Challenges Facing the Indigenous Women of the United States Related to Maternal Care

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Introduction:

There are 574 federally recognized Indigenous[1] tribes in the United States of America. There are a multitude of challenges that the Indigenous women of the United States face, and even more so those who are pregnant or who have recently given birth. In such a multifaceted issue, one must also look for an intersectional solution, as only addressing one piece of the whole can create a domino effect that increases the challenges these already marginalized individuals will experience in their lifetimes.

Background:

[1] Often referred to collectively as Indians, American Indians, Native Americans and Native Alaskans, Aboriginals, First Nations, and a variety of ethnic and racial slurs, the tribes are diverse in language, custom, dress, and worldview. They are also not contained within the borders of the United States, with some tribes residing in both the United States and Canada. This paper will use the language of 'Indigenous people' or 'Indigenous women' of the United States as a unifying term to discuss the commonalities that these tribes face, while avoiding the negative implications and associations with some of the other terms that strip them of their heritage and dignity.

Indigenous women in the United States hold intergenerational trauma due to the methods European colonizers used when claiming the land for their own purposes. Indigenous children were forcibly taken from their parents while still in an early developmental stage and placed in boarding schools where they were taught how to speak, act, and dress like a European. In being separated from their parents, they were essentially stripped of their heritage, culture, and customs and were unable to model a healthy parenting or family life dynamic modeled to them. They suffered incredible violation while at an impressionable age, including physical, emotional, and sexual abuse. This reality led to a huge increase in domestic violence rates in Indigenous families when contrasted to other minority groups, with one in five Indigenous women experiencing rape from an intimate partner. Additionally, one in three Indigenous women will be sexually assaulted in her lifetime, (Sovereign Bodies Institute, 2020) and Indigenous children suffer rates of post-traumatic stress disorder three times higher than the rest of the general population (Walker). Domestic abuse, defined as physical, sexual, or emotional abuse, whether perpetrated against her prior to or during pregnancy, increases the woman's risk for pregnancy complications. This includes, but isn't limited to, hypertension, PROM (premature rupture of membranes), pre-eclampsia, and preterm delivery being increased by 37%. It also increases her risk of postpartum depression, postpartum anxiety, and postpartum psychosis. Effects directly on the developing fetus include low birth weight and preterm delivery. Additionally, women who have suffered abuse are less likely to be able or willing to breastfeed their newborn infants, which negatively impacts both bonding and development both in the immediate postpartum and as the child grows (Cook, 2008).

Another complication that affects pregnant Indigenous women is that these women have a predisposition towards a higher rate of chronic hypertension, diabetes (both preexisting and

gestational diabetes), and kidney conditions as compared to non-Hispanic white women (Admon, 2019). All of these conditions lead to higher rates of maternal mortality and morbidity; Indigenous women are approximately three times more likely to die of pregnancy related causes (Kozhimannil, 2020) than a non-Hispanic white woman. This not only negatively affects the pregnant and birthing women themselves, but also can create challenges in the child's early childhood development and further destabilize the already tenuous family environment that is present within this community.

Along with ethnically and genetically driven issues, geography also affects Indigenous women when it comes to access to prenatal, pregnancy and postpartum care. Approximately 40% of the Indigenous people living in the United States reside in rural areas, both on and off tribal reservations. This makes them the largest population of rural residents as compared to any other racial or ethnic group in the United States of America. The highest incidence of maternal mortality and morbidity are found with these Indigenous women who live in rural areas; these women experience complications during 2.3% of all hospitalizations for pregnancy related reasons (Kozhimannil, 2020).

Together with geography playing a part in restricted access to maternity care in the United States, indigenous people also receive less preventative care that would reduce pregnancy related complications and morbidity and mortality rate. Their restricted access can be partially explained by a lower level of health insurance coverage, less education, and a lower income when compared to the non-Hispanic white majority, but just because this can explain their restricted access doesn't mean the restriction is an acceptable one (Dorchester, 2001).

A disquieting reality to add to an already dark picture, Vedam, Stoll, Taiwo, et al (2019) provided evidence that one in six women (17.3%) will be mistreated while giving birth. They define mistreatment in this context as being shouted at, scolded (8.5%) ignored, refusal a request for help, failure to respond to requests for help in a reasonable amount of time, (7.8%) a violation of physical privacy (5.5%), the threat of treatment being withheld or forced to accept treatment they do not wish to receive (4.5%). Rates of mistreatment are highest at a hospital (28.1%), followed by a birth center within a hospital (24%), then dropping for those at a freestanding birth center (7%) and at home (5.1%). Indigenous women are twice as likely as a non-Hispanic white women to be ignored or have their request for help denied, and the most likely out of all ethnic and racial groups to experience at least one of these forms of mistreatment by their healthcare providers (32.8%).

Finally, Indigenous people of all genders face systemic discrimination and excessive police violence in the United States. A study done by the Sacred Bodies Institute (2020) indicates that Indigenous women face the highest rates of a fatal encounter with the police as compared to every other ethnic and racial group, at rates 38 times higher than a non-Hispanic white woman will experience. This study also provides extensive evidence of violence and sexual abuse perpetrated by police officers towards Indigenous victims that was brushed under the rug, suggesting that rates might be much higher if the full extent could be measured accurately across federal agencies. This issue doesn't always directly affect a woman when she is giving birth but adds to the collective trauma she will experience throughout her lifetime.

Solutions:

Since this is a multifaceted problem, we must take an intersectional approach. One thing that both Canada and Australia have had success in implementing with their Indigenous population is the midwifery model of care, since it includes a level of continuity that Indigenous people are often denied due to the problems outlined above. Continuity of care enables healthy communication to occur, relationships to be built, and a partnership model to be created. (Corcoran, 2016) It can be linked to positive health outcomes, higher rates of maternal satisfaction than in the traditional medical approach to birth, and a decrease in the use of epidurals, induction, augmentation, episiotomy, and neonatal resuscitation (Ricchi, 2019).

However, while the midwifery and continuity models of care can help to address some of the issues a pregnant Indigenous woman might face by alleviating a measure of the potential trauma surrounding her birth, expecting midwives who are already practicing with a client base to extend their radius to areas where they could serve the Indigenous women living rurally would be trying. My proposal would be to create an initiative that trains women of Native American and Native Alaskan heritage at no cost to them. They could be nominated by their community to receive their education, follow a direct entry midwifery path, and be established to serve their communities. Petitions could be made to NARM (The North American Registry of Midwives) for a type of bridge certification for these direct entry midwives who want to continue their education to become CPMs (Certified Professional Midwives) and therefore expand their potential practices. A successful example of a country that implemented a similar model to this one is Liberia. After their civil war, the country implemented a midwifery model in which community midwives were nominated by their peers, trained in a government established program, then sent back to their town to serve the women there. They have had great success, measured by decreased maternal-infant mortality and morbidity rates, and additionally have had

high levels of satisfaction from the women the midwives attended in the prenatal, delivery, and postpartum phases (International Committee of the Red Cross, 2009). This model is highly reproducible due its focus on mobilizing individuals already ideally placed and is based on the principle that women from a specific community are the most capable of serving in their own community, by virtue of to the lack of the cultural barriers that exist when ‘outsiders’ attempt to insert themselves and their ideals into a society. A similar model to Liberia’s could be beneficial to the Indigenous women of the United States, on the grounds that it could alleviate the existing issues that have been discussed earlier.

Conclusion:

This has been just a brief overview of some of the barriers the Indigenous women of the United States must navigate, specifically those relating to the things that affect maternal healthcare. While the Indigenous population of the United States is only 1.7% of the whole, that still includes 5.2 million people that are being negatively impacted. It's unacceptable, and one might suggest immoral, to brush this problem under the rug any longer. A model of care that empowers indigenous women to serve others in their communities and reproduces their skills while decreasing the outrageous maternal morbidity and mortality rates should be something to work towards both on a communal and governmental level. Implementing a program such as the one outlined above would require extensive discussion between tribal leaders, state and federal level government officials, and the established midwifery community, in order to find a compromise between respecting the regulations already in place and delivering the important and necessary reparations that the Indigenous people residing in the United States of America deserve.

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