

[HHS Launches New Maternal Health Resources for American Indian and Alaska Native Communities](#)

Category: Policy Blog

written by Colin Tompson | January 19, 2023

On December 1, 2022, the U.S. Department of Health and Human Services (HHS) Secretary Xavier Becerra attended the [White House Tribal Nations Summit](#) where he discussed the Department's commitment to addressing mental and maternal health in American Indian and Alaska Native (AI/AN) communities. As part of HHS' commitment, the Centers for Disease Control and Prevention (CDC) and the Office of Minority Health (OMH) launched a [new Hear Her campaign segment](#) that works to improve AI/AN maternal health outcomes by raising awareness of life-threatening warning signs during and after pregnancy and improving communication between health care providers and their patients.

Background on Hear Her Campaign

The CDC's Division of Reproductive Health launched the Hear Her in 2020 as a national campaign that brings attention to pregnancy-related deaths and provide education and encouragement to pregnant and postpartum women (within one year of delivery). The campaign supports CDC's efforts to prevent pregnancy-related deaths by sharing potentially life-saving messages about [urgent warning signs](#).

The Hear Her campaign was launched because too many people die from pregnancy-related complications. Alarmingly over 700 women die each year in this country from problems related to pregnancy or delivery complications. Every death is a tragedy, especially when two thirds of pregnancy-related deaths could be prevented. As many as 50,000 women experience severe, unexpected health problems related to pregnancy that may have long-term health consequences. Additionally, there are significant racial and ethnic disparities in pregnancy-related complications and deaths. The Hear Her campaign centers on the stories of women who have experienced pregnancy-related complications. Recognizing urgent maternal warning signs and getting an accurate and timely diagnosis can save lives during pregnancy and up to a year after delivery.

AI/AN Infant and Maternal Health Disparities

According to the OMH, Native infants have [almost twice](#) the infant mortality rate as non-Hispanic whites. Native infants are also [almost three times](#) more likely than non-Hispanic whites to die from accidental deaths before the age of one year. Contributing factors to these disparities include cost, discrimination, and lack of cultural competency during prenatal care. Additional ongoing and historical trauma due to colonization, genocide, forced migration, and cultural erasure also contribute to health inequities, including pregnancy-related deaths and other maternal health conditions. Approximately 41% of AI/AN women cite [cost as a barrier](#) to receiving the recommended number of prenatal visits and 23% of AI/ANs report they have faced discrimination in clinical settings due to being an AI/AN. Consequently, AI/AN people are more likely to have underlying chronic health conditions, and they face systemic barriers to care including higher rates of poverty and needing to travel long distances to receive quality health care services.

Given the maternal health disparities that AI/AN people and communities experience, it is a priority for CDC and OMH to reach tribal communities with resources CDC and OMH have worked to include the voices and perspectives of AI/AN throughout the development of the campaign and will continue to do so over time. As the campaign moves forward into implementation, the focus will be on building capacity for tribes and tribal serving organizations to implement the campaign and improve maternal outcomes.

UIO and NCUIH work in AI/AN Infant and Maternal Health

Urban Indian organizations (UIOs) provide a range of services such as primary care, behavioral health, traditional, and social services— including those for infants, children, and mothers. At least 23 of these clinics provide care for maternal health, infant health, prenatal, and/or family planning. They also provide pediatric services and participate in maternal-child care programs such as WIC and the Health Resources and Services Administration (HRSA) Maternal, Infant, and Early Childhood Home Visiting program (MIECHV).

Furthermore, the National Council of Urban Indian Health (NCUIH) has engaged in extensive advocacy on behalf of [AI/AN mothers and infants](#) and [for increased funding and support to the UIOs](#) which provide maternal health, infant health, prenatal, and family planning services to AI/AN mothers and infants. In March 2022, NCUIH signed onto a letter to Congress led by the National Home Visiting Coalition in support of reauthorizing HRSA's Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) and doubling the Tribal set-aside - which includes UIOs. Additionally, NCUIH submitted [comments](#) to HRSA Advisory Committee on Infant and Maternal Mortality (ACIMM), which advises the Secretary of HHS on department activities, partnerships, policies, and programs directed at reducing infant mortality, maternal mortality, and severe maternal morbidity and improving the health status of infants and women before, during, and after pregnancy. Moreover, in August, NCUIH submitted comments to HRSA's Maternal and Child Health Bureau (MCHB) regarding the Pediatric Mental Health Care Access Program. In our comments, we have continued to stress the critical importance of including urban Natives populations in HRSA's overall efforts of improving health outcomes for all AI/ANs living on and off reservations. NCUIH also recently released an [infographic](#) showcasing data on infant and maternal health disparities in AI/AN communities.

In addition to written advocacy, NCUIH has been invited to present on urban AI/AN maternal and infant health. On September 14, 2022, NCUIH's Vice President of Public Policy, Meredith Raimondi, [testified](#) before the HRSA ACIMM on urban Indian disparities and policy changes to address these disparities. Raimondi highlighted that "over half of urban Indian health centers provide care for maternal health, infant health, prenatal, and/or family planning. However, due to chronic underfunding, many of these health centers only have the capacity to carry out these services for the early stages of pregnancy." She continued to say, "despite desiring to do so, many urban Indian health clinics cannot expand their services to provide complete care for mothers and infants from conception to birth due to underfunding."