



AMERICAN INDIAN & ALASKA NATIVE MATERNAL HEALTH



goredforwomen.org/pregnancy

Cardiovascular disease is the leading cause of maternal death in the U.S., or more simply put, heart disease is the No. 1 killer of new moms.¹ It can pose a threat to women’s heart health during pregnancy and later in life, making it important that women understand how to care for themselves and their baby.

American Indian and Alaska Native women have more risk factors for poor heart health, such as high rates of Type 2 diabetes, obesity and smoking, as well as increased exposure to trauma and violence.² Recent research reports that more than 60% of American Indian and Alaska Native women already have suboptimal heart health when they enter pregnancy,³ which is strongly related to the development of heart disease later in life.

A recent American Heart Association Scientific Statement on *The Status of Maternal Cardiovascular Health in American Indian and Alaska Native Individuals* highlighted that addressing heart disease risks in American Indian and Alaska Native women requires attention to traditional cardiovascular disease risk factors and social determinants of health, as well as understanding how the legacy of colonization, exploitation, racism and discrimination shape the health of American Indian and Alaska Native individuals.

The American Heart Association and Go Red for Women are doing something about this crisis.

Health Equity Research Network on Disparities in Maternal-Infant Health Outcomes:

Focusing on identifying causes and finding solutions to improve outcomes among people who are more likely to experience pregnancy complications due to poor heart health.



Research Goes Red: Allocating research grants to help better understand the unique intersection between cardiovascular disease and maternal health.



Go Red for Women Real Women Class of Survivors:

Raising awareness through the real stories of women who faced cardiovascular disease during pregnancy.



Medicaid Postpartum Extension:

Fighting to pass more coverage to help low-income mothers have better access to care.



We know that many women not only want to be great moms but want to be moms for a very long time. **Go Red for Women** is here to help every step of the way.

Fast Facts



Type 2 diabetes is the predominant, traditional cardiovascular disease risk factor in American Indian and Alaska Native women, with a prevalence of up to **72%** among women in some communities.⁴ This can increase the risk of gestational diabetes.



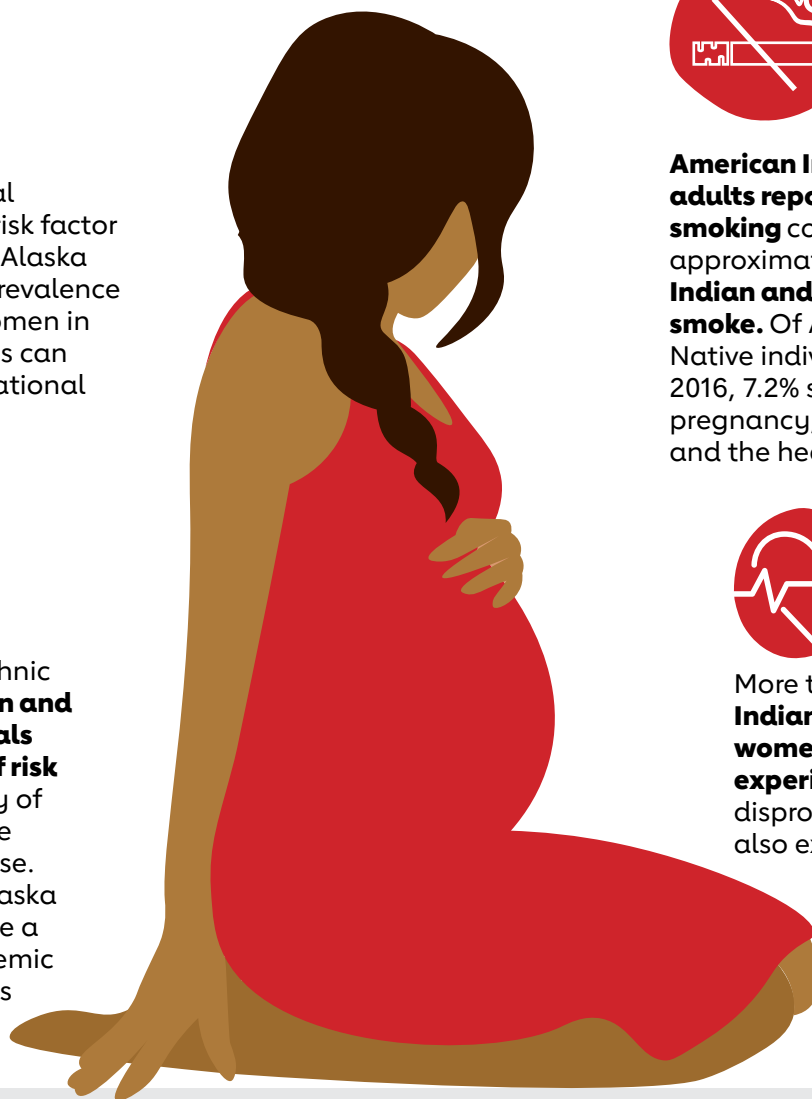
American Indian and Alaska Native adults report greater cigarette smoking compared to other races; approximately **one-third of American Indian and Alaska Native women smoke**. Of American Indian and Alaska Native individuals who gave birth in 2016, 7.2% smoked cigarettes during pregnancy, influencing their health and the health of their babies.⁶



Among all racial and ethnic groups, **American Indian and Alaska Native individuals have the highest rate of risk factors for stroke**, many of which overlap with those for cardiovascular disease. American Indian and Alaska Native women may have a greater risk of both ischemic and hemorrhagic strokes during pregnancy.⁵



More than **4 in 5 American Indian and Alaska Native women reported they have experienced violence**, and they are disproportionately likely to have also experienced a high number of adverse childhood experiences, which contribute to higher heart disease risk.⁷



Questions to ask your doctor if you are pregnant or plan to become pregnant:

- ✓ Am I at risk for cardiovascular health issues during my pregnancy? If so, how can I reduce my risk?
- ✓ How can my blood pressure levels impact my pregnancy and how can I best manage them?
- ✓ How can I keep myself and my baby healthy during my pregnancy and in the critical weeks after giving birth?
- ✓ I have a family history of heart disease or stroke. How can this impact my prenatal and postpartum health as well as the long-term health of my child?
- ✓ How can I support my emotional well-being and reduce my stress during my pregnancy?
- ✓ How can my blood pressure or blood glucose levels impact my pregnancy and how can I best manage them?

¹Petersen EE, Davis NL, Goodman D, et al. Vital Signs: Pregnancy-Related Deaths, United States, 2011–2015, and Strategies for Prevention, 13 States, 2013–2017. *MMWR Morb Mortal Wkly Rep* 2019;68:423–429. DOI: <http://dx.doi.org/10.15585/mmwr.mm6818e1>

²Sharma G, Kelliher A, Deen J, Parker T, Haggerty T, Choi E, DeFilippis E, Harn K, Dempsey R, Lloyd-Jones D, American Heart Association Cardiovascular Disease and Stroke in Women and Underrepresented Populations CoC on Clinical Cardiology, C on Hypertension; C on Cardiovascular and Stroke Nursing; C on Arteriosclerosis, Thrombosis and Vascular Biology; and C on Quality of C and Outcomes Research. The Status of Maternal Cardiovascular Health in American Indian and Alaska Native Individuals: A Scientific Statement From the American Heart Association Circulation: Cardiovascular Quality and Outcomes. 2023.

³Cameron NA, Freaney PM, Wang MC, Perak AM, Dolan BM, O'Brien MJ, Tandon SD, Davis MM, Grobman WA, Allen NB, Greenland P, Lloyd-Jones DM and Khan SS. Geographic Differences in Prepregnancy Cardiometabolic Health in the United States, 2016 Through 2019. *Circulation* 2022;145:549–551. Wang MC, Freaney PM, Perak AM, Allen NB, Greenland P, Grobman WA, Phillips SM, Lloyd-Jones DM and Khan SS. Trends in pregnancy cardiovascular health in the United States, 2011–2019. *Am J Prev Cardiol*. 2021;7:100229.

⁴Benschop L, Schalekamp-Timmermans S, Schelling SJ, Steegers EAP and Roeters van Lennep JE. Early Pregnancy Cardiovascular Health and Subclinical Atherosclerosis. *J Am Heart Assoc*. 2019;8:e011394.

⁵American Diabetes A. 2. Classification and Diagnosis of Diabetes: Standards of Medical Care in Diabetes-2021. *Diabetes Care*. 2021;44:S15–S33.

⁶Harris R, Nelson LA, Muller C and Buchwald D. Stroke in American Indians and Alaska Natives: A Systematic Review. *Am J Public Health*. 2015;105:e16–26.

⁷Creanga AA, Bateman BT, Kuklina EV and Callaghan WM. Racial and ethnic disparities in severe maternal morbidity: a multistate analysis, 2008–2010. *Am J Obstet Gynecol*. 2014;210:435 e1–8.

⁸Zhang M, An Q, Yeh F, Zhang Y, Howard BV, Lee ET and Zhao J. Smoking-attributable mortality in American Indians: findings from the Strong Heart Study. *Eur J Epidemiol*. 2015;30:553–61. Virani SS, Alonso A, Aparicio HJ, Benjamin EJ, Bittencourt MS, Callaway CW, Carson AP, Chamberlain AM, Cheng S, Dellings FN, Elkind MSV, Evenson KR, Ferguson JF, Gupta DK, Khan SS, Kissela BM, Knutson KL, Lee CD, Lewis TT, Liu J, Loop MS, Lutsey PL, Ma J, Mackey J, Martin SS, Matchar DB, Mussolino ME, Navaneethan SD, Perak AM, Roth GA, Samad Z, Satou GM, Schroeder EB, Shah SH, Shay CM, Stokes A, VanWagner LB, Wang NY, Tsao CW, American Heart Association Council on E, Prevention Statistics C and Stroke Statistics S. Heart Disease and Stroke Statistics-2021 Update: A Report From the American Heart Association. *Circulation*. 2021;143:e254–e743.

⁹NCAI Policy Research Center (2018). Research Policy Update: Violence Against American Indian Women and Girls. National Congress of American Indians, February 2018.

¹⁰Cole AB, Armstrong CM, Giano ZD and Hubach RD. An update on ACEs domain frequencies across race/ethnicity and sex in a nationally representative sample. *Child Abuse Negl*. 2022;129:105686. Accessed 11/25/2022