MATERNAL HEALTH INNOVATIONS (MHI)

Data Snapshot

Priority Area: Mental Health

Washington State Department of HEALTH

DOH 141-244 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	

Mental Health Factors

Indicator	Estimate (95% CI)	Years
Pre-Pregnancy Health Care Visit for Anxiety/Depression[3] (%)		
Statewide	17 (15, 19)	2020-2022
AIAN NH	22 (17, 29)	2020-2022
Asian NH	7 (4,10)	
Three or More Stressors in 12 Months Before Delivery[3] (%)		
Statewide	25 (23, 27)	2020-2022
AIAN NH	45 (40, 50)	2020-2022
NHPI NH	44 (29, 61)	
< 25 Years	38 (33, 43)	2020-2022
25-34 Years	24 (21, 26)	
≥ 35 Years	19 (16, 22)	
Discrimination in 12 Months Before Delivery[3] (%)		
Statewide	16 (15, 18)	2020-2022
AIAN NH	28 (23, 33)	2020-2022
Black NH	28 (24, 32)	
Experienced Abuse or Violence During Pregnancy[3] (%)		
Statewide	4 (3, 5)	2020-2022
AIAN NH	9 (7, 13)	2020-2022
Black NH	6 (4, 8)	
< 25 Years	9 (7, 13)	2020-2022
25-34 Years	3 (2, 4)	
≥ 35 Years	3 (2, 5)	
Depression During Pregnancy[3] (%)		
Statewide	16 (15, 18)	2020-2022
AIAN NH	26 (22, 31)	2020-2022
Asian NH	9 (6, 12)	
Postpartum Depression[3] (%)		
Statewide	12 (11, 13)	2020-2022
Black NH	18 (14, 22)	2020-2022
AIAN NH	18 (15, 23)	
Postpartum Health Care Visit[3] (%)		
Statewide	91 (90, 93)	2020-2022
Asian NH	96 (94, 97)	2020-2022
NHPI NH	84 (69, 92)	
AIAN NH	83 (78, 86)	

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

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 the standardized rate for comparing deaths per 100,000 live births during a specified time period. It may be for 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:

Pre-Pregnancy Health Care Visit for Depression or Anxiety: Reported health care visits with a doctor, nurse, or mental health worker in the 12 months before pregnancy for depression or anxiety.

Three or more stressors in 12 Months Before Delivery: Reported experience of at least 3 of the following life events:

- Sick family member
- Separation or divorce
- Recently moved
- Death of someone very close
- Experiencing homelessness
- Self, husband, or partner lost job
- Self, husband, or partner had work hours cut or pay reduced
- Apart from husband or partner due to military service or work
- More than usual arguments with husband or partner
- Husband or partner didn't want pregnancy
- Difficulty paying rent, mortgage, or other bills
- Someone very close had problem with drinking or drugs

Discrimination in the 12 Months before Delivery: Reported experiencing any discrimination, harassment, or being made to feel inferior in the year prior before delivery because of race, ethnicity or culture, insurance or Medicaid status, weight, marital status, or any other reason.

Abuse or Violence During Pregnancy: Reported experiencing any of the following from a current or former husband or partner:

- Being physically hurt (pushed, hit, slapped, kicked, choked, or physically hurt in another way)
- Being threatened or made to feel unsafe
- Feeling frightened for own or family's safety because of anger or threats
- Having daily activities controlled
- Being forced to take part in sexual activity when they didn't want to

Depression During Pregnancy: Reported having depression during most recent pregnancy.

Postpartum Depression: Reported feeling down, depressed, or hopeless or having little interest or little pleasure in doing things they usually enjoy.

Postpartum Health Care Visit: Reported postpartum checkup since birth of the new baby.

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

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