

National Trends in the Perinatal and Infant Health of Rural American Indians (AIs) 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

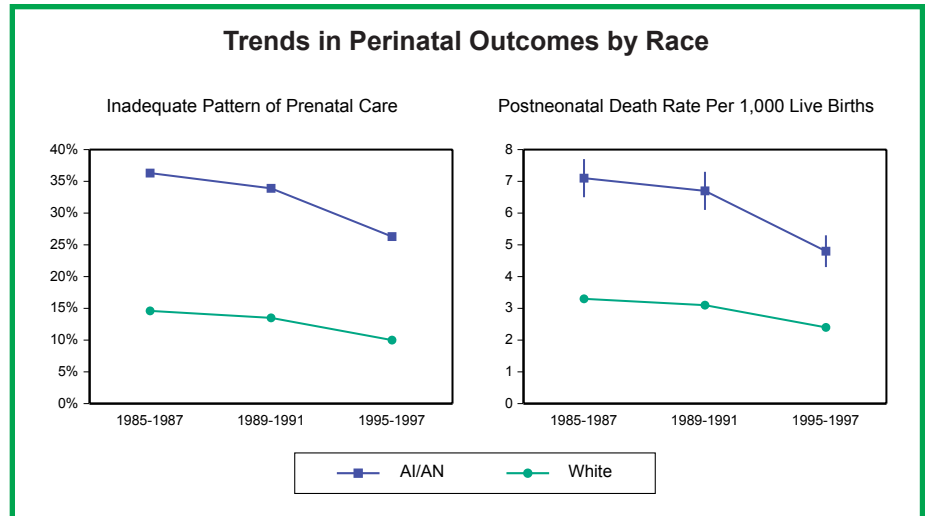
AI/AN and non-Hispanic white singleton births to women living in rural U.S. counties.

Data Source

National Center for Health Statistics' National Linked Birth and Infant Death Data Set for 1985-1987, 1989-1991, and 1995-1997.

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.

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