

Indigenous birthing people's perceptions of maternal mortality

Christina M Pacheco, JD, MPH1; Kilyn Parisien, BA1; Karen Florio, DO, MPH, FACOG2; Kensey Gosch, MS3; Niraj Chavan, MD4; Traci Johnson, MD5; Emily Williams, MD6; Gaylene Crouser7; Sarah Finocchario-Kessler, PhD, MPH1; Yvonnes Chen, PhD8; Sharla Smith, PhD1; Won Choi, PhD, MPH9; Taneisha Scheuermann, PhD1 (1)University of Kansas Medical Center, Kansas City, KS, (2)University of Missouri-Columbia, MO, (3)Saint Luke's Mid America Heart Institute, Kansas City, MO, (4)Saint Louis University School of Medicine, Saint Louis, MO, (5)University of Missouri-Kansas City, School of Medicine, Kansas City, MO, (6)University Health-Truman Medical Center, Kansas City, MO, (7)Kansas City Indian Center, Kansas City, MO, (8) University of Kansas, Lawrence, Kansas (9)Lehigh University, Bethlehem, PA



Background

American Indian and Alaska Native (AIAN) pregnant people are 2-4 times more likely to experience maternal mortality, with higher rates in urban areas. Racial misclassification on death certificates and the aggregation of race/ethnicity data for small sample sizes may contribute to masking an even higher maternal mortality rate for Indigenous women, further contributing to the erasure of Indigenous peoples and hindering the ability to address inequities.

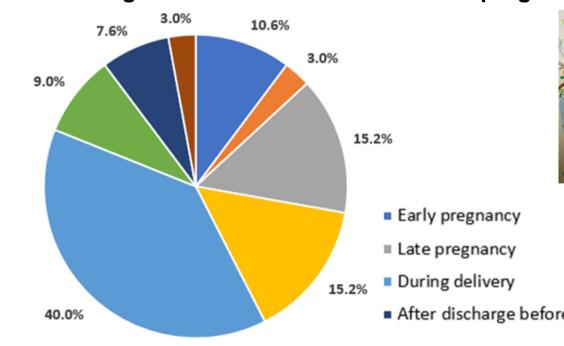
Methods

The Perinatal Quality Collaborative (PQC) of Missouri iteratively developed 46 questions assessing baseline knowledge surrounding risk factors for maternal mortality and perceived discrimination within the health system that contributes to maternal mortality. A mailing list was used to distribute the questionnaire to a racially representative sample across the MO. This sub-study looks at data for AI. Study approved by Saint Luke's Hospital of Kansas City IRB (#001093)

Results

Participant Demographics (N=66)	n	Mean (SD) / %
Age	66	37.2 (± 11.8)
Education (> high school)	47	71.2%
Married	31	47.0%
Employed	33	50.0%
Own Home	21	31.8%
Insurance		
Private	34	51.5%
Medicaid	21	31.8%
None	11	16.7%
Number of pregnancies	64	2.8 (± 2.2)
Willing to get COVID-19 vaccine during pregnancy	22	33.3%
Aware of deaths due to pregnancy	52	78.8%
Know someone that died due to pregnancy	14	21.2%

Indigenous people's perceptions of what time period has the highest risk for a death related to pregnancy



78.8% of participants reported

awareness of pregnancy-related

deaths, and 63% believed the

numbers in MO were higher than

in other states. 21.2% reported

knowing someone who died

during pregnancy. When asked

about personal concerns about

dying during pregnancy, 21.2%

were extremely/very concerned.

59.1% believed that discrimination

played a role in maternal

mortality, and 40.7% avoided medical care because of a

fear/lack of trust in hospitals.

- Mid pregnancy
- During labor
- After delivery, in hospital

After discharge before postpartum visit
After postpartum visit before day 365

Discussion

No studies directly address American Indian (AI) mothers' perceptions of maternal mortality. Al women are less likely to obtain prenatal care in the first trimester, which often results in various health disparities. Barriers to prenatal care among Al involve personal beliefs, cultural practices, and attitudes. In several studies, Al reported a lack of trust with their providers due to negative experiences during pregnancy and delivery.



Conclusion

Maternal mortality among American Indians is a multifaceted issue that is not fully understood. We work with PQC in Missouri to raise awareness of maternal mortality. We aim to replicate this study in KS. Results will aid in creating a maternal health intervention co-created with and tailored for AI pregnant people.