MATERNAL HEALTH INNOVATIONS (MHI)

Data Snapshot

Priority Area: Community-Based Perinatal Care & Support

Washington State Department of HEALTH

DOH 141-248 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 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 Expected Payer		
Medicaid and Medicare	106	2022
Private Insurance	98	

Maternal Health Factors

Indicator	Estimate (95% CI)	Years
Pregnancy Was Intended[3] (%)		
Statewide	69 (67, 70)	2020–2022
AIAN NH	48 (43, 53)	2020–2022
NHPI NH	47 (31, 63)	
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
< 25 Years	9 (7, 13)	2020–2022
25-34 Years	3 (2, 4)	
≥ 35 Years	3 (2, 5)	
Loss of Insurance After Pregnancy[3] (%)		
Statewide	9 (8, 10)	2020–2022
Hispanic	27 (24, 31)	2020–2022
Black NH	9 (6, 12)	
Stopped Breastfeeding Because They Thought They Weren't Producing Enough Milk or Milk Had Dried Up[3] (%)		
Statewide	57 (53, 61)	2020–2022
AIAN NH	68 (60, 76)	2020–2022
Asian NH	67 (58, 75)	
Stopped Breastfeeding Because They Had Too Many Other Household Duties[3] (%)		
Statewide	19 (16, 22)	2020–2022
Black NH	26 (20, 33)	2020–2022
AIAN NH	26 (19, 34)	
Infant Most Often Laid on Back to Sleep[3] (%)		
Statewide	84 (83, 86)	2020–2022
Black NH	72 (68, 76)	2020–2022
NHPI NH	55 (39, 70)	
Infant Laid in Own Bed or Crib to Sleep Always or Often[3] (%)		
Statewide	74 (72, 76)	2020–2022
Black NH	62 (58, 66)	2020–2022
NHPI NH	61 (45, 76)	

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

- It is important to note that community-based care is an effective approach to improving the outcomes and measures included in this snapshot.
- **Unmet basic needs have negative health impacts.** When birthing people experience challenges like affordable housing, food security, or transportation, their health during the perinatal period is negatively affected.
- **Connecting to services is stressful.** Services during pregnancy and the postpartum period are often confusing and hard to navigate – especially for people in communities with the fewest resources.
- **Support from others is important.** Peer groups, shared experiences, and a sense of community are critical for birthing people and their partners. These opportunities help people learn from others and feel less isolated.
- **Need for clear health information.** Birthing people need tailored, culturally-relevant information about perinatal and infant health, particularly during the postpartum period.
- **Community-based care builds confidence.** Support from doulas, lactation consultants, and other trusted birth workers helps people feel empowered, and better equipped to care for themselves and their babies.

Source: Unpublished raw qualitative data from Discovery Survey (2024), After Pregnancy Coverage (2024), Birth Equity Project (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 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.

Expected Payer: Type of insurance the hospital expects to pay for in-hospital deliveries. Most deliveries are covered by Medicaid and private insurance. Medicare covers fewer than 1% of in-hospital deliveries.

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:

Pregnancy Was Intended: Reported wanting to become pregnant when they did or earlier.

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

Loss of Insurance After Pregnancy: Reported having at least 1 source of health insurance during their pregnancy, but no sources at the time of interview.

Abuse or Violence During Pregnancy: Reported experience of 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 don't want to

Top Reasons Parents Stopped Breastfeeding: Reasons given for stopping breastfeeding among people who had ever breastfed or fed human milk but were no longer doing so, or whose current feeding status was unknown at the time of interview.

Infant Most Often Laid on Back to Sleep: Reported most often laying baby to sleep on their back. This does not include parents reporting they also lay their baby to sleep on their side, stomach, or on their back.

Infant Slept in Own Bed or Crib Always or Often: Parents who said their baby always, almost always, or often slept alone in their own crib or bed in the past 2 weeks. It does not include parents who said their baby sometimes or rarely slept in their own bed or crib.

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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