

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**
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Traditional Health Beliefs and Practices

- **Pregnancy and disease are starkly separated.** Because pregnancy and birth are considered normal processes, and health care facilities are associated with illness and disease, American Indian women may choose not to seek prenatal care. In fact, pregnancy and disease are starkly separated; for example, some pregnant American Indian women may not attend traditional healing ceremonies to avoid contact with illness or disease. (Diversity Resources, Inc., 2001).

Recommendation

Because of some American Indian tribes' cultural beliefs related to protecting pregnant women from contact with illness, disease, or death, consider providing maternal and child health care services in a location separate from other clinical services. It may be helpful to consult with the community to determine whether a separate facility for maternal and child health would be welcome.

References and Resources

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