

Maternal Mortality and Morbidity in Indian Country

The Indian Health Service is concerned and cares about maternal mortality and morbidity within all American Indian and Alaska Native communities. Every pregnancy-related death is tragic, especially since about 60% of deaths are preventable, as are many chronic diseases that impact maternal morbidity. The Centers for Disease Control and Prevention reports that between 2011 and 2015 approximately 700 women died from pregnancy-related complications each year in the US. On average, 10 to 13 of those deaths each year were American Indian and Alaska Native women.



IHS AND MATERNAL MORTALITY AND MORBIDITY

While over 90 percent of American Indian and Alaska Native births occur outside IHS federal facilities, there were 2,298 and 2,412 births at IHS hospitals in fiscal year 2018 and 2017 respectively. IHS hospitals had no maternal deaths reported in fiscal years 2016, 2017, or 2018.

Based on IHS and CDC data, American Indian and Alaska Native births are decreasing at IHS facilities and nationwide. In 2017 the birth rate for American Indian and Alaska Native women was 40.8 per 1,000, the lowest of any race. Even though IHS births are decreasing, IHS has a significant role in reducing maternal morbidity and mortality through prenatal and postnatal care.

Maternal mortality and morbidity are impacted by socio-economic determinants of health, including historical trauma, chronic disease including diabetes and hypertension, domestic violence, substance use disorders, mental health disorders, motor vehicle collisions, immunization rates, and other issues. The IHS has focused on high risk populations, including pregnant women, through various programs and initiatives to address social and economic disparities that adversely affect health outcomes.

SPECIAL DIABETES PROGRAM FOR INDIANS

IHS is addressing diabetes in our population through the Special Diabetes Program for Indians.

Diabetes may occur between the middle and later part of a pregnancy in a woman who did not already have diabetes. For the mother, this increases the likelihood of pregnancy complications and of developing type 2 diabetes later. Program efforts include:

- Education and training webinars for clinicians focused on identification and management of diabetes in pregnancy, contraception options, pre-conception care and education for women at risk for gestational diabetes, and highlighting best practice interventions.
- Providing clinical tools, standards of care and clinical practice resources to address preconception, pregnancy, and postpartum diabetes testing and care.
- Funding 32 Special Diabetes Program for Indians grant programs to provide prevention services and management of diabetes in pregnancy.



MATERNAL POSTPARTUM CARE

IHS provides preventive and supportive postpartum care through a wide range of home and clinic-based efforts:

- Health Education
- Postpartum Depression Screening
- Health Surveillance and Blood Pressure Monitoring
- Public Health Nursing
- Home Visitation Programs
- Lactation Support Programs through the Baby Friendly Hospital Initiative

PREGNANT WOMEN WITH OPIOID USE DISORDER

IHS is addressing the needs of pregnant women with opioid use disorder.

According to CDC data, US drug deaths from opioids are increasing for all races, including the American Indian and Alaska Native population. Additionally low-income women and women of color are at a higher risk for barriers to appropriate care for substance use disorders during pregnancy. IHS actions include:

- Screening for opioid use disorders in pregnancy, increasing access to appropriate and effective pain management, reducing overdose deaths from heroin and prescription opioid misuse, and improving access to culturally appropriate treatment.

IMPROVEMENTS IN OBSTETRICAL CARE

IHS works to improve quality services, outcomes, and recognition of medical and psychosocial conditions which influence health outcomes.

For over four decades IHS has had a collaborative relationship with the **American College of Obstetricians and Gynecologists Committee on American Indian and Alaska Native Women’s Health** for professional consultation, continuing medical education, and technical assistance. Improvements in obstetrical care include:

- Implementation of regular obstetrical protocol review, regular safety drills, and integration of obstetrical quality assurance.
- Phased implementation of patient safety protocols such as the Alliance for Innovation on Maternal Health Patient Safety Bundles.
- Providing Advanced Life Support in Obstetrics training to IHS, Tribal, and Urban programs.



For more information, please visit <https://www.ihs.gov/dccs/mch/>