MATERNAL HEALTH INNOVATIONS (MHI)

Data Snapshot Companion

Priority Area: Community-Based Perinatal Care & Support

Washington State Department of HEALTH

DOH 141-249 February 2026 CS

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Information About the Data Snapshots

The Maternal Health Innovation (MHI) Data Snapshots (DS) are designed to help each priority area workgroup focus attention on their specific main issues. Each snapshot offers a compact, updated summary of the current data for their respective MHI priority area: Substance Use and Mental Health, Obstetric Care Quality, Rural Access to Care, and Community-Based Perinatal Care and Support.

This companion document focuses on the **Community-Based Perinatal Care and Support Priority Area** and provides additional context and expanded definitions to support the priority area's actionable insights for decision-making and strategy development. It is important to note that community-based care is an effective approach to improving the outcomes and measures included in this snapshot.

We grouped the data points into 3 categories for each MHI priority area:

- Maternal health outcomes
- Maternal health factors
- Additional considerations (qualitative data)

The DS tables reflect the most recent data available by March 31, 2025. Due to space limitations, they only include categories with notable values or those representing the range of values across groups. A complete list of available categories for each data point — along with additional indicators, is included in this companion document.

How Can I Use These Data Snapshots?

This companion document can support your project planning, evaluation, and decision-making. Here are some ways to apply the information:

- **Identify key outcomes and factors.**

  Review the data snapshots to find the maternal health outcomes and maternal health factors most relevant to your priority area work.
  - What initial insights do the data points offer?
  - Which indicators provide new information or confirm what you already know?

- **Tailor priority area project activities.**

  Use the data to shape your project activities.
  - Should some of your workgroup project activities focus on specific subpopulations?

- **Define evaluation and monitoring measures.**

  Discuss with your team if these data points can be adapted to measure progress on your priority area workgroup projects.
  - Is there any data not included in the DS that you would like access to?
  - If yes, consider whether your group project should include additional data collection activities.

Working Definitions

Race and Ethnicity Categories

The DS uses the following race and ethnicity categories:

- Hispanic: Anyone with Hispanic or Latino ethnicity, regardless of race
- Non-Hispanic (NH) single-race: Individuals who identify as one race. For example, AIAN means single-race NH American Indian/Alaska Native individuals, and NHPI means single-race NH Native Hawaiian/Pacific Islander.
- Non-Hispanic multiple races: Individuals reporting 2 or more races.

Significant Difference

When interpreting DS data points, we use the term **significant difference** to refer to statistically notable differences between groups.

To determine whether the differences between groups are meaningful or due to chance, we used both confidence intervals (CI)[1] and p-values[2] (1,2). Here's how we assessed the differences:

- Two-group comparisons: A difference is considered significant if the CIs of the comparison groups do not overlap. This suggests the two groups likely differ with a certain level of confidence (e.g., 95%).
- Multiple-group comparisons: In a statistical test comparing multiple groups, we considered differences between groups significant when the p-value associated with that test was below .05 ($p < .05$).

Important Note: We recognize that public health practice and policy decisions shouldn't solely be based on p-value thresholds or CI overlaps.

Desired Direction: Each indicator has a "desired direction" toward improvement and positive outcomes:

- Increase = Higher is better
- Decrease = Lower is better
- Neutral = Neither direction is better.

For example, a decrease is the desired direction for smoking during pregnancy meaning a lower percentage of this indicator would be considered an improvement.

[1] A CI provides an interval estimate or range of values that acknowledge the uncertainty of the single number point estimate, particularly one that is based on a sample of the population

[2] A p-value is the probability under a specified statistical model that a statistical summary of the data (e.g., the sample mean difference between two compared groups) would be equal to or more extreme than its observed value

Narrative Overview of Each Indicator

This section provides a narrative overview of all the indicators included in the DS tables, along with other related indicators. For each indicator, you will find:

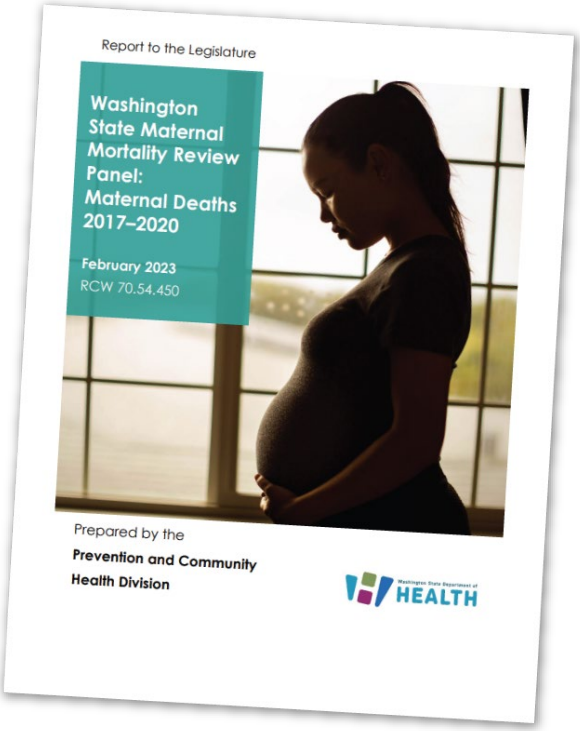
- Indicator name
- Year the data was obtained
- If appropriate, the desired indicator direction
- Indicator definition
- Original data source with a summary table or figure

The definitions reflect those used by the original data source and can also be found below the DS tables.

Maternal Health Outcomes

Pregnancy-Related Deaths (2014–2020) – Lower Rates are Desirable

Pregnancy-related deaths per 100,000 live births refer to 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, as determined by the Washington Maternal Mortality Review Panel (MMRP) (3).



The table on the following page illustrates pregnancy-related deaths included in the 2023 WA MMRP Report (3). The table presents both frequencies and rates. Frequency, the total number of deaths in each subgroup, shows the magnitude of deaths. Rates, the number of deaths per 100,00 live births, highlight differences in outcomes across subgroups.

Table 1. Pregnancy-Related Deaths by Maternal Age, Race and Ethnicity, Coverage Type and County of Residence (2014–2020, Washington)

Maternal Mortality	Rate per 100,000	95% Confidence Interval
Statewide (n=97)	15.9	(12.9, 19.4)
*By Maternal Age**		
<25 Years (n=18)	14	(8, 21)
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)
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)
Private (n=24)	8	(5, 11)
By County of Residence		
Urban County (n=82)	15	(12, 19)
Rural County (n=15)	23	(13, 36)

Data Source: Washington State MMRP: Maternal Deaths 2014–2020

* = differences between certain categories of this indicator were statistically significant based on non-overlapping Confidence Intervals (CI)

Leading Causes of Pregnancy-Related Death with Average Time Between End of Pregnancy and Death (2014–2020)

The underlying cause of death refers to the disease or injury that initiated the chain of events leading to death or the circumstances of the accident or violence which produced the fatal injury. The deaths include those occurring during pregnancy or up to a year after the end of pregnancy.

Table 2 illustrates the average time between the end of pregnancy and death for the top 3 leading causes of 2014–2020 pregnancy-related deaths from the 2023 WA MMRP Report (3).

Table 2. Leading Causes of Pregnancy-Related Deaths and Average Time Between End of Pregnancy and Death (2014–2020 in Washington)

Cause of Pregnancy-Related Death	Number (Percent of Total)	Average Time (Range)
Behavioral Health	n=31 (32%)	115.4 days/16 weeks (0-344 days)
Hemorrhage	n=12 (12%)	11.5 days (0-124 days)
Infection	n=9 (9%)	10.2 days (0-41 days)

Data Source: Washington State MMRP: Maternal Deaths 2014–2020

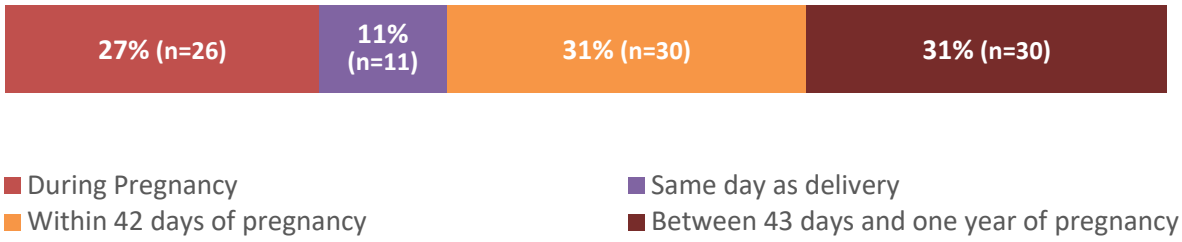
Notes on Leading Causes (Pregnancy-Related Deaths):

- Behavioral health conditions include mental health conditions and substance use. These deaths may involve suicides, unintentional substance overdose, and other non-overdose deaths related to substance use, such as infection, injury, cardiovascular conditions, or mental health conditions.
- Hemorrhage deaths include cervical laceration, ectopic pregnancy, uterine rupture, falling, and other non-specified hemorrhage.
- Infection deaths include COVID-19, sepsis due to infections of the amniotic sac and membranes, and sepsis due to an unknown cause.

Average Time Between Pregnancy and Death for Pregnancy-Related Deaths (2014–2020)

- More than one-quarter (27%) of the pregnancy-related deaths in 2014 to 2020 occurred during pregnancy.
- 11% occurred within 24 hours of delivery.
- Almost one-third (31%) of pregnancy-related deaths occurred within 42 days after the end of pregnancy.
- 31% occurred beyond 43 days after the end of pregnancy (3).

Figure 1. Average time between Pregnancy and Pregnancy-Related Death for Pregnancy-Related Deaths (2014–2020 in Washington) (n=97)



Data Source: Washington State Maternal Mortality Review Panel (MMRP): Maternal Deaths 2014-2020

Severe Maternal Morbidity (2022) – Lower Rates are Desirable

Severe Maternal Morbidity (SMM) is defined as unexpected outcomes of labor and delivery that can result in significant short- and long-term health consequences (4).

SMM events are identified as in-hospital deliveries of female patients aged 12–55 years with a diagnosis or procedure indicating SMM documented in their discharge record. This indicator includes SMM by maternal age, maternal race and ethnicity, hospital delivery volume, and expected payer. Hospital delivery volume is the number of deliveries at an individual facility each year. Expected payer is the type of payer that the hospital expects to be the source of payment for the hospital bill.

SMM deliveries are identified among all in-hospital deliveries of patients treated in community hospitals in Washington[3]. The data includes deliveries of both people living in Washington state and people living outside of Washington who gave birth at Washington facilities (5).

From 2016 to 2022, the overall rate of SMM in the U.S. **increased from 72 to 93.1 per 10,000 in-hospital deliveries.** In the same period, the SMM rates increased in WA from 58.3 in 2016 to 100.0 in 2022.

[3] Community hospitals include short-term, non-Federal, general, and other hospitals excluding hospital units of other institutions (e.g. prisons) or community hospitals that are also long-term care facilities.

Table 3. SMM Rates per 10,000 In-Hospital Deliveries (2022, Washington)

SMM	Rate per 10,000
Statewide	100.0
By Maternal Age	
< 20 Years	86.1
20-24 Years	86.4
25-34 Years	92.6
≥ 35 Years	128.3
By Maternal Race and Ethnicity†	
Black NH	170.1
Hispanic	105.8
White NH	86.8
Other, NH‡	132.1
By Hospital Delivery Volume	
<500 Deliveries	60.4
500-1,000 Deliveries	54.1
>1,000 Deliveries	108.0
By Expected Payer	
Medicaid and Medicare§	105.5
Private Insurance	98.0

Data Source: HCUP Fast Stats, Severe Maternal Morbidity (SMM) Among In-Hospital Deliveries in WA; †SMM rate by maternal race and ethnicity is from 2021; ‡The non-Hispanic Other category includes Asian or Pacific Islander, American Indian/Alaska Native, and other non-Hispanic race identified as "other". Discharges missing race/ethnicity are excluded from results reported by race/ethnicity. §On average, Medicare represents fewer than 1% of in-hospital deliveries.

Maternal Health Outcomes

Pregnancy Risk Assessment Monitoring System (2020–2022)

The Pregnancy Risk Assessment Monitoring System (PRAMS) is a survey of new birthing parents in Washington. It collects information about their experiences before, during, and after pregnancy. PRAMS is conducted by WA State Department of Health and the Centers for Disease Control and Prevention (CDC).

The PRAMS data below is the percentage of people living in Washington who had a live in-state birth between 2020 and 2022 (6).

Pregnancy Was Intended – Higher Percentages are Desirable

This is the percentage of all Washington residents with a live birth in Washington between 2020–2022 who reported wanting to become pregnant when they did, or earlier (6).

Table 4. Pregnancy Was Intended (2020–2022, Washington)

Pregnancy Was Intended	Percent	95% Confidence Interval
Statewide	69%	(67%, 70%)
*By Maternal Race and Ethnicity**		
Asian NH	73%	(69%, 77%)
White NH	73%	(70%, 75%)
Multiracial NH	63%	(55%, 70%)
Hispanic	61%	(57%, 65%)
Black NH	54%	(49%, 58%)
AIAN NH	48%	(43%, 53%)
NHPI NH	47%	(31%, 63%)
*By Maternal Age**		
< 20 Years	27%	(18%, 40%)
20-24 Years	53%	(47%, 59%)
25-29 Years	69%	(65%, 72%)
30-34 Years	74%	(71%, 77%)
35-39 Years	74%	(70%, 78%)
≥ 40 Years	78%	(70%, 84%)

Data Source: WA PRAMS (2020–2022); * = differences between categories were significant (p<.05).

Discrimination in the 12 Months Before Delivery – Lower Percentages are Desirable

This is the percentage of all Washington residents with a live birth in Washington between 2020–2022 who reported experiencing discrimination for any reason in the year before delivery (6).

PRAMS survey participants are asked if they experienced any discrimination, harassment, or were made to feel inferior because of race, ethnicity or culture, insurance or Medicaid status, weight, marital status, or any other reason in the 12 months before delivery.

Table 5. Experienced Discrimination Before Delivery (2020–2022, Washington)

Discrimination in 12 Months Before Delivery	Percent	95% Confidence Interval
Statewide	16%	(15%, 18%)
*By Maternal Race and Ethnicity**		
Multiracial NH	35%	(26%, 44%)
Black NH	28%	(24%, 32%)
AIAN NH	28%	(23%, 33%)
Hispanic	17%	(14%, 20%)
White NH	13%	(11%, 16%)
Asian NH	12%	(9%, 15%)
NHPI NH	Not Available	
By Maternal Age		
< 20 Years	25%[NR]	(15%, 40%)
20-24 Years	19%	(15%, 25%)
25-29 Years	18%	(15%, 22%)
30-34 Years	15%	(12%, 18%)
35-39 Years	14%	(11%, 18%)
≥ 40 Years	12%[NR]	(7%, 21%)

Data Source: WA PRAMS (2020–2022); * = differences between categories were significant (p<.05).

Not Available = Relative Standard Error (RSE) is over 30%; estimates are excluded due to unreliability.

NR (Not Reliable) = Relative Standard Error (RSE) is between 25–30%; estimates may be unreliable and should be interpreted with caution.

Experienced Abuse or Violence During Pregnancy – Lower Percentages are Desirable

This is the percentage of all Washington residents with a live birth in Washington between 2020 and 2022 who reported experiencing abuse or violence from a former or current husband or partner during pregnancy (6).

Participants were asked if a current husband or partner, ex-husband, or ex-partner had hurt, threatened, or made them feel unsafe during pregnancy. Specifically, they were asked if they had been pushed, hit, slapped, kicked, choked, or physically hurt in another way. The survey also asked if they had experienced anger or threats, had their daily activities controlled, or had been forced to take part in sexual activity when they didn't want to.

Table 6. Experienced Abuse or Violence During Pregnancy (2020–2022, Washington)

Experienced Abuse or Violence During Pregnancy	Percent	95% Confidence Interval
Statewide	4%	(3%, 5%)
By Maternal Race and Ethnicity		
AIAN NH	9%	(7%, 13%)
Black NH	6%	(4%, 8%)
Multiracial NH	5%	(3%, 8%)
White NH	4%	(3%, 5%)
Hispanic	4%	(3%, 6%)
Asian NH	Not Available	
NHPI NH	Not Available	
*By Maternal Age**		
< 25 Years	9%	(7%, 13%)
25-34 Years	3%	(2%, 4%)
≥ 35 Years	3%	(2%, 5%)

Data Source: WA PRAMS (2020–2022); * = differences between categories were significant (p<.05).

Not Available = Relative Standard Error (RSE) is over 30%; estimates are excluded due to unreliability.

Loss of Insurance Between Pregnancy and Postpartum – Lower Percentages are Desirable

This is the percentage of all Washington residents with a live birth in Washington between 2020–2022 who reported having at least 1 source of health insurance during their pregnancy but not having health insurance at the time of interview (6).

Table 7. Loss of Insurance After Pregnancy (2020–2022, Washington)

Loss of Insurance After Pregnancy	Percent	95% Confidence Interval
Statewide	9%	(8%, 10%)
*By Maternal Race and Ethnicity**		
Hispanic	27%	(24%, 31%)
Black NH	9%	(6%, 12%)
AIAN NH	4%[NR]	(2%, 7%)
Asian NH	4%[NR]	(2%, 6%)
White NH	3%	(2%, 5%)
Multiracial NH	Not Available	
NHPI NH	Not Available	
By Maternal Age		
< 20 Years	Not Available	
20-24 Years	11%	(8%, 15%)
25-29 Years	10%	(8%, 13%)
30-34 Years	7%	(5%, 8%)
35-39 Years	8%	(6%, 11%)
≥ 40 Years	10%[NR]	(6%, 16%)

Data Source: WA PRAMS (2020-2022); * = differences between categories were significant (p<.05).

Not Available = Relative Standard Error (RSE) is over 30%; estimates are excluded due to unreliability.

NR (Not Reliable) = Relative Standard Error (RSE) is between 25-30%; estimates may be unreliable and should be interpreted with caution.

Breastfeeding 8 Weeks or Longer – Higher Percentages are Desirable

This is the percentage of all Washington residents with a live birth in Washington between 2020–2022 who reported any breastfeeding (exclusively or not) at 8 weeks postpartum (6).

Table 8. Breastfeeding 8 Weeks or Longer (2020–2022, Washington)

Breastfeeding 8 Weeks or Longer	Percent	95% Confidence Interval
Statewide	82%	(81%, 84%)
*By Maternal Race and Ethnicity**		
Asian NH	90%	(87%, 93%)
Black NH	83%	(80%, 86%)
White NH	82%	(80%, 85%)
Multiracial NH	82%	(74%, 87%)
Hispanic	79%	(75%, 82%)
AIAN NH	78%	(73%, 83%)
NHPI NH	77%	(61%, 87%)
*By Maternal Age**		
< 20 Years	54%	(41%, 66%)
20-24 Years	77%	(72%, 82%)
25-29 Years	82%	(79%, 85%)
30-34 Years	85%	(82%, 87%)
35-39 Years	86%	(83%, 89%)
≥ 40 Years	86%	(79%, 91%)

Data Source: WA PRAMS (2020–2022); * = differences between categories were significant (p<.05).

Top Reasons why Parents Stopped Breastfeeding – Lower Percentages are Desirable

The most common reasons people in Washington who gave birth in the state between 2020 and 2022 stopped breastfeeding. The responses came from people who had breastfed or given human milk but were no longer doing so, or whose current feeding status was unknown at the time of the survey (6).

Table 9. Reasons Why Parents Stopped Breastfeeding (2020–2022, Washington)

Reasons Why Parents Stopped Breastfeeding	Percent	95% Confidence Interval
I thought I was not producing enough milk, or my milk dried up	57%	(53%, 61%)
Breast milk alone did not satisfy my baby	40%	(36%, 44%)
My baby had difficulty latching or nursing	37%	(34%, 41%)
I thought my baby was not gaining enough weight	20%	(17%, 23%)
My nipples were sore, cracked, or bleeding or it was too painful	19%	(16%, 22%)
I had too many other household duties	19%	(16%, 22%)

Data Source: WA PRAMS (2020–2022)

Stopped Breastfeeding Due to Perceptions of or Not Producing Enough Milk

This is the percentage of Washington residents with a live in-state birth in Washington between 2020 and 2022 who reported they stopped breastfeeding because they believed they were not producing enough milk or their milk dried up (6).

Table 10. Stopped Breastfeeding Due to Perceptions of or Not Producing Enough (2020–2022, Washington)

Stopped Breastfeeding Due to Milk Production	Percent	95% Confidence Interval
Statewide	57%	(53%, 61%)
*By Maternal Race and Ethnicity**		
Multiracial NH	76%	(64%, 86%)
AIAN NH	68%	(60%, 76%)
Asian NH	67%	(58%, 75%)
Hispanic	63%	(56%, 69%)
Black NH	55%	(47%, 62%)
White NH	52%	(45%, 58%)
NHPI NH	Not Available	

Data Source: WA PRAMS (2020–2022); * = differences between categories were significant (p <.05).

Not Available = Relative Standard Error (RSE) is over 30%; estimates are excluded due to unreliability.

Stopped Breastfeeding Due to Too Many Household Duties

This is the percentage of Washington residents who gave birth in Washington between 2020 and 2022 and stopped breastfeeding or giving human milk because they had too many household duties (6).

Table 11. Stopped Breastfeeding Due to Too Many Household Duties (2020–2022, Washington)

Stopped Breastfeeding Due to Other Duties	Percent	95% Confidence Interval
Statewide	19%	(16%, 22%)
*By Maternal Race and Ethnicity**		
Black NH	26%	(20%, 33%)
AIAN NH	26%	(19%, 34%)
White NH	22%	(17%, 27%)
Multiracial NH	20%[NR]	(11%, 35%)
Asian NH	17%	(11%, 25%)
Hispanic	12%	(8%, 17%)
NHPI NH	Not Available	

Data Source: WA PRAMS (2020–2022); * = differences between categories were significant (p <.05).

Not Available = Relative Standard Error (RSE) is over 30%; estimates are excluded due to unreliability.

NR (Not Reliable) = Relative Standard Error (RSE) is between 25-30%; estimates may be unreliable and should be interpreted with caution.

Sources of Breastfeeding Information – Higher Percentages are Desirable

This is the percentage of Washington residents with a live birth in the state between 2020 and 2022 by how they received their information about breastfeeding — before or after their new baby was born, regardless of how they fed their baby (6).

Table 12. Sources of Breastfeeding Information (2020-2022, Washington)

Sources of Breastfeeding Information	Percent	95% Confidence Interval
Nurse, Midwife, Doula	79%	(77%, 81%)
Lactation Specialist	78%	(76%, 80%)
Own Doctor	74%	(72%, 76%)
Baby's Doctor	68%	(66%, 69%)
Family or Friends	63%	(61%, 65%)
Breastfeeding Support Group	17%	(15%, 18%)
Other Source	15%	(13%, 17%)
Breastfeeding Hotline or Toll-Free Number	7%	(6%, 8%)

Data Source: WA PRAMS (2020–2022)

Received Breastfeeding Information from a Nurse, Midwife or Doula

This is the percentage of all Washington residents with a live birth in the state between 2020 and 2022 who reported receiving information about breastfeeding from a nurse, midwife, or doula before or after their new baby was born, regardless of how they fed their baby (6).

Table 13. Received Breastfeeding Information from a Nurse, Midwife, or Doula (2020–2022, Washington)

Received Breastfeeding Information from a Nurse, Midwife, or Doula	Percent	95% Confidence Interval
Statewide	79%	(77%, 81%)
*By Maternal Race and Ethnicity**		
NHPI NH	92%	(76%, 97%)
Asian NH	82%	(78%, 85%)
Black NH	81%	(78%, 85%)
Multiracial NH	80%	(73%, 86%)
White NH	79%	(77%, 82%)
Hispanic	76%	(72%, 79%)
AIAN NH	74%	(69%, 79%)

Data Source: WA PRAMS (2020–2022); * = differences between categories were significant (p <.05).

Received Breastfeeding Information from Their Own Doctor

This is the percentage of Washington residents with a live birth in the state between 2020 and 2022 who reported receiving information about breastfeeding from their own doctor before or after their new baby was born, regardless of how they fed their baby (6).

Table 14. Received Breastfeeding Information from their own Doctor (2020–2022, Washington)

Received Breastfeeding Information from Their Own Doctor	Percent	95% Confidence Interval
Statewide	74%	(72%, 76%)
*By Maternal Race and Ethnicity**		
NHPI NH	88%	(76%, 95%)
Black NH	84%	(81%, 87%)
Multiracial NH	81%	(74%, 86%)
Hispanic	79%	(75%, 82%)
AIAN NH	75%	(71%, 80%)
Asian NH	75%	(71%, 78%)
White NH	70%	(67%, 73%)
*By Maternal Age**		
< 20 Years	90%	(78%, 96%)
20-24 Years	81%	(75%, 85%)
25-29 Years	74%	(70%, 77%)
30-34 Years	72%	(68%, 75%)
35-39 Years	71%	(67%, 75%)
≥ 40 Years	78%	(69%, 86%)

Data Source: WA PRAMS (2020–2022); * = differences between categories were significant (p<.05).

Received Breastfeeding Information from Their Baby's Doctor or Health Care Provider

This is the percentage of Washington residents with a live birth in the state between 2020 and 2022 who reported receiving information about breastfeeding from their baby's doctor or health care provider before or after their new baby was born, regardless of how they fed their baby (6).

Table 15. Received Breastfeeding Information from their Baby's Doctor or Provider (2020–2022, Washington)

Received Breastfeeding Information from their Baby's Doctor or Provider	Percent	95% Confidence Interval
Statewide	68%	(66%, 69%)
*By Maternal Race and Ethnicity**		
NHPI NH	88%	(71%, 95%)
Hispanic	72%	(69%, 76%)
Black NH	72%	(68%, 76%)
AIAN NH	70%	(65%, 75%)
Asian NH	67%	(63%, 72%)
Multiracial NH	66%	(58%, 74%)
White NH	65%	(62%, 68%)

Data Source: WA PRAMS (2020–2022); * = differences between categories were significant (p <.05).

Received Breastfeeding Information from Family or Friends

This is the percentage of Washington residents with a live in-state birth between 2020 and 2022 who reported receiving information about breastfeeding from family or friends before or after their new baby was born, regardless of how they fed their baby (6).

Table 16. Received Breastfeeding Information from Family or Friends (2020–2022, Washington)

Received Breastfeeding Information from Family or Friends	Percent	95% Confidence Interval
Statewide	63%	(61%, 65%)
*By Maternal Race and Ethnicity**		
NHPI NH	75%	(59%, 87%)
Asian NH	71%	(66%, 75%)
Black NH	64%	(60%, 69%)
White NH	62%	(59%, 65%)
Hispanic	61%	(57%, 65%)
Multiracial NH	60%	(52%, 68%)
AIAN NH	56%	(51%, 62%)
*By Maternal Age**		
< 20 Years	75%	(61%, 85%)
20-24 Years	70%	(64%, 76%)
25-29 Years	64%	(59%, 67%)
30-34 Years	64%	(60%, 67%)
35-39 Years	57%	(52%, 62%)
≥ 40 Years	47%	(38%, 57%)

Data Source: WA PRAMS (2020–2022); * = differences between categories were significant (p<.05).

Received Breastfeeding Information from a Breastfeeding Support Group

This is the percentage of all Washington residents with a live birth in the state between 2020 and 2022 who reported receiving information about breastfeeding from a breastfeeding support group before or after their new baby was born, regardless of how they fed their baby (6).

Table 17. Received Breastfeeding Information from a Breastfeeding Support Group

Received Breastfeeding Information from a Breastfeeding Support Group	Percent	95% Confidence Interval
Statewide	17%	(15%, 18%)
*By Maternal Race and Ethnicity**		
NHPI NH	41%	(26%, 58%)
Black NH	22%	(19%, 26%)
Asian NH	22%	(18%, 26%)
Hispanic	20%	(17%, 24%)
AIAN NH	17%	(13%, 21%)
White NH	14%	(12%, 17%)
Multiracial	14%	(9%, 20%)

Data Source: WA PRAMS (2020–2022); * = differences between categories were significant (p <.05).

Received Breastfeeding Information from a Breastfeeding Hotline or Toll-Free Number

This is the percentage of all Washington residents with a live birth in the state between 2020 and 2022 who reported receiving information about breastfeeding from a breastfeeding hotline or toll-free number – before or after their new baby was born, regardless of how they fed their baby (6).

Table 18. Received Breastfeeding Information from a Breastfeeding Hotline or Toll-Free Number (2020–2022, Washington)

Received Breastfeeding Information from a Breastfeeding Support Group	Percent	95% Confidence Interval
Statewide	7%	(6%, 8%)
*By Maternal Race and Ethnicity**		
Asian NH	11%	(8%, 14%)
Black NH	10%	(8%, 14%)
Multiracial NH	10%[NR]	(6%, 17%)
Hispanic	9%	(7%, 12%)
AIAN NH	8%	(5%, 11%)
White NH	5%	(3%, 6%)
NHPI NH	Not Available	

Data Source: WA PRAMS (2020–2022); * = differences between categories were significant (p <.05).

Not Available = Relative Standard Error (RSE) is over 30%; estimates are excluded due to unreliability.

NR (Not Reliable) = Relative Standard Error (RSE) is between 25-30%; estimates may be unreliable and should be interpreted with caution.

Infant Most Often Laid on Back to Sleep – Higher Percentages are Desirable

This is the percentage of all Washington residents with a live birth in the state between 2020 and 2022 who reported most often laying baby to sleep on their back. This does **not** include parents who also reported laying their baby to sleep on their side or stomach (6).

Table 19. Infant Most Often Laid on Back to Sleep (2020–2022, Washington)

Infant Most Often Laid on Back to Sleep	Percent	95% Confidence Interval
Statewide	84%	(83%, 86%)
*By Maternal Race and Ethnicity**		
White NH	88%	(86%, 90%)
AIAN NH	86%	(81%, 89%)
Multiracial NH	85%	(79%, 90%)
Asian NH	82%	(79%, 86%)
Hispanic	81%	(77%, 84%)
Black NH	72%	(68%, 76%)
NHPI NH	55%	(39%, 70%)
By Maternal Age		
< 20 Years	81%	(68%, 89%)
20-24 Years	79%	(74%, 84%)
25-29 Years	84%	(81%, 87%)
30-34 Years	86%	(84%, 88%)
35-39 Years	85%	(82%, 88%)
≥ 40 Years	84%	(77%, 89%)

Data Source: WA PRAMS (2020–2022); * = differences between categories were significant (p<.05).

Infant Laid in Own Bed or Crib to Sleep Always or Often – Higher Percentages are Desirable

This is the percentage of all Washington residents with a live in-state birth between 2020 and 2022 who reported their baby had always, almost always or often slept alone in their own crib or bed in the past two weeks (6).

Table 20. Infant Always or Often Laid in Own Bed or Crib to Sleep (2020–2022, Washington)

Infant Laid in Own Bed or Crib to Sleep	Percent	95% Confidence Interval
Statewide	74%	(72%, 76%)
*By Maternal Race and Ethnicity**		
White NH	80%	(78%, 83%)
Multiracial NH	69%	(61%, 76%)
Asian NH	67%	(62%, 71%)
AIAN NH	66%	(61%, 71%)
Hispanic	66%	(62%, 70%)
Black NH	62%	(58%, 66%)
NHPI NH	61%	(45%, 76%)
*By Maternal Age**		
< 20 Years	59%	(46%, 71%)
20-24 Years	68%	(62%, 73%)
25-29 Years	73%	(69%, 76%)
30-34 Years	76%	(73%, 79%)
35-39 Years	79%	(75%, 82%)
≥ 40 Years	72%	(63%, 80%)

Data Source: WA PRAMS (2020–2022); * = differences between categories were significant (p<.05).

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