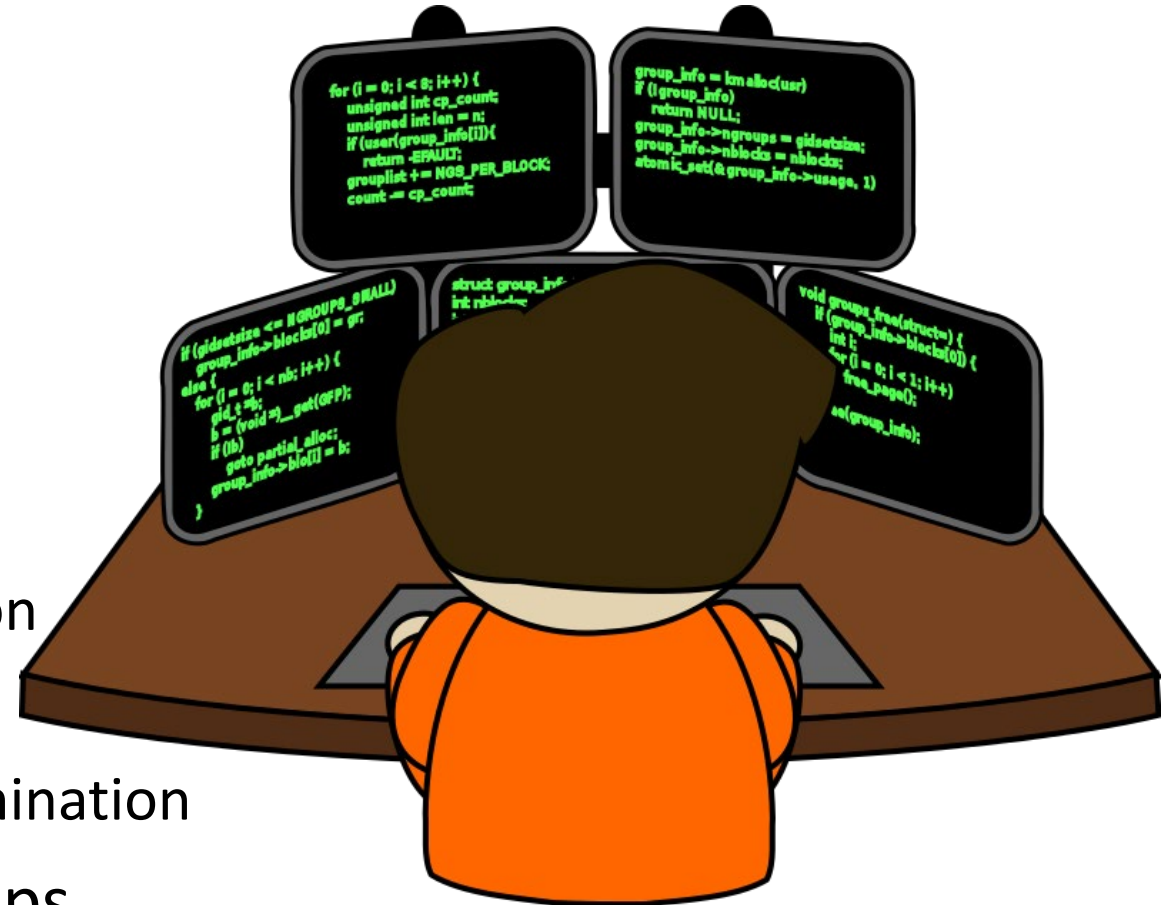




2022 BIRTH EQUITY PROJECT RFA DATA EXPLORATION
Office of Family and Community Health Improvement

Data Exploration Outline

- National trends
 - Risk factors
 - Life events
- Birth certificate summary
 - Low birth weight
 - Gestational Diabetes & Hypertension
- PRAMS summary
 - Prenatal care, stressors, and discrimination
- Questions, concerns, and next steps



National trends in perinatal risk factors

Research has consistently shown significant racial disparities in perinatal risk factors

Prenatal care

- National data from the 2016 PRAMS survey showed that birthing persons who identified as white received care **significantly earlier** than women identifying as Black and Native North American (Krukowski et al 2021)

Gestational diabetes

- Asian, NH AIAN, and NH OPI women have the **highest rates** of any racial group, and rates are lowest among Black women (NVSS 2022)

Gestational hypertension

- Hypertension has been found to be **significantly higher** among AIAN and NH Black women than those of other racial groups (Singh et al 2018)

National trends in life events

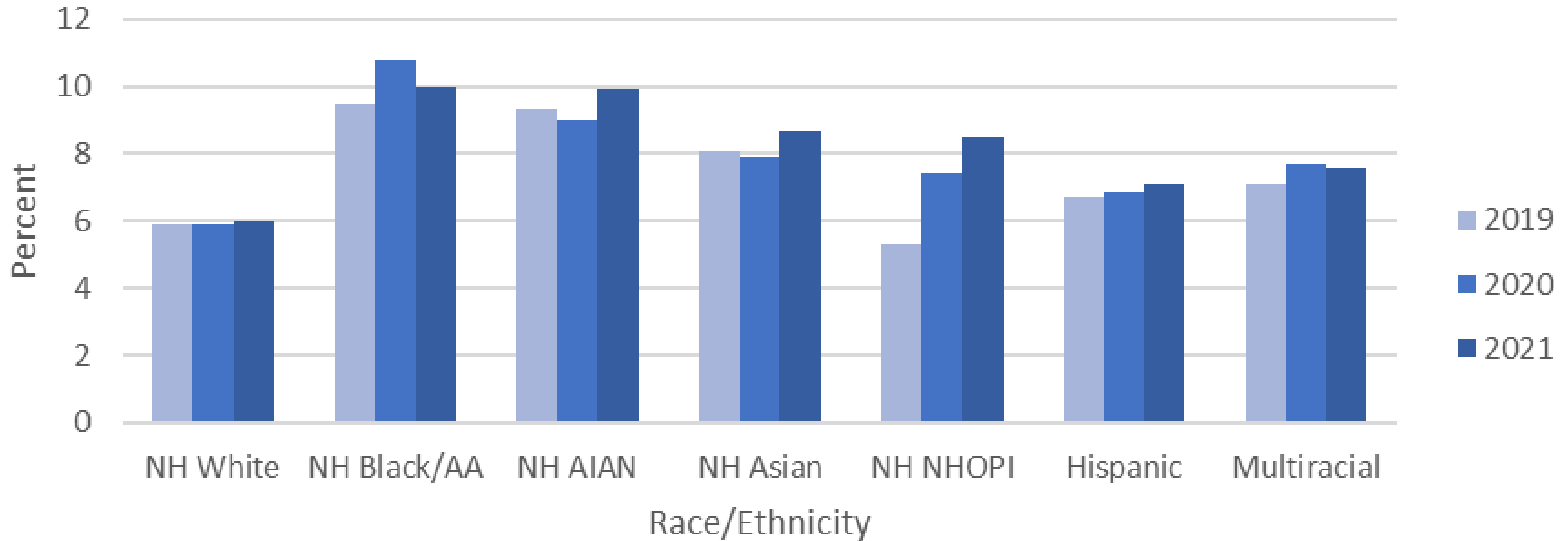
- Past research has indicated that Black birthing persons experience more stressful life events during pregnancy than those of other races (CDC 2015)
- Research has also consistently shown that Black and Hispanic women experience higher rates of racial discrimination than other racial/ethnic groups (Segre 2021; Prater 2022)
- There is an increasing body of literature suggesting that stressful life events and perceived discrimination during pregnancy can have long-lasting effects on both maternal and child health (Rudd et al 2022; Stephens et al 2020; Koch et al 2021; de Rooij 2020)

Birth Certificate Background Info

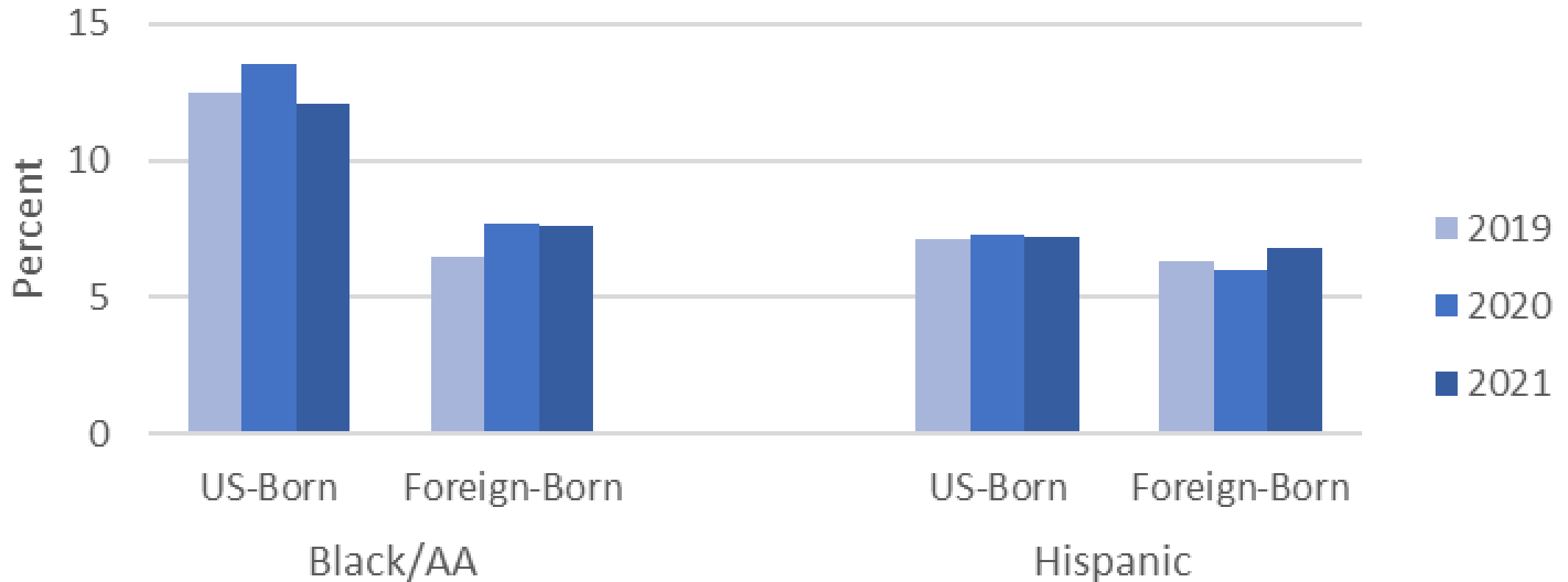
- Filled out at time of birth
- Some larger hospitals have dedicated staff for birth certificate data entry
- Smaller facilities often rely on clinical staff to enter data
- Submitted to WA DOH Center for Health Statistics
- Race and ethnicity data is presented as it is collected on the birth certificate (i.e. American Indian and Alaskan Native)

LOCAL FILE NO.				U.S. STANDARD CERTIFICATE OF LIVE BIRTH				BIRTH NUMBER					
C H I L D		1. CHILD'S NAME (First, Middle, Last, Suffix)		2. TIME OF BIRTH (24 hr)		3. SEX		4. DATE OF BIRTH (Mo/Day/Yr)					
M O T H E R		5. FACILITY NAME (If not institution, give street and number)		6. CITY, TOWN, OR LOCATION OF BIRTH		7. COUNTY OF BIRTH							
		8a. MOTHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix)		8b. DATE OF BIRTH (Mo/Day/Yr)									
		8c. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last, Suffix)		8d. BIRTHPLACE (State, Territory, or Foreign Country)									
		8e. RESIDENCE OF MOTHER-STATE		8f. COUNTY		8g. CITY, TOWN, OR LOCATION							
		8h. STREET AND NUMBER		8i. APT. NO.		8j. ZIP CODE		8k. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input type="checkbox"/> No					
F A T H E R		10a. FATHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix)		10b. DATE OF BIRTH (Mo/Day/Yr)		10c. BIRTHPLACE (State, Territory, or Foreign Country)							
C E R T I F I E R		11. CERTIFIER'S NAME: TITLE: <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> HOSPITAL ADMIN. <input type="checkbox"/> CNM/CM <input type="checkbox"/> OTHER MIDWIFE <input type="checkbox"/> OTHER (Specify) _____		12. DATE CERTIFIED MM / DD / YYYY		13. DATE FILED BY REGISTRAR MM / DD / YYYY							
INFORMATION FOR ADMINISTRATIVE USE													
M O T H E R		14. MOTHER'S MAILING ADDRESS: <input type="checkbox"/> Same as residence, or _____ State _____ City, Town, or Location _____				15. MOTHER MARRIED? (At birth, dissolution, or any time between) <input type="checkbox"/> Yes <input type="checkbox"/> No		16. SOCIAL SECURITY NUMBER REQUESTED FOR CHILD? <input type="checkbox"/> Yes <input type="checkbox"/> No		17. FACILITY ID. (NPI) <input type="checkbox"/> Yes <input type="checkbox"/> No			
		18. MOTHER'S SOCIAL SECURITY NUMBER _____		19. FATHER'S SOCIAL SECURITY NUMBER _____									
INFORMATION FOR MEDICAL AND HEALTH PROFESSIONAL USE													
M O T H E R		20. MOTHER'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of delivery) <input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th - 12th grade, no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit but no degree <input type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) <input type="checkbox"/> Master's degree (e.g., MA, MS, MEd, MEd, MEd, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LL.B., JD)				21. MOTHER OF HISPANIC ORIGIN? (Check the box that best describes whether the mother is Spanish/Hispanic/Latino. Check the "No" box if mother is not Spanish/Hispanic/Latino) <input type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicana <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (Specify) _____				22. MOTHER'S RACE (Check one or more races to indicate what the mother considers herself to be) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal tribe) _____ <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify) _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify) _____ <input type="checkbox"/> Other (Specify) _____			
F A T H E R		23. FATHER'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of delivery) <input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th - 12th grade, no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit but no degree <input type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) <input type="checkbox"/> Master's degree (e.g., MA, MS, MEd, MEd, MEd, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LL.B., JD)				24. FATHER OF HISPANIC ORIGIN? (Check the box that best describes whether the father is Spanish/Hispanic/Latino. Check the "No" box if father is not Spanish/Hispanic/Latino) <input type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (Specify) _____				25. FATHER'S RACE (Check one or more races to indicate what the father considers himself to be) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal tribe) _____ <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify) _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify) _____ <input type="checkbox"/> Other (Specify) _____			
Mother's Name		Mother's Medical Record No.		26. PLACE WHERE BIRTH OCCURRED (Check one) <input type="checkbox"/> Hospital <input type="checkbox"/> Freestanding birthing center <input type="checkbox"/> Home Birth: Planned to deliver at home? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Clinic/Doctor's office <input type="checkbox"/> Other (Specify) _____		27. ATTENDANT'S NAME, TITLE, AND NPI NAME: _____ NPI: _____ TITLE: <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> CNM/CM <input type="checkbox"/> OTHER MIDWIFE <input type="checkbox"/> OTHER (Specify) _____		28. MOTHER TRANSFERRED FOR MATERNAL MEDICAL OR FETAL INDICATIONS FOR DELIVERY? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, ENTER NAME OF FACILITY MOTHER TRANSFERRED FROM: _____					

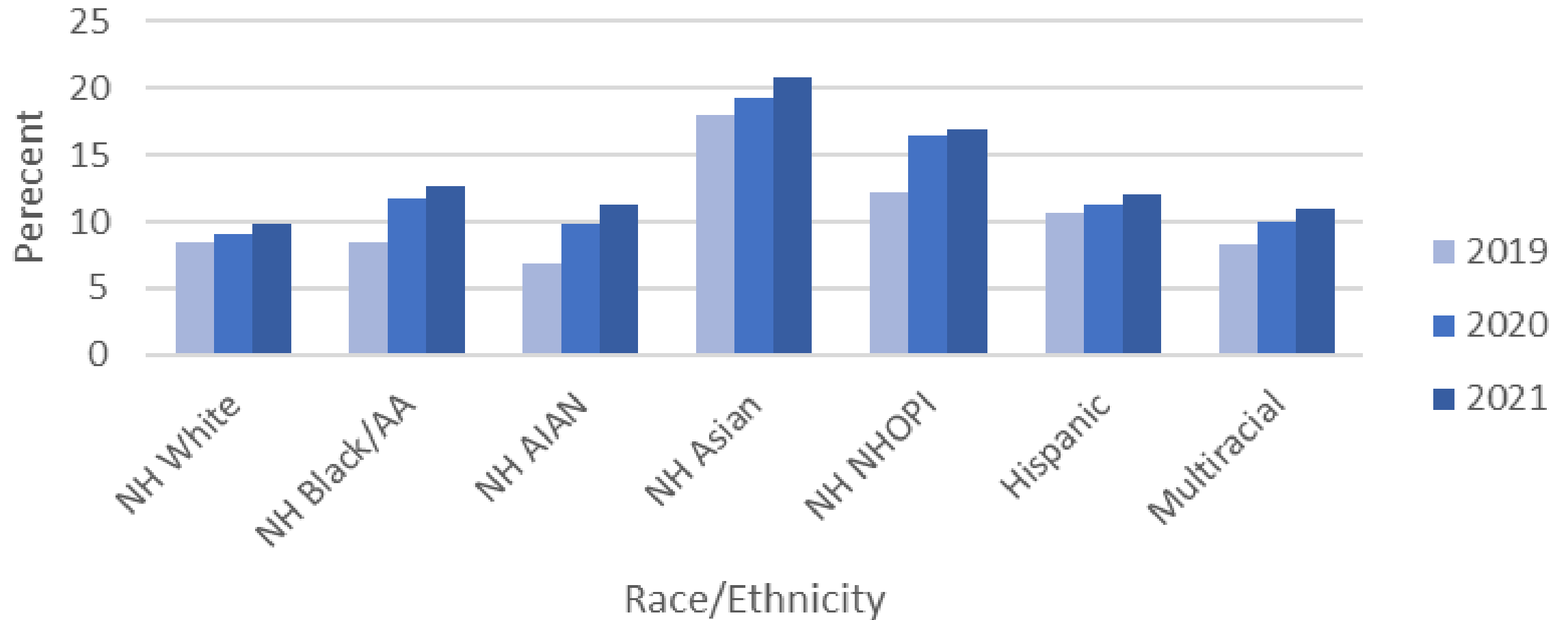
Low birth weight (217-2,499 grams) among Washington birthing persons by Race/Ethnicity, 2019-2021



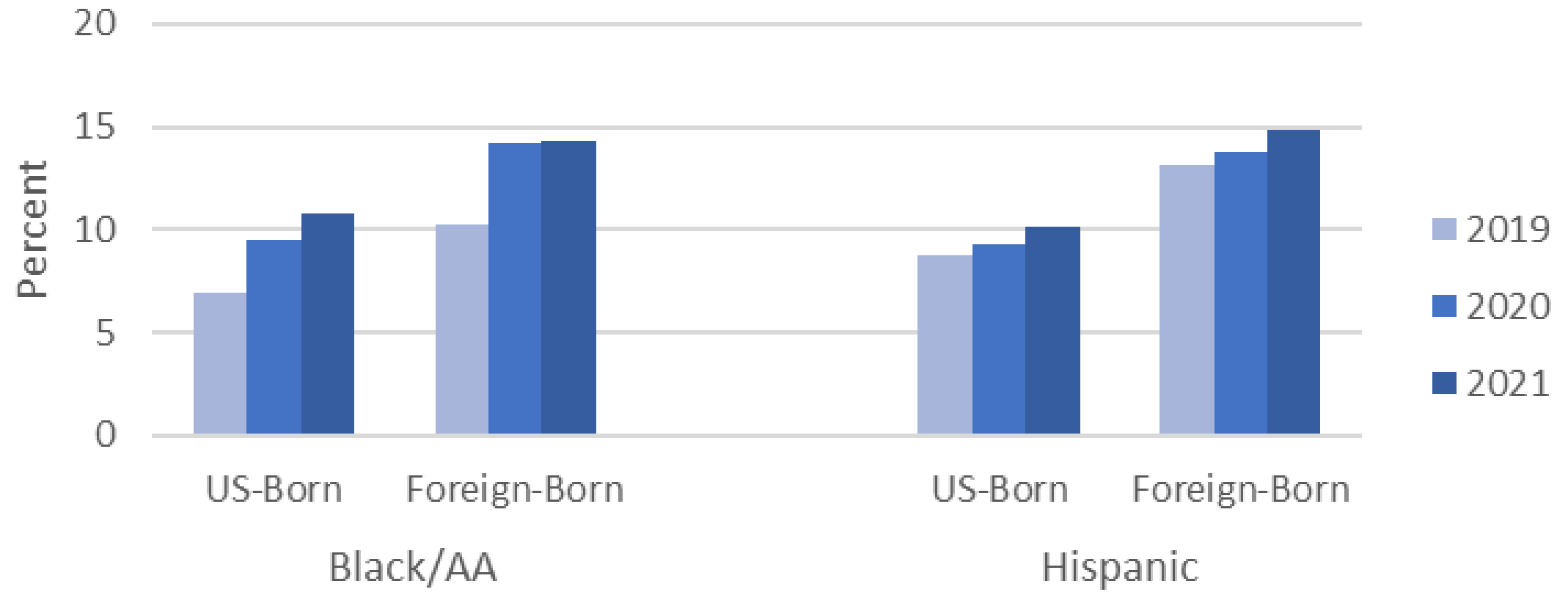
Low birth weight (217-2,499 grams) among Washington birthing persons by Race/Ethnicity and Natality, 2019-2021



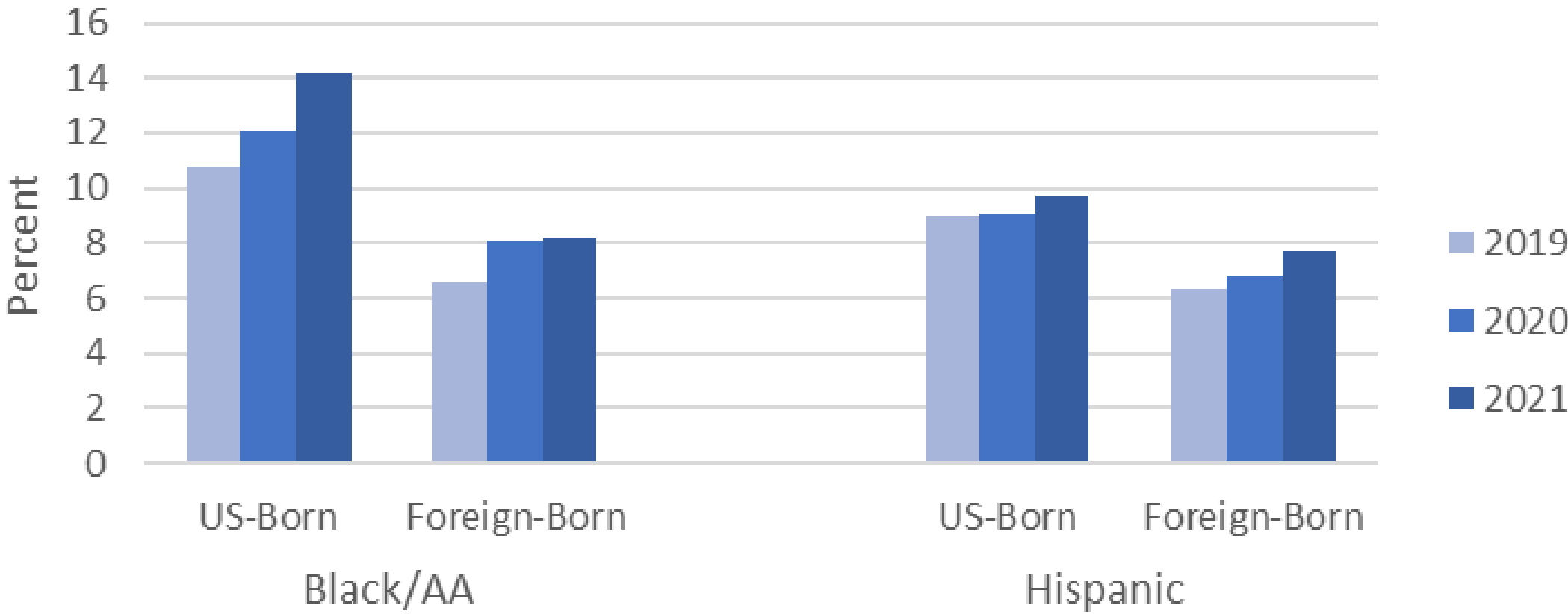
Gestational diabetes among Washington birthing persons by Race/Ethnicity, 2019-2021



Gestational diabetes among Washington birthing persons by Race/Ethnicity and Natality, 2019-2021



Gestational hypertension among Washington birthing persons by Race/Ethnicity and Natality, 2019-2021



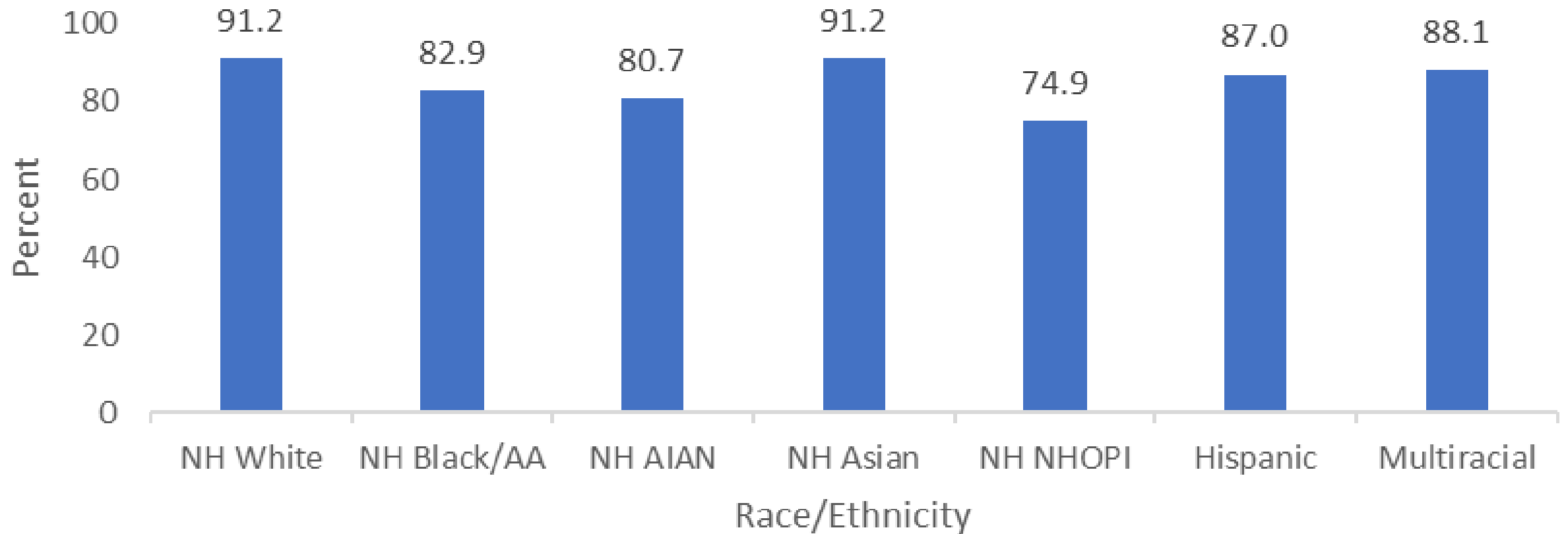
Washington State Birth Certificate Data, Washington State Department of Health, Center for Health Statistics

Pregnancy Risk Assessment Monitoring System

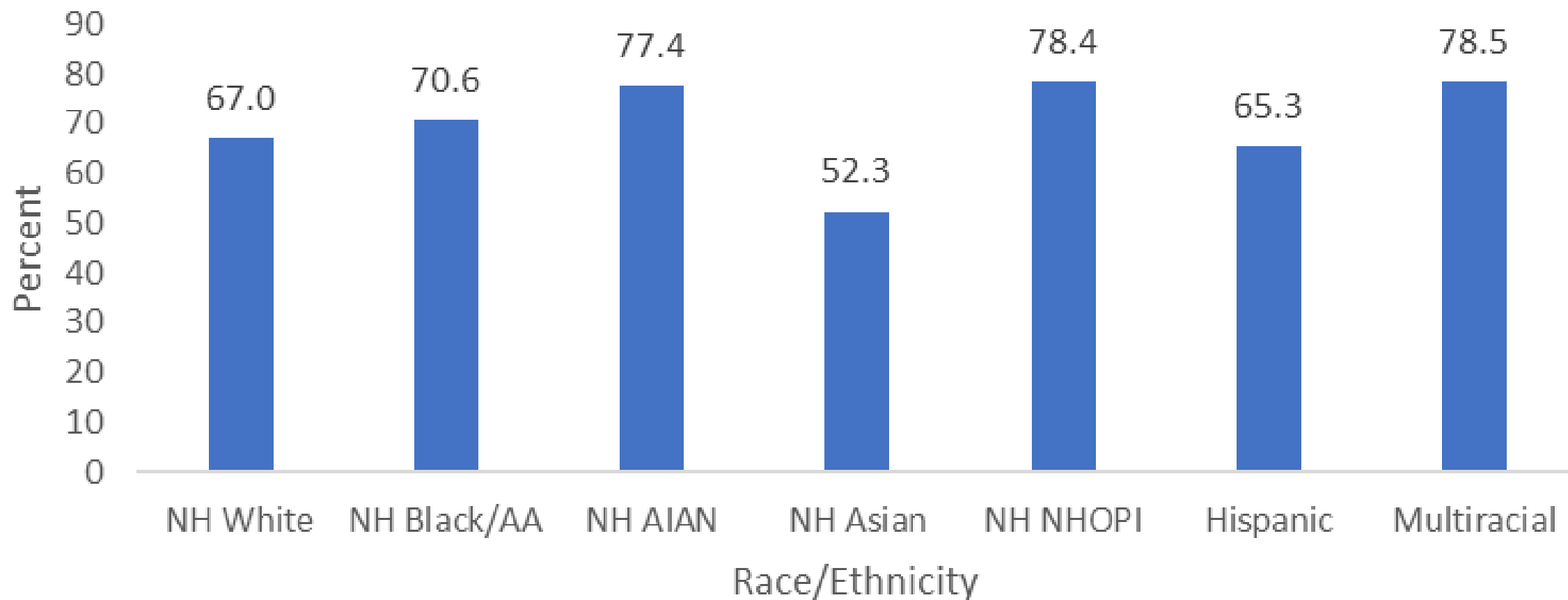


- Dual methodology, Mail in Questionnaire and Phone Survey
- Contact New Parents 2-6 Months Post-Partum
- Survey has CDC Developed Questions (Core) and State Added Questions (SAQs)
- Offered in English and Spanish Only
- Asks About Experiences and Behaviors Pre, During and After Pregnancy.
- Survey Responses Linked to Birth Certificate Data
- The Effective Sample is Around 1,200 per Year.

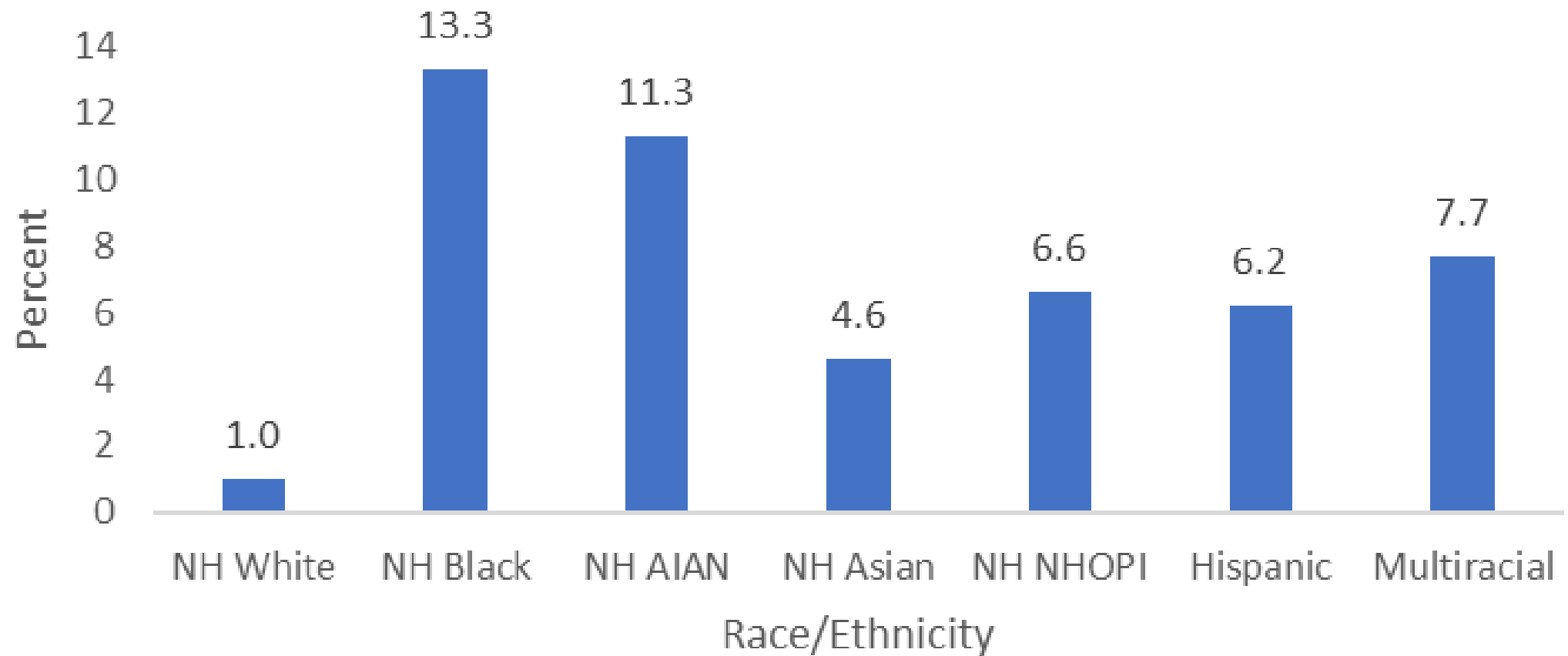
Washington birthing persons who reported receiving prenatal care during the first trimester by race/ethnicity, 2016-2020



Washington birthing persons experiencing one or more stressors by Race/Ethnicity, 2016-2020



Washington birthing persons who reported experiencing discrimination based on race, ethnicity, or culture, 2016-2020



Key Takeaways

- Low birth weight is more common among Black/African American and Native American/Alaskan Native birthing persons than all other racial/ethnic groups
- Low birth weight is more common among Black and African American birthing persons who were born in the U.S. than among Black and African American birthing persons born in other countries
- Gestational diabetes is more common among Asian and Pacific Islander birthing persons than any other racial/ethnic group
- Native American and Pacific Islander birthing persons report lower rates of early access to prenatal care than all other racial/ethnic groups
- Black and African American birthing persons were more likely to report experiencing discrimination based on race, ethnicity, or culture in the past year than any other racial/ethnic group

Where to learn more:

Washington State Department of Health Birth Data Dashboards:

- Up to date, various topics
- Downloadable data in various formats
- 15-20 years of data available (may vary by indicator)

[Birth Outcomes Data | Washington State Department of Health](#)

Questions, comments, or concerns?



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