

# “Where have our Mothers Gone?”: Combating Native American Maternal Health Disparities with Traditional Birthing Practices in Southwestern Indigenous Communities

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This piece examines Native American maternal health disparities in the United States and proposes an integrated form of maternal care for Indigenous communities. Native Americans have some of the highest rates of maternal health disparities across ethnic and racial minorities, yet the underlying causes of these issues remain poorly understood. Native communities continue to endure violations of their physical, mental, emotional, and spiritual health. Drawing on traditional birth practices from these communities can alleviate these issues. Incorporating evidence from maternal health studies, personal interviews, and a case study of the first and only Native American integrative health clinic in the United States, this piece demonstrates the successful potential of Indigenous integrative health practices. It argues for the integration of traditional Indigenous birthing practices and Western forms of maternal care. This integrative approach aims to bridge cultural gaps in maternal care given to Indigenous communities and address issues of medical racism and trauma.

**Keywords:** Native American, Indigenous, Indigenous Health, Maternal Health, Wealth Disparities, Social Determinants of Health, Medicine, Traditional Indigenous Medicine, Health Equity, Integrative Medicine

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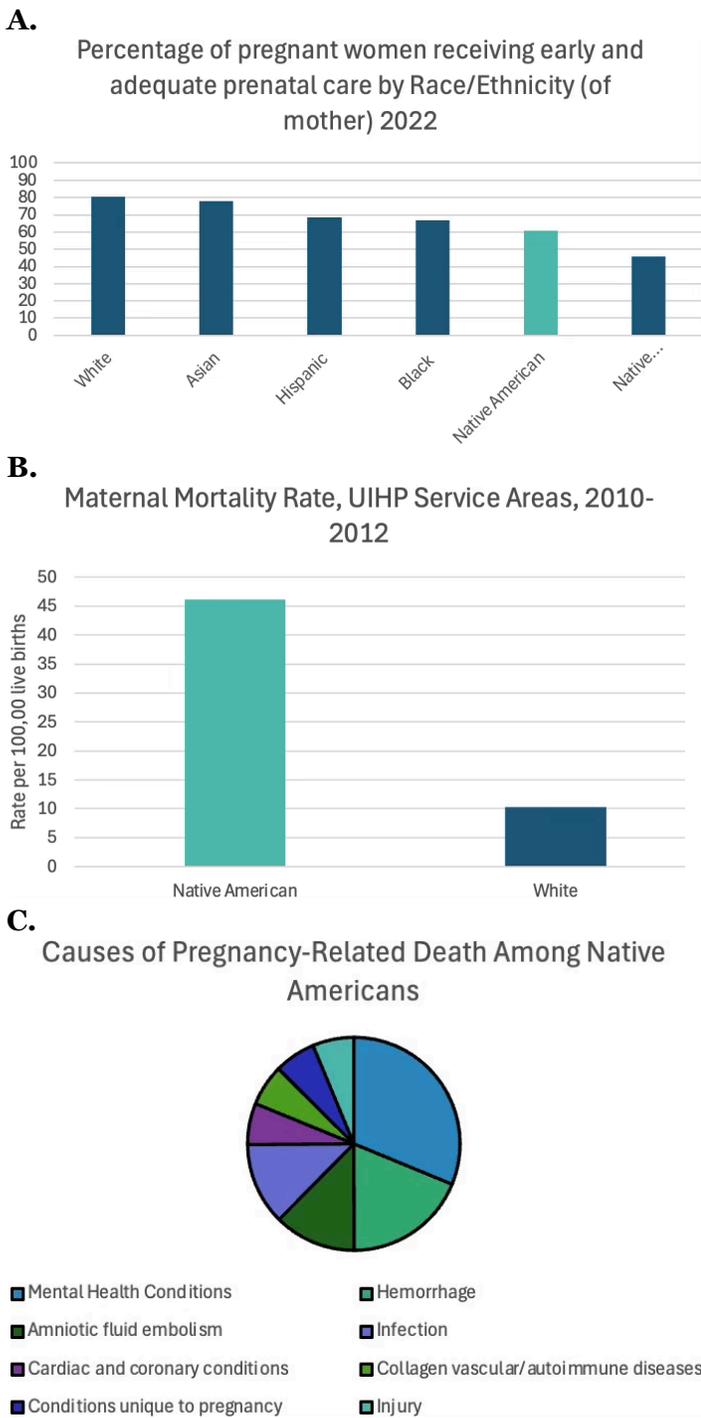
## Introduction

Rosa, a Mexican and Native American (Diné and Nde) woman, was in labor at a hospital in Los Angeles, California. This was supposed to be a time of receiving support and compassion as she brought new life into the world, but that was far from what she received. The medical staff questioned how many kids she had already had and pushed her to sign medical forms written in English which she could not read. It was only after her daughter was born that Rosa learned that the medical staff were trying to get her to sign a consent form for tubal ligation. If she had signed those papers, I would not be here, because Rosa was my grandmother. Her fighting spirit and luck allowed three more generations of strong Mexican and Native women to be born.

There are high rates of maternal health disparity within Native communities, with Native Americans being up to 4.5x more likely to die from pregnancy-related causes than white mothers are (2017 UIHP Community Health Profile). What is even more striking, is that 93% of Native maternal deaths are preventable as determined by CDC Maternal Mortality Review Committees in a 2017-2019 data set that covered 36 states in the US (Trost SL, Beauregard J, Njie F, et al., 2022). These issues, as shown in the story of my grandmother, are not solely a matter of history. Medical

racism and colonialism imposed upon Indigenous people continue to pervade our communities and mothers' wellness. Today, Native Americans face extreme disparities in maternal and infant health outcomes. Colonialism brought genocide, new diseases, and a war on Native cultures that pervades the US to this day. “Kill the Indian, save the man” was at the core of the government's philosophy on assimilating Native peoples (Pratt, 1892). This sentiment led to banning traditional ceremonies, prohibiting speaking Native languages, forced sterilizations, and separating Native families (Waxman, 2022; Lawrence, 2000). Native peoples were not seen as human beings, and their health was disregarded. If colonialism had not stripped us of our traditional ways of maternal care, would our mothers' health outcomes be different? Where Western medicine falls short, research shows that culturally relevant care and policy changes can fulfill the needs of expectant Native parents (Lewis, Myhra, 2017). This issue is both medical and political, and potential solutions can serve as a blueprint for tackling further health disparities in Native communities, other marginalized communities in the US, and populations globally who are susceptible to poor maternal health outcomes.

### Native American Maternal Health Outcomes



**Figure 1:** Maternal Health Outcomes for Native Americans. A. Percentage of pregnant women receiving early and adequate prenatal care by Race/Ethnicity (of mother) 2022. B. Maternal mortality rate across Urban Indian Health Program service areas (2010-2012) C. Causes of pregnancy-related death among Native Americans

Maternal health outcomes throughout the United States are bleak in comparison with peer countries. The United States has a maternal mortality rate of 26.4 deaths per 100,000 live births in comparison to 3.8-9.2 among countries with similar economic status (Kassebaum, Barber, et al., 2015). These dismal health outcomes are especially prevalent among marginalized communities in the US, namely among rural communities and racial minority groups. Native Americans in particular experience extreme disparities in maternal health due to the impacts of colonialism which banned many traditional practices, led to limited access to care in rural reservations, and systemic racial discrimination. Limited access to hospitals could be a significant contributing factor to these outcomes. About 1 in 5 Native American women in rural areas live at least 30 miles away from a hospital with obstetrics, which could be a contributing factor to the high maternal morbidity and mortality that Native people experience (American Indian and Alaska Native Maternal and Infant Mortality: Challenges and Opportunities). However, across Urban Indian Health Program service areas, Natives continue to experience these disproportionate outcomes [Figure 1B] (Urban Indian Health Institute, 2016). While distance from obstetric care for Natives in rural areas can be a large contributing factor to disparities in Native maternal health, it does not encompass a complete picture. More research on these disparities is needed in both rural and urban settings, and must hold community needs at the forefront of any research goal. Despite the fact that Native Americans and Alaskan Natives have disproportionately high maternal deaths and health disparities compared to other racial and ethnic groups, there is little known about the root causes. Native Americans in particular are seldom included in maternal health disparity research, creating a significant need for community-driven research on Native maternal health.

When studies do include or highlight Native Americans, they often reveal dismal health trends. One study on maternal health outcomes for Native Americans notes, “Despite AI/AN maternal mortality being disproportionately high compared to other racial/ethnic groups, relatively little is known about root causes” (Heck, Jones, et al., 2021). Native Americans are severely underrepresented in academic research, and their maternal health outcomes are no exception. The reason for their exclusion is often because the Native population is much smaller in comparison to other racial and ethnic groups, deeming them statistically insignificant. This creates a large gap of knowledge in the pursuit of determining the severity of the maternal health disparities Natives face.

Many Native Americans, both in rural and urban settings, go to hospitals and clinics within the Indian Health Service (IHS), which is a sector of the Bureau of Indian Affairs. The aim of the IHS is to provide Native Americans enrolled in federally recognized tribes quality healthcare, yet it is severely underfunded. Mary Smith, a former principal deputy director of the IHS, writes that in order to receive the same level of care that federal prisoners receive, funding for the IHS would need to double, and it would need to be even higher to reach the same coverage that Medicaid provides (Smith, “Native Americans: A Crisis in Health Equity”). With this in mind, it is unsurprising that maternal healthcare services are rare within the IHS clinics. IHS clinics can serve as accessible forms of healthcare, yet 75% of Natives go to non-IHS healthcare centers for giving birth (Hassanein, 2022). Considering that only 0.4% of physicians are

Native American, when Natives go to non-IHS health centers, there is a low chance of seeing a provider who shares a cultural background with them. This can alienate Native people who are seeking care, and potentially lead to medical discrimination (AAMC, 2018).

Looking at the Missing and Murdered Indigenous Women (MMIW) crisis in conjunction with these health disparities reveals the connection between the crisis and the current health outcomes for pregnant Native women. According to the U.S. Department of the Interior, Native Americans are 2.5x more likely to experience violent crimes and 2x more likely to experience rape or sexual assault when compared to all other ethnicities (U.S. Department of the Interior, 2019). When looking at the violence against Native women in particular, the numbers get higher. Native women are 10x more likely to be murdered in comparison to any other race or ethnicity, and murder is the 3rd highest cause of death for the group (Bachman, R, 2008.; Urban Indian Health Institute, 2016). A recent study published in the National Library of Medicine found that homicide during pregnancy and shortly after is the leading cause of maternal mortality in the United States by more than twofold (Wallace, Maeve et. al, 2021). Since Native women are facing such high rates of homicide in general, it is likely that they are disproportionately impacted by homicide during pregnancy as well. However, Native American maternal mortality data for homicide and suicide consistently include small samples and often categorize these deaths in an “Other” racial category, which makes targeted Native data analysis not possible at this time (Heck, Jones, et al., 2021). More research on pregnancy-associated deaths from homicide and suicide within Native communities is imperative to understanding this crisis’ impact on pregnant Natives. The Missing and Murdered Indigenous Women (MMIW) crisis is already a dejecting public health situation on its own. Looking at the MMIW crisis in tandem with the Native American maternal health disparity allows for a fuller picture of what is occurring to Native mothers. We need to not only examine American healthcare systems, but also policy to see how Native mothers are being discriminated against and harmed.

### **Traditional Indigenous wellness practices & the impact of colonialism**

Traditional practices were banned from the community when Native American religious and healing ceremonies were prohibited by the Code of Indian Offenses starting in 1883 (Rules Governing the Court of Indian Offenses). Traditional ceremonies were banned from our communities, and anyone who tried to continue these practices was put in prison (Rules Governing the Court of Indian Offenses). The longstanding impact of this racist policy lasted all the way until the American Indian Religious Freedom Act, a law that allowed Natives to once again practice their healing and religious ceremonies without repercussion, which was implemented as recently as 1978 (“Public Law 95-341”). After being prohibited from conducting traditional health practices, Native Americans were given subservient medical care. This limited access to adequate care, the banning of traditional wellness practices, and colonialism imposed through genocide and forced sterilization of Natives have severely harmed the health of the community.

Before colonialism stripped Indigenous communities of their traditional wellness practices, they relied on a holistic form of

care that is community oriented. Many aspects of this type of care continue to live on despite efforts to eradicate Native Americans. It is important to note that Indigenous communities and their wellness practices are not a monolith. Each culture is unique and diverse as are their medicines. Traditional practices cannot be generalized, making community-specific interventions essential. We can learn from specific communities about how uplifting traditional practices can impact maternal health outcomes.

While there are many diverse traditional practices, many of them across communities approach health from a holistic lens that differs from Western approaches to medicine. Many traditional Indigenous medicinal practices span physical, mental, emotional, and spiritual wellness (Struthers, et. al., 2004). As Diné (Navajo) Nurse Midwife Nicolle Gonzales explains in an interview, traditional wellness is not just deciding to go to the doctor and visit a clinic. It is a lifestyle and ongoing relationship with your provider (Gonzales, 2023). These traditional forms of care rely on an intimate relationship built on trust between the provider and patient. As Gonzales further elaborates in the interview, you cannot just “wake up one day and say I want to have a traditional ceremonial birth” (Gonzales, 2023). It requires work to build a trusting relationship between the midwife, the doula, other helpers, and the patient. Researching what kinds of traditional practices you want to include, whether that is herbs or songs or something else, takes preparation. This trust and support also spans the overall community. Birth requires preparation from the entire community, and they collectively care for the expectant mother (Gonzales, 2015). Within many Southwestern Indigenous communities, birth is not solely a medical process. Rather, birth is a sacred process and ceremony of welcoming new life into the world (Gonzales, 2015).

Across the Southwest, there are numerous types of traditional birthing practices among tribes ranging from ceremony to herbal and natural medicines. Within the Diné tradition in particular, the Blessingway ceremony provides the mother with spiritual strength and welcomes the new baby into the world. This ceremony is described as “a re-enactment of the creation. The Navajo believe they are performing the very songs and rituals that the gods used to bring about creation.” (Hartle-Schutte, 1988). The ceremony involves songs, chants, traditional stories, and takes place in the traditional Diné home called the Hogan. During the birth, the medicine man recites:

“The Early Dawn found a baby  
To the East, he found a baby;  
When he had found the baby  
He spoke to the baby;  
The baby heard him.  
When he spoke to the baby  
The baby was eager to be born.  
The baby has a happy voice  
He is an Everlasting and Peaceful baby”  
(Wyman, 1970; Began, 1985)

These comforting words welcome the baby to the world in a loving, positive way. In their University of California: Berkeley dissertation, Began describes the Blessingway ceremony as something to:

“bring the pregnant woman and her family into a symbolic identification with their ancestors; to the traditional Holy People and to the universal forces of life. This means that in giving birth to a new person, she is spiritually joined to both the past and the future. Through the words and chants of the Singer, she is made to feel these spiritual connections. This ceremony brings peace and spiritual strength to mothers who go through it.” (Begay, 1985)

Ceremony brings comfort in a way that spans beyond what current standards of Western medicine provide. While Western forms of medicine have innovated maternal care, cultural and spiritual gaps remain for Indigenous patients that incorporating ceremony can fill.

### **A Case Study in Integrating Indigenous wellness practices and Western medicine**

The undoing of colonialism through the reclaiming of traditional healing and cultural practices can begin to heal historical and modern traumas imposed upon Native women. A maternal health center dedicated to integrating traditional Indigenous and Western healthcare currently serves Native communities in the Southwest. This maternal health clinic is the first and only of its kind to integrate traditional Native healing practices and Western maternal care in the United States. Other efforts to integrate this type of care exist through organizations such as the Center for Indigenous Midwifery, Hummingbird Indigenous Family Services, Native American Health Center, some Indian Health Service Centers, and grassroots Indigenous doula and midwife groups. However, some of these organizations do not have a physical location, provide primary care services rather than specific maternal care services, and many of them have limited funding. Looking to the first clinic that integrates maternal care for Native peoples can help researchers understand how this unique form of care can aid Indigenous families, and highlight any issues that future initiatives can be prepared to address.

Gonzales is a Diné Nurse Midwife who started the “Changing Woman Initiative” (CWI), a non-profit organization that aims to mitigate maternal health disparities within the Native American community and provide expectant mothers with culturally integrated women’s healthcare. The “Changing Woman Initiative,” founded in 2018, is named after a revered figure in Diné stories: Asdzáá Naadleehi (Changing Woman), who is the creator of the Diné. The organization strives to revive traditional wellness practices and uphold the matriarchal values of many Southwestern tribes. Currently, CWI is providing education on traditional Indigenous midwifery, homebirth services, and an easy-access women’s health clinic.

In an interview, Gonzales states that creating an integrated form of birth comes with unique challenges. She explains:

“One is (that) some people are not aware of what their traditional birthing practices are. Two, there are a lot of Tribes that are in the Southwest, but also, if you live in an urban area, (...) you see people from all over, so you can’t just (...) integrate just one traditional birthing practice. You kinda have to honor all of them, and every community has different teachings.”

Community-specific practices are integral to a “traditional” birth, but they are not always accessible to the patients CWI serves whether that is due to the patient living in an urban area or not having community knowledge passed down to them. Having a clinic that honors a wide representation of the local Indigenous communities requires knowledge of many different teachings, which can be difficult to accurately deliver. Despite these issues, Gonzales notes that she has seen miracles and the healing of trauma within these sacred spaces (Gonzales, 2023). Providing culturally competent and integrated care to Indigenous patients provides service that extends beyond maintaining the body’s health. It provides holistic healthcare that spans Indigenous women’s physical, emotional, mental, and spiritual health.

Gonzales emphasizes the uniqueness of what Indigenous women need within birthing. Due to historical and recent traumas, relationship violence, and the extraction of their resources, Native women need unique forms of support during birth. Movements surrounding maternal health justice sometimes group all racial communities together in an effort to encompass every community’s disparities. We can learn from one another’s stories and strategies, however, “centering Indigenous women has to be a focus for the programs that are meant to serve them” (Gonzales, 2023). Gonzales emphasizes that the needs of Indigenous women are unique and must be addressed as such due to the nature of colonial traumas, differing healthcare systems, and the loss of traditional lands, practices, and identity. Both the traumas Indigenous women continue to endure and the health disparities among Native communities as a whole contribute to these unique needs.

Unfortunately, many Native American women come to the CWI clinic with preexisting health conditions, which leads to around 57% of them needing to transition into a hospital setting (Gonzales, 2023). Gonzales envisions a world in which Indigenous women can go through a traditional birth if they want to, but states, “That’s the vision that we hope for, but not everyone gets that. We get some very sick women who get sick during their pregnancy who need to go to the hospital.” The widespread health disparities among Native communities create an obstacle to traditional births since extra medical support may be necessary for people with preexisting health conditions. As an example, Native Americans have high rates of chronic diseases such as diabetes that require extra precautions when someone delivers a baby (“Chronic Disease Resources for Tribal Health,” 2023). The current healthcare system has failed Native American communities in many different aspects of care. So much so, that it is preventing Native people from being able to give birth in ceremony, suppressing many Native people from practicing cultural teachings surrounding birth. Incorporating clinicians experienced with working with Native communities into these integrative clinics could be a method of mitigating medical risk. Balancing when to bring in doctors to provide support without overshadowing the values and community practices the expectant parent wants is essential for imagining future integrative care.

### **Bringing Ceremony to Clinics and Hospitals**

Integrating traditional Indigenous birthing practices and Western medicine has the potential to mitigate maternal health disparities among Native women due to their holistic and community-based approaches. Instead of a cold room with unfamiliar people and being engulfed in the smell of a hospital waiting to be examined and

prodded at, it is possible for Native women to be surrounded by community members and the comforting scent of sage smudge while preparing to have a birthing ceremony. Integrated care can be a reality. In fact, the World Health Organization has affirmed the efficacy of traditional healing practices and called for increased access to this type of care within typical Western medicine (“Legal status of traditional medicine and complementary/alternative medicine : a worldwide review,” 2001).

Traditional ceremonies can work towards healing trauma and revitalize culture, and they also highlight the need for extra health support for Native women. If traditional models of care can be incorporated into hospitals that serve Indigenous communities, the concerns of not being able to receive critical care while in ceremony may be mitigated. Currently, some IHS hospitals allow traditional Native practices to take place, and it is common to find Nurse-Midwives working in collaboration with obstetrician-gynecologists. Additionally, in 2024, Medicaid began covering traditional ceremonies across four states, paving the way for increased acceptance and integration of Indigenous health practices in clinics and hospitals (McClurg, 2024). Currently, there is little research on how integrative care impacts Indigenous communities, yet the current findings are that integrative care promotes health equity, improves physical and mental health symptoms, reduces substance use, improves education and employment status, and decreases involvement with the criminal justice system (Horowitz, 2012; Lewis, 2017). Researchers are confirming the perception that connection to one’s culture and community enhances health.

Bringing ceremonies to hospitals can raise issues of altering hospital policies and carrying out ceremonies in a non-traditional setting. If in a hospital, place-based ceremonies, like the Blessingway, would not be conducted in the most traditional way. Compromises may need to occur if this integrated medicine is expanded into Western medicine. When blending these two worlds, it is important to keep elders and knowledge keepers at the forefront of the integration of these traditions into clinical practice to keep our ceremonies sacred and respectfully implemented. Evaluating how to balance keeping practices traditional while also recognizing the limitations of the Western medical system needs to be further explored. Furthermore, research on the efficacy of integrative care for Native communities in the US needs to be conducted.

## Conclusion

Integrating traditional birthing practices into healthcare for Native peoples can serve as a conduit for cultural healing from historical and current traumas, but there is a grave need for systemic change in healthcare that serves Native peoples. Researching and identifying the public health disparities among Native communities, and specifically Native women, is essential to bring healing to Native American mothers. Birth is sacred, and it is how we as Indigenous people ensure that our medicines, ceremonies, and traditions carry on. If we revitalize birth, then we can help ensure that new generations of healthy Native children can enter this world as a miracle against the colonialist systems that tried to eradicate us and grow up to thrive.

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