



A Public Health Crisis in Arizona and Beyond: Maternal Mortality Among Indigenous Women

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Background

There are 573 federally recognized tribes in the United States.¹ In Arizona, maternal mortality rates are highest among Indigenous women at 70.8 deaths per 100,000 live births.² This rate is 133% higher than the national average for American Indian and Alaska Native women, which still sits at an alarming 30.4 deaths per 100,000 live births.^{2,3} The deep-rooted effects of colonization, systemic barriers to care, health disparities, and incongruencies between Western medicine and traditional practices are all contributing factors to the increasing maternal mortality rates among American Indian women.

“I saw Native women not having agency or support during their childbirth experiences, while midwives who were not Native who served them came away from those births patting themselves on the back. How do we reach those populations and give them the quality care they deserve, without making them fit into this medicalized way of taking care of ourselves?” – Nicolle Gonzales, founder of Changing Woman Initiative²

Risk Factors

Legacy of colonization

“They shared personal stories of grief and loss. They found connection through motherhood, and how the effects of colonization have complicated their ability to effectively address women’s health struggles.” – Journalist, Kyley Warren wrote of an Indigenous doula workshop in Window Rock, AZ²

Indigenous people are burdened with the consequences of centuries of trauma and unresolved grief: genocide, forced sterilization, cultural erasure, displacement, and infant separation.^{4,5} Understandably, this history has instilled a deep mistrust in Western medicine and care providers. Furthermore, Indigenous people are significantly underrepresented in the pregnancy care workforce.⁶



Systemic barriers to care

“My first birth that I had when I was a teenage mother was very traumatic. I didn’t understand how my body worked ... how labor and delivery worked. I was very scared, and I didn’t have much support.” – Melissa Brown, Native midwife ²

It is estimated that 40% of Indigenous people live in rural areas.^{1,6} Maternal mortality and morbidity is highest among Indigenous women who live in rural counties.¹ Geography plays a significant role Indigenous maternal health: many women may miss screenings, prenatal appointments, and other pregnancy-related care.⁶ Access to such healthcare leads to better maternal child health outcomes. Most Indigenous people are not eligible for care provided by the Indian Health Service.⁷ Compared to white women, approximately twice as many Indigenous births are paid for by Medicaid.¹ The insurance gaps posed by Medicaid present significant issues in the context of perinatal care: one study found that 65% of women were without insurance for at least 1 month in the pregnancy period and 55% were uninsured for at least 1 month during the 6 months postpartum.¹

“When searching for ways to prevent these deaths, it’s not just what could have been done in that hospital at that time. It takes into consideration what is happening in the community in which that patient lived that may have contributed, and what is happening within systems of care.” – Dr. David Goodman, CDC Division of Reproductive Health ²

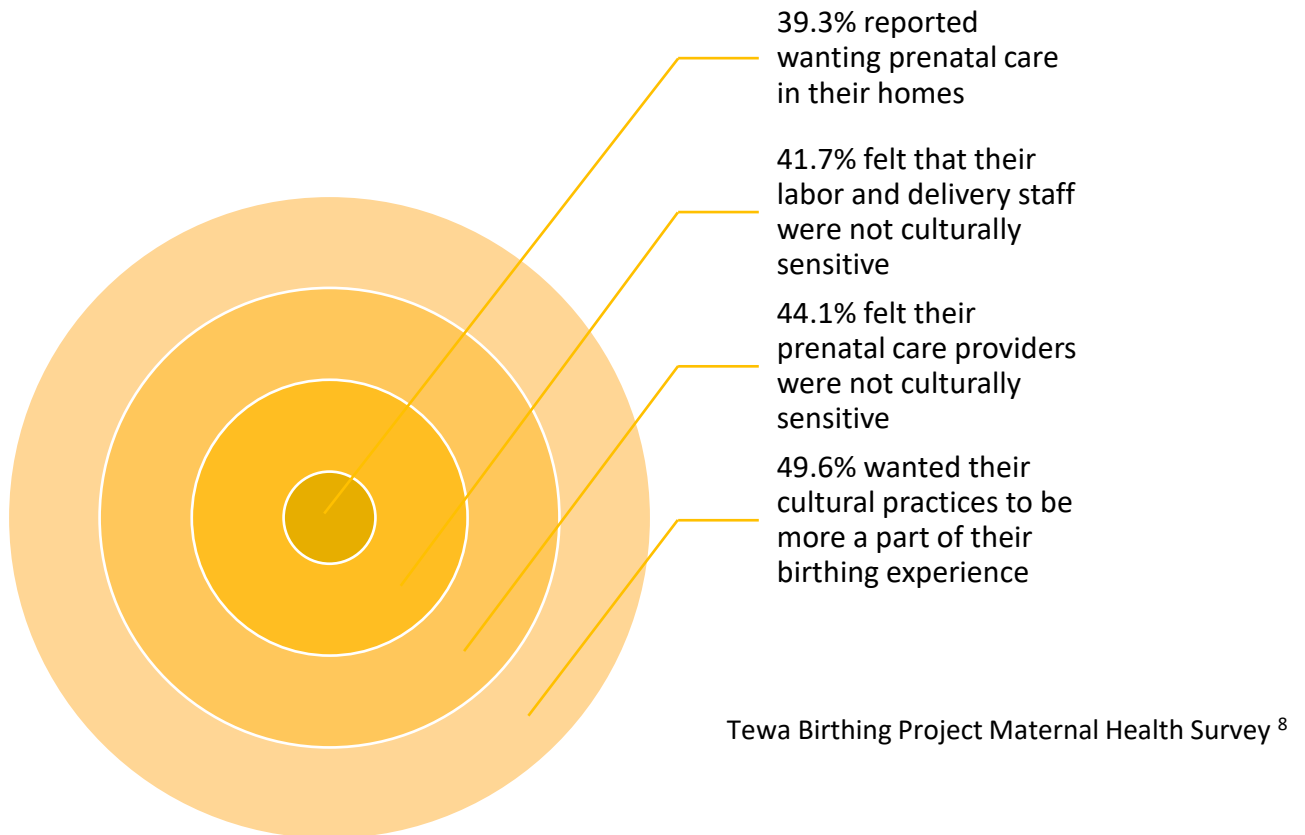
Physical health disparities

Current research shows that Indigenous women fall behind most of the national population in several health indicators.⁶ Compared with white women, Native women have higher prevalence of chronic hypertension, type II diabetes, and obesity.^{1,6} In the context of the perinatal period, American Indian women experience higher rates of obstetric hemorrhage and hypertensive disorders.^{1,2}

Incongruencies between Western medicine and traditional practices

“We’re bringing nonindigenous people who don’t have that lived experience into communities and ... delivering health education in a way that doesn’t make a lot of sense to people in the community.” – Melissa Brown, Indigenous midwife ²

Even in areas where care is more accessible, Western interventions often misalign with the practices of Indigenous culture.² This incongruence poses significant barriers that threaten a range of maternal health outcomes. Native people will frequently use cultural meditations to treat contractions and engage in traditional practices, such as umbilical and placenta burials.² Implementing Indigenous medicine and practices can be a meaningful way to ameliorate the gap between tradition and modern medicine.



Policy Recommendations

Improve accessibility of care. The federal government should expand care provider incentives in rural areas. Additionally, resources should be allocated for rural provider recruitment and retention. Telehealth programs should be expanded to include pregnancy and postpartum care. To combat the costs of pregnancy-related care, insurance eligibility must be expanded under Medicaid. Increased federal funding should be allocated to the Indian Health Service; this would require increased investment in Indian Health Care Improvement Act.

Increase data collection and fund community-based participatory research efforts. To address the glaring gaps in Native maternal health, research in this population should be funded. Focus should be drawn to initiating community-based participatory research projects, in order to capture salient areas of risk that have previously been neglected by the literature. This research design has been shown to promote of sense of power-reclamation.⁹ When conducting research in this population, geography should be prioritized. Collaboration with Indigenous people in the data collection and reporting process is imperative. In a similar vein, partnerships should be established with tribal nations and the Indian Health Service to capture holistic maternal health data.



Subsidize community-based healthcare. Dedicated efforts must be made to include Native people in the strategy and implementation of maternal community-based care. Funding should be allocated to culturally-centered services and community-based maternal child health programs. Adequate funding should be diverted to the Indian Health System, specifically for obstetric care, in order to promote the use and access to culturally-centered healthcare.

Restructure maternal mortality review committees. Out of 50 states, only three committees require review of rural maternal health outcomes.¹ Moreover, no tribal-led maternal mortality review committees exist at this time.¹⁰ Initiatives for review of rural and Indigenous communities should be implemented in maternal mortality review committees nationwide. More specifically, Native people should be included in these maternal mortality review committees. Tribal representation will ensure that the community needs are reflected in the committees' efforts. Establishing a partnership with the National Indian Health Board could be one meaningful avenue to implement inclusive review committees.

“People are recognizing that we are our own experts in our community. We can help ourselves. We can empower ourselves. We can educate ourselves.” - Melissa Brown, Native midwife ²

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