MATERNAL HEALTH INNOVATIONS (MHI)

Data Snapshot

Priority Area: Rural Health

Washington State Department of HEALTH

DOH 141-250 June 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)	
Severe Maternal Morbidity per 10,000 In-Hospital Deliveries[2]		
Statewide	**100**	2022
By Patient County of Residence		
Large Metropolitan	**112**	2022
Small/Medium Metropolitan	**80**	
Nonmetropolitan	**94**	
Preterm Birth (< 37 Weeks Gestation)[3] (%)		
Urban Counties	**9**	2022-2023
Rural Counties	**9**	
Range (Rural)	**6-22**	2022-2023
Low Birthweight (< 2,500 g or 5 lb. 8 oz.)[3] (%)		
Urban Counties	**7**	2022-2023
Rural Counties	7	
Range (Rural)	**0-22**	2022-2023

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 DOH Birth Certificate Data; [4]WA PRAMS

Rural Health Factors and Outcomes

Indicator	Estimate (95% CI)	Years
Discrimination in 12 Months Before Delivery[4] (%)		
Urban Counties	**17** (15, 19)	2020–2022
Rural Counties	**12** (8, 19)	
Inadequate or No Prenatal Care[3]		
Urban Counties	**16**	2022–2023
Rural Counties	**15**	
Range among Rural Counties:	**9-27**	2022–2023
Pre-Existing or Gestational Diabetes[3] (%)		
Urban Counties	**14**	2022–2023
Rural Counties	**12**	
Range among Rural Counties:	**7-18**	2022–2023
Pre-Pregnancy or Gestational Hypertension[3] (%)		
Urban Counties	**13**	2022–2023
Rural Counties	**12**	
Range among Rural Counties:	**0-19**	2022–2023
Cesarean Section among Low-Risk Births[3] (%)		
Urban Counties	**29**	2022–2023
Rural Counties	**25**	
Range among Rural Counties	**0-34**	2022–2023
CNM/ARNP Attendant at Birth[3] (%)		
Urban Counties	**16**	2022–2023
Rural Counties	**9**	
Range among Rural Counties:	**0-18**	2022–2023
Postpartum Health Care Visit[4] (%)		
All Rural Counties	**92** (87, 95)	2020–2022
< 25 years	**86** (73, 93)	2020–2022
25-34 years	**94** (87, 97)	
≥ 35 years	**93** (75, 98)	
Loss of Insurance After Pregnancy[4] (%)		
Urban Counties	**8** (7, 10)	2020–2022
Rural Counties	**10** (7, 16)	
Received Breastfeeding Information from a Breastfeeding or Lactation Specialist[4] (%)		
Urban Counties	**79** (77, 81)	2022–2023
Rural Counties	**70** (62, 77)	

Additional Considerations

- **Rural families face multiple resource gaps.** Chronic child care shortages, lack of affordable housing and public transportation, food insecurity (including limited access to formula), and scarce social and economic supports are significant challenges and can harm the health and well-being of pregnant and postpartum people and their babies.
- **Getting maternity care requires long travel and added costs.** Limited access to general or specialized health services, closures of birthing hospitals and centers, long travel times and temporary relocation to receive health care create huge social and financial burdens for rural families.
- **Health insurance access and design can be a barrier to care.** Deductibles, out-of-pocket costs and limited benefit plans can create major financial strain and can limit access to prenatal, delivery, and postpartum care, including needed medications.
- **Access gaps extend beyond prenatal care.** Limited access to perinatal mental health care, substance use treatments, dental care, contraception and abortion services and screening services also affect maternal health outcomes.

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: These are derived from birth certificates, when possible, medical records, or death certificates. 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 defined consistently with the numerator.

Patient County of Residence: Patient residence location based on the county-level National Center for Health Statistics (NCHS) scheme. Large metropolitan includes counties in metropolitan areas of 1 million or more population; small and medium metropolitan includes counties in metropolitan areas of 50,000 to 999,999 population. Nonmetropolitan includes micropolitan areas of 10,000 to 49,999 population and counties outside a metropolitan or micropolitan area.

Washington Birth Certificate Data

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

Rural Counties: Based on maternal residence county from the birth certificate and the Office of Financial Management (OFM) rural-urban classification from 2014 for Washington counties. RCW 82.14.370 defines rural counties as counties with a population density less than 100 persons per square mile or a county smaller than 225 square miles. Rural counties: Adams, Asotin, Chelan, Clallam, Columbia, Cowlitz, Douglas, Ferry, Franklin, Garfield, Grays Harbor, Island, Jefferson, Kittitas, Klickitat, Lewis, Lincoln, Mason, Okanogan, Pacific, Pend Orielle, San Juan, Skagit, Skamania, Stevens, Wahkiakum, Walla Walla, Whitman, and Yakima.

Inadequate or No Prenatal Care: Using the Kotelchuck Index of Prenatal Care Adequacy[5-6], inadequate prenatal care is defined as having fewer 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. **Note:** Prenatal care data were 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 or groups 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, including pregnancy-induced hypertension and preeclampsia, as 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.

CNM or ARNP Attendant at Birth: Births with certified nurse-midwives (CNM) and advanced registered nurse practitioners (ARNP) listed in the attendant title field.

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.

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:

Rural Counties: Based on maternal residence county from the birth certificate and the 2023 National Center for Health Statistics (NCHS) Urban-Rural Classification Scheme. Rural counties are outside metropolitan or micropolitan areas and have a population of fewer than 50,000 people. Rural counties: Adams, Clallam, Ferry, Garfield, Grant, Gray's Harbor, Island, Jefferson, Kittitas, Klickitat, Lewis, Lincoln, Mason, Okanogan, Pacific, San Juan, Wahkiakum, and Whitman.

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.

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

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.

Received Breastfeeding Information from a Breastfeeding or Lactation Specialist: Reported receiving information about breastfeeding from a breastfeeding or lactation specialist before or after their new baby was born, regardless of how they fed their 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. **Birth Certificate Data**, Washington State Department of Health

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