n=9, 9%)	10.2 days (range: 0-41 days)	
Severe Maternal Morbidity per 10,000 In-Hospital Deliveries[2]		
Statewide	100	2022
By Maternal Age		
< 20 Years	86	2022
20-24 Years	86	
25-34 Years	93	
≥ 35 Years	128	
By Hospital Delivery Volume		
< 500 Deliveries	60	2022
500-1,000 Deliveries	54	
> 1,000 Deliveries	108	

Substance Use Health Factors and Outcomes

Indicator	Estimate (95% CI)	Years
Marijuana Use Before and During Pregnancy[3] (%)		
Before Pregnancy	18 (17, 20)	2020-2022
During Pregnancy	6 (5, 7)	
Use During Pregnancy by Maternal Race and Ethnicity		
AIAN NH	17 (14, 22)	2020-2022
Black NH	6 (4, 9)	
Hispanic	3 (2, 5)	
Alcohol Use Before and During Pregnancy[3] (%)		
Before Pregnancy	58 (56, 60)	2020-2022
During Pregnancy	7 (6, 8)	
Cigarette Use Before and During Pregnancy[3] (%)		
Before Pregnancy	8 (7, 10)	2020-2022
During Pregnancy	4 (3, 5)	
Causes of Behavioral Health Pregnancy-Related Deaths[1] (%)		
Suicide (n=14)	45	2014-2020
Unintentional Overdose (n=7)	23	
Substance-Use Contributed (n=10)	32	
Non-Fatal ED Visits for Any Drug among Females of Reproductive Age (15-45 Years) per 100,000 Population[4]		
Statewide (n=6,626)	403.1	2023
AIAN NH (n=263)	1,349.9	2023
Black NH (n=585)	824.8	
White NH (n=4,108)	445.9	
Hospitalizations for Any Drug among Females of Reproductive Age (15-45 years) per 100,000 Population[5]		
Statewide (n=2,272)	69.5	2022-2023
AIAN NH (n=61)	156.2	2022-2023
Black NH (n=197)	140.4	
White NH (n=1,444)	78.4	
Overdose Deaths from Any Drug among Females of Reproductive Age (15-45 years) per 100,000 Population[6]		
Statewide (n=796)	24.4	2022-2023
AIAN NH (n=53)	135.7	2022-2023
Black NH (n=67)	47.8	
White NH (n=501)	27.2	

AIAN = American Indian/Alaska Native; NHPI = Native Hawaiian/Pacific Islander; NH = Non-Hispanic; Hispanic includes all Hispanic individuals regardless of race, while the rest are non-Hispanic single race groups.

[1] WA Maternal Mortality Report 2023; [2] HCUP Fast Stats, Severe Maternal Morbidity; [3] WA PRAMS; [4] WA RHINO; [5] WA CHARS; [6] WA DOH Death Registry

Additional Considerations

- Unmet basic needs such as housing, financial stability and support systems significantly contribute to behavioral health problems.
- **Barriers to behavioral and mental health services are deep rooted and complex.** These include:
  - Lack of trust due to historical trauma
  - Systemic racism
  - Social stigma
  - Fear of child custody consequences
  - Previous negative experiences with providers
- **Transitions in insurance coverage impact continuity of care.** Changes in insurance coverage or transition to different providers lead to lack of continuity of care between prenatal and postpartum.
- **Identified needs of birthing parents:**
  - Community and parenting support during the postpartum period.
  - Access to mental and behavioral health services for common and severe postpartum mental health issues (from anxiety to PPD).
  - Patient-centered, personalized and culturally responsive behavioral health services.

Source: Unpublished raw data from Discovery Survey (2024), After Pregnancy Coverage (2024), and WA PRAMS (2020-2022).

Technical Notes and Working Definitions

Washington Maternal Mortality Review Panel (MMRP) Report

Pregnancy-related deaths: These are deaths that occur during pregnancy or within 1 year of the end of pregnancy from a pregnancy complication, a chain of events initiated by a pregnancy, or the aggravation of an unrelated condition by the physiological effects of pregnancy. This includes pregnancy-related deaths from suicide and substance use.

Pregnancy-Related Deaths per 100,000 Live Births: This is a standardized rate for comparing deaths per 100,000 live births during a specified time period. It may be within a specific geography or a specific subgroup.

Maternal Characteristics: Derived from birth certificates when possible, medical record, or death certificate. Health insurance was assessed using information available from birth certificates and medical records. Residence was classified as rural or urban using the residential ZIP code designation from the Rural-Urban Commuting Area (RUCA) system developed by the Federal Office of Rural Health Policy.

Underlying Cause of Death: Based on the World Health Organization definition of "disease or injury which initiated the chain of morbid events leading directly to death, or the circumstances of the death, or the circumstances of the accident or violence which produced the fatal injury." The underlying cause of death as determined by the MMRP based on the sequence of events that led to each death.

Behavioral Health Conditions: Deaths due to mental health conditions or substance use, including suicides, unintentional substance overdose, and related to substance use, such as infection, injury, cardiovascular conditions, or mental health conditions.

Healthcare Cost and Utilization Project (HCUP) Fast Stats, Severe Maternal Morbidity (SMM) Among In-Hospital Deliveries

SMM: In-hospital deliveries of female patients aged 12 to 55 years with a discharge record including a diagnosis or procedure indicating SMM. Lists of diagnosis and procedure codes available upon request.

Denominator Population: In-hospital deliveries of patients treated in community hospitals in Washington, which are short-term, non-Federal, general, and other hospitals. Excludes hospital units of other institutions (e.g. prisons) or

community hospitals that are also long-term care facilities such as rehabilitation, psychiatric, and alcoholism and chemical dependency hospitals. Includes deliveries at Washington facilities of both Washington residents and residents of other states but does not include deliveries of Washington residents at out-of-state facilities.

Rate per 10,000 In-Hospital Deliveries: Number of in-hospital deliveries with SMM in the numerator and the total number of in-hospital deliveries in the denominator with a multiplier of 10,000. The denominator is consistently defined with the numerator.

Age: Age of the patient at admission. Discharges with no age listed are excluded from results reported by age.

Hospital Delivery Volume: In-hospital deliveries are categorized based on the annual hospital delivery volume: hospitals with fewer than 500 deliveries per year, hospitals with 500 to 1,000 deliveries per year, and hospitals with greater than 1,000 deliveries per year.

Pregnancy Risk Assessment Monitoring System (PRAMS)

Self-reported data collected from people in Washington who had a live birth in the state in 2020–2022:

Marijuana, Alcohol, or Cigarette Use Before Pregnancy: Reported using marijuana, alcohol, or tobacco in the 12 months before pregnancy.

Marijuana, Alcohol, or Cigarette Use During Pregnancy: Reported using marijuana, alcohol, or tobacco during the pregnancy.

Opioid and Drug Use Data Dashboard

Rate of Non-Fatal ED Visits for Any Drug among Females of Reproductive Age: Non-fatal ED visits of females aged 15 to 45 years related to suspected drug overdose events, per 100,000 population. These suspected drug overdose events are not clinically or lab confirmed. This data is visit-based rather than case-based, meaning if an individual seeks care multiple times they will be counted multiple times.

Rate of Hospitalizations for Any Drug among Females of Reproductive Age: The number of non-fatal overdose hospitalizations of females aged 15 to 45, regardless of intent or type of substance, per 100,000 population. This data is hospitalization-based rather than case-based, meaning if an individual is hospitalized multiple times they will be counted multiple times.

Rate of Overdose Deaths from Any Drug among Females of Reproductive Age: The number of drug overdose deaths caused by acute poisonings among females aged 15 to 45, regardless of intent or type of substance, per 100,000 population. Excludes deaths due to chronic drug use, alcohol, and tobacco.

1. Washington State Maternal Mortality Review Panel: Maternal Deaths 2017- 2020, RCW 70.54.450, February 2023, https://doh.wa.gov/sites/default/ files/2023-02/141-070-MaternalMortalityReviewPanelReport-2023.pdf
2. HCUP Fast Stats, Severe Maternal Morbidity (SMM) Among In-Hospital Deliveries, HCUP State Inpatient Databases, Accessed January 2025, https://datatools.ahrq.gov/hcup-fast-stats?tab=special-emphasis&- dash=92
3. Washington Pregnancy Risk Assessment Monitoring System (PRAMS), Phase 8, More Information Available: https://doh.wa.gov/data-statistical-reports/health-behaviors/pregnancy-risk-assessment-monitoring-system
4. ED Visits, Unpublished Data from Rapid Health Information NetwOrk (RHINO), Washington State Department of Health
5. Hospitalizations, Unpublished Data from Comprehensive Hospital Abstract Reporting System (CHARS), Washington State Department of Health
6. Overdose Deaths, Unpublished Death Certificate Data, Washington State Department of Health Death Registry

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