

The Importance of Seeing and Supporting the Maternal and Infant Health Needs of the United States Indigenous Populations

Alison Jacobson

first candle

Saving babies. Supporting families.

First Candle's efforts to support families during their most difficult times and provide new answers to help other families avoid the tragedy of the loss of their baby are without parallel.

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Did you know that premature and low birth weight babies have a 4x greater risk for SIDS?

At First Candle we're educating parents, grandparents and caregivers about safer sleep to make sure all babies reach their first birthday. Learn more at firstcandle.org

In December 2022, the Health and Human Services Advisory Committee of Infant and Maternal Mortality (ACIMM) released its study, "Making Amends: Recommended Strategies to Improve the Health and Safety of American Indians and Alaska Native Mothers and Infants," following its literature review of birth outcomes and historical, social, economic, political and environmental factors on the health of American Indian (AI) and Alaska Native (AN) populations and a series of meetings with agencies, non-governmental organization, and academic institutions relevant to AI/AN maternal and child health issues. (1)

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The study developed three directions, with strategic action steps:

Make The Health And Safety Of AI/AN Mothers And Infants A Priority For Action.

This calls for working with AI/AN communities as those empowered to seek solutions; improving data use by accurate identification and inclusion in data policy development; and expanding and leveraging Health Resources Services Administration (HRSA) and the Maternal and Child Health Bureau (MCHB) focus and investment.

Improve The Living Conditions Of AI/AN Mothers And Infants And Assure Universal Access To High-Quality Healthcare.

This includes improving the Indian Health Service, enlisting more AI/AN practitioners, and improving social determinants of health.

Address Urgent And Immediate Challenges That Disproportionately Affect AI/AN Women Before, During, And After Pregnancy.

This includes greater identification and prevention of Missing and Murdered Indigenous Women and Girls (MMIWG), improved care of incarcerated pregnant and postpartum women, and increased surveillance and screening for intimate partner violence (IPV).

Improvements in these critical areas would have a positive impact on infant mortality rates, including those due to Sudden Unexplained Infant Death (SUID), which includes Sudden Infant Death Syndrome (SIDS) and Accidental Strangulation and Suffocation in Bed (ASSB). SIDS is considered to be a complex condition that may have more than one causation, but improved maternal health can lead to improved infant health during gestation, birth, and postpartum phases.

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The U. S. also has the highest maternal mortality rate among developed countries, at 17.4 deaths per 100,000 live births, compared to 8.4 for France, 8.6 for Canada, and 6.5 for the U.K. (2), and the Non-Hispanic American Indian/Alaska Native population has the second-highest pregnancy-related mortality ratio in the U.S., at 26.5 per 100,000 live births. (3) Not surprisingly, the reasons include factors found in the ACIMM study, ranging from access and quality regarding health care to socioeconomic issues resulting from racism and living standards.

Another important aspect the study group identified is the importance of physically working within the community. Therefore, federal advisory committee meetings focusing on issues relating to these populations should be held in those communities “to assure greater engagement, understanding, representation, and accountability.”

This is a meaningful recommendation. [First Candle](#) itself has deepened its understanding of the need for community outreach. Through our anecdotal and qualitative research, we saw the link between communities feeling recognized and gaining trust in professionals, practitioners’ better understanding of community realities, and the higher possibility of improved MIH outcomes.

This led to the launch in 2022 of our Let’s Talk Community Chat program, which enables healthcare providers and families to gather in local settings to discuss and learn, in a supportive setting, information and issues around sleep-related infant death and maternal health and to form beneficial relationships. Understanding the need for recognition and trust also continues to shape the

implicit bias elements in our Straight Talk for Infant Safe Sleep training program for healthcare professionals.

The ACIMM study indicates that practicing inclusivity in health care counseling wherever and whenever possible matters. The factors contributing to maternal and infant mortality are universal, and that which affects any of these ethnicities and communities affects all of us.

Disclosures: *The author is a Certified Doula and the Director of Education and Bereavement Services of First Candle, Inc., a Connecticut-based not-for-profit 501(c)3 corporation. Brian Scruton is a volunteer and member of the Board of Directors of First Candle.*

References:

1. <https://www.hrsa.gov/sites/default/files/hrsa/advisory-committees/infant-mortality/birth-outcomes-AI-AN-mothers-in-fants.pdf>
2. Roosa Tikkanen et al., *Maternal Mortality and Maternity Care in the United States Compared to 10 Other Developed Countries* (Commonwealth Fund, Nov. 2020). <https://doi.org/10.26099/411v-9255>
3. <https://www.cdc.gov/reproductivehealth/maternal-mortality/pregnancy-mortality-surveillance-system.htm#race-ethnicity>

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About First Candle

First Candle, based in New Canaan, CT, is a 501c (3) committed to eliminating Sudden Unexpected Infant Death while providing bereavement support for families who have suffered a loss. Sudden Unexpected Infant Death (SUID), which includes SIDS and Accidental Suffocation and Strangulation in Bed (ASSB), remains the leading cause of death for babies one month to one year of age, resulting in 3,500 infant deaths nationwide per year.