



AMERICAN INDIAN HEALTH COMMISSION
ADDENDUM TO THE WASHINGTON STATE
DEPARTMENT OF HEALTH MATERNAL MORTALITY
REVIEW PANEL REPORT TO THE LEGISLATURE

TRIBAL AND URBAN
INDIAN LEADERSHIP
RECOMMENDATIONS
JULY 2025

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LETTER TO DENNIS WORSHAM, SECRETARY OF HEALTH, WASHINGTON STATE FROM STEPHEN KUTZ, CHAIRMAN OF THE AMERICAN INDIAN HEALTH COMMISSION



THE AMERICAN INDIAN HEALTH COMMISSION



July 31, 2025

Secretary Dennis Worsham
Department of Health
Washington State

Re: Maternal, Infant, Child, and Adolescent Health of American Indians and Alaska Natives in Washington State

Dear Secretary Worsham,

The American Indian Health Commission (AIHC) is a non-profit organization founded by Tribal and Urban Indian Health Organization leaders over 30 years ago to improve the health status of American Indian and Alaska Natives (AI/AN) in Washington State. Maternal and Infant Health (MIH) is one of the foundational priorities for AIHC, which in 2010 published "Healthy Communities: A Tribal Maternal-Infant Health Strategic Plan." In the report, eight causes of infant mortality were identified, and eight policy and program recommendations were made, resulting in seventy recommended actions. The work to implement these recommendations and actions made MIH effort a priority for AIHC and part of our biennial planning process with our delegates. Until recent years, AIHC mostly utilized limited funding through a DOH Women Infant Children (WIC) and Home Visiting grants to carry out this work. The Tribes and Urban Indian Health Programs received no additional funding for MIH work.

In the 2019 State of Washington Maternal Mortality Review Panel Report to the Legislature found that AI/AN people have the highest Maternal Mortality of any other race or ethnicity in WA State. The 2023 Report confirmed this finding again, and it is also true for the 2025 report. This persistent trend is of great concern to Indian Country — Tribal and Urban Indian Health leaders, elders, people of childbearing age, students, families, and the community at large.

Projects such as the Community Conversations About the Health of Native Pregnant, Birthing and Postpartum Women and People are essential to let communities know that their concerns about birthing people are valid and shared, that their insights and solutions are appreciated and that we want to work together to ensure that positive change will occur.

We appreciate the support of DOH for this important project and support for Tribal developed and led work. We hope that together we will continue to find creative solutions that will resonate and work to reduce AI/AN and overall maternal mortality and morbidity in our state.

Thank you for the opportunity to share these recommendations and express the need for support to implement these Tribal and community driven solutions. If you have any questions, please contact Vicki Lowe, AIHC Executive Director at vicki.lowe@aihc-wa.com or 360-460-3580.

Sincerely,

Stephen Kutz, BNS, MPH
Chair, American Indian Health Commission



JULY 2025 - REPORT AND RECOMMENDATIONS FROM LISTENING SESSIONS HELD WITH AMERICAN INDIAN AND ALASKA NATIVE COMMUNITIES AND TRIBAL AND URBAN INDIAN LEADERS

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AMERICAN INDIAN HEALTH COMMISSION

The American Indian Health Commission (AIHC) a Tribally driven non-profit that focuses on American Indian and Alaska Native (AI/AN) health in Washington state. Our membership includes 29 federally recognized Indian Tribes whose traditional lands and territories included parts of Washington, and two Urban Indian Health Organizations (UIHOs). Our goal is to bring wellness to our communities and honor the sovereignty of our ways. We work with Washington State government agencies to develop policies that reflect and support our resilience. Our ways are resilient.

Web site: <https://aihc-wa.com/>

Facebook: <https://www.facebook.com/AIHCWA/>

Facebook: <https://www.facebook.com/pullingtogetherforwellness/>

ACKNOWLEDGEMENTS

AIHC acknowledges the Tribal and American Indian and Alaska Native (AI/AN) community members, AIHC Delegates, Tribal Leaders, staff from Tribes, Urban Indian health programs, and Tribal organizations for generously sharing about their experiences, wisdom, and love for working to improve the health and experience of Pregnant, Birthing and Postpartum Women and People and improve the health status of AI/AN people in Washington for our current and future generations.

AIHC would like to thank the state agency staff from the Department of Health for their dedication to public service, improving the health of the state, and their response to AIHC’s request to develop a strategy for identifying issues related to AI/AN maternal mortality and morbidity and recommendations to address that to be for included in the 2025 Maternal Mortality Review Panel Report to the Legislature.

Prepared by: JanMarie Ward, MPA and Cindy Gamble, MPH



REPORT AND RECOMMENDATIONS FROM LISTENING SESSIONS HELD WITH AMERICAN INDIAN AND ALASKA NATIVE LEADERS AND COMMUNITY MEMBERS

EXECUTIVE SUMMARY

It was a grave concern when DOH staff presented the [2019 Maternal Mortality Review Panel \(MMRP\) Report to the Legislature](#) at the AIHC Annual Delegates meeting which showed that American Indian and Alaska Native (AI/AN) people in Washington State had the highest rates of maternal mortality (MM) compared to any other race and ethnicity. This concerning trend continued in the 2023 MMRP Report,ⁱ and now the 2025 Report indicates AI/AN maternal mortality and morbidity is a crisis in our state.

The MMRP determines whether maternal deaths were pregnancy-related and preventable. From these cases, the panel makes recommendations to prevent similar situations from happening again. Every three years, the MMRP and DOH prioritize recommendations for a report that is submitted to the Washington State legislature. Several of the MMRP's findings for maternal deaths from 2014-2022 are particularly relevant to the 2025 AIHC report and recommendations (unless otherwise noted all data is from 2014-2022):

Relevant Findings from 2014-2022 data:

- **Total Maternal Deaths:** A total of 331 pregnancy-associated deaths were identified from 2014–2022. These are defined as deaths from any cause during pregnancy or within one year of the end of pregnancy. They include deaths related to (or exacerbated by) pregnancy, those not related to (or exacerbated by) pregnancy, and those that cannot be determined if they are related to pregnancy. Of these 331 deaths, the Panel identified 148 pregnancy-related deaths, defined as deaths in this timeframe due to a pregnancy complication, a chain of events initiated by pregnancy, or aggravation of unrelated condition(s) by the physiological effects of pregnancy.
- **Persistent Racial Disparities:** Maternal mortality rates in Washington have historically been lower than national rates.ⁱⁱ However, disaggregated data shows AI/AN people face higher maternal mortality rates than other racial and ethnic groups in Washington state. It is also important to underscore that pregnancy-related ratio from 2014-2022 was 7.3 times higher for AI/AN maternal deaths than for non-Hispanic white individuals. This disparity has been persistent throughout all reporting periods.
- While the panel only reviews pregnancy-related maternal deaths, not the total of pregnancy-associated (all) deaths, it should be noted that the rate of pregnancy-associated (all) death of AI/AN individuals was 8.8 times higher than for non-Hispanic white individuals for the same time period.
- **Preventability:** The MMRP found 80% of all pregnancy-related deaths were preventable. The panel identified contributing factors that, if altered, might have prevented those pregnancy-related deaths, meaning there was at least some chance of the death being averted if a factor that contributed to the death had been different.
- **Leading Causes:** The primary causes of pregnancy-related deaths were behavioral health conditions (suicide and overdose), hemorrhage, and infection.



- When: Sixty-two percent (62%) of all pregnancy related deaths took place after the birth of the baby. (maternal deaths 2017-2020).
- Recommendations: The MMRP made several recommendations to address these issues, including addressing racism and bias, improving access to mental health and substance use disorder services, enhancing healthcare quality and access, strengthening clinical care, and meeting basic human needs.

DOH's disaggregated data and responsive action to the concerns expressed during an initial meeting with AIHC delegates in 2019, so that the true state of AI/AN maternal health could be revealed is appreciated. Knowing the true rates of AI/AN maternal mortality is critical to strategizing a response. This is the importance of the Community Conversations About the Health of AI/AN Pregnant, Birthing, and Postpartum Women and People (PBPWP) Project.

Although the Community Conversation Project was intended to be onsite in Tribal and Urban Indian communities, the first iteration of the project turned out to be all virtual gatherings due to COVID-19 restrictions. There were 5 statewide community gatherings and 5 leadership gatherings. These gatherings informed the Leadership Recommendations in the 2023 AI/AN Addendum. With additional funding provided by DOH to extend the project, AIHC was able to hold in-person community gatherings during the last two years consisting of 6 additional Tribal and Urban Indian communities. The results of these gatherings have informed the 2025 AI/AN Addendum and confirm the importance of AI/AN Tribal and community led work.

The dramatic and persistent AI/AN maternal mortality disparity in our state strongly indicates that continued funding of the AIHC Community Conversations Project is a vital priority.



BACKGROUND

American Indian and Alaska Native people once populated and occupied the entirety of what is now the United States. In the pre-contact days, the sovereign Tribal Nations and Tribal Citizens lived an active and sophisticated lifestyle, attuned to the nuances of their homelands and the changes of the seasons. Every Tribe in every environment knew that the land – Mother Earth – provided everything they needed for a rich and balanced life. In those days, the role of birthing people was respected and there were many cultural ceremonies, practices, and beliefs to ensure that the mother and baby were welcomed, healthy, cared for, and loved so the people could go on. That simple fact was understood.

The change began with the arrival of the European visitors and the diseases they carried. The depopulation was traumatic and dramatic, with scientists estimating an 80-90% depopulation of the people who were Indigenous to what the Europeans called the New World. There was little concern that the lands had been fully occupied for thousands of years with hundreds of Tribal Nations and hundreds of thousands of Tribal citizens. This depopulation was followed by other traumatic and incomprehensible acts: warfare, attempted genocide, land grabs, occupation, forced removal, reservations, boarding schools, and termination policies which included literal extermination, termination of Tribal Nation status, and termination of the ability to have children through forced sterilization. The ongoing systemic and interpersonal racism, and the lack of respect of Tribal culture, beliefs, and life ways is resultant to where we are today — AI/AN people live with profound disparities in many measurements: physical health, behavioral health, social determinants of health, and maternal mortality. For more information about the effects of Historical Trauma see Walters KL, et.al, 2011ⁱⁱⁱ.

WASHINGTON STATE MATERNAL MORTALITY REVIEW

The MMRP is under the auspices of the Secretary of Health as established in [RCW 70.54.450: Maternal Mortality Review Panel](#). The MMRP members are appointed by the Secretary of Health. The makeup of the MMRP includes perinatal health professionals and health equity experts across Washington State from diverse disciplines and backgrounds. The MMRP engages in a multi-level maternal mortality review process and serves as expert clinical or subject advisors.

The MMRP reviews deaths of people who died during pregnancy or within a year after pregnancy. For each case, MMRP examines a variety of deidentified records, including information about hospitalizations, vital statistics, medical records, and autopsy reports. Documents and data collected for the maternal mortality review process are confidential; the MMRP members are prohibited from releasing any information that could identify individuals.

Additionally, there are two definitions that are significant in interpreting the categories used by the MMRP in their determination process that are important to understand.



Pregnancy-associated death: This is inclusive of all maternal deaths. The death of a woman or birthing person from any cause during pregnancy or within one year of the end of pregnancy. This includes motor vehicle accidents (MVA), cancer, homicide, suicide, overdose, other accidents, and some seizures.

Pregnancy-related death: This is a subset of maternal deaths of a woman or birthing person during pregnancy or within one year of the end of pregnancy from a pregnancy complication, a chain of events initiated by pregnancy, or the aggravation of an unrelated condition by the physiologic effects of pregnancy. **These are the deaths that are reviewed by the Maternal Mortality Review Panel.**

The 2025 MMRP report examines maternal deaths between 2014 and 2022 and includes data from previously published reports. A growing understanding of the complex role that behavioral health issues play in pregnancy led the panel to examine maternal deaths from suicide and substance overdose for this report.

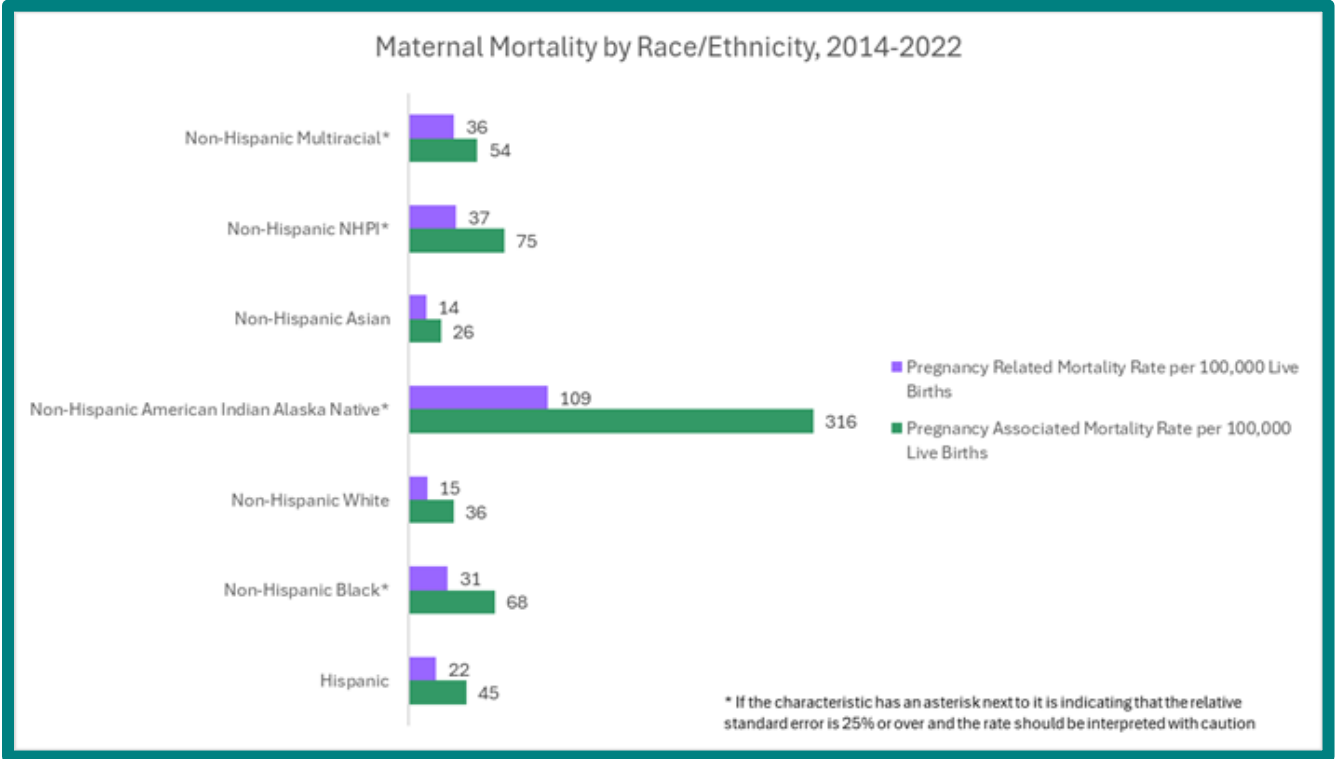
MMRP DATA REPORTS

The following graphs ranging from 2014 to 2022 are intended to raise the awareness of the magnitude of the Maternal Mortality disparities experiences by AI/AN PBPWP in Washington State, where otherwise statewide Maternal Mortality rates are decreasing.

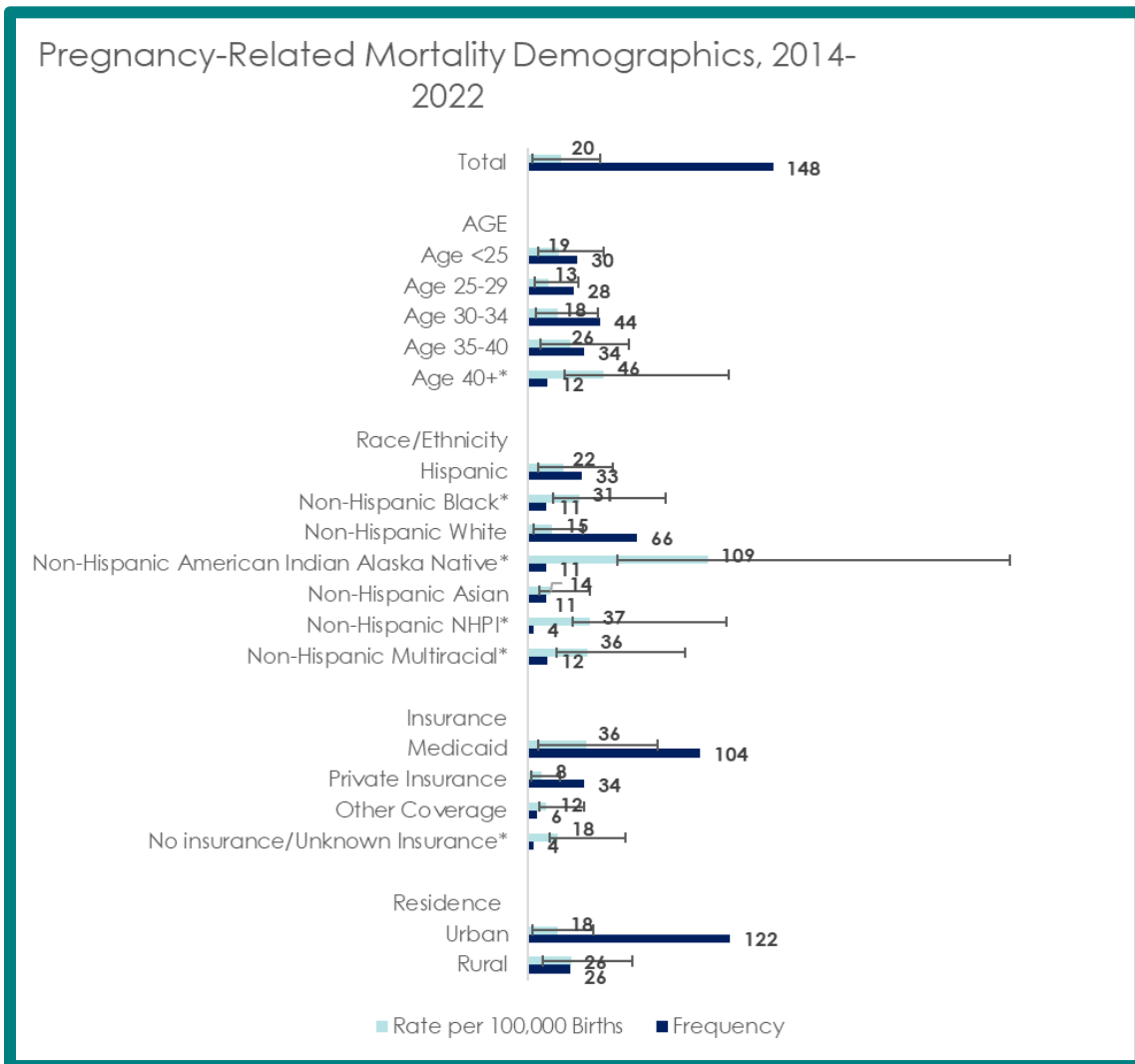
- GRAPH 1: 2025 Demographic Maternal Mortality Ratios and Counts for Pregnancy-Associated and Pregnancy Related Deaths, Washington State 2014-2022, Washington State DOH – Graph 1 on page 10
- GRAPH 2: 2025 Pregnancy Related Maternal Demographics 2014 – 2022, Washington State, Washington State DOH – Graph 2 on page 11
- GRAPH 3: Maternal Mortality is Rising in the U.S. as it Declines Elsewhere – Graph 3 on page 12



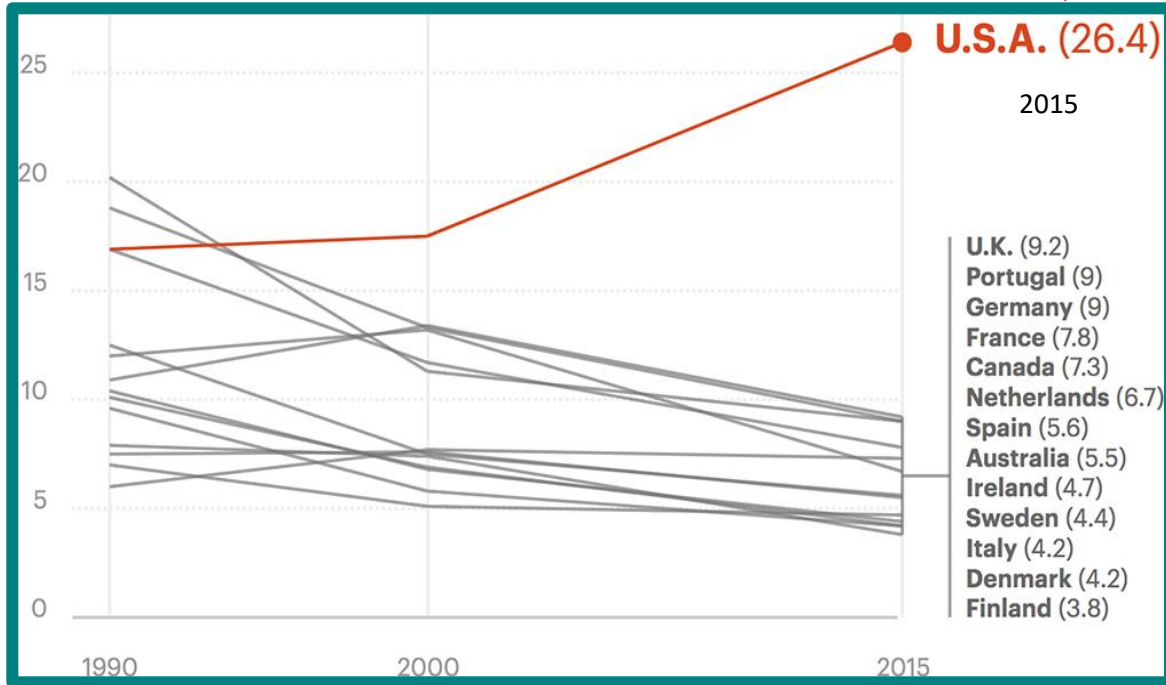
GRAPH 1: 2025 DEMOGRAPHIC MATERNAL MORTALITY RATIOS AND COUNTS FOR PREGNANCY-ASSOCIATED AND PREGNANCY-RELATED DEATHS, WASHINGTON STATE 2014-2022, WASHINGTON STATE DOH



GRAPH 2: 2025 PREGNANCY RELATED MATERNAL DEMOGRAPHICS 2014 – 2022, WASHINGTON STATE DOH



GRAPH 3: MATERNAL MORTALITY IS RISING IN THE U.S. AS IT DECLINES ELSEWHERE



**2021
Rate
32.9**

Source: Chart originally published online: <https://www.npr.org/2017/05/12/528098789/u-s-has-the-worst-rate-of-maternal-deaths-in-the-developed-world>. Data for this chart: GBD 2015 Maternal Mortality Collaboration. (2016) "Global, regional, and national levels of maternal mortality, 1990–2015: a systematic analysis for the Global Burden of Disease Study 2015," *The Lancet*. Volume 388, pp.1775-812. Accessed online: [http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(16\)31470-2.pdf](http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(16)31470-2.pdf).

Kim S, Lee H, Park J, Son Y, López Sánchez GF, Pizzol D, Lee J, Lee YJ, Lee H, Kim HJ, Smith L, Woo S, Yon DK. Global, Regional, and National Trends in Maternal Mortality Ratio Across 37 High Income Countries From 1990 to 2021, With Projections up to 2050: A Comprehensive Analysis from the WHO Mortality Database. *J Korean Med Sci*. 2025 Feb;40(21):e85. <https://doi.org/10.3346/jkms.2025.40.e85>



COMMUNITY CONVERSATIONS (LISTENING SESSIONS)

MATERNAL MORTALITY COMMUNITY CONVERSATIONS - 2ND ROUND: SPECIAL FUNDED PROJECT

In 2022, AIHC convened a series of listening sessions to address AI/AN maternal mortality disparities in the State of Washington. DOH provided \$30,000 to fund a one-year contract for one or more listening session(s) focused on maternal mortality with the AI/AN community and Tribal health partners.

In 2024, DOH extended the opportunity for AIHC to continue this work by providing \$30,000 for the second round of the project to convene 2 or more listening sessions focused on the health of AI/AN PBPWP with AI/AN Community members and Tribal Health partners.

Findings from the sessions are presented to AIHC leadership for recommendations and are finalized to be included in this addendum to the DOH 2025 MMRP legislative report.

This 2025 Addendum to the Washington State MMRP Report to the Legislature includes:

1. Findings from the 2024 – 2025 Community Conversations
2. Updates on findings and recommendations from the 2023 Report
3. Community comments and leadership recommendations for the 2025 Addendum



ENGAGEMENT PLAN

AIHC Community Conversations were planned to be in-person convenings. The activities focused on bringing community members together to discuss and gather input about the health of AI/AN PBPWP community members.

This work continued to build on the previous work completed to support the 2023 American Indian Health Commission Maternal Mortality Report Addendum to the Washington State DOH Maternal Mortality Review Panel Report to the Legislature.



PULLING TOGETHER FOR WELLNESS FRAMEWORK

The Pulling Together for Wellness (PTW) framework is a culturally grounded policy, systems, or environmental change approach. PTW serves as guidance to AIHC strategic development to ensure both community and leadership engagement. Central to the PTW approach is the concept of holistic health, symbolized by the medicine wheel. This powerful symbol serves as a reminder that our physical, mental, emotional, and spiritual health are all interwoven in culture as central to all parts of personal, community, and environmental wellness. It's a visual representation of the framework's commitment to nurturing and healing the whole person: heart, mind, body, and soul.

The framework guides us to apply our values and balance Native and Western science in our processes. It raises the significance of Native epistemology “ways of knowing” and practice-based knowledge. It guides us to embrace the *Seven Generation Principle* as defined by our ancestors, which is defined as standing in the present, while looking back three generations to the wisdom and experiences of our ancestors to address issues in their current context while we embracing the strength of our ancestors in our planning for three generations forward to protect our children, grandchildren, great-grandchildren and the generations to come.

PTW reminds us of the importance of having partners that understand and honor Tribal Sovereignty and self-determination as a foundation in establishing effective relationships as well as valuing the history of the Tribe(s) and Indian Communities in their regions.

COMMUNITY CONVERSATIONS RESULTS

As reported above, in the first funding cycle of the Community Conversations about the Health of Native PBPWP Project with AI/AN community members and Tribal Health partners, all conversations with AI/AN community members were virtual due to the sequelae of COVID-19 restrictions. The 5 statewide virtual AI/AN community gatherings and the 5 Tribal and Urban Indian leadership gatherings resulted in the 7 strong leadership recommendations presented in the 2023 Maternal Mortality Review Panel Report to the Legislature AI/AN Addendum.

During the past two years, Tribal and Urban Indian communities were reopened to onsite visits, and AIHC was finally able to schedule Community Conversations in person, resulting in 6 Tribal and Urban Indian gatherings. Although the virtual gatherings were informative, the in-community gatherings are a culmination of a long-standing goal. The act of facilitating conversations in a participant’s community is not only about gathering information, but also about building relationships and trust and demonstrates and affirms the importance of community wisdom and values.



The table below reflects comments shared by Community Conversation participants. Most of the comments are in participant’s own words, in hope of keeping the spirit of their comments.

2024-25	Community Conversations Results
QUESTION 1	<i>How do you define maternal health, or the health of pregnant, birthing, and postpartum people (PBP)? What is important to know and understand?</i>
	<p>There were many wonderful definitions of maternal health shared with us. Most of them referenced the importance of the holistic health of the mother and baby, including the importance of mental, emotional, spiritual, physical, and cultural health. The needs mentioned to support the health of PBP people in their community included support for a postpartum mom to heal mentally and physically. It was emphasized that parents need support for time to strongly bond with their new child.</p> <p>Additional support mentioned:</p> <ul style="list-style-type: none"> • Access to health care and Indigenous providers in or near Tribal communities • Community Services Available to all 24/7 • Work policies to support parenting and breastfeeding • For postpartum depression and anxiety • Preventative education for both parents • More resources and education for both moms, parents and the community to understand what PBP people go through and what support parents of newborns need <p>As one participant noted: “A happy momma is a happy baby!”</p>
QUESTION 2	<i>What pregnancy and birth experiences do PBP people in your community have?</i>
	<p>There were more participants who answered that they or PBP people in their community had negative (horrible, sad, traumatic, or hard) pregnancy and birth experiences, than participants who answered they or people in their community had positive experiences.</p> <p>As one participant noted: “(My birth experience was....) Traumatic. I never realized this until the conversation about birth stories happened.” This participant’s experience is something that needs further conversation and investigation – how many women are so acclimated to the lack of quality and trauma-informed care, that they do not realize that their own birth experience is not acceptable.</p> <p>A major concern across all participating communities was transportation issues, especially having to travel outside of community to access prenatal, birthing, and postpartum care. This impacted the quality of pregnancy and birth experiences. Additionally, participants felt that to improve the pregnancy and birth experiences the following services need to be available in their community:</p> <ul style="list-style-type: none"> • Providers who are in the community, including midwives • Birthing classes • Lactation consultant • Support groups throughout the continuum, but especially for postpartum • Mental health support • Additional childcare options



QUESTION 3	<i>Do you believe substance misuse support and harm reduction options are needed and available to PBP people and people in your community?</i>
	<p>The answers to this question were overwhelmingly yes, that resources are needed to support substance misuse prevention and treatment programs for PBP people in their communities. In some communities, participants noted that although there were some services and resources available, they were not meeting the need. More services, and more timely services without a long waiting period, are needed.</p> <p>Many participants also mentioned their concerns about postpartum depression and that the following services need to be available in their community:</p> <ul style="list-style-type: none"> • More counselors specifically for pregnant and postpartum people and families • Mental health support for recovery • Detox and inpatient services where they will be comfortable • More support groups • Parent Child Assistance Program (PCAP) in their own community • More educational offerings for all ages: <ul style="list-style-type: none"> ○ Prenatal classes ○ Parenting classes • Prevention services for nicotine, vaping and alcohol
QUESTION 4	<i>What concerns do you have for PBP people in your community during the postpartum period?</i>
	<p>The community participants have clear concerns about the postpartum period for the new parents in their community. Many participants remarked on the lack of support and outreach for the postpartum period while recognizing that this is a sensitive time of need for parents with a new family member. There is much concern over postpartum depression and other mental and physical health issues, exacerbating an underlying worry that parents will go back to misusing substances.</p> <p>Needs expressed for specific services and resources include:</p> <ul style="list-style-type: none"> • Follow up visits at home • Help and support for postpartum depression • More mental health services • Cultural teachings for cultural practices • A hotline is needed for new mothers to be connected to services • Education/classes/hotline <ul style="list-style-type: none"> ○ Postpartum depression ○ Finances ○ Lactation support ○ Childbirth education ○ Parenting classes • Education for community to understand postpartum needs • More childcare options • Support groups • Mental health and spiritual support



QUESTION 5	<i>What do new parents need to feel supported to fulfill their child's needs as they grow and develop?</i>
	<p>The community member participants felt that new parents' greatest needs are family support, community support, and lots of love. They also felt that having someone to talk to, such as family members, elders, and friends is very important.</p> <p>Structured programs are also mentioned – programs such as:</p> <ul style="list-style-type: none"> • Native Prenatal to 3 programs • Home visiting • Other cultural resources • Programs and classes such as: <ul style="list-style-type: none"> ○ Childbirth education ○ Lactation support classes ○ Group play groups • WIC is also cited as an important resource
QUESTION 6	<i>What issues are you aware of that cause or contribute to Maternal Morbidity and Maternal Mortality?</i>
	<p>The issues that participants felt contributed to maternal morbidity and mortality in their communities include a lack of support, lack of knowledge, and isolation. There were multiple remarks about the impacts of racist practitioners and systemic racism on the PBP people and families. Also stress, drug and alcohol misuse, and physical and emotional abuse were recognized as risk factors.</p> <p>Other risk factors cited include health conditions such as generational high blood pressure, obesity, depression and other mental health issues, and diabetes. Lack of prenatal care was also mentioned as a concern.</p> <p>Risk factors listed that contribute to maternal morbidity and mortality:</p> <ul style="list-style-type: none"> • generational high blood pressure • Obesity • Postpartum depression/depression • Lack of support and isolation • Lack of knowledge • Drug use/substance misuse • Mental health issues • Poor nutrition • Lack of prenatal care • Systemic racism/racist practitioners • Physical and emotional abuse/domestic violence • Gestational diabetes mellitus • Stress • Smoking



QUESTION 7	<i>How can we get more people invested in community solutions to address maternal morbidity and mortality at all levels of support (family, community, systems, policy, and leadership)?</i>
	<p>All the participants from all communities were in alignment – we need to get the word out! There are many great suggestions of how to share the news about the importance of healthy parents and healthy babies. These included town halls, fun and interactive community events, and educational events, all with incentives for everyone. Support groups, such as mommy groups, were also a popular suggestion, with one interesting suggestion that they hold discussion groups for different ages.</p> <p>It was a consensus to come together as a Native community to increase resources and services to families and expecting mothers. It is important to involve community leaders and hire staff who understand the parents’, families’, and communities’ backgrounds. It is important to recognize and utilize family power!</p> <p>The creative ideas to get more community members invested in addressing maternal morbidity and mortality in their communities include:</p> <ul style="list-style-type: none"> • More support • Community events – make them fun! • Townhall meetings • Family power • Education/workshops with incentives • Support groups • Counseling • Involve community leaders • Parent groups • Come together as a Native community • Hire staff who understand our background • Increase resources and services to families and expecting mothers • Have discussions for different age groups • Personal stories, stories of our relatives



QUESTION 8	<i>Conversation for the Good of the Circle: What do we want our leadership and communities to know and do?</i>
	<p>Three powerful statements for what participants want both leadership and community to know are:</p> <ul style="list-style-type: none"> • to understand how important maternal health is • to know that mothers struggle • to know that pregnancy is very different for everyone <p>They ask everyone to show more support to new parents and families; to honor our ways and demonstrate how sacred pregnancy is.</p> <p>There are also specific requests for leadership. They would like leadership to prioritize care, resources, and services for expecting parents and families; to determine what resources are needed and work to get them to their community.</p> <p>Specific needs requested include:</p> <ul style="list-style-type: none"> • 24/7 access to care • Extended maternity and paternity benefits; this supports bonding between parents and child • Pregnant moms, families in the community need more classes to prepare and support: <ul style="list-style-type: none"> ○ Childbirth education ○ Parenting ○ Lactation support ○ Decreasing stigma ○ Dealing with addiction ○ Understanding maternal health, etc. • Need prenatal, lactation, mental health, and behavioral health providers in the community • Services to deal with racism and stigma • Support groups • Resources for new parents and families: transportation, gas cards, etc. • Find grant monies to aid in the objective of maternal health
QUESTION 8A	<i>What participants want leadership and communities to know and do?</i>
	<ul style="list-style-type: none"> • What resources we have or don't have. If we don't have them, we want our leaders to go after them and bring them to the community • Show more support to new parents and families • Honor our ways • I want leadership and community to know mothers struggle because they literally do everything • Understand how important maternal health is • Understand the benefits of bringing baby to work



In summary, it was a great honor for us to be welcomed and trusted in communities. It was humbling to hear very personal stories from participants about the most concerning obstacles, challenges, and injustices Tribal community members are dealing with. It was uplifting and inspiring to hear their brilliant insights about their home communities, community members, and families, as well as their ideas about ways to make their lives and the lives of people in their communities better. It was a beautiful experience.

There were common answers seen as important and pragmatic solutions for each question and across each community, like the need for education and classes of different subjects. The 3 most mentioned were: childbirth education classes, parenting classes, and lactation support classes.

Whatever need was suggested, the critical component was that the services needed to be available in their own community. Another issue that permeated across all the questions was assertions that both mothers and fathers need to be supported.

In-person gatherings are an important component of Tribal-led work. These visits are a win-win-win strategy – AIHC, community members, and Tribal/Urban Indian Health leaders all gain imperative insights. To achieve meaningful change, these projects do need to be sustainable, which requires long-term support, funding, and commitment.

LEADERSHIP CONSIDERATIONS

“Sovereignty, the inherent right of self-government and self-determination, is the focal point in all Indian issues.”

Senator Daniel K. Inouye, former Chairman of the Senate Select Committee on Indian Affairs.

Upholding Tribal Sovereignty is a foundational principle – this is fundamental for all issues related to Tribes, as it is the law of the land in federal law and Washington state law.^{iv} The U.S. Constitution, specifically the "Indian Commerce Clause" (Article I, Section 8, Clause 3), acknowledges tribes as separate entities with whom Congress can regulate commerce.^v Washington State Law requires agencies make a reasonable effort to collaborate with Tribes in the development of policies, agreements, and program implementation that directly affect Indian tribes and develop a consultation process that is used by the agency for issues involving specific Tribes.^{vi}

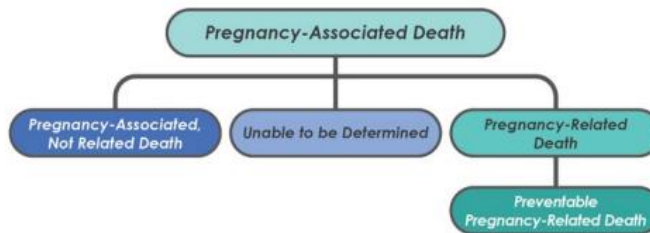
The Washington State death records indicate that AI/AN maternal mortality has not decreased; in fact, AI/AN maternal mortality rates have increased since the 2023 MMRP report in our state. An incident of the loss of the life of a mother is devastating for loved ones and can have rippling effects across the lifespan of a child’s experience and have impact on multiple generations of the relatives and tribal community members that care for the infant child. However, the absence of a mother is most stark for the newborn, who will not have the benefit of a lifelong maternal-infant bond that is formative to developing early relationships which increase the infant’s ability to thrive;^{vii} nor will the infant have the opportunity for the essential breast milk and nutrients that serve as immunological benefits crucial for developing a strong immune system. From a public health



perspective, there needs to be a better understanding of the true impact of a loss of a mother due to Maternal Mortality in the context of the AI/AN experience in the United States, and in Washington State specifically. Although there is literature in the experiences from other countries, studies specific to AI/AN is void.^{viii} It is critical to identify AI/AN Maternal Mortality as an urgent priority. This is a crisis for our Native parents, families, and future generations. It must be a priority until the AI/AN maternal mortality disparity is eliminated.

The Washington State MMRP conducts reviews of all maternal deaths; pregnancy associated death is synonymous with maternal death. As part of the review process, the MMRP categorizes each maternal death into one of the following categories: Pregnancy-Associated, Not Related Death; Unable to be Determined; Pregnancy-Related Death; or Preventable Pregnancy-Related Death.

Figure 1a: Key Definitions – Maternal Mortality Review Panel



Considering the high number of AI/AN Pregnancy-Associated Maternal Deaths, there should be an effort to better understand the cause of all AI/AN maternal deaths. All AI/AN maternal deaths may need to undergo the same level of review as Pregnancy-Related Maternal deaths to understand the potential complexities of the root causes of maternal deaths specifically for AI/AN PBPWP. Tribes and UIHOs may raise this issue with DOH and the MMRP to understand the structure and feasibility of changing the review guidelines to include full review of pregnancy associated deaths in a thorough examination process by the State Maternal Mortality Review Committee.

2025 AIHC MATERNAL MORTALITY RECOMMENDATIONS TO DOH AND THE LEGISLATURE

2025 AIHC MATERNAL MORTALITY RECOMMENDATIONS	
RECOMMENDATION 1:	Uphold Tribal Sovereignty – this is fundamental for all issues related to Tribes, as it is the law of the land.
RECOMMENDATION 2:	Prioritize elimination of Native Maternal Mortality until the disparity is eliminated.
RECOMMENDATION 3:	Acknowledge that the Maternal Mortality of AI/AN birthing people is a crisis.
RECOMMENDATION 4:	Work with DOH to change the review process to include pregnancy associated deaths for full examination in the review process by State MMRP.
RECOMMENDATION 5:	Continue efforts to facilitate discussions regarding MMR in each Tribal community and urban Indian community.
RECOMMENDATION 6:	Align with Opioid/Fentanyl Response Taskforce efforts as they relate to maternal mortality and morbidity.
RECOMMENDATION 7:	Explore development of Maternal Mental Health Behavior Health Aide provider type and a Maternal Health Support hotline.
RECOMMENDATION 8:	Continue investment in the people who experience the highest level of impact of social determinants of health, the highest mortality rates, and are most affected by discrimination.
RECOMMENDATION 9:	Support the implementation of the Pulling Together for Wellness framework at the Tribal/UIHO level.
RECOMMENDATION 10:	Support sustainable long-term implementation of the AI/AN PRAMS-like survey, State PRAMS survey, and ACEs questionnaire.
RECOMMENDATION 11:	Assess provider training and education within state systems to understand gaps in knowledge base in working with Tribes and AI/AN people.
RECOMMENDATION 12:	Utilize AIHC’s MCHBG assessment data, Community Conversations data, other Tribally developed and led data sets for planning and policy development, in combination with the addendum recommendations.
RECOMMENDATION 13:	Continuously monitor the implications of recent federal actions and policy changes that impact State and Tribal funding, affecting AI/AN health and wellness systems, structures, and supports.
RECOMMENDATION 14:	Support the Washington State-administered Pregnancy Risk Assessment Monitoring Survey and Surveillance System (PRAMS), as well as the AI/AN Pregnancy Resilience and Risk Assessment and Action Monitoring Surveillance System (AI/AN PRRAAMSS).

These recommendations are strong and important strategies in the work of improving AI/AN maternal, infant, and family health. It is important to note that although most of the Tribal/Urban Indian leader recommendations for the 2025 Addendum are new, the original recommendations still stand as foundational recommendations and strategies, which need to be reviewed and considered when actions and projects are suggested. The 14 new



leadership recommendations reflect the rich detail of working face-to-face in the community, the work that has occurred in the last 2 years and the impacts of the current state and federal environment.

Our #1 priority is consistently to reduce Native Maternal Mortality until the disparity is eliminated.

ONGOING AND CURRENT WORK OF AIHC

Tribal-led, holistic approaches, and continuity of work is critical to Tribal/Urban Indian Health Leaders. When you are continually underfunded and under-resourced, duplicative, and unnecessary rework is not welcome or efficient. In the overview presentation to the Tribal and UIHO leaders, the current and ongoing MIH work and projects were shared. It was agreed that these are a priority and should be integrated into the recommendations.

In the 2023 Maternal Mortality Review Panel Report to the Legislature, the AIHC AI/AN Addendum was informed by 5 statewide AI/AN Tribal and Urban Indian community member virtual sessions and 5 AI/AN Tribal/Urban Indian Leadership virtual sessions. These 10 sessions resulted in the following 7 Tribal/Urban Indian leader recommendations:

1. The number one priority is to reduce Native Maternal Mortality until the disparity is eliminated.
2. Culturally appropriate engagement and building trust at the community level is critical to understanding root causes of Native Maternal Mortality and essential to finding appropriate solutions and strategies.
3. Tribal-led data needs assessments, planning, administration, and analysis, including Tribal PRAMS, to address root causes of AI/AN maternal morbidity and mortality, substance misuse, and harm reduction strategies.
4. Address historical inequities and create trust in health transformation system change through policy, inclusion, and allocation of funds to create and assure culturally relevant services.
5. Improved and expanded access for culturally relevant services and resources, utilizing Seven Generations Principles, throughout the continuum of pregnancy, birth and postpartum for parents.
6. Funding, focus and prioritization to support Tribal-led workforce planning and development to successfully recruit, train, and hire an AI/AN workforce to support the needs of Native PBP people.
7. Support and fund Tribal-led nutrition planning and project development initiatives, such as Food Sovereignty and First Foods (breastfeeding) work.



UPDATES ON PROGRESS

AI/AN MATERNAL MORTALITY 2023 RECOMMENDATIONS UPDATES

The one original recommendation that is consistent in both is the 2023 and the 2025 AI/AN Addendum is “Prioritize reducing Native Maternal Mortality until the disparity is eliminated” with the addition of “as well as maintain this priority until it is achieved” in the 2025 report. (This list is provided to offer a glimpse of some of the activities since the last report; however, it is not complete as we have not officially conducted a comprehensive assessment or scan).

2023-2025 Progress to Address AI/AN Maternal Mortality	
2023 Recommendations	Initiatives
The number one priority is to reduce Native Maternal Mortality until the disparity is eliminated.	<ul style="list-style-type: none"> • There are several Tribal and Urban Indian grass roots organizations (versus Tribal Nations) who are conducting significant birth justice work in their communities. • AIHC is working on the AI/AN PRAMS Project to administer a unique AI/AN PRRAAMS survey. This is a Tribal-led project to address root causes. • AIHC Maternal Child Health Block Grant (MCHBG) needs assessment; was designed and implemented as a Tribal led project. • AIHC Community Conversations Project is gathering data on the health of Native PBP people. • AIHC MIH workgroup survey is gathering data on the needs/resources gap in Tribal and Urban Indian communities. • AIHC is gathering data about the feasibility of Tribal MMRP/C models and raising awareness of this effort to leadership and elders. • AIHC is conducting a study regarding the needs of AI/AN families utilizing WIC.
Culturally appropriate engagement and building trust at the community level is critical to understanding root causes of Native Maternal Mortality and essential to finding appropriate solutions and strategies.	<ul style="list-style-type: none"> • AIHC is working on the AI/AN PRAMS Project to administer a unique AI/AN PRRAAMS survey. This is a Tribal-led project to address root causes. • AIHC is applying appropriate comprehensive strategies in engagement and trust building.



<p>Tribal-led data needs assessments, planning, administration, and analysis, including Tribal PRAMS, to address root causes of AI/AN maternal morbidity and mortality, substance misuse, and harm reduction strategies.</p>	<ul style="list-style-type: none"> • AIHC is working on the AI/AN PRAMS Project to administer a unique AI/AN PRRAAMS survey. This is a Tribal-led project to address root causes. • AIHC MCHBG needs assessment; was designed and implemented as a Tribal led project. • AIHC Community Conversations Project is gathering data on the health of Native PBP people. • AIHC MIH workgroup survey is gathering data on the needs/resources gap in Tribal and Urban Indian communities.
<p>Address historical inequities and create trust in health transformation system change through policy, inclusion, and allocation of funds to create and assure culturally relevant services.</p>	<ul style="list-style-type: none"> • Tribes, Urban Indian Health leaders, AIHC, and legislative/state agency partners worked together to successfully pass the Traditional Indian Medicine Bill.
<p>Improved and expanded access for culturally relevant services and resources, utilizing Seven Generations Principles, throughout the continuum of pregnancy, birth and postpartum for parents.</p>	<ul style="list-style-type: none"> • Affiliated Tribes of Northwest Indians (ATNI) adopted the PTW framework and its 21 competencies by resolution as the policy of ATNI Conference in May. • AIHC’s PTW framework is a culturally grounded policy, systems, or environmental change approach and introduces the concept of the Seven Generational Principle in Tribal and non-Tribal training. • Generational Clarity training is available through AIHC. The training addresses the impact of historical trauma and adverse childhood experiences on the health and well-being of AI/AN people. It includes the importance of both our authentic stories and the acknowledgment of the strength of our ancestors.
<p>Funding, focus, and prioritization to support Tribal-led workforce planning and development to successfully recruit, train and hire an AI/AN workforce to support the needs of Native PBP people.</p>	<ul style="list-style-type: none"> • Tribal, Urban Indian, and Indigenous Grass Roots organizations such as the Northwest Portland Area Indian Health Board, Hummingbird Indigenous Family Services, and the Center for Indigenous Midwifery are working on training. • AI/AN Community Health Aides and Behavioral Health Aides, Indigenous Doulas and Lactation Consultants, and Community Midwives and Childbirth Educators respectively.



Support and fund Tribal-led nutrition planning and project development initiatives, such as Food Sovereignty and First Foods (breastfeeding) work.

- AIHC has sponsored a Food Sovereignty Speaker Series for two years based on feedback from Tribal communities. The series has had inspirational and captivating AI/AN experts to address topics like kinship and reciprocity with our environmental and cultural resources, first foods, access to traditional foods and medicines, nutrition, sacred tobacco, addressing hunger in tribal settings, cultivating gardens, harvesting, meal preparation, and more.

In closing, we offer you a wonderful highlight of the work of the Suquamish Tribe in their Changing Tides, Helping Hands Home Visiting Program. The program is an incredible example of innovations that are happening in Tribal and UIHO settings through the vision and commitment of strong Native women, like Cori and Shallee, who are changing the world by the impact they have on the lives of those they serve in community.

We also want to acknowledge the importance of fathers, uncles, and grandfathers who attended the Community Conversation convenings and expressed their commitment to maternal, paternal, infant, child, and family health in their communities.



TRIBAL PROGRAM HIGHLIGHT

SUQUAMISH TRIBE CHANGING TIDES, HELPING HANDS HOME VISITING PROGRAM

In the Suquamish community, Cori Silvey (Suquamish) and Shallee Moss (Port Gamble S’Klallam) offer Parents as Teachers services to families enrolled in their Changing Tides, Helping Hands Home Visiting program through the lens of Indigenous Home Visitors and birthing people. To be welcomed into someone else’s home, family, and pregnancy is sacred work. Since working together, both Cori and Shallee have felt passionate about honoring the experiences of Indigenous birthing and parenting relatives. Although their program is small – one funding source (DCYF) and eighteen slot – much of their recruitment and community engagement is rooted in building connections and making generational impacts.



Over the past year, Cori and Shallee have secured additional grant funding to plan and host an Indigenous Parenting Conference in December (2024), and two Womb Wisdom and Healing Dips this past June



(2025). Both events left a legacy of caring deeply for Indigenous families in the Suquamish community. In addition to their own events and celebrations, Cori and Shallee also find creative ways to participate and contribute to other community events, celebrations, and services in an intentional effort to be in good relationship with other programs and services, who also serve their home visiting families. In coming years, Cori and Shallee hope to obtain Indigenous lactation consultant training, host and facilitate more

collective healing opportunities, and growing the learning community that they've created.

CLOSING SUMMARY

There is a lot of incredible work happening in Tribal and Urban Indian communities in Washington State. This work is possible due to the passion and commitment of the AI/AN and Indigenous leaders and the support and funding by partners. This work is critical, but it takes support, resources, understanding, and funding for it to continue to a sustainable level for the time needed to make measurable differences. When it is emphasized that working with the AI/AN population requires a trauma informed approach, sustainability is one of the most powerful messages to demonstrate.

When programs and projects are funded on a limited basis, it only feeds into the true-life experiences and messaging that AI/AN people do not matter. Building trust and healthy committed relationships with individuals and communities is a powerful strategy to ensure healthy moms, healthy dads, healthy babies, and healthy families, now, and for future generations.

ⁱWashington State Department of Health. (2023). Report to the Legislature, Washington State Maternal Mortality Review Panel: Maternal Deaths 2017-2020. <https://doh.wa.gov/sites/default/files/2023-02/141-070-MaternalMortalityReviewPanelReport-2023.pdf>, Retrieved July 23, 2025

ⁱⁱ Hoyert DL. Maternal mortality rates in the United States, 2020. NCHS Health E-Stats. 2022. DOI: <https://dx.doi.org/10.15620/cdc:113967>

ⁱⁱⁱ Walters KL, Mohammed SA, Evans-Campbell T, Beltrán RE, Chae DH, Duran B. BODIES DON'T JUST TELL STORIES, THEY TELL HISTORIES: Embodiment of Historical Trauma among American Indians and Alaska Natives. *Du Bois Rev.* 2011 Apr;8(1):179-189. doi: 10.1017/S1742058X1100018X. PMID: 29805469; PMCID: PMC5967849.



^{iv} Wilkinson, C. F., Miklas, C. L. (1988). Indian Tribes as Sovereign Governments: A Sourcebook on Federal-Tribal History, Law, and Policy. United States: AIRI Press.

^v<https://constitution.congress.gov/browse/article-1/section-8/clause-3/>

^{vi} <https://app.leg.wa.gov/RCW/default.aspx?cite=43.376.020>

^{vii} Modak A, Ronghe V, Gomase KP. The Psychological Benefits of Breastfeeding: Fostering Maternal Well-Being and Child Development. Cureus. 2023 Oct 9;15(10):e46730. doi: 10.7759/cureus.46730. PMID: 38021634; PMCID: PMC10631302

^{viii} Miller S, Belizán JM. The true cost of maternal death: individual tragedy impacts family, community and nations. Reprod Health. 2015 Jun 17; 12:56. doi: 10.1186/s12978-015-0046-3. PMID: 26081494; PMCID: PMC4470047

