National Trends in the Perinatal and Infant Health of Rural American Indians (AI) and Alaska Natives (ANs): Have the Disparities Between AI/ANs and Whites Narrowed?

**Background**
Despite dramatic improvements in maternal and infant health among American Indians and Alaska Natives (AI/ANs), disparities between AI/ANs and whites persist. Since the 1980s, efforts have been directed to improving access to health services, reducing risk behaviors, and modifying provider practices to improve maternal and infant health.

**Study Aim**
To examine trends in prenatal care receipt, low-birthweight rates, neonatal and postneonatal death rates, and cause of death among rural AI/ANs and whites between 1985 and 1997.

**Study Population**
AI/AN and non-Hispanic white singleton births to women living in rural U.S. counties.

**Data Source**

**Major Findings**
- Rates of inadequate prenatal care decreased for both AI/ANs and whites (figure), but a sizeable disparity between the groups persisted. Only two-thirds of rural AI/AN women received first-trimester prenatal care in 1995-1997.
- Rates of postneonatal death among rural AI/ANs decreased over time (figure), but again, a sizeable disparity between AI/ANs and whites persisted.
- Preventable causes of death, predominantly infectious disease and sudden infant death syndrome, were largely responsible for AI/AN-white differences.

**Policy Implications**
Significant improvement in receipt of prenatal care among both rural AI/ANs and rural whites occurred during a time of expansion in Medicaid programs for maternity care. Persistent disparities between rural AI/ANs and whites in receipt of prenatal care and largely preventable postneonatal death rates suggest that additional resources are needed to reach parity between these groups, and to ensure AI/ANs reach the Healthy People 2010 objectives for maternal and child health.