Access to Reproductive Healthcare in the IHS

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Maternal Health Inequities in the AI/AN population

- AI/AN women are 2-4x times more likely to die of pregnancy-related causes
- Ongoing historical trauma due to colonization, forced migration, and cultural erasure contribute to health inequities
- Systemic barriers to care
- Social Determinants of Health
- Underlying chronic conditions and increased rates of sexual and interpersonal violence
- Contributing factors to maternal health disparities are substance use disorders and mental health challenges

Current status

- 93 percent of AI/AN deaths that occur in the first year after pregnancy are preventable
  - Mental health conditions: death by suicide or overdose
  - Hemorrhage
  - 64 percent of pregnancy-related deaths occur postpartum (CDC 2022)
- 12.8 percent of Native women who gave birth in 2020 lived in maternity care deserts
  - 24.2 percent of Indigenous women do not receive adequate prenatal care
  - 26.7 percent of Native babies were born in areas of limited or no access to maternity care (March of Dimes 2022)
- 24% of AI/AN births occur at one of 20 IHS or tribal birth facilities in seven states

Access to Contraception

- Contraceptive options are widely available in IHS, including the provision of walk-in contraception clinics
- Emergency contraception is available over the counter at all federal IHS facilities
- Opill has been added to over-the-counter contraception and Subcutaneous Depo-Provera (self-administration to our NCF to increase access at IHS)
- No barrier access to contraception
- Patient education and access to counseling and referral in pharmacies

Access to Abortion

- IHS adheres to federal law
- Federal funding cannot be used to perform an abortion except in the limited situations permitted by the Hyde Amendment
- Providers and staff are permitted under federal law to provide non-directive counseling on resources for pregnancy options, including contraception, continuation of pregnancy, adoption, and abortion
- IHS respects tribal sovereignty to self-determine reproductive access on tribal lands. However, Tribal and Urban Indian organizations that receive IHS funding must adhere to the Hyde amendment when using those funds

Hyde Amendment

- No covered funds shall be expended for any abortion" or "for health benefits coverage that includes coverage of abortion,"
- Exceptions
  - The pregnancy is the result of an act of rape or incest;
  - Case where a woman suffers from a physical disorder, physical injury, or physical illness, including a life-endangering physical condition caused by or arising from the pregnancy itself, that would, as certified by a physician, place the woman in danger of death unless an abortion is performed."
- IHS published a Notice of Proposed Rulemaking (NPRM) which took effect 5/30/24

Current MCH work

- ObRED: multidisciplinary training and simulation for safe triage, stabilization, and transfer or pregnant persons and newborns at the site without obstetric services
- Indian Country ECHO series: Care and Access for Pregnant People
- Field testing and treatment for congenital syphilis a best practice on the National Syphilis and Congenital Syphilis Syndemic Task Force
- Screening for substance use in pregnancy and increase referrals to Patina Wellness Center, an Urban Indian recovery center for pregnant people and families located in Phoenix
- Elevating Indigenous birthing practice in collaboration with midwives and birth workers
- Maternity Care Coordinator (MCC): provide telehealth and home visit support during pregnancy and postpartum periods with screening, education, and intervention


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