WASHINGTON STATE
Office of Financial Management

Media kit for report on maternal health in Washington state

Link to report

- Maternal Health in Washington State, 2010-2022

Points of contact

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Additional experts

These experts are familiar with the report and are available to speak with the media on the topic of maternal health:

- **Emily Chandler** (EChandler@tpchd.org), Black Infant Health Supervisor, Tacoma-Pierce County Public Health
- **Dr. Robin Narruhn** (narruhnr@seattleu.edu), Associate Professor at the College of Nursing, Seattle University, member of the Marshallese community and Board member of PICA WA
- **Devon Love** (devon.love@kingcounty.gov), Equity and Community Engagement Manager, King County
- **Camie Goldhammer** (camie@hummingbird-ifs.org), Founding Executive Director, Hummingbird Indigenous Family Services
- **Leah Tanner** (leah@nawdim.org), Co-Coordinator, Native American Women's Dialog on Infant Mortality (NAWDIM)

Key statements in the report

"The results indicate that the state birth rate is declining, and there are persistent disparities in health care access and costs by race, ethnicity, age, and education, reflecting structural inequities in the state."

"These disparities, particularly among BIPOC and low socioeconomic communities, underscore the need for urgent, focused interventions that eliminate institutionalized and structural racism, as well as address health care access and affordability."

Key data findings

1. **Fertility rate is declining amongst most women* in Washington state.**
    - Since 2016, birth rate has declined among women aged 15 to 34 years.
    - Women aged 35 to 49 have seen an increase in birth rate.
    - While most births take place in hospitals, births at birth centers and at home are increasing.
    - Costs (including costs to the patient) of prenatal care, labor and delivery, and postpartum care are all increasing.
2. **Most pregnant women receive at least one prenatal care visit, but there are racial and ethnic disparities.**
    - Black women, Native Hawaiian and Pacific Islander (NH/PI) women, and teenagers are less likely to receive care in the first trimester.
    - When examining adequate prenatal care, NH/PI women, women under 18, those with less than a high school education, and women covered by Medicaid have relatively lower access compared to their counterparts.
    - Disparities also exist by costs with Black women and older women paying high costs per visit.
3. **The frequency of Cesarean section (C-section) deliveries and the costs associated with deliveries have both been increasing in recent years.**
    - American Indian or Alaskan Native (AI/AN) women and older women have the highest C-section rates.

- Women with more education and commercial insurance also had higher C-section rates than women with less education and Medicaid coverage.
- Women aged 35 to 49 years have the highest delivery costs.

4. **Following delivery, less than 75% of women had at least one postpartum visit.**
    - NH/PI women had the lowest proportion of at least one postpartum visit, dropping from about 64% in 2017 to 57% in 2021.
    - Less than 60% of women initiated a postpartum visit within 42 days of giving birth.
    - Total postpartum costs were higher for Black women and teen mothers and cost per visit was highest for Black and NH/PI women consistently exceeding $200 per visit.

* These findings are based on all pregnancies of residents of Washington that resulted in singleton live births (pregnant with one child at a time) from 2010 through 2022. We recognize the full diversity of gender identity, and we use the term "women" to refer to "all individuals who identify as women, including cisgender, transgender, and gender-diverse women," as is used by the National Institutes of Health, Office of Research on Women's Health.

New information in the report

While other research supports the report's findings of decreased fertility rate and disparities in access to care, the report detailed those disparities for Washington state residents. This report highlights disparities by race and ethnicity and shines a light on inadequate access to care experienced by Black women, NH/PI women, and AI/AN women. Claims data used in this report highlight costs, many borne by the patient, during the perinatal period around giving birth.

Data sources for the report

The report used data from several sources that recorded births, prenatal care, labor and delivery, and postpartum information and costs. These sources include birth certificate data and the Washington All-Payer Health Care Claims Database, which tracks the costs and types of medical claims through public and commercial payers.