

## **American Indians and Alaska Natives and Infant Mortality**

The health of mothers, infants, and children is critical, both as a reflection of the current health status of a large segment of the US population and as a predictor of the health of the next generation. This section addresses a range of indicators of maternal, infant, and child health—primarily those that affect pregnant and postpartum women and those that affect infants' health and survival.

The infant mortality rate (IMR) is an important measure of a nation's health and a worldwide indicator of health status and social well-being. As of 1998, the US ranked 28th among industrialized nations in infant mortality. (CDC, 2002). From 1990 to 2000, critical measures of increased risk of infant death, such as low or very low birth weight, actually increased in the US. In addition, the disparity in IMRs between whites and specific racial and ethnic groups persists. The draft national health objective for 2010 is no more than 5 deaths per 1,000 live births. (US DHHS, 2000).

Four causes account for more than half of all infant deaths: birth defects, disorders related to short gestation and unspecified low birth weight, sudden infant death syndrome (SIDS), and respiratory distress syndrome. (US DHHS, 2000).

- **Incidence and Prevalence**
- **Traditional Health Beliefs and Practices**
- **Risk Factors and Challenges**
- **Strengths and Protective Factors**
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### **Strengths and Protective Factors**

#### *Low Rates for Many Risk Factors and Complications*

- **Differences in IMRs due to congenital malformations between American Indian and Alaska Native mothers and white mothers were not statistically significant.** (Mathews et al., 2002).
- **The number of American Indian and Alaska Native newborns affected by maternal complications of pregnancy was so low as to be statistically insignificant.** The rate for all races was 64.3 per 100,000. (Mathews et al., 2002).
- **The number of American Indian and Alaska Native newborns affected by complications of the placenta, cord, and membranes was so low as to be statistically insignificant.** The rate for all races was 25.7 per 100,000. (Mathews et al., 2002).
- **IMRs were not significantly higher for infants of American Indian and Alaska Native mothers who began prenatal care after the first trimester or received no care than for those who received early care.** This was also true for children born to Mexican and Central and South American mothers. (Mathews et al., 2002).

- **American Indian women may be less likely to have high blood pressure.** In North Carolina in 1997, American Indian women were less likely than other women to have high blood pressure during pregnancy. (Office of Minority Health and State Center for Health Statistics, 1999).

### **No Stereotyping!**

There are more than 560 federally recognized tribes in the US, and about 100 others are recognized by individual states. (Department of the Interior, 2002). Health beliefs, practices, and status may vary greatly among different tribes, among different regions, and, as for members of any population group, among individuals. Each community and its individuals are unique, and it is dangerous to generalize.

### *Limited Maternal Alcohol Use*

- For those American Indian women who drink while pregnant, their **use of alcohol is likely to be limited to occasional or sporadic binge drinking** during social occasions. (May and Gossage, 2001).

## **References and Resources**

Asian and Pacific Islander American Health Forum (APIAHF). (2003). Maternal and child health: Facts on Asians and Pacific Islanders. <http://www.apiahf.org/programs/MCHFacts.html>. Cited June 24, 2003.

Bagheri, M.M., Burd, L., Marsolf, J.T., and Klug, M.G. (1998). Fetal alcohol syndrome: Maternal and neonatal characteristics. *Journal of Perinatal Medicine* 26(4):263–269.

Centers for Disease Control and Prevention (CDC). (2002). Infant mortality. In *Fastats A to Z*. Hyattsville, MD: National Center for Health Statistics. <http://www.cdc.gov/nchs/fastats/infmort.htm>. Cited July 25, 2003.

Department of the Interior. (2002). Indian entities recognized and eligible to receive services from the United States Bureau of Indian affairs; Notice. *Federal Register*, Friday, July 12.

Diversity Resources, Inc. (2001). *Culture sensitive health care: American Indian*. Blacksburg, VA: Virginia Tech, Office of Multicultural Affairs, Diversity and Work/Life Resource Center. <http://www.multicultural.vt.edu/divresources/indian.html>. Cited July 8, 2003.

Gray, N., and Nye, P.S. (2001). American Indian and Alaska Native substance abuse: Co-morbidity and cultural issues. *Journal of the National Center for American Indian and Alaska Native Mental Health Research* 10(2):67–84. [http://www.uchsc.edu/ai/ncaianmhr/journal/10\(2\).pdf](http://www.uchsc.edu/ai/ncaianmhr/journal/10(2).pdf). Cited August 22, 2003.

Indian Health Service. (2000). *Trends in Indian health 1998–1999*. Rockville, MD: US Department of Health and Human Services, Indian Health Service.  
<http://www.ihs.gov/publicinfo/publications/trends98/trends98.asp>. Cited October 21, 2003.

Indian Health Service. (2002). *Facts on Indian health disparities*. Rockville, MD: Indian Health Service, Office of the Director. <http://info.ihs.gov/Health/Health11.pdf>. Cited August 13, 2003.

Mathews, T.J., Menacker, F., and MacDorman, M.F. (2002). Infant mortality statistics from the 200 period linked birth/infant death data set. *National Vital Statistics Reports* 50(12), August 28. Atlanta, GA: Centers for Disease Control and Prevention.

May, P.A., and Gossage, J.P. (2001). New data on the epidemiology of adult drinking and substance use among American Indians for the northern states: Male and female data on prevalence, patterns, and consequences. *Journal of the National Center for American Indian and Alaska Native Mental Health Research* 10(2):1–26.

[http://www.uchsc.edu/ai/ncaianmhr/journal/10\(2\).pdf](http://www.uchsc.edu/ai/ncaianmhr/journal/10(2).pdf). Cited August 22, 2003.

Minnesota Department of Health. (2001). *Health fact sheet*. November 19.

Montour, L.T. (2000). The medicine wheel: Understand “problem” patients in primary care. *Permanente Journal* 4(1).

<http://www.kaiserpermanente.org/medicine/permjournal/winter00pj/wheel.html>. Cited September 12, 2003.

Mutha, S., Allen, A., and Welch, M. (2002). *Toward culturally competent care: A toolbox for teaching communication strategies*. San Francisco: University of California, Center for the Health Professions.

Office of Minority Health and State Center for Health Statistics. (1999). *North Carolina minority health facts: American Indians*.

Office on Women’s Health. (2001). *Surgeon general’s report on women and smoking: American Indian or Alaska Native women and smoking*. Washington, DC: Office on Women’s Health.

[http://www.4woman.gov/owh/pub/factsheets/smoking\\_native.htm](http://www.4woman.gov/owh/pub/factsheets/smoking_native.htm). Cited August 13, 2003.

US Department of Health and Human Services (US DHHS). (1999). *Regional differences in Indian health 1998–1999*. Washington, DC: US DHHS, Indian Health Service, Office of Public Health, Division of Community and Environmental Health, Program Statistics Team.

US Department of Health and Human Services (US DHHS). (2000). *Healthy people 2010: Understanding and improving health*, 2nd ed. Washington, DC: US Government Printing Office.