



Perinatal and Infant Health Needs Summary

2024

Introduction

Every 5 years, the Washington State Department of Health (DOH) assesses the health of children, parents and caregivers, and families to support the Maternal and Child Health Block Grant (MCHBG).

DOH collects information through a Discovery Survey, key informant interviews, and facilitated discussions. This information helps identify the priorities to guide our work. It also helps us better understand the needs and challenges impacting the health of women, birthing people, young people, children and youth with disabilities and their families.

The **Perinatal and Infant Health domain** focuses on improving the health of pregnant people and infants up to 1 year old. This includes offering resources and technical assistance to parents, child care providers, foster care providers, group care institutions, community action groups, and others to prepare for and keep infants safe and healthy.

Key Themes from Community and Partners

Themes from community-based Discovery Survey:

- **Access to health care:** Respondents said there are not enough OB-GYN (obstetrician gynecologist) providers, doulas, and midwives. They highlighted the need for **culturally matched care**, particularly for people in **rural** areas, **Medicaid users**, and **immigrant** groups.
- **Perinatal mental health services:** Respondents shared the need for **perinatal mental health** resources and concerns about long **wait times** for appointments with mental health providers. They also reported about providers not accepting their **health insurance**, and an overall shortage of mental health providers across the state.
- **Affordable child care:** Respondents emphasized the need for affordable and accessible **child care** for infants.
- **Parenting support:** There is a desire for more resources and support during perinatal and postpartum periods, including prenatal (care during pregnancy) and parenting education, lactation services, parent-to-parent support groups, and essentials like diapers and formula.

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Through my work as an early intervention occupational therapist, I see a lot of parents who need access to education in the areas of child development, child-rearing, and household management (including maintaining a safe and clean household).

(Discovery Survey Parent Participant)

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Maternity care -- there is a lack of providers. Midwives would increase access and outcomes but are grossly underpaid which makes the profession unsustainable...

(Discovery Survey Parent Participant)

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Key informant interviews, facilitated discussions, and local health partner reports:

- **Substance use support:** Collaborators were aligned in expressing the need for perinatal mental health services and resources for perinatal substance use.
- **Prenatal care:** Partners identified delays in establishing prenatal care. Disparities in prenatal care access for American Indian and Alaska Native, Black, Native Hawaiian or Pacific Islander, and limited English-speaking populations continue to persist.
- **Birthing hospitals:** People living in rural Washington have limited safe delivery options due to birthing hospital closures.
- **Support for doulas:** We heard calls for creating a supportive environment for **doulas** to practice. This includes awareness and acceptance from other medical professionals, the community, and policy solutions that support reimbursement.



There is a significant bias against Black or African American or Indigenous low-income individuals giving birth. This has results in the complex needs of these individuals being unmet and to them experiencing significant trauma around the birthing process.

(Local Health Jurisdiction Staff)



Research Findings

In addition to listening to community members, local health champions, and program partners, we also conducted literature reviews to identify top priorities and recommendations for prenatal care access and perinatal health in Washington.

Key findings include:

- Lack of prenatal care is strongly associated with higher risks of health problems for parents and infants, including infant and maternal morbidity and mortality, long-term developmental delays, and challenges. Groups experiencing more barriers to care include:
 - Black and African American, American Indian and Alaska Native, and Hispanic populations
 - People under 20 years old
 - People living in rural areas
 - People who have experienced domestic violence
 - Medicaid users or people experiencing financial difficulties often have added barriers increased by transportation and child care costs.
- Substance use disorder is also associated with late access to prenatal care.
- Recognized strategies to increase prenatal care access include:
 - Making pregnancy tests and education materials for using them available in multiple languages.
 - Offering appointments outside typical working hours or via telehealth.

- Alternative maternity care models such as group prenatal care, maternal care homes, peer counselor involvement.
- Expanded access to doulas and community health workers who represent the communities they serve.
- In health care systems, there is a need for improved communication between patients and providers and better integration of behavioral health. Improved connections between community health care providers and local social programs.
- Home visiting services provide essential support for expectant and recent parents. These programs are most effective when service providers have cultural and linguistic links with the families they serve.
- Washington's [Maternal Mortality Review Panel Report](#) made recommendations addressing many of these issues, including:
 - Addressing racism and discrimination in perinatal care.
 - Increasing access to mental health and substance use prevention.
 - Focusing on systemic policy solutions that increase access to high-quality healthcare through mechanisms like telehealth, increased reimbursement for services, addressing provider shortages, and meeting the basic needs of pregnant and parenting people in a culturally appropriate manner.

How Washington Compares to the Nation

In 2022, Washington recorded 103,155 pregnancies (66.2 pregnancies per 1,000 women aged 15-44). Table 1 summarizes perinatal indicators at a state and national level.

Key indicators include:

- Maternal Mortality: Washington ranked 13th, with 20.4 deaths per 100,000 live births, lower than the national average of 23.5.
- Infant Mortality: Washington ranked 8th, with 4.3 deaths per 1,000 live births, compared to 5.4 nationally.
- Adequate Prenatal Care: 71.3% of pregnant people received adequate prenatal care, compared to 74.7% nationally. Washington's ranking is 44th in the nation.
- Breastfeeding Initiation: Washington ranked 2nd, with 96.6% of birth parents initiating breast and chestfeeding compared to 91.2% nationally.

Table 1. Washington Compared with National Child Health Indicators and Rankings

Indicator	Washington		State Rank	United States	
	%	95% CI		%	95% CI
Maternal Mortality ¹	20.4	(15.9-25.8)	13th/36	23.5	(22.7-24.3)
Infant Mortality ²	4.3	--	8th	5.4	--
Adequate Prenatal Care (%) ³	71.3	--	44th	74.7	--
Breastfeeding Initiation (%) ⁴	96.6	(94.9-97.7)	2nd/31	91.2	(90.7-91.7)
Post-partum Depression (%) ⁴	11.8	(9.6-14.4)	11th/31	12.7	(12.1-13.3)
Post-partum Check-up(%) ⁴	91.0	(88.5-93.1)	15th/31	90.6	(90.1-91.1)

1 Maternal Deaths per 100,000 live births, 2018-2022, National Center for Health Statistics, National Vital Statistics System

2 Infant Deaths before 12 months per 1,000 live births, 2018-2022, National Center for Health Statistics, National Vital Statistics System

3 2021, March of Dimes, Perinatal Data Center

4 2022 PRAMS, Centers for Disease Control and Prevention, 31 states included

Maternal Care in Washington

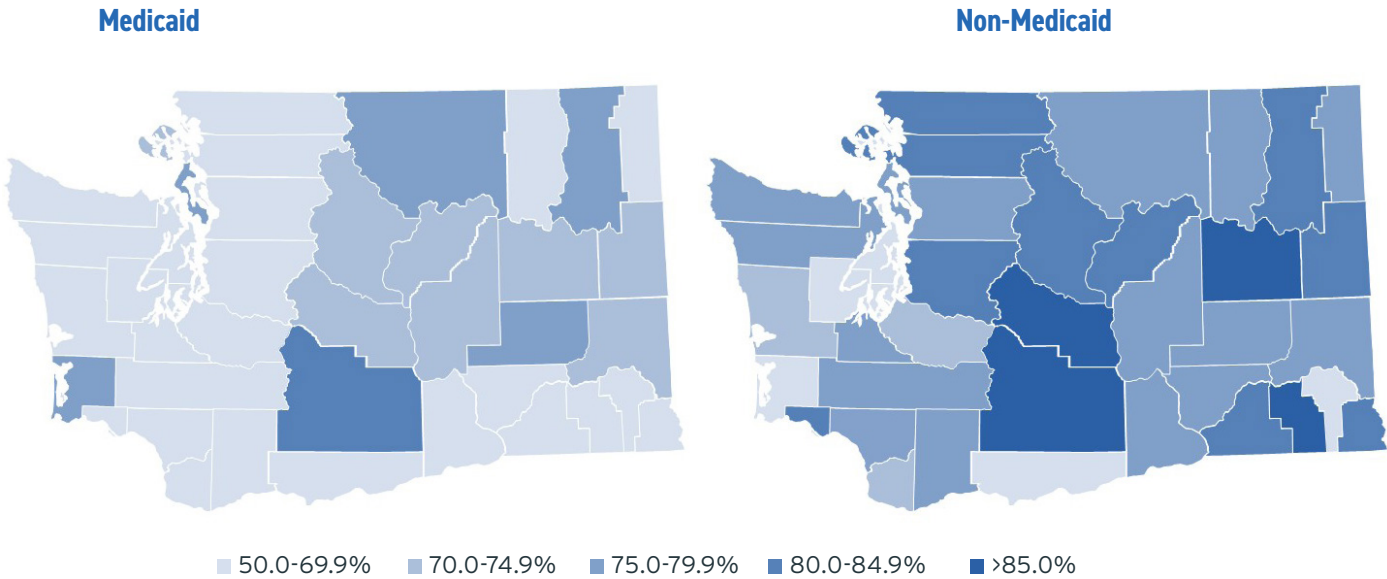
Table 2 and Figures 1-3 explore disparate prenatal care access by geography, race and ethnicity, and age group. Figures 2-3 also show low birth weight by race and ethnicity and age.

Gaps and Opportunities

Access to prenatal care and positive births outcomes is not equal among all Washington birthing parents.

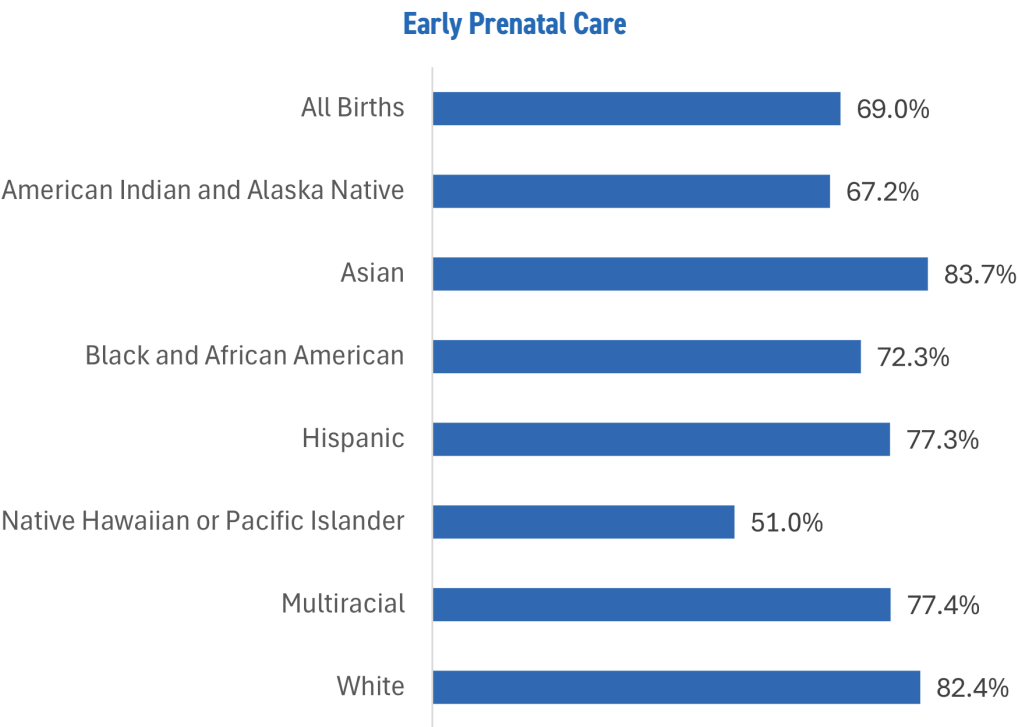
- **Unequal access to prenatal care:** Early prenatal care access varies by geography race or ethnicity and age. Black, Indigenous Hispanic, and younger people under 20 are less likely to receive care in their first trimester. Medicaid recipients are less likely to access prenatal care in the first trimester compared to those with other insurance types. Counties with the lowest rates of first trimester care also tend to have higher poverty levels.
- **Mental health and substance use:** Mental health support for pregnant people remains inadequate, particularly for those experiencing substance use disorders. People with Medicaid or those experiencing substance use are more likely to experience mental health challenges during the perinatal period.
- **Child care for infants:** As of 2024, only 29% of children aged birth to five are served by licensed childcare or preschool programs, leaving many families with fewer options.
- **Birth outcomes and low birth weight:** Birth outcomes including low birth weight, outline unequal birth outcomes by race or ethnicity and age. Younger parents and people of color are most likely to experience unequal outcomes.

Figure 1. First Trimester Prenatal Care by Medicaid Status⁵



5 Health Care Authority, First Steps Database, 2022

Figure 2. Percent First Trimester Prenatal Care and Low Birth Weight by Race/Ethnicity, 2022⁶



6 DOH, Center for Health Statistics, Birth Certificate Data, Community Health Assessment Tool, 2022

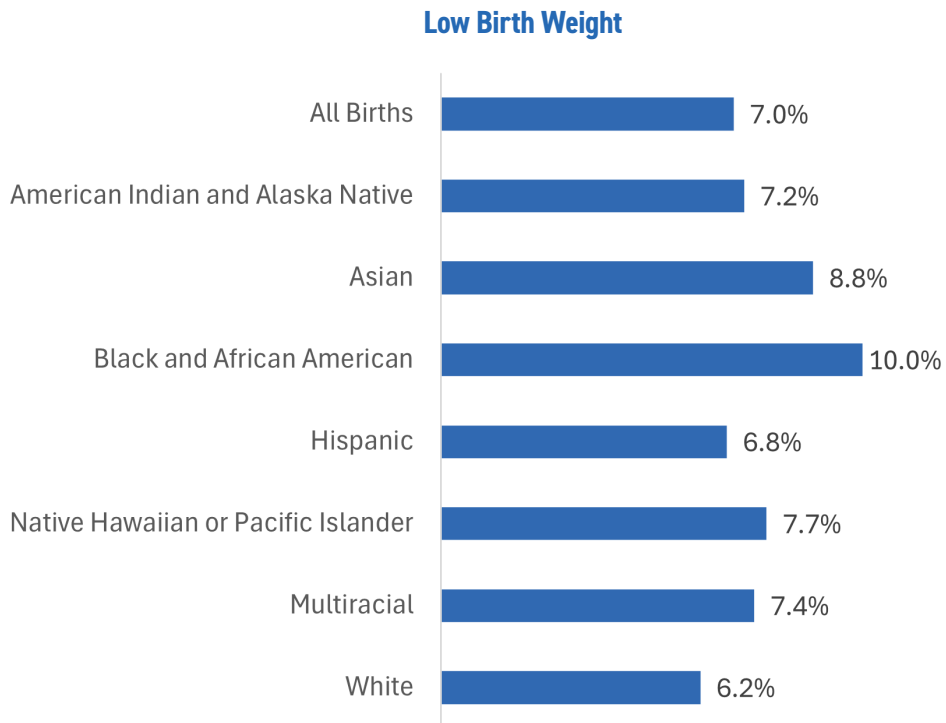
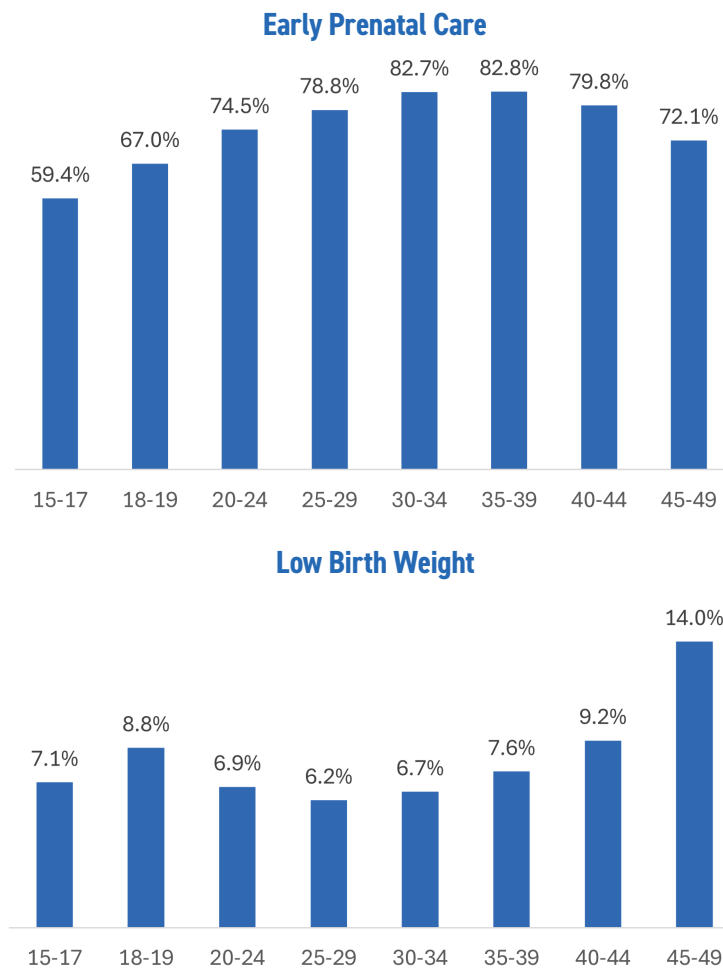
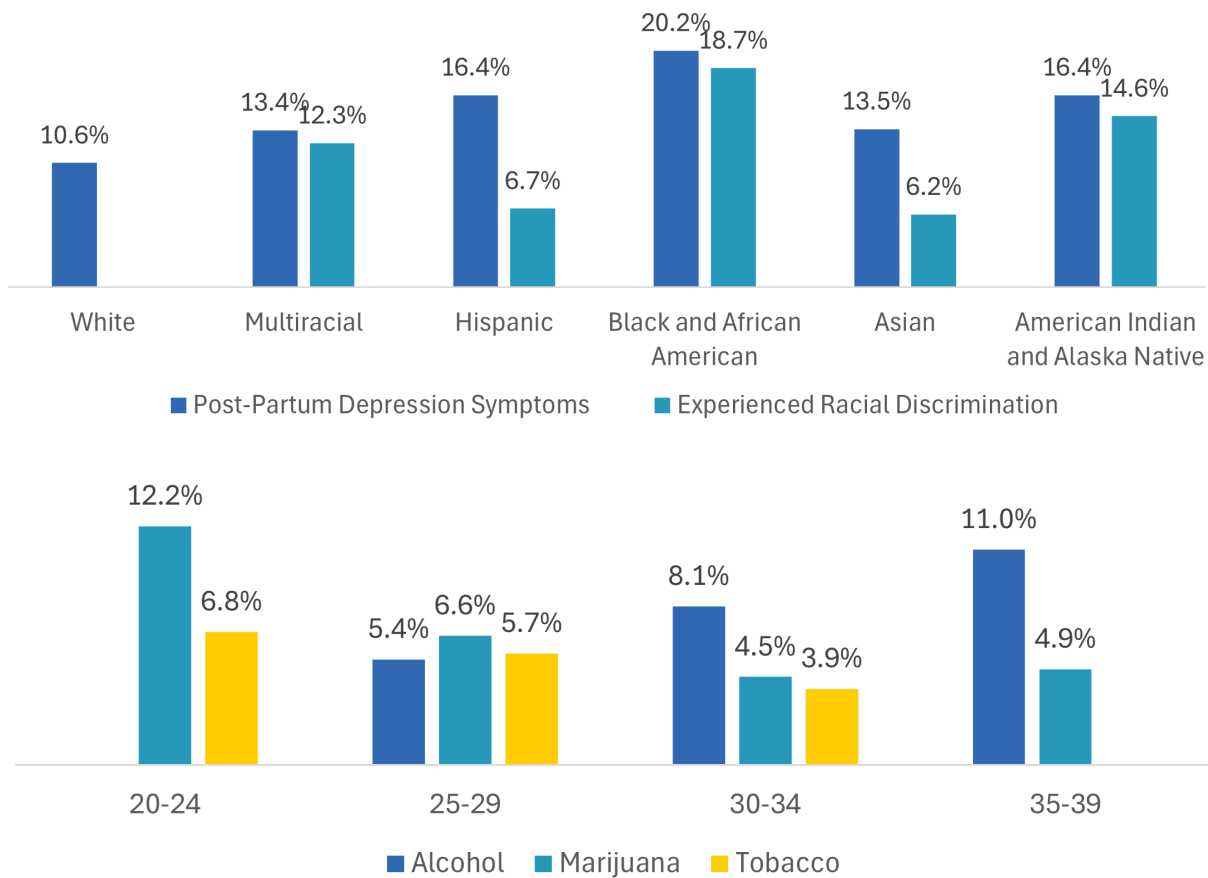


Figure 3. Percent Prenatal Care During First Trimester and Low Birth Weight by Age Group, 2022⁷



⁷ DOH, Center for Health Statistics, Birth Certificate Data, Community Health Assessment Tool, 2022

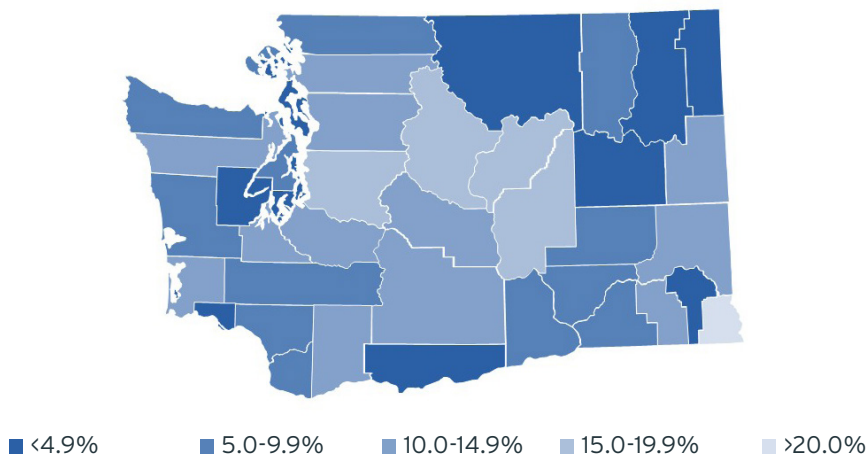
Figure 4. Select PRAMS Indicators of Birthing Person Mental Health and Experience, 2019-2021⁸



8 PRAMS, Centers for Disease Control and Prevention, 2019-2021

Figure 5. Percent of Infant Care Need Met by County⁹

As of 2024, the Department of Children, Youth and Families estimated that 302,000 Washington children ages birth to five-years who are not yet in school need care, but only 29% are served by licensed child care, preschool, or subsidized child care. Figure 5 illustrates the estimated percentage of infant care (birth to 1 year old) needed for families which is not currently being met. Darker shades indicate a lower percentage of infants in care and a higher level of need.



9 Child Care and Early Learning Need and Supply Data, Department of Children, Youth, and Families