

Maternal and Child Health

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Maternal and Child Health (MCH) addresses the health and lives of pregnant and reproductive-age women, infants, children, and adolescents, including children and youth with special health care needs. MCH programs take a broad approach to disease prevention and health promotion to provide benefits across the lifespan. Healthy women give birth to healthier babies who grow to be healthier children, adolescents, and adults.

Many factors influence the health of the maternal and child population. Income, family support, access to health care, and health-related behaviors are some examples. Women and children are more likely than others to use public health, education, social and health care services. MCH programs in Washington work with health care providers, educators, social workers, and others to promote access to quality preventive and treatment services such as immunizations and prenatal care. MCH programs work to promote healthy behaviors such as good nutrition and physical activity, safe sexual activity, and lifestyles free of tobacco and substance use. Improving and promoting maternal and child health includes supporting the development of healthy relationships and optimal mental health. Many efforts focus on creating systems and policies that contribute to safe communities to ensure the healthy development of infants and children.

Maternal and child public health aims to provide the opportunity for children and families to reach their full potentials. An important part of this effort is working to ensure a healthy start and access to care for those who need it.

Section Overview

Several health outcomes and risk factors affecting the MCH population are described in other sections in this report. These include all of the chapters in the Major Risk and Protective Factors section; chapters on Drowning, Youth Violence, and Child Abuse and Neglect in the Injury and Violence section; Children's Environmental Health in the Environmental Health section; Access to Primary Care Services, Access to Prenatal and Preconception Care, and Medical Homes for Children and Adults in the Health Systems section;

and Mental Health and Oral Health in the General Health Status section.

This section focuses primarily on pregnancy and infant health outcomes. An additional chapter highlights children and youth with special health care needs, whose service needs are greater than those of other youth. Chapters in this section are:

- [Adolescent Pregnancy and Childbearing](#)
- [Unintended Pregnancy](#)
- [Singleton Low Birth Weight](#)
- [Infant Mortality](#)
- [Children and Youth With Special Health Care Needs](#)

Highlights and Discussion

Nationally and in Washington, progress on maternal and child health outcomes over the past 10-15 years has been mixed. This is likely due to the complex set of factors underlying most maternal and infant health outcomes. While some behaviors, such as smoking during pregnancy and placing infants to sleep on their backs have improved, poverty and the cost of living have increased, and health insurance and access to care for adults has become more challenging. For most maternal and child health outcomes, rates of adverse events in Washington are similar to or lower than national rates.

One of the greatest successes in maternal and child health over the past 15 years has been the decline in adolescent pregnancy and childbearing. Teen childbearing can negatively affect the health, social, and economic well-being of the affected youth, their children, and society as a whole. Since 1989, the pregnancy rate among 15-17 year-olds in Washington has declined steadily. The 2005 birth rate among 15-17 year-olds in Washington (15 per 1,000) is the lowest rate since tracking began in 1980. National studies suggest that adolescent pregnancy rates are falling because more young teenagers are delaying sex, and those who do engage in sexual activity are more likely to use condoms and other contraception. Comprehensive health education programs, including education about contraceptives as well as abstinence, have been shown to be the most effective in preventing teen pregnancies.

While adolescent pregnancy has declined to the lowest rate since tracking began, the state's unintended pregnancy rate has not changed. This is troubling, as women with unintended pregnancies have less opportunity to prepare for pregnancy by changing risky health behaviors and beginning early prenatal care. Currently, about half of all pregnancies in Washington are unintended.

Low birth weight is a significant cause of infant mortality. In Washington, the rate of babies born with low birth weight increased 15% since 1993. This is similar to national trends. The increase in the number of multiple births (twins, triplets, etc.) has contributed to this rise. The rate of low birth weight among singleton (one-baby) births also increased, although more slowly. Recently, medical experts have promoted preconception care to reduce adverse pregnancy outcomes including low birth weight. Preconception care strategies are just beginning to be developed.

While infant mortality in Washington continues to decline, the rate of decrease has slowed over the past ten years, as it has nationally. In 2005, 420 infants died in their first year of life, a rate of 5.1 per 1,000 live births. Major causes of infant death in Washington include birth defects, Sudden Infant Death Syndrome, and preterm delivery or low birth weight. Because the causes are varied, no single intervention can reduce all infant mortality.

Children and youth with special health care needs are those who have chronic conditions and require health and related services beyond that required by children and youth generally. Approximately 17% of all children and youth in Washington have special health care needs. The demands of caring for these children affect families. Depression, psychological distress, and declines in physical health are more common among family members of children with special health needs. Providing care through medical homes, an approach to providing quality comprehensive health care services by a team, results in fewer problems getting care and fewer unmet health needs for these children and their families.

Disparities

While Washington's rates of low birth weight, infant mortality, and teen pregnancy compare favorably to national rates, the persistence of disparities indicates we have more work to do. Most commonly, adverse maternal and infant health outcomes are more prevalent among those of lower socioeconomic status and among some

race and ethnic groups. Similar to long-standing national data, black infants in Washington are more than twice as likely to be born low birth weight and twice as likely to die in their first year as white infants. American Indian and Alaska Native infants in Washington are also twice as likely as white infants to die. Mothers of lower socioeconomic status who receive Medicaid payment for prenatal care or delivery are more likely than mothers who do not receive Medicaid to report their birth was from an unintended pregnancy, and their infants are more likely to be born low birth weight or to die in their first year of life. Moreover, mothers and infants who receive welfare (Temporary Assistance for Needy Families—TANF) in addition to Medicaid are more likely to suffer adverse outcomes than mothers and infants who receive only Medicaid. Non-citizens, though, who are largely of Hispanic origin and have incomes generally less than women who receive TANF, have more favorable maternal and infant health outcomes, suggesting that non-economic factors such as family and community support also play a role in healthy birth outcomes.

Contrary to national data, Washington data do not show disparities related to socioeconomic factors among children with special health care needs. Washington data do show fewer children of Hispanic origin to have special health care needs than white children. This difference might be due to under-diagnosis among children of Hispanic origin due to poor access to health services.

Many factors influence maternal and child health outcomes and it is not clear which interventions are most effective in reducing race and ethnic disparities. Understanding the factors that contribute to health across the lifespan is important for developing systems that promote healthy behaviors and access to care for all ages, and ultimately, to reduce disparities.

Summary

The chapters in this section provide a glimpse of some of the health issues faced by women, infants, children, adolescents, and their families. The chapters show trends and demographic and other risk factors as well as effective interventions. While we have made strides in improving pregnancy outcomes and creating systems to care for those most in need, the data presented here show that for specific populations and certain issues, we have much work ahead to reverse worrisome trends and see improvement in the health of mothers and children.