

Maternal & Child Health in Washington State

Federal investments that support healthy pregnancies, thriving infants and children, and stronger communities in all 39 counties.



Why it matters



Healthy pregnancies and early childhood are foundational to long-term health, educational attainment, and economic stability.



In Washington, maternal and infant outcomes are shaped by access to quality prenatal and postpartum care, behavioral health services, nutrition security, and culturally responsive community supports.



Funding instability—such as delayed awards, partial performance periods, continuing resolutions, or shutdown-related disruptions—creates avoidable gaps for families and makes it difficult for local agencies to hire and retain staff.

At a Glance

- Washington's maternal and child health outcomes depend on reliable federal–state partnerships that support nutrition, care coordination, and community-based services.
- The Maternal and Child Health (MCH) Block Grant (Title V) is Washington's most flexible funding source to improve health for parents, infants, children, and youth across all 39 counties.
- WIC serves about 212,000 Washington families each year through 200+ clinics statewide and supports nearly one-third of all babies born in Washington.
- Washington's Maternal Mortality Review Panel (MMRP) found a statistically significant increase in maternal mortality in 2021–2022. The MMRP identified preventable, equity-centered opportunities to improve care, especially in the postpartum year.

Congressional Action Needed

- Provide stable, timely MCH Block Grant (Title V) awards for the full performance period to support predictable local implementation and workforce stability.
- Fully fund WIC at increased participation levels through appropriations (not continuing resolutions) and minimize disruptions from federal shutdowns.
- Remove or permanently modernize regulatory barriers to WIC online ordering and support expansion to additional retailers.
- Sustain maternal mortality prevention and perinatal behavioral health supports that address leading drivers of preventable deaths (including overdose and suicide) across pregnancy and the postpartum year.
- Protect the Medicaid foundation that supports prenatal, delivery, and postpartum care—especially in rural communities.

Major federal funding streams supporting maternal & child health

Program	What it supports in Washington
Maternal and Child Health Block Grant (Title V)	<ul style="list-style-type: none"> • Pregnancy supports • Lactation support • Home visits • Care coordination for children and youth with special health care needs (CYSHCN) • County-level quality improvement efforts
Women, Infants, and Children (WIC) Nutrition Program (USDA)	<ul style="list-style-type: none"> • Supplemental foods • Breast/chest feeding support • Health screenings • Referrals • Nutrition education for eligible pregnant and postpartum people and children under age 5 in every county.
Maternal mortality prevention & perinatal quality initiatives (e.g., CDC ERASE MM and related supports)	<ul style="list-style-type: none"> • Prevent pregnancy-related deaths. • Strengthen quality of care across pregnancy through the postpartum year. • Address behavioral health drivers such as overdose and suicide.

2024 Title V highlights (MCH Block Grant)

- Supported 207 pregnancies with essential care and resources. This includes lactation support and home visiting.
- Along with state funding, provided care coordination for 4,718 children and youth with special health care needs through local health jurisdictions (LHJs) and Neurodevelopmental Centers.
- Enabled outreach to more than 500,000 children and families through LHJs and Help Me Grow Washington.
- Clark County Public Health partnered with local dental care providers to deliver sensory-friendly dental care to more than 300 children and youth with special health care needs.
- LHJs developed emergency preparedness kits and informational resources for new parents.
- Launched the statewide “Blue Band” Initiative to help medical providers identify and treat pregnant patients at increased risk of preeclampsia.
- Many LHJs support perinatal quality collaboratives to improve prenatal, labor and delivery, and postpartum care.

In Washington’s most recent needs assessment, care coordination for children and youth with special health care needs emerged as a critical area for continued investment. Title V remains the only statewide resource specifically focused on filling gaps for children with special needs and their families.

WIC: nutrition security and better health outcomes statewide

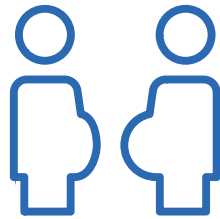
WIC is a critical nutrition program for about 212,000 Washington families and has improved health outcomes for more than 50 years.

WIC SUPPORTS



1/3

of babies born in Washington



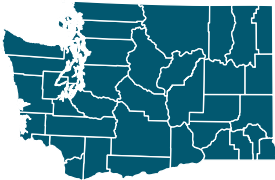
29%

of pregnant people



36%

of children under age 5



WA DOH operates WIC in all 39 counties across 200+ clinics, serving urban and rural communities alike.

What research shows WIC delivers

- **Healthier birth outcomes.**
Prenatal WIC participation is linked to higher birth weights and longer gestations. Participation reduces low birth weight and preterm birth risk.
- **Reduced infant hospitalizations.**
Better birth outcomes mean fewer newborns need costly NICU care, lowering Medicaid expenditures.
- **Broader improvements**
Better childhood growth and development and improved access to pediatric care.
- **Medicaid savings**
Studies estimate \$1.77–\$3.13 in Medicaid savings for every \$1 spent on prenatal WIC services in the first 60 days of life. Some analyses estimating higher returns with improved birth outcomes.

Washington innovation: WIC online ordering pilot

- Launched online ordering with Walmart for WIC participants on January 27, 2025.
- Since launch: 12,850+ families placed 195,100+ WIC online orders; \$3.68 million in WIC benefits redeemed during the evaluation period.
- Families using online ordering redeemed nearly 10% more benefits than in-person shoppers. Participants reported convenience and time savings.

Barriers to expansion include federal regulatory constraints (waived for the pilot), limited retailer participation, and technical requirements for WIC benefit redemption in online ordering environments.

Maternal mortality in Washington: key findings and opportunities

Washington's Maternal Mortality Review Panel (MMRP) is a group of 100+ perinatal health experts and community leaders. The MMRP reviews pregnancy and postpartum deaths to identify preventable factors and actionable recommendations. The 2025 MMRP report found a statistically significant increase in maternal mortality in 2021–2022.

- Most pregnancy-related deaths occurred within one year after pregnancy. This highlights the importance of care and support across the full postpartum year.
- **Nearly half (45%)** of pregnancy-related deaths were linked to behavioral health conditions such as overdose and suicide.
- **Most (82%)** had at least some chance of being prevented through improvements in clinical care, access, support services, or social conditions.
- Washington has advanced several initiatives aligned with prior MMRP recommendations, including:
 - Apple Health improvements for perinatal services (including doula reimbursement).
 - Cross-sector partnerships.
 - Perinatal [data dashboard](#).
 - Investments to support Rural and Critical Access Hospitals responding to low-frequency, high-risk events.

What's at risk if funding is delayed, reduced, or disrupted

- Local programs may delay hiring or leave critical positions vacant. This reduces services for pregnant people, infants, and families.
- Instability undermines early intervention and parenting support and makes it harder to sustain children and youth with special health care needs care coordination.
- Shutdowns and continuing resolutions create uncertainty for WIC clinics and could threaten access to infant formula, breastfeeding support, and nutrition services.
- Rural and Medicaid-covered births face disproportionate risk if Medicaid access is weakened. Rural Washington relies heavily on Medicaid for births.

The Need in Washington

Washington's maternal and child health system serves a diverse population of nearly 8 million residents across 39 counties, from dense urban areas along the I-5 corridor to remote rural and frontier communities. While Washington consistently ranks among the healthiest states for mothers and children, persistent challenges and stark disparities demand continued federal investment:

Maternal Mortality Crisis

- Pregnancy-related mortality rate increased to 30.5 per 100,000 live births in 2021-2022—the highest rate recorded since 2014.
- 82% of pregnancy-related deaths were preventable according to the Maternal Mortality Review Panel
- Behavioral health conditions (suicide, overdose, homicide) account for nearly half (45%) of all pregnancy-related deaths.
- COVID-19 was the second leading cause of maternal death in 2021-2022.

Persistent Health Disparities

- American Indian/Alaska Native communities: 7.3x higher risk of maternal death than non-Hispanic white populations.
- Black infant mortality rate: 8.3 per 1,000 vs. 4.1 for white infants (2021-2023 average).
- Rural residents experience higher maternal mortality due to limited maternity and emergency care access.
- Medicaid-enrolled individuals face higher rates than those with private insurance.

Geographic and Access Challenges

- 39 critical access hospitals (24 beds or less) and 7 rural hospitals serve large rural areas.
- 120 rural health clinics provide primary care in underserved communities.
- Healthcare delivery concentrated along I-5 corridor and Spokane, leaving gaps in rural eastern Washington.