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. 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. Recent research reports that more than 60% of American Indian and Alaska Native women already have suboptimal heart health when they enter pregnancy, 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.
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.²

**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?**

**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.³ This can increase the risk of gestational diabetes.

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

**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, in luencing their health and the health of their babies.⁶

**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**

---

⁷American Heart Association Circulation: Cardiovascular Quality and Outcomes. 2023.