MATERNAL HEALTH INNOVATIONS (MHI)

Data Snapshot

Priority Area: Obstetric Care Quality

Washington State Department of HEALTH

DOH 141-246 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		
≥ 35 Years (n=31)	26 (18, 36)	2014-2020
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)	
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
>1,000 Deliveries	108	
Preterm Birth (<37 Weeks Gestation)[3] (%)		
Statewide	9	2022-2023
AIAN NH	14	2022-2023
NHPI NH	11	
Black NH	10	
≥ 35 Years	10	
Low Birthweight (<2,500 g or 5 lb. 8 oz.)[3] (%)		
Statewide	7	2022-2023
Black NH	10	2022-2023
Asian NH	9	
AIAN NH	9	

Obstetric Care Health Factors and Outcomes

Indicator	Estimate (95% CI)	Years
Inadequate or No Prenatal Care[3] (%)		
Statewide	15	2022-2023
NHPI NH	39	2022-2023
AIAN NH	28	
Black NH	20	
Hispanic	18	
White NH	13	
Asian NH	12	
Pre-Existing or Gestational Diabetes[3] (%)		
Statewide	13	2022-2023
< 25 Years	6	2022-2023
25-34 Years	13	
≥ 35 Years	19	
Asian NH	23	2022-2023
NHPI NH	17	
Hispanic	14	
Pre-Existing or Gestational Hypertension[3] (%)		
Statewide	13	2022-2023
Black NH	15	2022-2023
NHPI NH	15	
AIAN NH	15	
Cesarean Section among All Births[3] (%)		
Statewide	30	2022-2023
Cesarean Section among Low-Risk Births[3] (%)		
Statewide	28	2022-2023
< 25 Years	19	2022-2023
25-34 Years	29	
≥ 35 Years	42	
Asian NH	36	2022-2023
White NH	34	
NHPI NH	23	
Attendant Title[3] (%)		
MD/DO	81	2022-2023
CNM/ARNP	14	
LM	4	

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. MD = Medical Doctor; DO = Doctor of Osteopathic Medicine; CNM = Certified Nurse Midwife; ARNP = Advanced Registered Nurse Practitioner; LM = Licensed Midwife.

[1] WA Maternal Mortality Report 2023; [2] HCUP Fast Stats, Severe Maternal Morbidity

Additional Considerations

- **Birthing people often feel that perinatal care is focused on the baby rather than on themselves.** They want obstetric care that prioritizes not only their baby's health needs but also their own.
- **Lack of autonomy during prenatal, delivery, and postpartum care is a major concern.** Birthing people report more positive experiences when providers build relationships based on trust, respect, and shared decision-making.
- **Prenatal care feels supportive when it includes adequate time, respect, and clear information.** Pregnant individuals feel more satisfied when they feel that providers take their concerns seriously and inform them of their options. They feel dissatisfied when care is rushed, judgmental, discriminatory, or lacks helpful resources.
- **Informed choice matters during labor and delivery.** Birthing people report negative experiences when they are not fully informed, feel pressured into decisions like inductions or cesarean births, or are not supported in their health-related preferences.
- **Postpartum care often falls short.** New parents describe negative experiences when they are not heard, judged, or experience significant pressure about making infant care decisions like feeding choices. They also report needing more support for mental health, primary care, and basic needs.

Source: Unpublished raw data from Discovery Survey (2024), After Pregnancy Coverage (2024), and WA PRAMS (2018-2022).

Technical Notes and Working Definitions

Washington Maternal Mortality Review Panel (MMRP) Report

Pregnancy-related deaths: These are deaths that occur during pregnancy or within one 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.

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.

Washington Birth Certificate Data

Denominator Population: Certificates from all in-state births to people living in Washington in 2022–2023 (n=161,162).

Inadequate or No Prenatal Care: Using the Kotelchuck Index of Prenatal Care Adequacy[4-5], inadequate prenatal care is defined as having less than 50% of the recommended visits for a particular gestational age or prenatal care that began after the fourth month of pregnancy. This category also includes births where no prenatal care was received. Information on prenatal care was missing for 18% of in-state births to Washingtonians in 2022–2023. High levels of missing data can lead to incorrect conclusions, especially if some birthing individuals are more likely to have missing prenatal care data than others. Findings may not represent the prenatal care experience of all birthing people in Washington and should be used carefully.

Pre-existing or Gestational Diabetes: Births with pre-existing diabetes or gestational diabetes indicated on the birth certificate.

Pre-existing or Gestational Hypertension: Births with pre-existing hypertension or gestational hypertension — pregnancy-induced hypertension and preeclampsia — indicated on the birth certificate.

Low Risk Births: Nulliparous, Term, Singleton, Vertex (NTSV) births to low-risk, first-time birthing parents delivering a single baby in a head-down position at term.

Preterm Birth: Births of infants before 37 completed weeks of gestation.

Low Birthweight: Births of infants weighing less than 2,500 grams or 5 pounds, 8 ounces at delivery.

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. Births Certificate Data, Washington State Department of Health
4. https://www.cdph.ca.gov/Programs/CFH/DMCAH/surveillance/CDPH%20Document%20Library/Data-Dashboards/About-the-Data-Prenatal-Care.pdf
5. https://www-doh.nj.gov/doh-shad/query/Kotelchuck.html#:~:text=The%20Kotelchuck%20Index%2C%20also%20called,until%20delivery%20(received%20services).

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