

Children and Family Health Data Report

August 2025



**SNOHOMISH
COUNTY** 
HEALTH DEPARTMENT

TABLE OF CONTENTS

Children and Family Health _____	4
Teen sexual health _____	4
Teen sexual behaviors _____	4
Teen pregnancy and births _____	6
Teen abortions _____	9
Pregnancy _____	10
Pregnancy rates (general population) _____	10
Unintended pregnancies _____	10
Abortions (general population) _____	12
Prenatal care _____	12
Pregnant women who started prenatal care in the 1 st trimester _____	13
Adequacy of prenatal care (Kotelchuck Index) _____	13
Pregnant women who did not get prenatal care _____	15
Prenatal Conditions _____	16
Smoking during pregnancy _____	16
Gestational Diabetes (GDM) _____	16
Births _____	18
Birth rates (general population) _____	18
Preterm births _____	18
Postpartum _____	20
Breastfeeding _____	20
Postpartum care _____	20
Infant and child deaths _____	21
Infant death rate _____	21
Child death rate _____	21
Child care _____	22
Child costs and needs _____	22
Child welfare _____	23

Nutrition (WIC)	24
Sources	26
Section data table	1

CHILDREN AND FAMILY HEALTH

Children and family health encompasses a wide variety of health issues concerning pregnant people before, during, and after pregnancy, young children, and families of young children. The health and wellbeing of pregnant people and those trying to become pregnant, children, and families determines the health of future generations. The health behaviors and health status of these populations can also inform and impact future public health challenges for communities and the health care system. The perinatal period presents an opportunity to promote lifelong wellbeing and to prevent future health problems for pregnant people, children, and families.¹

Data referenced in this report are from Washington State Birth Certificate files, the Pregnancy Risk Assessment Monitoring System (PRAMS) and the Healthy Youth Survey (HYS). Some of these datasets refer to all respondents as “mothers” without collecting information about gender identity. As a result, the data does not capture the experience of pregnant people or people who gave birth that do not identify as “women” or “mothers”. This is a limitation of the data that contributes to a lack of inclusivity. Additionally, any changes in the most recent years of data may have, in part, been an artifact of the COVID-19 pandemic and socioenvironmental conditions and should be interpreted with caution.

Teen sexual health

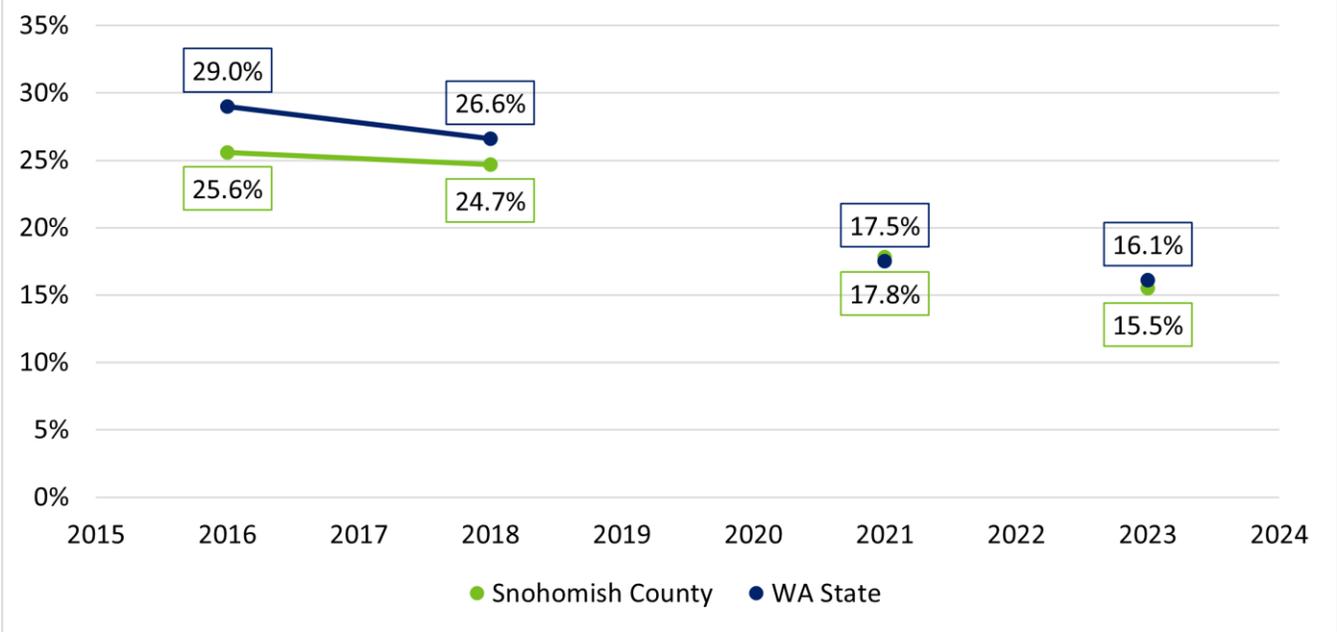
Adolescence is a time of major physical, emotional, and social development and a period of opportunity for early public health intervention.² The figures below outline the sexual behaviors and pregnancy outcomes of Snohomish County teens, though adolescent sexual health encompasses more than the prevention of pregnancy and early childbearing.

Teen sexual behaviors

Over time, the percent of teens in 8th, 10th, and 12th grade who have reported ever having had sex has generally decreased (Figure 1a). However, the trend line is broken after 2018 as the COVID-19 pandemic led to several changes impacting the implementation of the Healthy Youth Survey (HYS) and the lives of youth in Washington state. Increases and decreases in the HYS 2021 and 2023 data may be more reflective of the pandemic’s influence on youth rather than changes in youth behavior. Thus, HYS trends from before, during, and after the pandemic should be interpreted with tremendous caution.

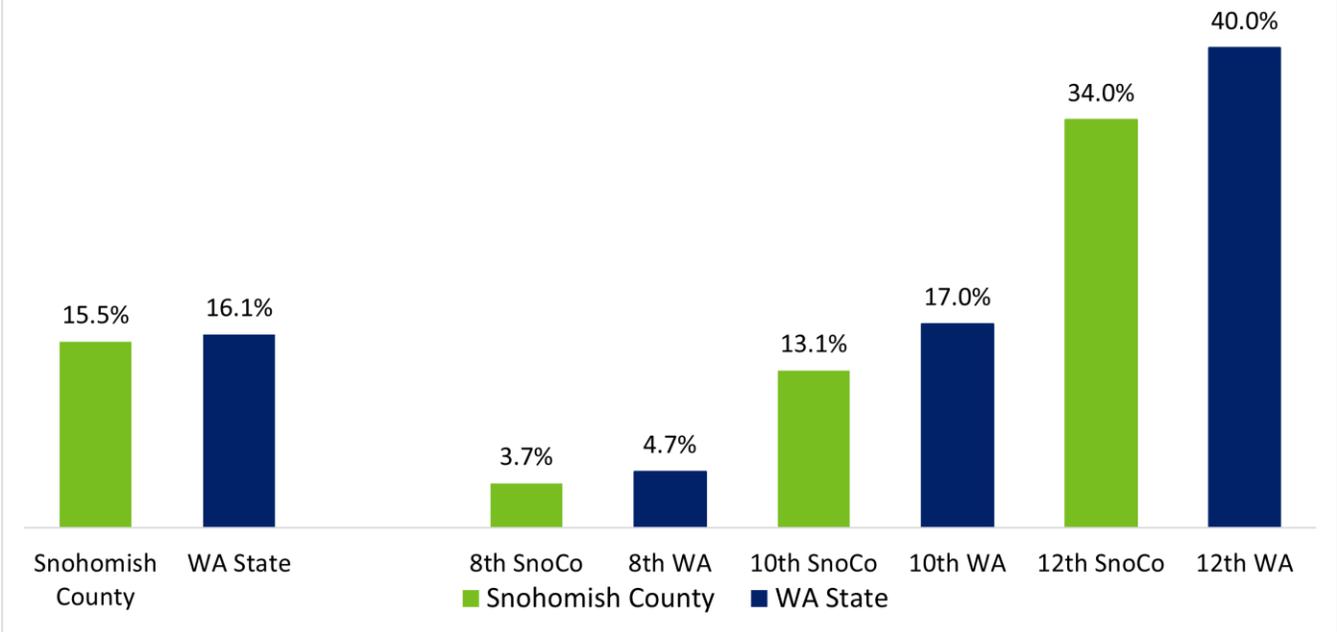
Typically, reports of ever having had sex increase by grade level. In 2023, 3.7% of all 8th graders, 13.1% of all 10th graders, and 34% of all 12th graders in Snohomish County report ever having had sex (Figure 1b)

Figure 1a: Percent of teens who report ever having had sex in Snohomish County and WA State (Grades 8, 10, 12)



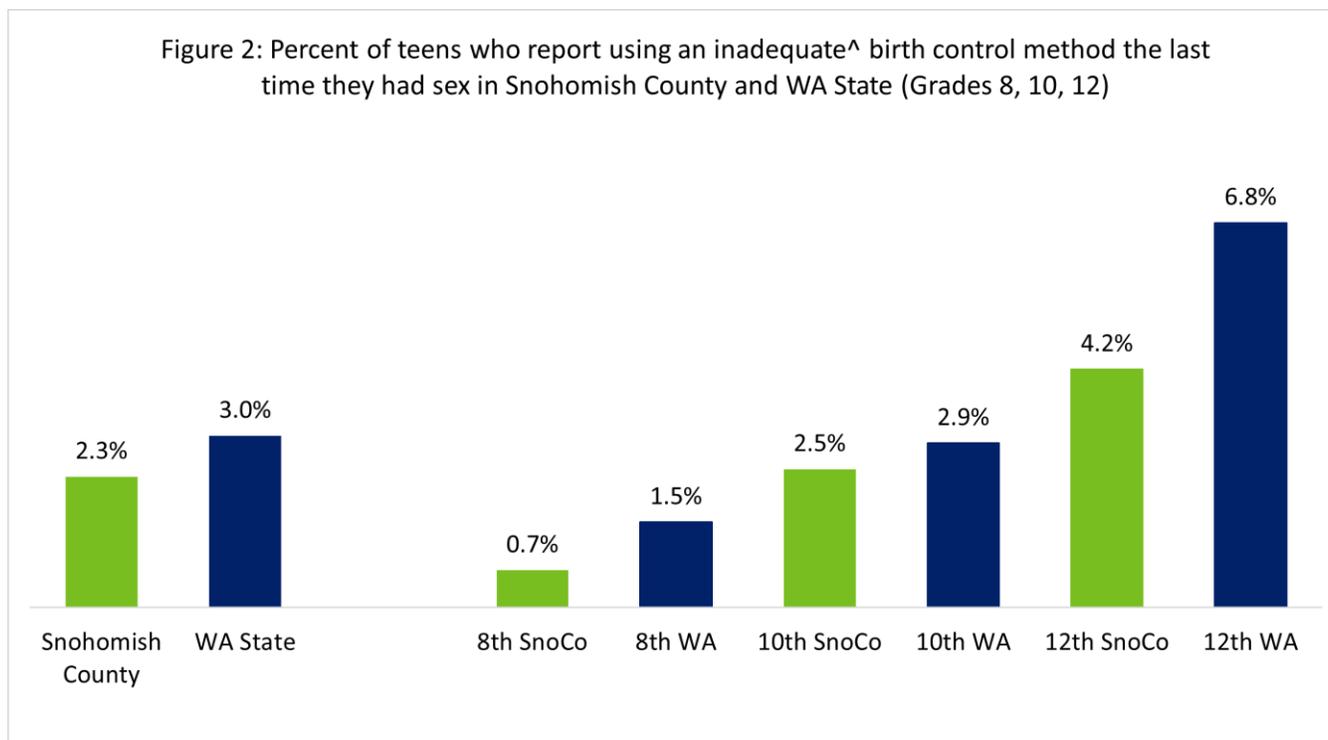
Source: Healthy Youth Survey, H98_18, 2016-2023

Figure 1b: Percent of teens who report ever having had sex in Snohomish County and WA State (Grades 8, 10, 12)



Source: Healthy Youth Survey, H98_18, 2023

In the past three Healthy Youth Surveys (2018, 2021, 2023), teens were asked about what methods they or their partner used to prevent pregnancy or STIs the last time they had sex. In Snohomish County, 2.3% of all teens who had sex reported that an inadequate birth control method was used (i.e., no method was used, withdrawal or some other method was used, or unsure of method used).^{4,5,6} Reports of inadequate birth control use increased by grade level, with 4.2% of 12th graders reporting they used an inadequate birth control method the last time they had sex in the most recent survey year (Figure 2).



Source: Healthy Youth Survey, calculated from H126, 2023

[^]Inadequate includes no birth control method used, withdrawal, or "some other method", or they were unsure of which method used. Percentages of students who responded they've never had sex or who indicated at least one conventional birth control method (e.g., condom or birth control pills) are not shown. This question does not assess correct use of birth control.

Teen pregnancy and births

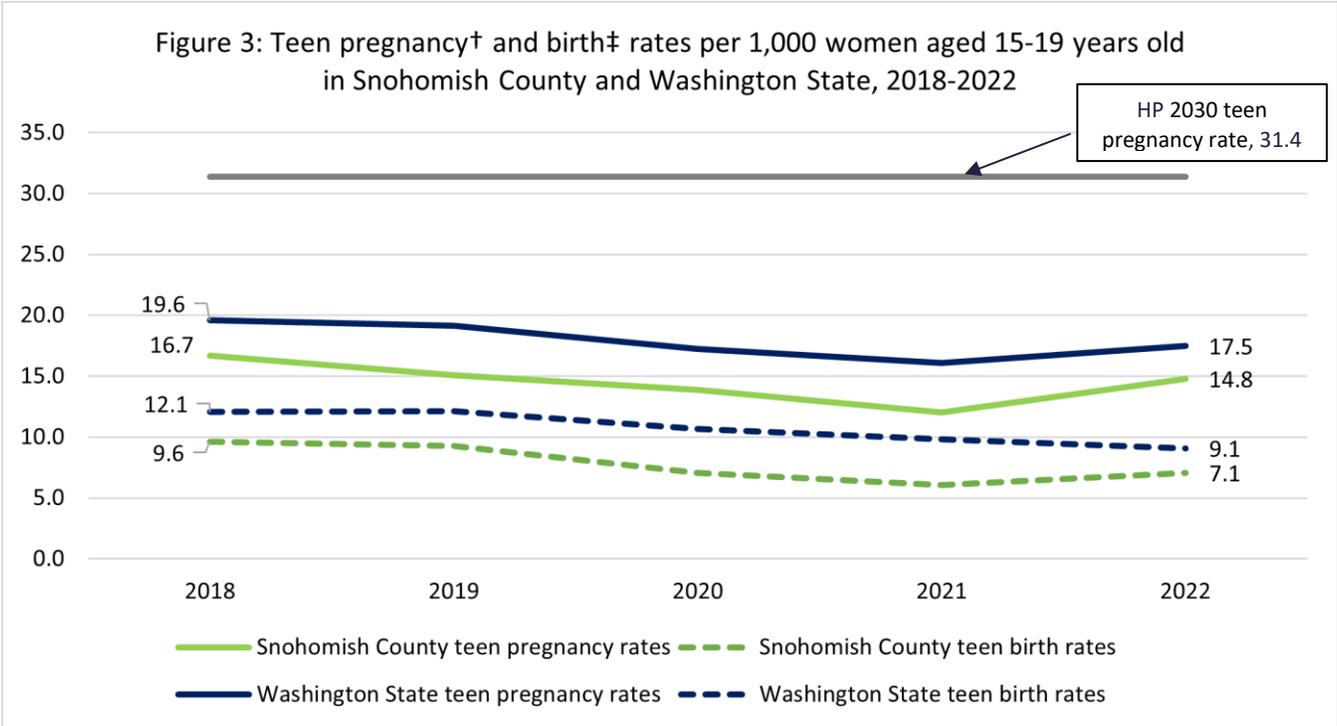
Teen pregnancy and childbearing are important areas of public health intervention and prevention. They are associated with increased socioeconomic costs through immediate- and long-term effects on teen parents and their children. This includes, but is not limited to, decreased educational attainment and effects on job opportunities for teen parents, and prematurity, low birth weight, and other health problems for babies born to teen mothers.^{7,8}

Both teen pregnancy and birth rates have decreased significantly over time in Snohomish County and statewide. In 2022, 362 teens aged 15-19 years old in Snohomish County were pregnant, and 173 teens

in the same age group gave birth. This is equal to a rate of 14.8 pregnancies to teens per 1,000 women aged 15-19 years old and a birth rate of 7.1 births to teens per 1,000 women aged 15-19 years old.

Over the years, Snohomish County has consistently been below the Healthy People 2030 goal of no more than 31.4 teen pregnancies per 1,000 females who are 15-19 years old (Figure 3).^{7,9,10,11,12}

Disparities exist among different racial/ethnic groups among teen births in Snohomish County. Non-Hispanic Pacific Islander (PI), non-Hispanic American Indian/Alaska Native (AI/AN), and Hispanic teens had a higher teen birth rate compared to non-Hispanic White teens in 2019-2023 combined (Figure 4).⁹

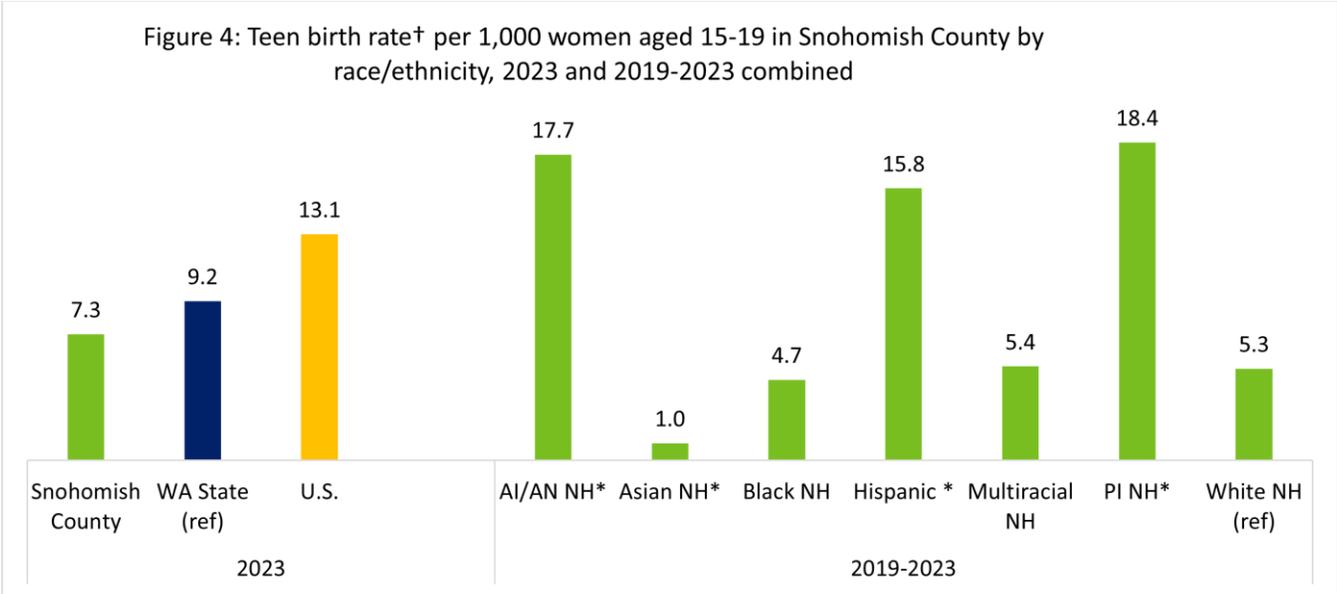


Source: WA DOH Community Health Assessment Tool (CHAT) 2018-2022, Community Healthy People 2030

† Number of births plus induced abortions and fetal deaths among women aged 15-19 years old per 1,000 women aged 15-19 years old

‡ Number of live births to women aged 15-19 years old per 1,000 women aged 15-19 years old

Figure 4: Teen birth rate† per 1,000 women aged 15-19 in Snohomish County by race/ethnicity, 2023 and 2019-2023 combined



Source: WA DOH Community Health Assessment Tool (CHAT); Healthy People 2030; U.S. CD, National Vital Statistics Report, Volume 74, Number 3, March 2025

NH refers to non-Hispanic

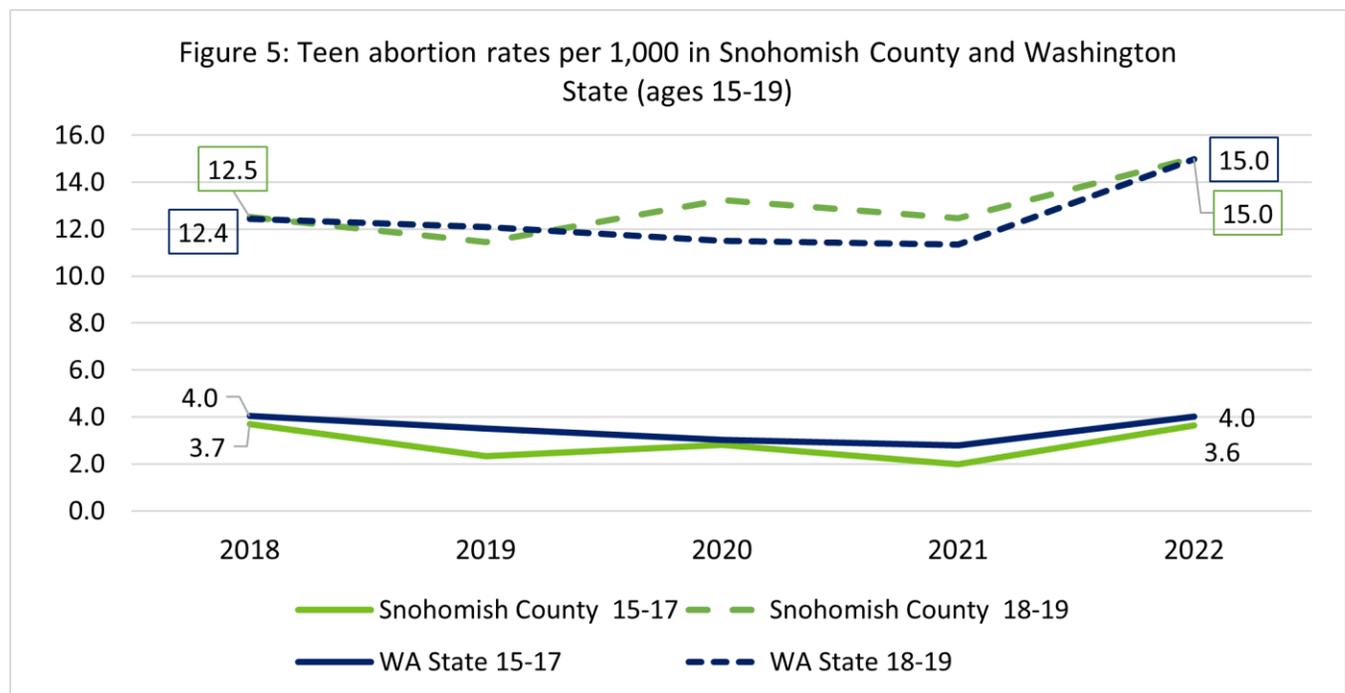
*Indicates statistically significant difference compared to reference group

† Number of live births to women aged 15-19 years old per 1,000 women aged 15-19 years old

Teen abortions

In 2022, nearly 1 in 10 of all induced abortions (excluding fetal deaths) in Snohomish County were among 15-19-year-old youths. In 2022, there were 189 abortions among Snohomish County teens (15-19) and 40 births. ^{10,11,12}

The 2022 abortion rate among both 15–17-year-olds and 18–19-year-olds in Snohomish County was about the same as Washington State. Generally, teen abortion rates among 15-17-year-olds remain stable whereas teen abortion rates among 18-19-year-olds are trending slightly upward with some variability year-to-year, likely due to a relatively small sub-population size of pregnant teens getting abortions (Figure 5). ^{10,11,12}

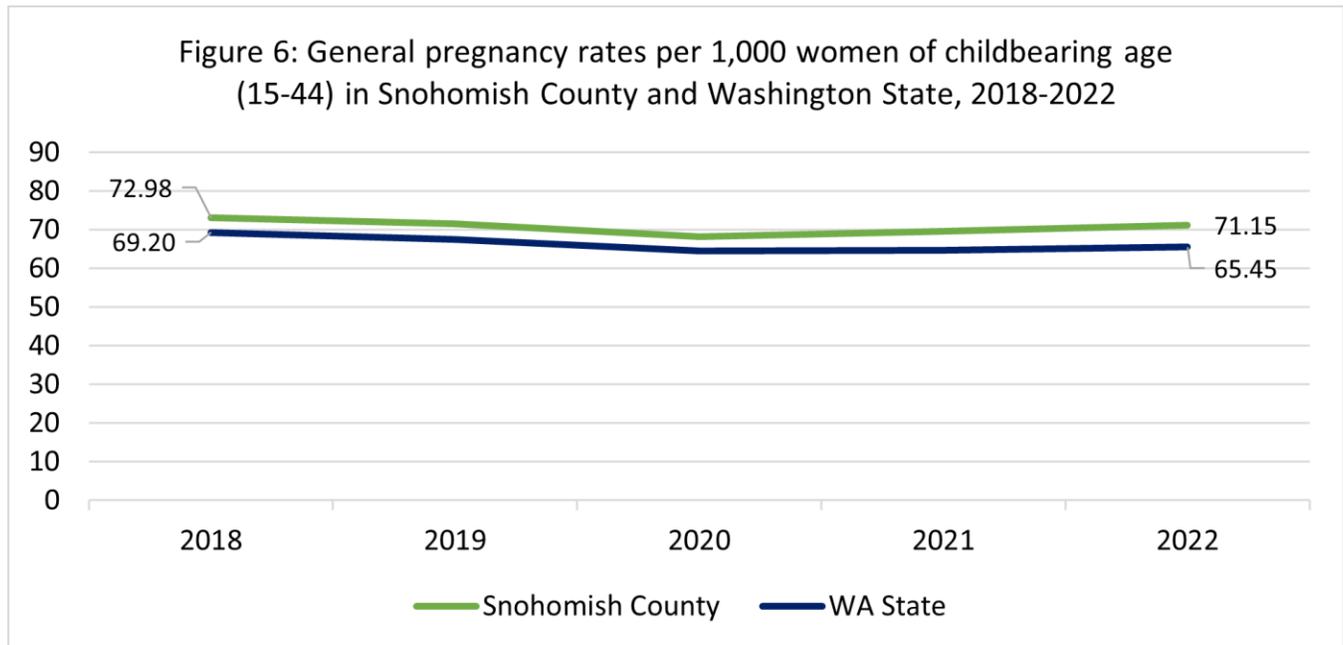


Source: WA DOH Community Health Assessment Tool (CHAT), 2018-2022

PREGNANCY

Pregnancy rates (general population)

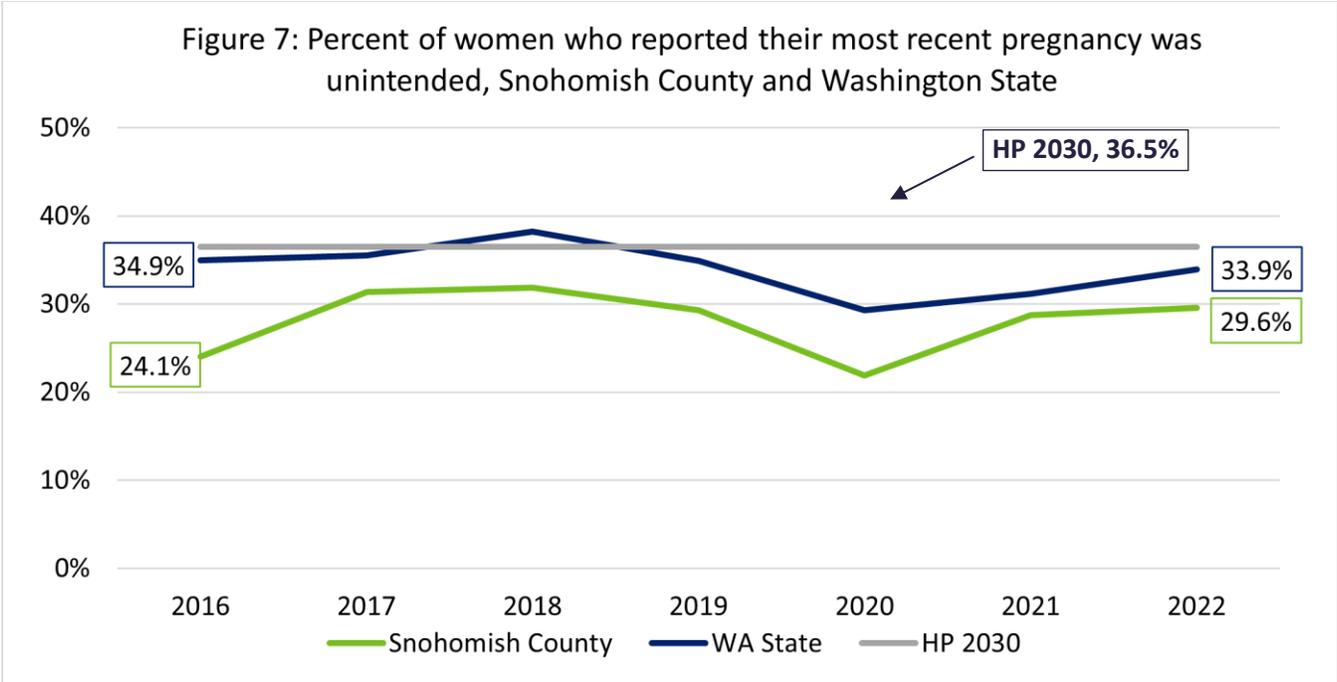
Mirroring statewide trends, Snohomish County has remained steady in general pregnancy rates over time among women of childbearing age (Figure 6). Pregnancy rates include births, fetal deaths, and abortions combined, whereas birth rates include births only.^{9,10,11,12}



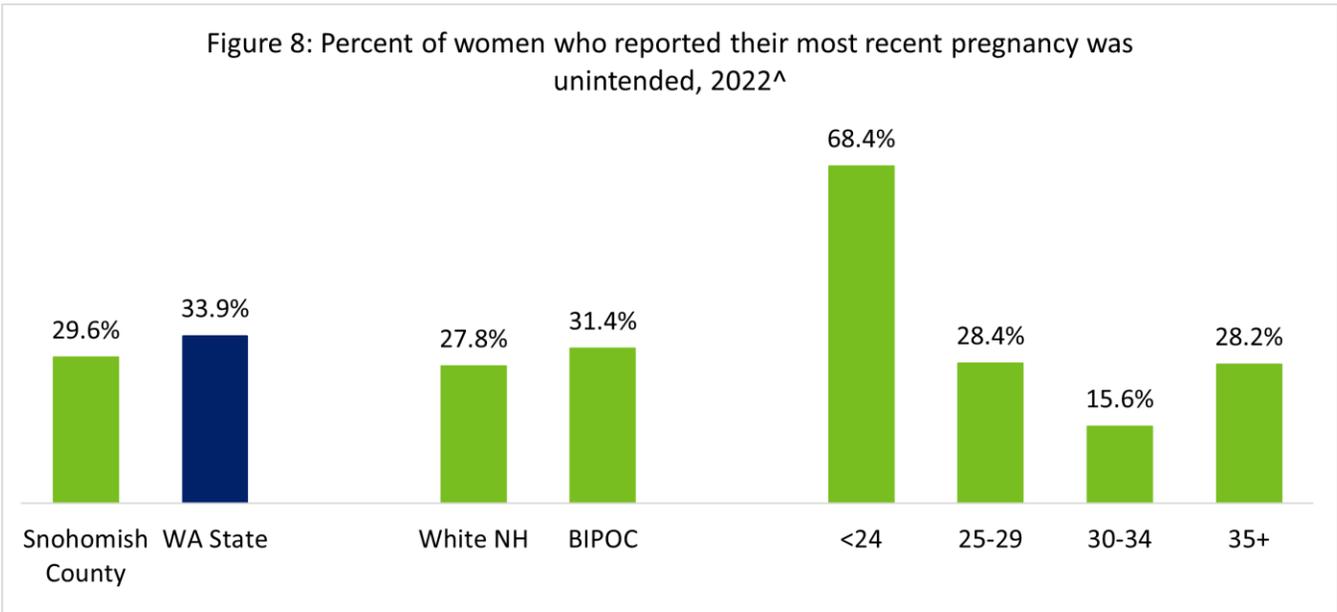
Source: WA DOH Community Health Assessment Tool (CHAT), 2018-2022

Unintended pregnancies

An unintended pregnancy is a pregnancy that is either unwanted or is mistimed (e.g., earlier than desired). Reviewing unintended pregnancies gives a glimpse of unmet needs for contraception and family planning. Most unintended pregnancies are a result of not using contraception or using it incorrectly or inconsistently.¹⁴ The percent of unintended pregnancies in Snohomish County has generally stayed steady over time, with some variability year-to-year. In 2022, 29.6% of women surveyed through the Pregnancy Risk Assessment Monitoring System (PRAMS) reported that their most recent pregnancy was unintended. Snohomish County has also consistently met the Healthy People 2030 goal of no more than 36.5% of pregnancies being unintended every year (Figure 7). BIPOC women and women 24 years and younger reported unintended pregnancy at a higher rate than non-Hispanic White and older age groups, respectively (Figure 8).¹⁶ However, due to the small sample size of the PRAMS dataset for Snohomish County, statistical differences could not be calculated and therefore all differences between sub-populations should be interpreted with caution.



Source: WA DOH, Pregnancy Risk Assessment Monitoring System, 2016-2022

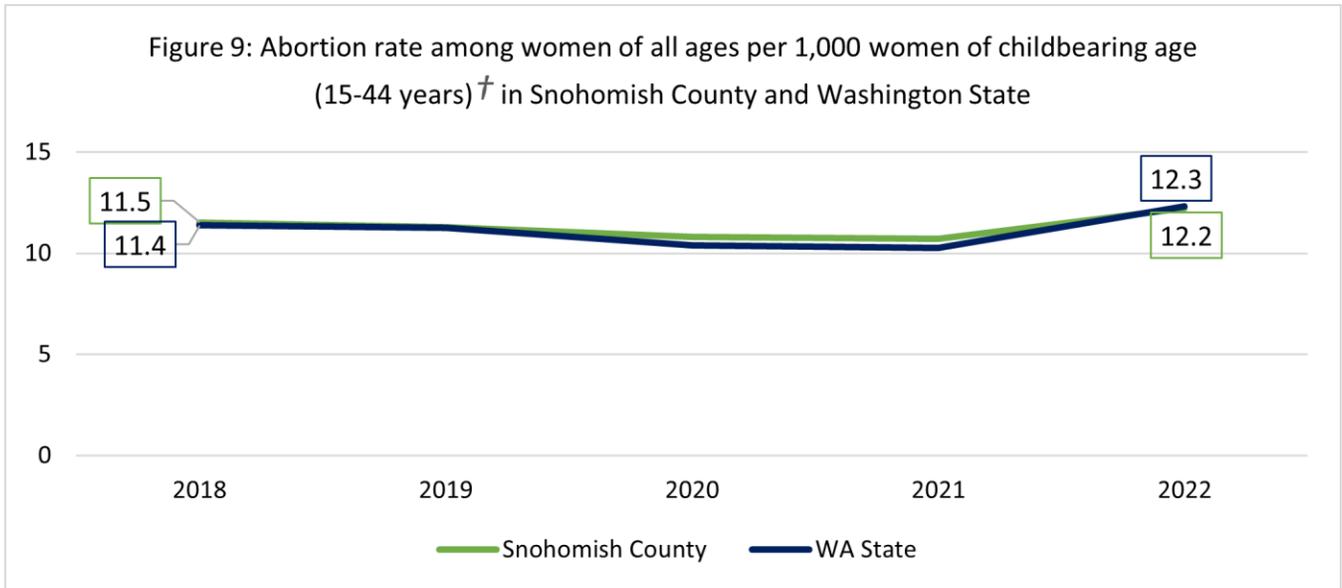


Source: WA DOH, Pregnancy Risk Assessment Monitoring System, 2022

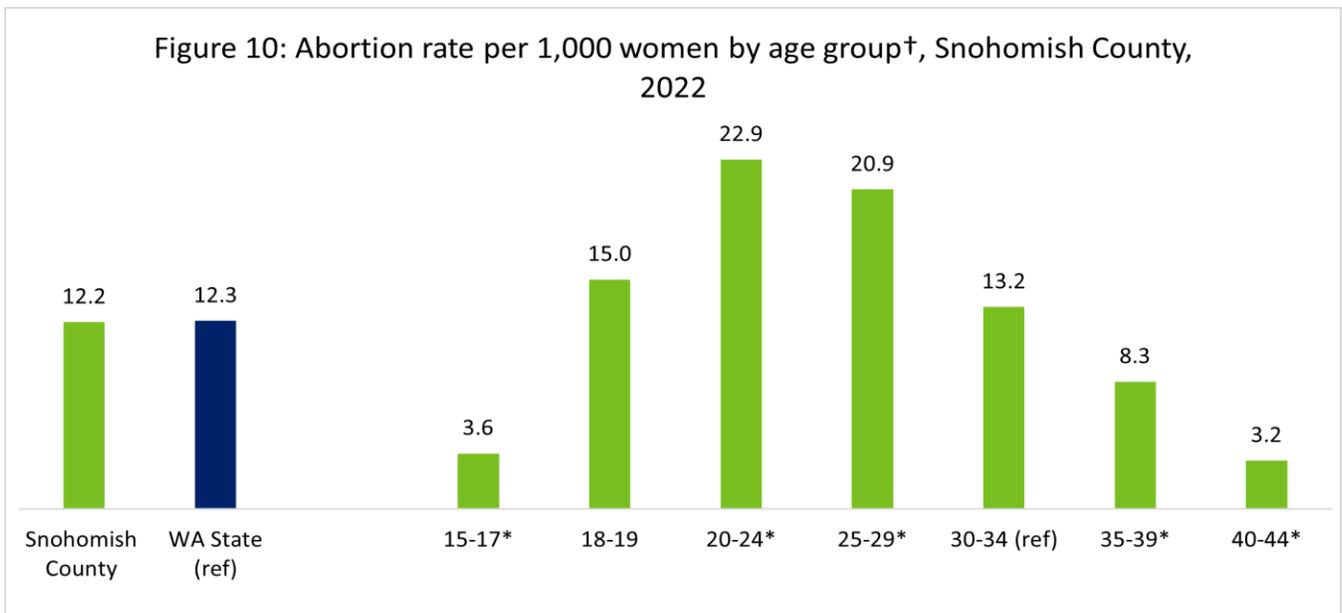
^Very small sample sizes. Unable to assess significant differences. Interpret with great caution when looking at sub-populations.

Abortions (general population)

In 2022, there were a total of 2,055 induced abortions in Snohomish County (excluding fetal loss). This equates to 12.2 abortions for every 1,000 women of childbearing age (15-44 years). This was similar to Washington State’s rate of 12.3 in that same year. Mirroring statewide trends, Snohomish County’s abortion rate has increased slightly over time (Figure 9). Women aged 20-24 years old have the highest rate of abortions compared to all other age groups (number of abortions per 1,000 women in that age group, regardless of pregnancy status) (Figure 10).^{10,11,12}



Source: WA DOH Community Health Assessment Tool (CHAT), 2018-2022
 †Per 1,000 women of childbearing age (15-44 years), regardless of pregnancy status



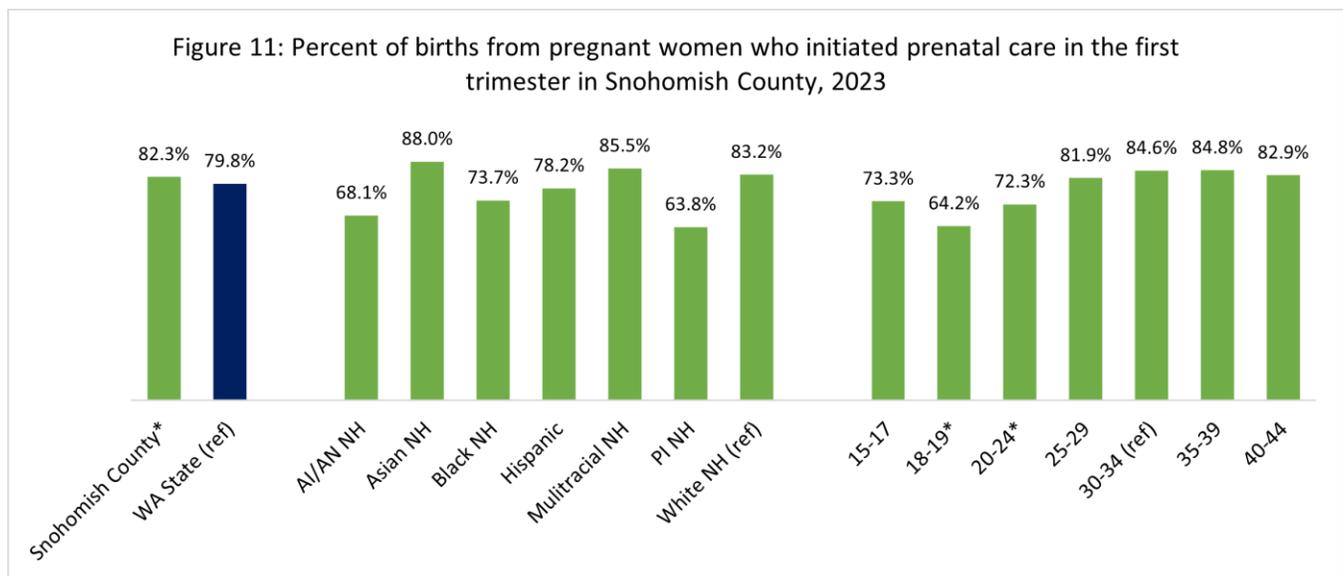
Source: WA DOH Community Health Assessment Tool (CHAT), 2022
 †Per 1,000 women in indicated age group, regardless of pregnancy status.
 *Indicates statistically significant difference compared to reference group

PRENATAL CARE

Prenatal care is healthcare that someone receives while they are pregnant. It's most effective when it's started early and continues regularly throughout pregnancy. Women should start prenatal care as soon as they know they are pregnant or think they might be pregnant.¹⁷ Receiving prenatal can help prevent and address health problems in both mothers and babies. It can also be an opportunity for women and families to learn about additional health information and social services that can help ensure the healthy growth of their children and families.

Pregnant women who started prenatal care in the 1st trimester

Most pregnant women in Snohomish County start prenatal care in their first trimester of pregnancy. This has remained relatively consistent over time at both the local- and state-level, with about 4 in every 5 pregnant women starting prenatal care in the first three months of pregnancy over the past 5 years. In 2023, the percent of births from pregnant women who initiated prenatal care in their first trimester was significantly higher at 82.3%, than Washington State overall at 79.8%. Differences exist, although not statistically significant, among non-White racial/ethnic groups in comparison to non-Hispanic White pregnant women, particularly among Pacific Islander, Hispanic, AI/AN, and Black women. Younger pregnant women, particularly those in their early 20s, start early prenatal care at a lower rate than other age cohorts (Figure 11).¹⁸



Source: WA DOH Community Health Assessment Tool (CHAT), 2023

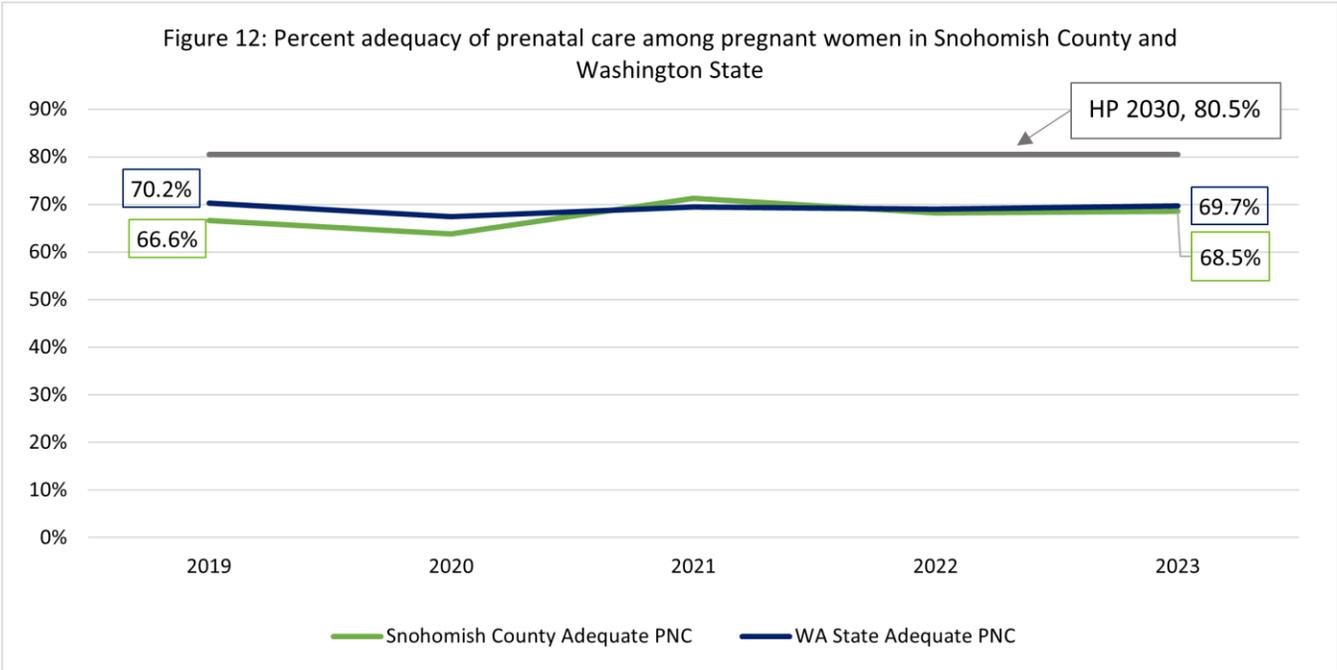
*Indicates statistically significant difference compared to reference group

Adequacy of prenatal care (Kotelchuck Index)

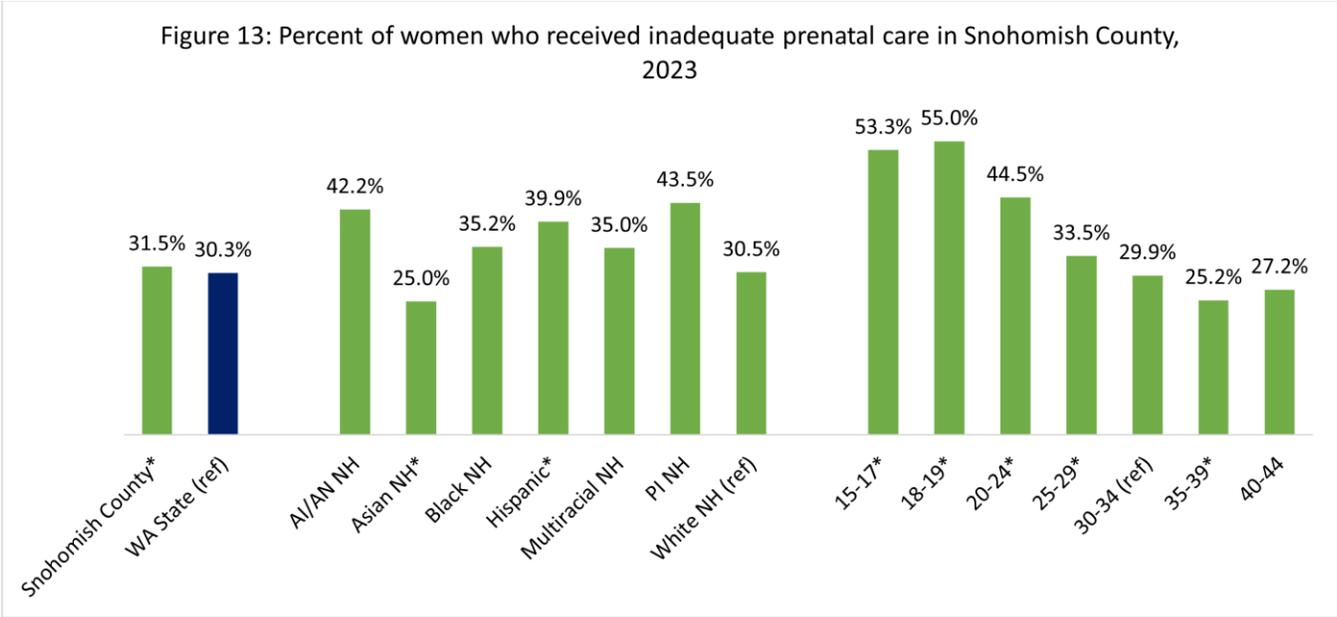
The Healthy People 2030 goal is for 80.5% of pregnant women to receive early and adequate prenatal care. The Kotelchuck Index or the Adequacy of Prenatal Care Utilization (APNCU) is most frequently

used to measure whether a pregnant woman’s prenatal care was “adequate” or “inadequate.” By this measure, “adequate” care is having at least 80% of expected prenatal care visits, and “inadequate” care is having less than 80% of expected prenatal care visits.¹⁷ This index doesn’t consider the quality of prenatal care but given the available data, can be used as a measure when assessing adequacy of prenatal care on a population level.

Over time, Snohomish County has closely mirrored statewide prenatal care adequacy rates, and most pregnant women receive adequate prenatal care. While the percent of pregnant women in Snohomish County who received adequate prenatal care has increased slightly in the past few years (Figure 12), nearly one in three pregnant women do not receive an adequate amount of prenatal care. In 2023, this equated to 2,126 pregnant women (31.5%). Both Snohomish County and Washington state have not reached the Healthy People 2030 goal of having 80.5% of pregnant women receive adequate prenatal care. Snohomish County also had a significantly higher percent of women with inadequate prenatal care compared to Washington State in 2023. Disparities also exist among some BIPOC groups and younger age groups – notably all BIPOC groups except Asian non-Hispanic women, and pregnant women younger than 30 years old (Figure 13).¹⁸



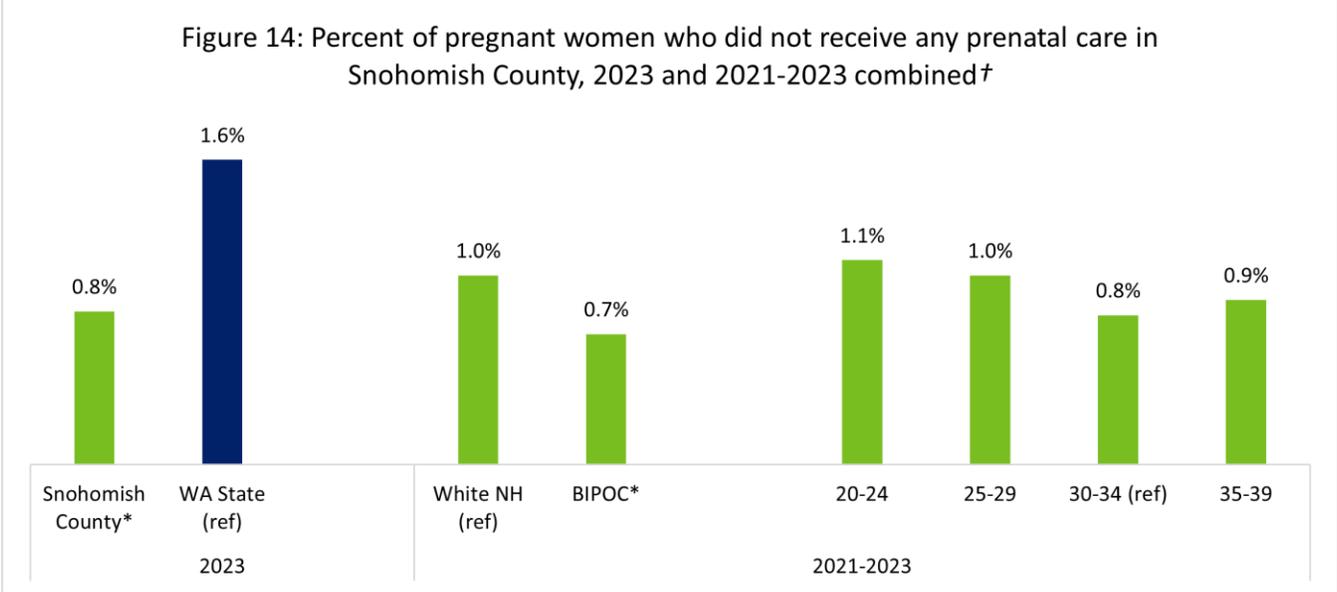
Source: WA DOH Community Health Assessment Tool (CHAT), 2019-2023



Source: WA DOH Community Health Assessment Tool (CHAT), 2023
 *Indicates statistically significant difference compared to reference group

Pregnant women who did not get prenatal care

Babies born to mothers who do not get prenatal care are three times more likely to have a low birth weight and five times more likely to die than babies of mothers who do get care.¹⁷ Annually in Snohomish County, less than one percent of pregnant women do not get any prenatal care. This equates to fewer than 50 women per year. Non-Hispanic White women are more likely than BIPOC women to not get any prenatal care (Figure 14).

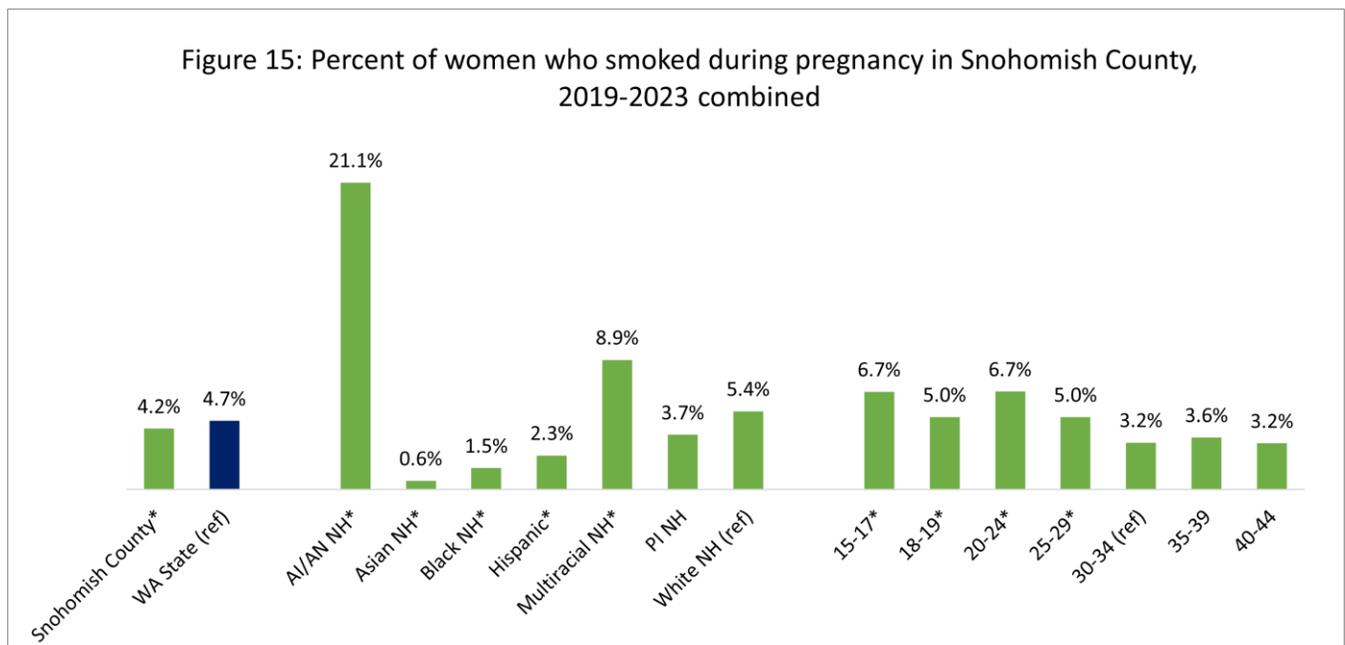


Source: Community Health Assessment Tool (CHAT), 2023, and 2021-2023 combined
 *Indicates statistically significant difference compared to reference group
 †Counts too small for <20 years

PRENATAL CONDITIONS

Smoking during pregnancy

In addition to causing cancer and other major health problems, smoking while pregnant can also cause serious health problems for babies. Babies born to mothers who smoked during pregnancy are at risk of premature birth, low birth weight, birth defects, and sudden infant death syndrome (SIDS).¹⁹ The Healthy People 2030 goal aims to increase abstinence from cigarette smoking among pregnant women to 95.7% (i.e., fewer than 4.3% of women smoking during pregnancy).²⁰ The rate of women smoking during pregnancy in Snohomish County from 2019-2023 was 4.2%. While the overall percentage met the Healthy People 2030 goal, some racial/ethnic and age groups did not – notably American Indian/Alaskan Native women, Multiracial women, and White women as well as women aged 15-29 (Figure 15).¹⁸



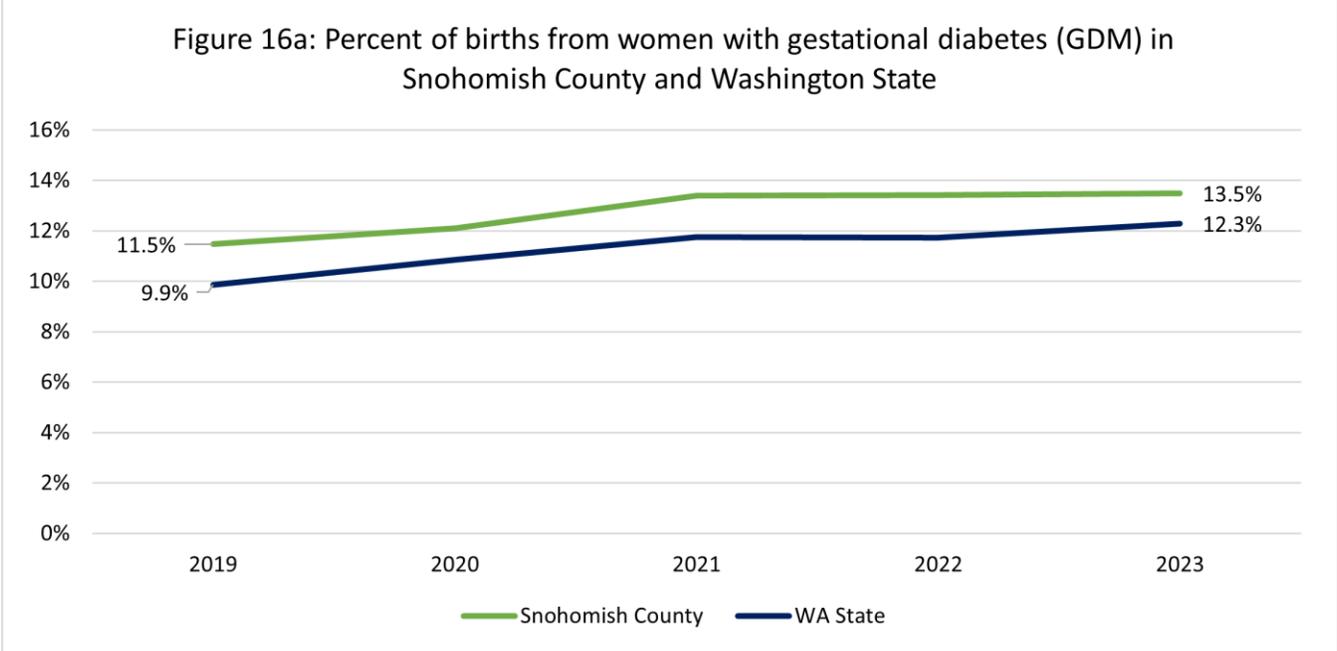
Source: WA DOH Community Health Assessment Tool (CHAT), 2019-2023 combined

*Indicates statistically significant difference compared to reference group

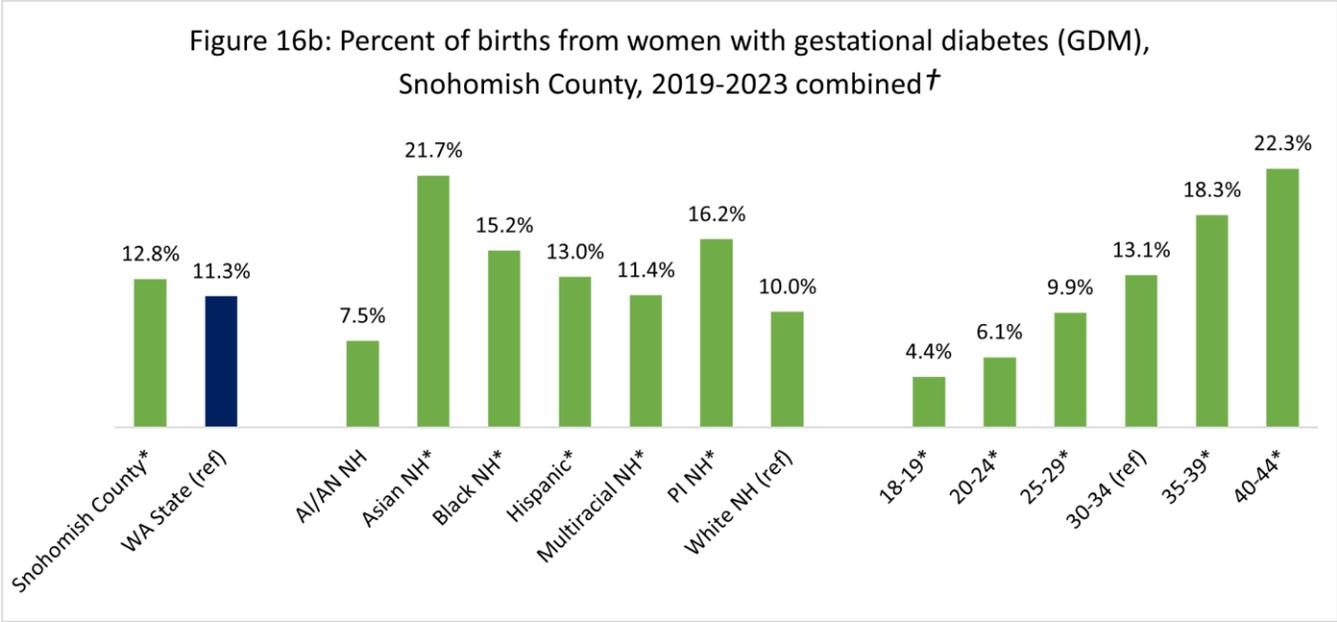
Gestational Diabetes (GDM)

Gestational diabetes (GDM) is a type of diabetes that can develop during pregnancy in women who don't already have diabetes. It is a relatively common pregnancy complication. Having GDM can increase a mother's risk of cardiovascular disease and type 2 diabetes later in life. Babies of mothers with GDM are at increased risk of high birthweight, premature birth, low blood sugar, and developing type 2 diabetes. In addition to risk factors such as being overweight or a family history of type 2 diabetes, BIPOC women and women over the age of 25 are also known to be at higher risk of developing GDM.²⁰ Snohomish County has a statistically higher percent of women who had gestational

diabetes than Washington State (Figure 16b). Like Washington State, the percent has increased over time (Figure 16a).¹⁸



Source: WA DOH Community Health Assessment Tool (CHAT), 2019-2023



Source: WA DOH Community Health Assessment Tool (CHAT), 2019-2023 combined

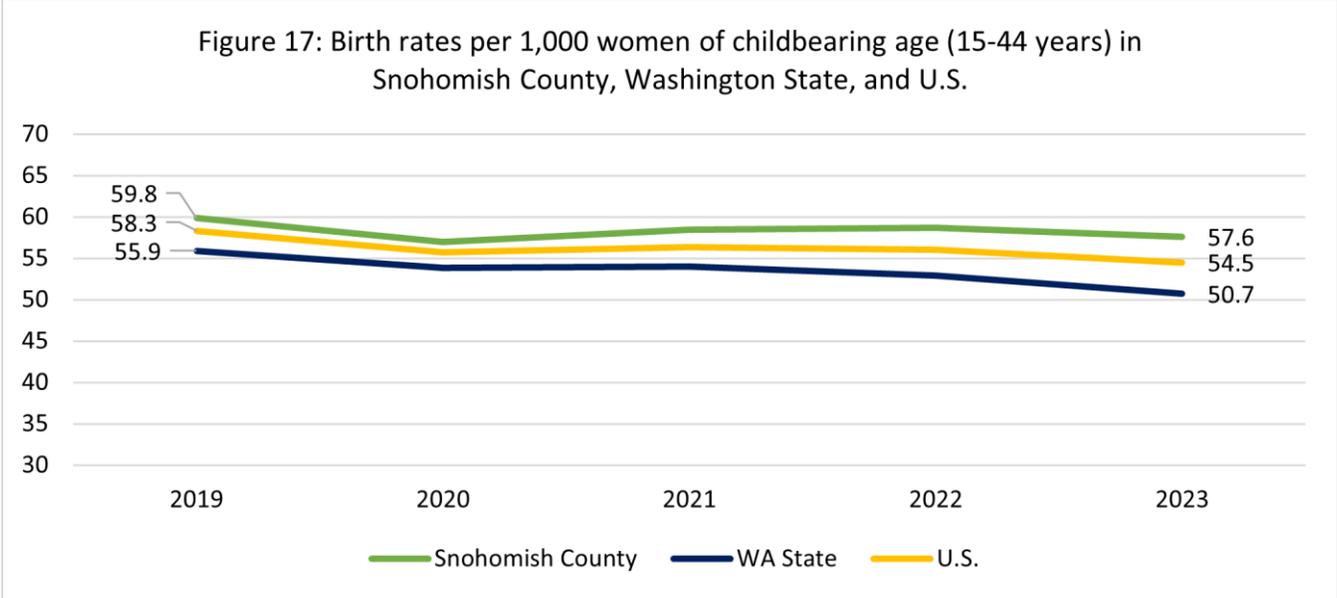
*Indicates statistically significant difference compared to reference group

†Counts too small for <18 years

BIRTHS

Birth rates (general population)

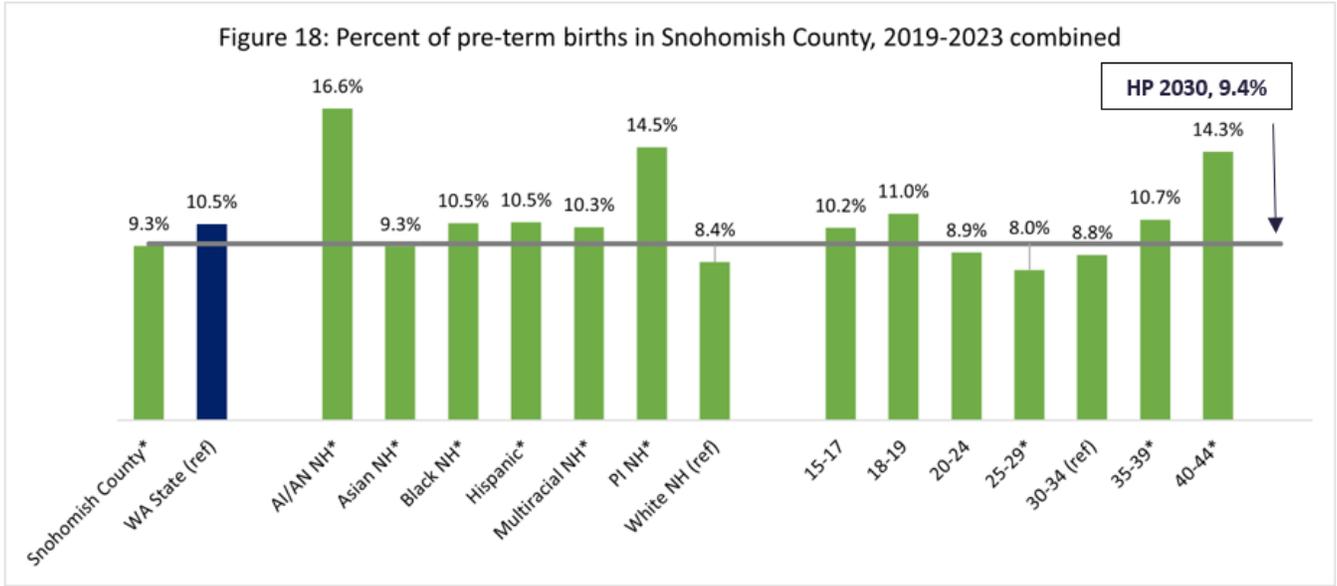
Mirroring trends both state- and nationwide, Snohomish County has seen a steady decrease in general birth rates over time among women of childbearing age (59.8 per 1,000 women in 2019 vs 57.6 per 1,000 women in 2023). Birth rates among women of childbearing ages of 15-44 years are also known as fertility rates (Figure 17).^{9,13}



Source: WA DOH Community Health Assessment Tool (CHAT), 2019-2023; CDC National Vital Statistics Report, Vol. 74, No. 3, March 6, 2025

Preterm births

A preterm birth is when a baby is born too early (before 37 weeks of gestation). These infants have a higher risk of health complications, developmental problems, and even death.²² Preterm births have remained relatively steady in Snohomish County over the years, with about 1 in every 10 births being preterm. The percent of preterm births locally is statistically lower than the State, but nearly on par with the Healthy People 2030 goal of 9.4%.²² Preterm births are more common among non-Hispanic American Indian/Alaskan Native women, Pacific Islander women, and teens 15-19 years old and women 35 years and older in Snohomish County (Figure 18).¹⁸



Source: WA DOH Community Health Assessment Tool (CHAT), 2019-2023 combined
*Indicates statistically significant difference compared to reference group

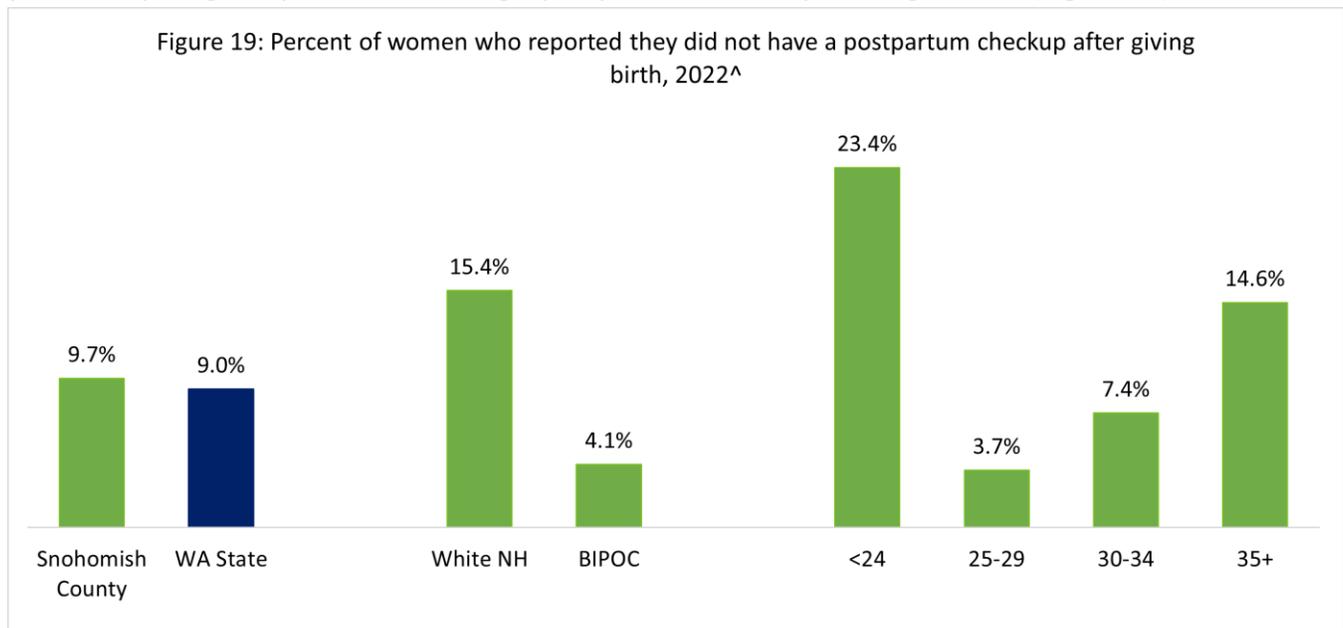
POSTPARTUM

Breastfeeding

Breastfeeding is considered the clinical gold standard for infant feeding and nutrition. It is a known benefit for mothers and babies and is linked to a reduced risk of many illnesses. Infants who are breastfed have reduced risks of asthma, obesity, type 1 diabetes, and sudden infant death syndrome (SIDS), among other health issues. Mothers who breastfeed have reduced risks of high blood pressure, type 2 diabetes, ovarian cancer, and breast cancer.²³ The Healthy People 2030 goal aims to have 42.4% of babies breastfed exclusively through 6 months of age.²⁴ While goal-comparable data does not exist locally, there are reasonable data alternatives to estimate breastfeeding practices among Snohomish County mothers. Results from the most recent PRAMS survey for Snohomish County in 2022 showed that 96.9% of new mothers initiated breastfeeding and 86.9% of new mothers breastfed their new baby for at least 8 weeks.¹⁶

Postpartum care

A postpartum check-up is the regular check-up a woman has about 4-6 weeks after giving birth. Postpartum care is important to ensure new mothers stay healthy and recover after giving birth. These check-ups can help identify, prevent, or address physical, social, and mental health needs of a new mother and family. The postpartum period is often referred to as the “fourth trimester” because it provides important and continued care for both mother and baby. In the 2022 PRAMS survey, 9.7% of new mothers in Snohomish County reported they did not have a postpartum check-up in the 4-6 weeks after giving birth. This is similar to previous survey years. Non-Hispanic White mothers and mothers 24 years and younger reported not having a postpartum check-up at a higher rate (Figure 19).¹⁶



Source: WA DOH, Pregnancy Risk Assessment Monitoring System, 2022

[^]Very small sample sizes. Unable to assess significant differences. Interpret with great caution when looking at sub-populations.

INFANT AND CHILD DEATHS

Infant death rate

The Healthy People 2030 goal aims for no more than 5 infant deaths for every 1,000 live births. An infant death is counted when a baby dies in the first 365 days after birth. In 2023, there were 38 infant deaths in Snohomish County out of 9,863 live births, for a rate of 3.9 per 1,000. Most of these deaths were due to congenital defects or conditions originating in the perinatal period. Snohomish County's infant death rate has consistently remained below the Healthy People 2030 goal but has increased in the past 5 years (2.5 per 1,000 in 2019 to 3.9 per 1,000 in 2023). It is also lower than the State infant death rate (5.0 per 1,000 live births in 2023).^{25,26}

Child death rate

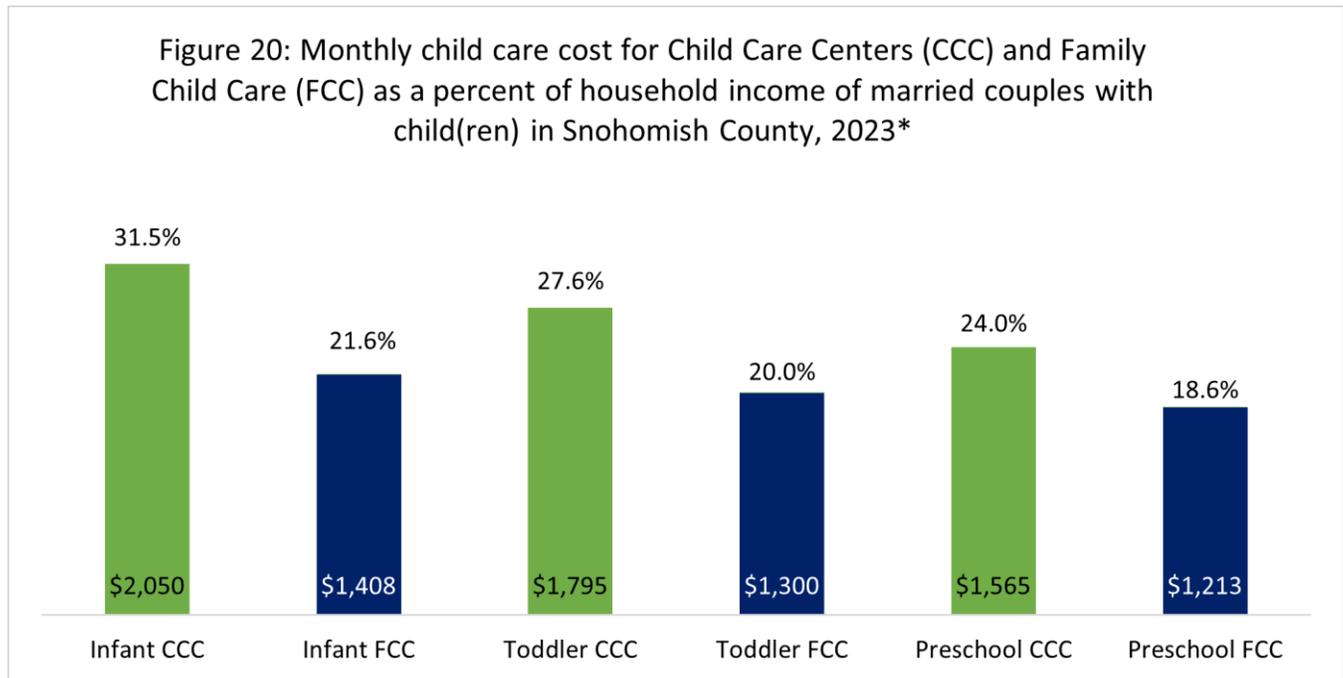
From 2019 to 2023 combined, accidents were the leading cause of death among children aged 1-14 years. During this timeframe, there were 3.09 deaths due to accidents for every 100,000 children aged 1-14 years old.²⁵

CHILDCARE

Child costs and needs

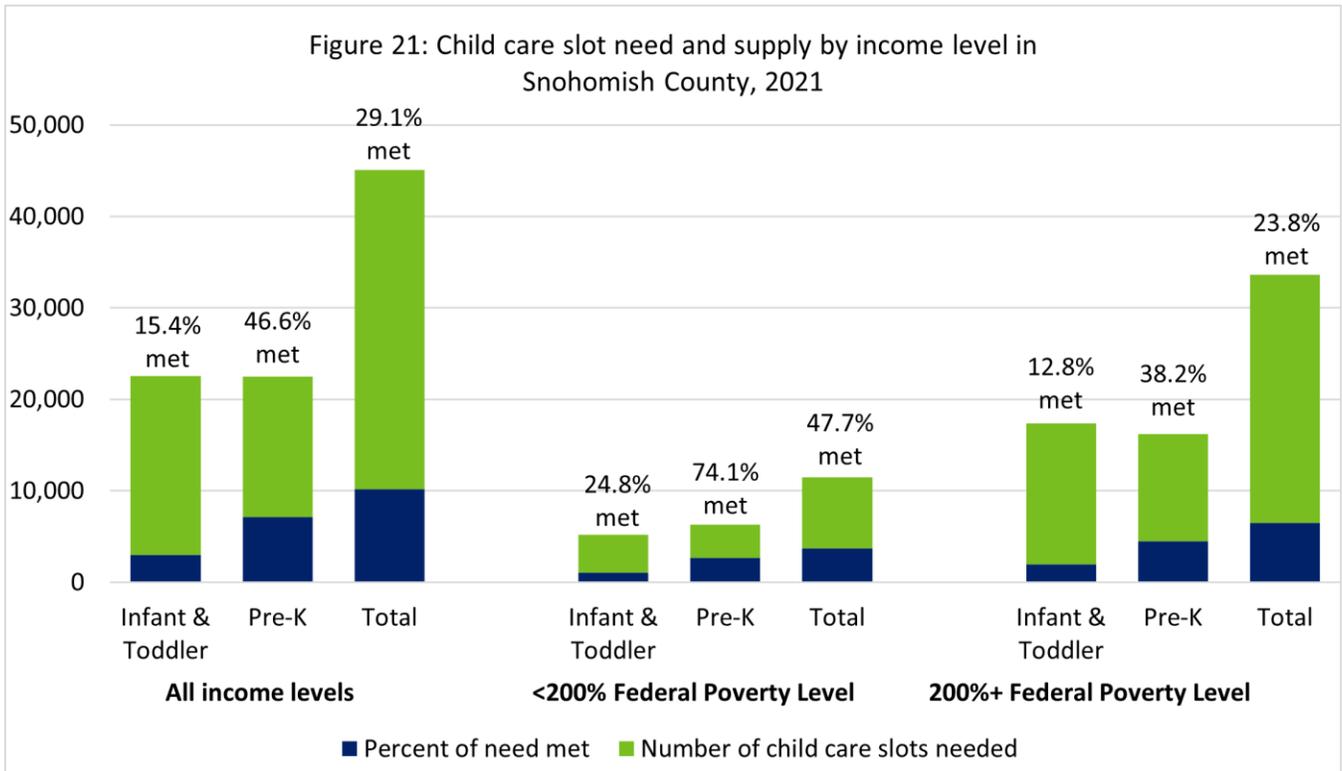
High quality childcare keeps children safe while also nurturing and developing children in a way that prepares them for school and beyond.²⁷ However, childcare can be very costly. The median household income of a married couple with their own children under 18 years old in Snohomish County is about \$78,130 per year or \$6,510 per month²⁷. The figure below shows the cost burden of childcare in Snohomish County based on this household income (Figure 20). For the median married-couple household with children, childcare cost can range from 18.6% to 31.5% of their monthly income, depending on the age of their child and type of childcare. Overall, the younger a child, the more cost-burdensome the childcare.^{28,29}

Snohomish County's childcare needs are severely under met as shown in Figure 21. In 2021, only 29.1% of the county's total childcare needs were met among infants, toddlers, and pre-kindergarten children. This was similar to but slightly lower than Washington State's percent of needs met, at 33.2%. A higher proportion of needs are met among lower income families (<200 Federal Poverty Level) because there are specific subsidies and programs, such as Head Start, that are available to these families.²⁹



Source: Child Care Aware of WA, Snohomish County Profile 2023; U.S. Census bureau ACS Table S1903, 2023 1-year estimate

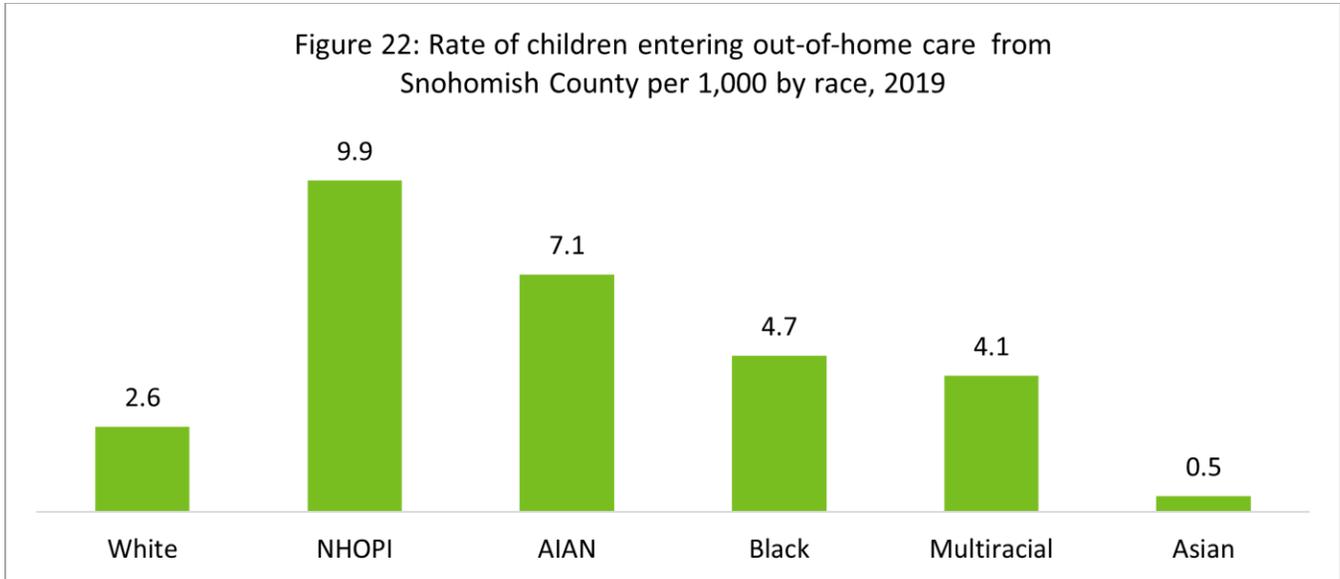
*Median monthly childcare cost; median household income of married couple with own children under 18 years



Source: Child Care Aware of WA, Snohomish County Profile 2021 – No recent data available

Child welfare

When children cannot remain safely in their home, they are placed in out-of-home care by the child welfare system. The welfare system then works to find a safe and permanent home where the child can thrive. In most instances, children are ultimately reunited with their parents once all safety concerns have been addressed. However, some children have other permanency outcomes, such as adoption or guardianship. In Snohomish County, nearly half of children are reunited with their parents or guardians, and a quarter are adopted within three years of being placed in care.³⁰ In 2019, a total of 490 children under the age of 18 (or 2.7 per 1,000 children) were removed from their home in Snohomish County and placed into out-of-home care. The rate of removal has decreased over time from 3.5 per 1,000 children in 2015. The rate was higher among most BIPOC children in comparison to White children (Figure 22).^{31,32,33}



Source: *Partners for Our Children, Child Well-Being Data Portal, Entering Out-of-Home Care (Count and Rate) 2019 – no recent data available*

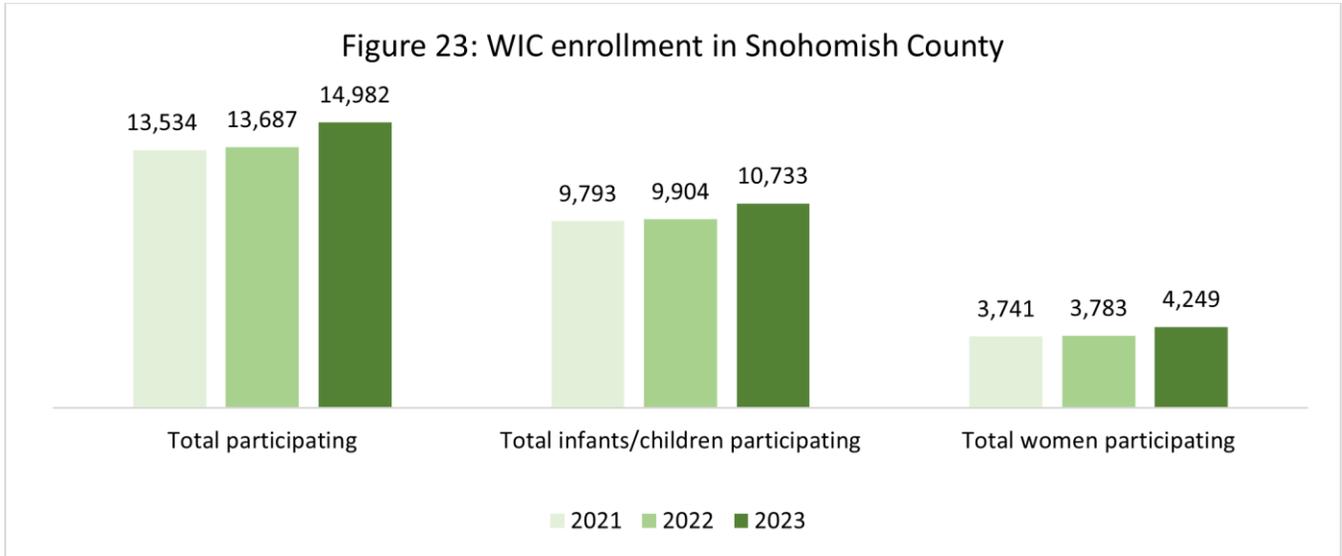
Nutrition (WIC)

The Women, Infants, and Children (WIC) Nutritional Program is a federal assistance program that provides nutritional support such as healthy food and nutrition education, as well as breastfeeding support and more. WIC is available for pregnant people, breast and chest feeding parents, infants, and children under 5.³⁴ WIC eligibility and income guidelines in Washington State are highlighted below in Table 1. WIC enrollment in Snohomish County has been increasing from a total of 13,534 participating in 2021 to 14,982 in 2023 (Figure 23).

Table 1: WIC eligibility and income guidelines in Washington State, 2025

Number of people in household	Max annual income	Max monthly income
2	\$37,814	\$3,152
3	\$47,767	\$3,981
4	\$57,720	\$4,810
5	\$67,673	\$5,640
6	\$77,626	\$6,469
7	\$87,579	\$7,299

Source: *WA DOH, WIC Eligibility, 2025*



Source: WA DOH, WIC Nutrition Program, FFY 2021-2023 reports

SOURCES

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SECTION DATA TABLE

Indicator	SC value	WA value	U.S. value	Trend	Goal	SC disparities	Sources
Teens who have ever had sex (grades 8, 10, 12)	15.5%	16.1%	N/A	↓	No comparable goal available	None	HYS 2016-2023
Teens using inadequate birth control (grades 8, 10, 12)	2.3%	3.0%	N/A	↓	No goal available	None	HYS 2018-2023
Teen pregnancy rate (15-19 years)	14.8/1k	17.5/1k	N/A	↓	31.4/1k	None	CHAT, DOH Centers for Health Statistics Abortion Reporting System, Vital Statistics System, and Fetal Death Certificates 2018-2022; HP 2030
Teen birth rate (15-19 years)	7.1/11k	9.1/1k	13.1/1k	↓	No goal available	R/E (PI NH, AIAN NH, Hispanic)	CHAT, DOH Center for Health Statistics Birth Certificate Data 2019-2023; CDC National Vital Statistics Report V. 70, No. 17
Teen abortion rate (15-17 years)	3.6/1k	4.0/1k	N/A	↔	No goal available	N/A	CHAT, DOH Centers for Health Statistics Abortion Reporting System, Vital Statistics System, and Fetal Death Certificates 2018-2022
Teen abortion rate (18-19 years)	15.0/1k	15.0/1k	N/A	↑	No goal available	N/A	CHAT, DOH Centers for Health Statistics Abortion Reporting System, Vital Statistics System, and Fetal Death Certificates 2018-2022

Pregnancy rates (15-44 years)	71.2/1k	65.4/1k	N/A	↓	No goal available	N/A	CHAT, DOH Centers for Health Statistics Abortion Reporting System, Vital Statistics System, and Fetal Death Certificates 2018-2022
Unintended pregnancies*	29.6%	33.9%	N/A	Unable to assess	No goal available	R/E (BIPOC), Age (<20-24)	PRAMS 2016-2022
Abortion rate (among women all ages per 1k aged 15-44 years)	12.2/1k	12.3/1k	N/A	↑	No goal available	N/A	CHAT, DOH Centers for Health Statistics Abortion Reporting System, Vital Statistics System, and Fetal Death Certificates 2018-2022
Initiated prenatal care in 1 st trimester	82.3%	79.8%	N/A	↔	No goal available	Age (18-24), R/E (PI NH, AIAN NH, Black NH, Hispanic)	CHAT, DOH Center for Health Statistics Birth Certificate Data, 2023
Inadequate prenatal care (Kotelchuck Index)	31.5%	30.3%	N/A	↓	<19.5% (inverse of 80.5% goal)	R/E (PI NH, Black NH, Hispanic, Multiracial NH, AI/AN NH), Age (<30)	CHAT, DOH Center for Health Statistics Birth Certificate Data 2019-2023; HP 2030
No prenatal care	0.8%	1.6%	N/A	↔	No comparable goal available	R/E (White NH)	CHAT, DOH Center for Health Statistics Birth Certificate Data 2021-2023 combined
Smoking during pregnancy	4.2%	4.7%	N/A	↓	4.3% (inverse of 95.7% goal of <i>not</i> smoking)	R/E (AIAN NH, Multi NH), Age (20-29)	CHAT, DOH Center for Health Statistics Birth Certificate Data 2019-2023 combined; HP 2030
Gestational diabetes	13.5%	12.3%	N/A	↑	No goal available	R/E (Asian NH, Black NH, Hispanic, PI NH,	CHAT, DOH Center for Health Statistics Birth Certificate Data 2019-2023 combined

						Multiracial NH), Age (40-44)	
Birth rate (15-44 years)	57.6/1k	50.7/1k	54.5/1k	↓	No goal available	N/A	CHAT, DOH Center for Health Statistics Birth Certificate Data 2019- 2023; DC National Vital Statistics Report, Vol. 74, No. 3, March 6, 2025
Preterm births	9.3%	10.5%	N/A	↓	9.4%	R/E (AIAN NH, PI NH, Multiracial NH, Black NH), Age (35-44)	CHAT, DOH Center for Health Statistics Birth Certificate Data 2019- 2023; HP 2030
Breastfeeding initiation*	96.9%	96.6%	N/A	Unable to assess	No comparable goal available	None	PRAMS 2016-2022
Breastfed at least 8 weeks*	86.9%	82.5%	N/A	Unable to assess	No comparable goal available	R/E (White NH), Age (<20-24)	PRAMS 2016-2022
No postpartum check-up*	9.7%	9.0%	N/A	Unable to assess	No comparable goal available	R/E (White NH), Age (<20-24)	PRAMS 2016-2022
Postpartum depressive feelings*	10%	6.8%	N/A	Unable to assess	No goal available	R/E (White NH), Age (<20-24)	PRAMS 2016-2022
Infant death rate	3.9/1k	5.0/1k	N/A	↑	5.0/1k	N/A	CHAT, DOH Center for Health Statistics Death Certificate Data 2019-2023
Child care needs met	29.1%	33.2%	N/A	Unable to assess	No goal available	Age (infants and toddlers), Income (200+ FPL)	Child Care Aware of WA 2021- no recent data available
Monthly child care cost as	18.6- 31.5%	N/A	N/A	↑	No goal available	Age (infants and toddlers)	US Census Bureau, ACS table S1903 2021; Child Care Aware of WA 2023

percent of household income							
Out-of-home child entry rate (from SC)	2.7/1k	3.3/1k	N/A	↓	No goal available	R/E (AIAN, Black, NHOPI, Multiracial)	CSSAT Child Well-Being Data Portal 2015-2019 – no recent data available
Out-of-home care rate (in SC)	3.8/1k	4.9/1k	N/A	↓	No goal available	R/E (AIAN, Black, NHOPI, Multiracial)	CSSAT Child Well-Being Data Portal 2016-2020 – no recent data available

*Unable to assess for statistically significant differences due to small sample size. Interpret with caution.

Acronyms:

- ACS: American Community Survey
- AIAN: American Indian or Alaskan Native
- BRFSS: Behavioral Risk Factor Surveillance System
- CD: Communicable Disease
- CDC: Centers for Disease Control & Prevention
- CHAT: (Washington State Department of Health) Community Health Assessment Tool
- CSSAT: Center for Social Sector Analytics and Technology
- DOH: (Washington State) Department of Health
- FPL: Federal Poverty Level
- HYS: Healthy Youth Survey
- HP 2030: Healthy People 2030
- NCHS: National Center for Health Statistics
- NH: non-Hispanic
- NHOPI: Native Hawaiian/Other Pacific Islander
- PI: Pacific Islander

- PRAMS: Pregnancy Risk and Monitoring System
- R/E: Race/ethnicity
- SC: Snohomish County

