



Understanding the Current Maternity Care Landscape: A Strength-Based Approach

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Report Overview

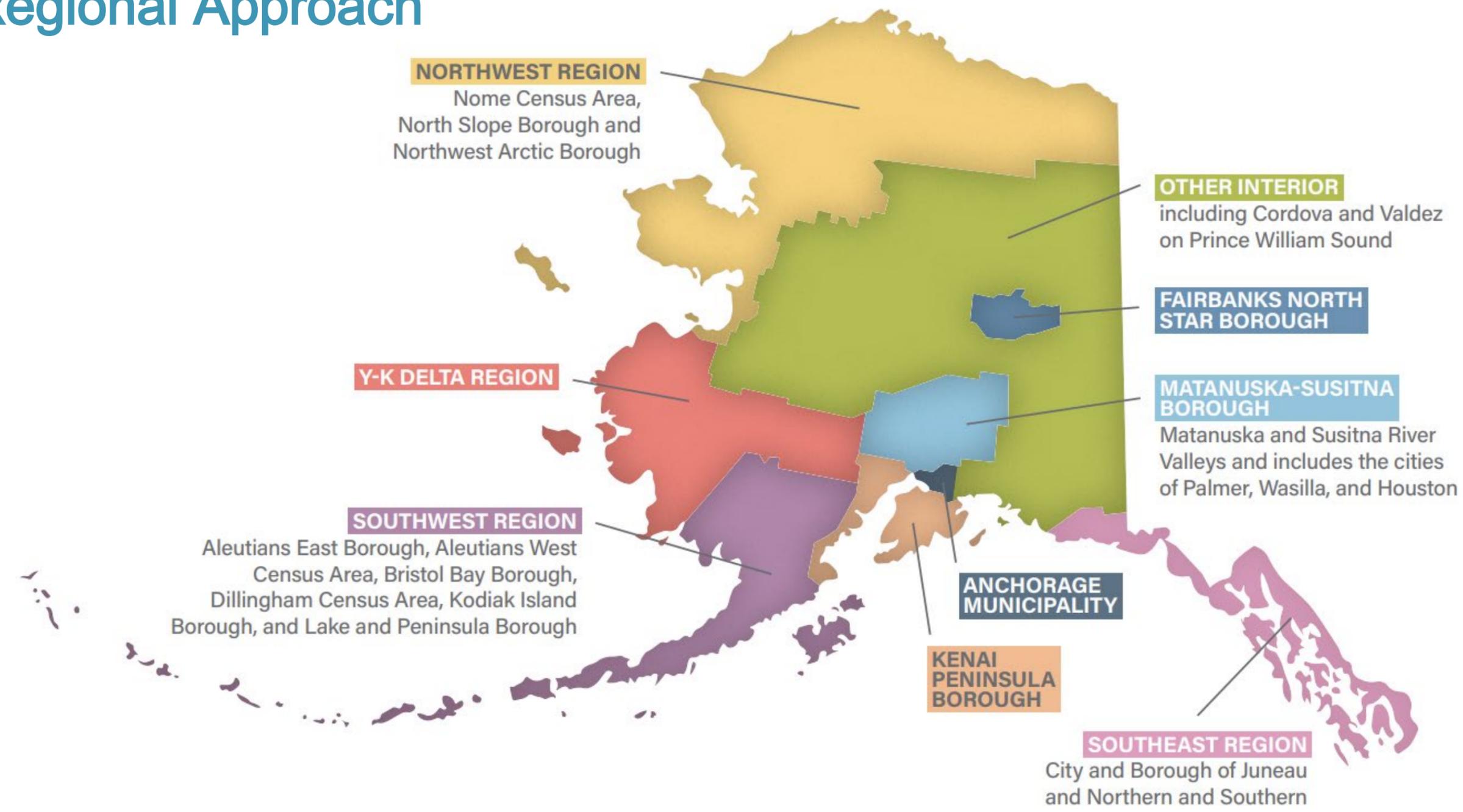
AHHA's **Maternity Care in Alaska** landscape report takes a regional approach to describe the maternity care system in Alaska.

Current nationwide measures of access to maternal health services (such as maternity care deserts) often fall short in capturing the unique strengths and challenges that exist in Alaska.

Findings will inform policymakers, healthcare providers, and community stakeholders to improve maternity care in Alaska.



Regional Approach



Cross -Cutting Topics

- Perinatal Behavioral Health
 - Medicaid for Maternity Care
 - Maternity Care Workforce
 - Community Births
- Military System
 - Tribal Health System
 - Maintaining OB Services at Rural Hospitals
 - AK Perinatal Quality Collaborative
- Maternal Child Death Review Process & Recommendations
 - National Measures of Maternity Care in Alaska



Methodology

- Interviews with maternity care providers in each region
- Description of birthing facilities and maternity care providers by region
- Data analysis:
 - Maternity care data indicators by region
 - Resident birth data by region
 - Births by facility (hospital and birth center)
 - Medicaid births
 - 'Out of hospital' community births
- Analysis of key cross-cutting maternity care topics

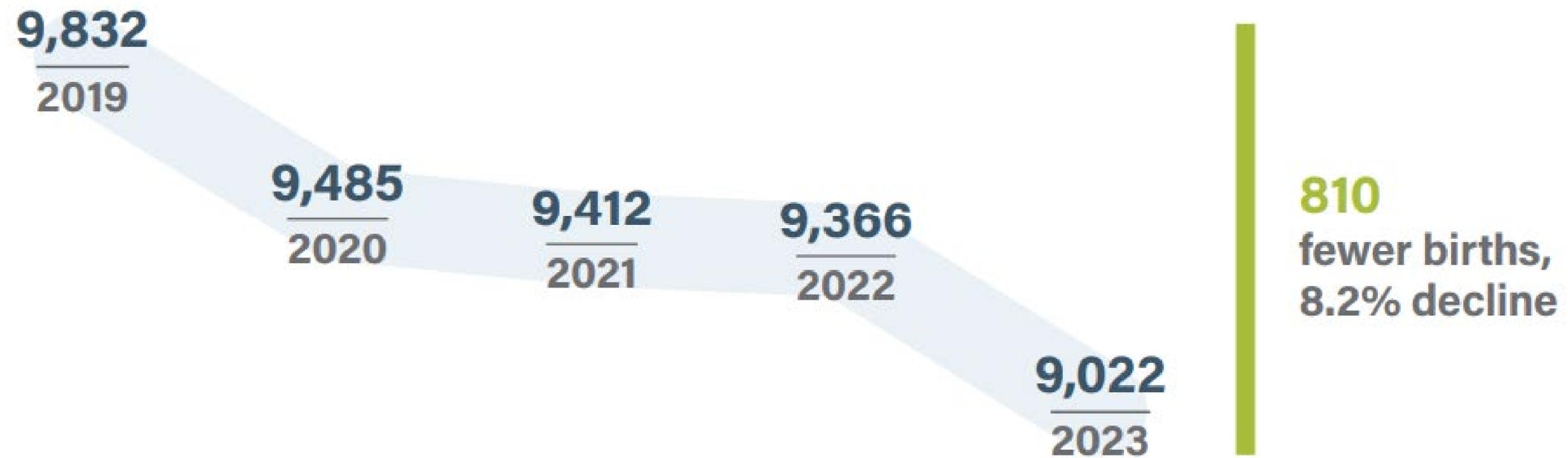




Report Preview –
Key Messages



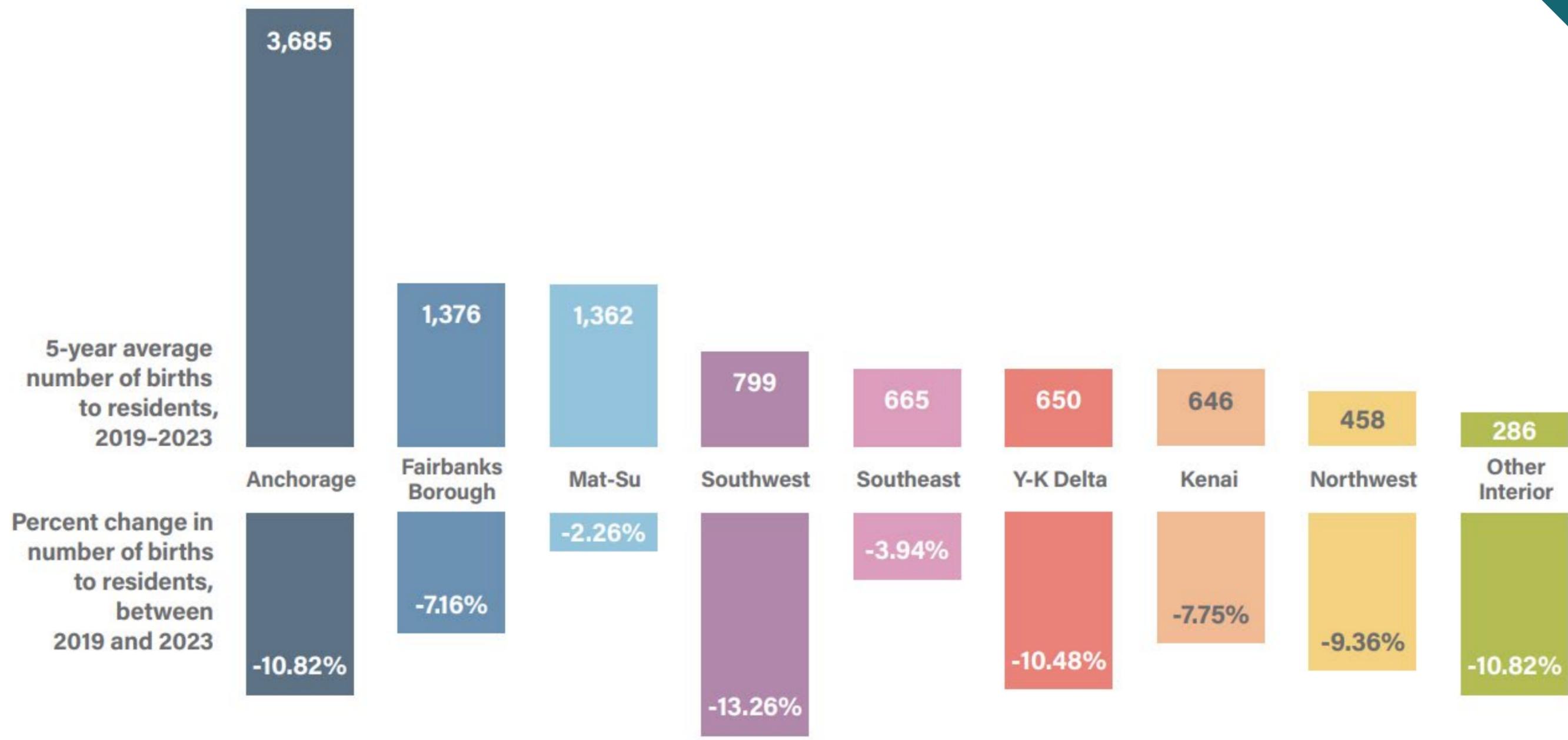
Births are declining in Alaska.



Births in Alaska by year

2019-2023
Alaska Birth Rate: 17.3
US Birth Rate: 11.2



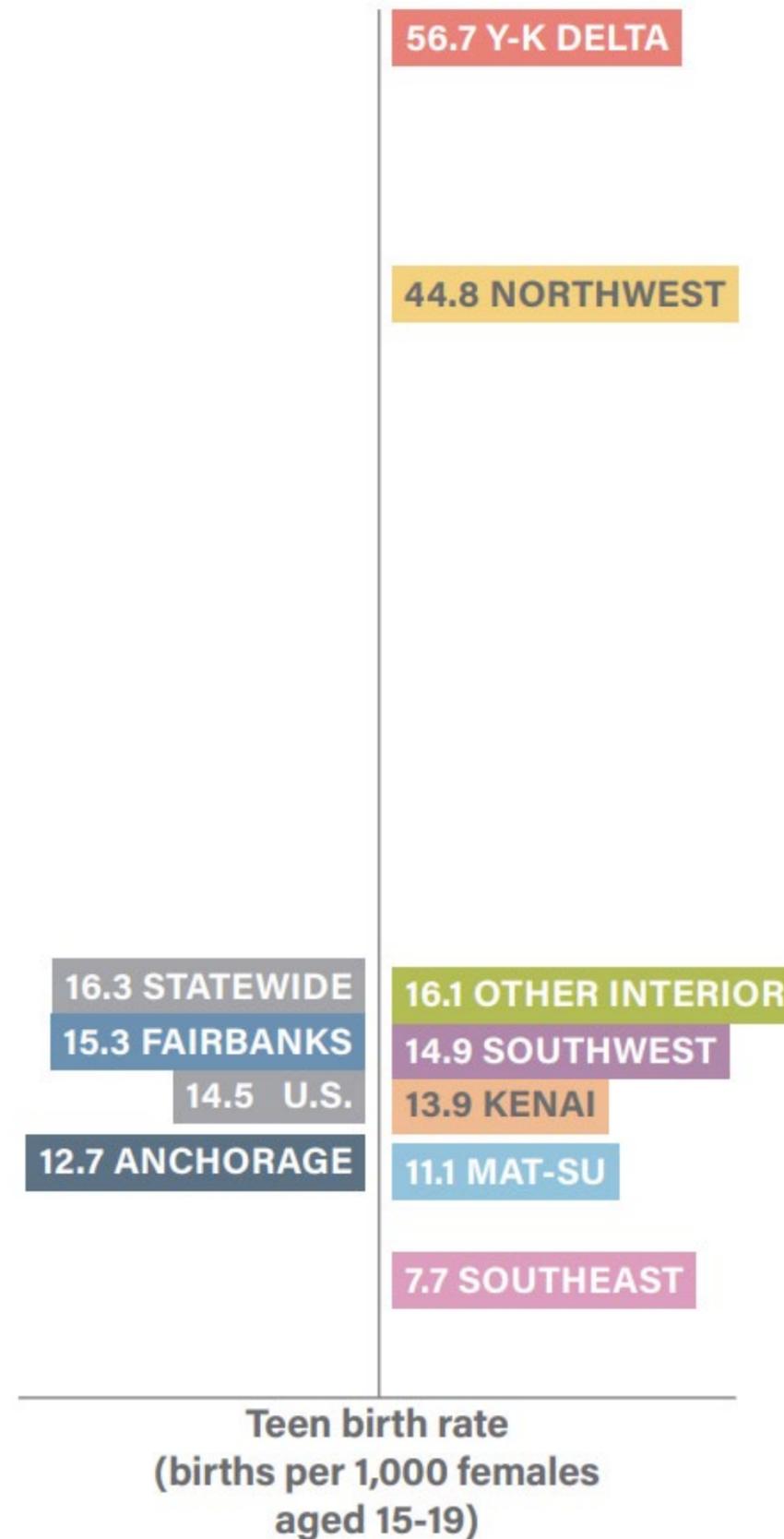


Number of births and declines in births by region



Teen birth rates in Alaska are higher than the U.S. average.

There are significant differences in teen birth rates across regions, suggesting variations in access to healthcare and contraception, cultural factors, and socioeconomic conditions.



Workforce issues have a deep influence on maternity care.

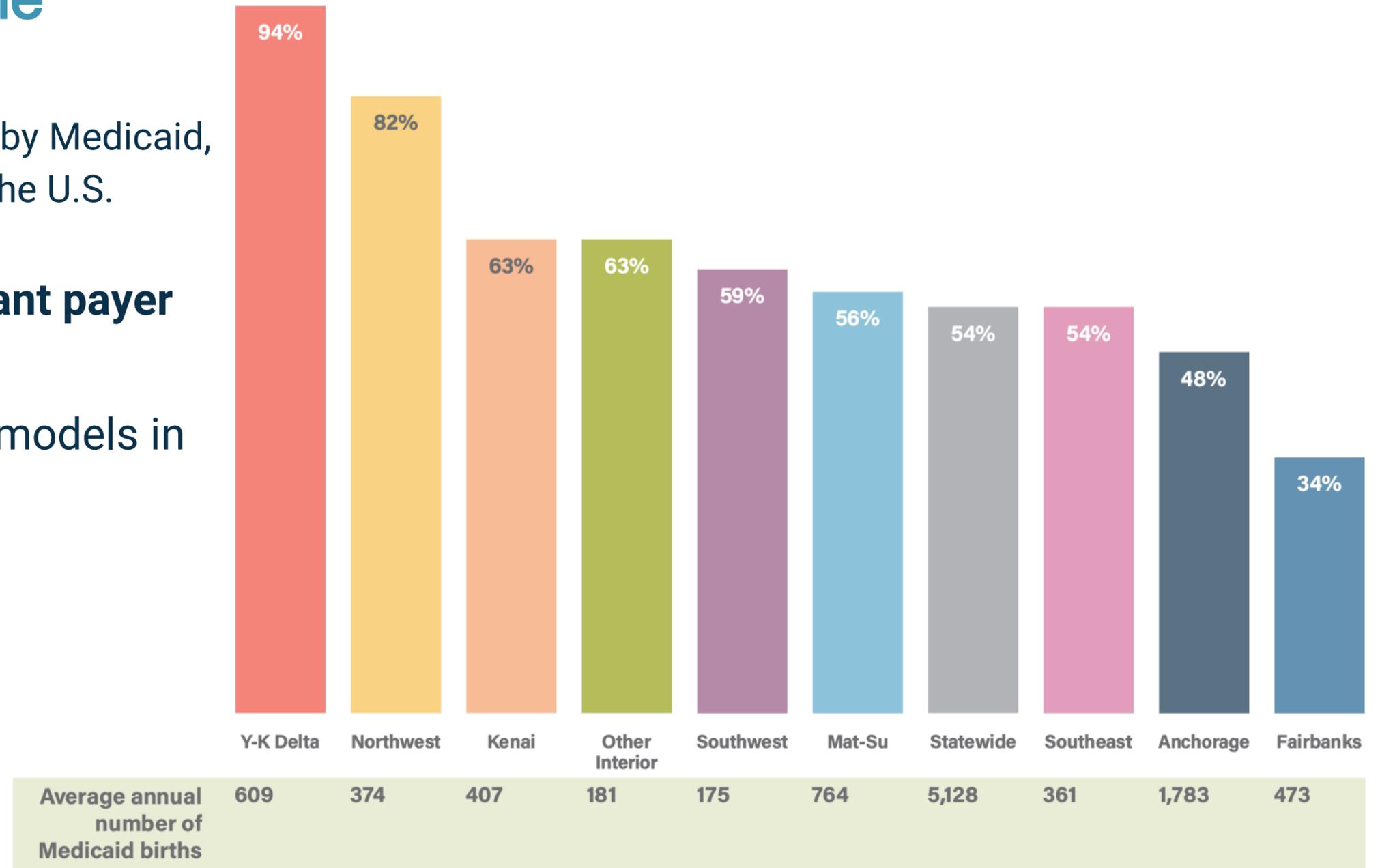
- **Challenges with recruitment and retention** may drive the care models used in a community.
- **Workforce shortages** may impact care delivery, lead to reliance on travelers or reduction in options for care.
- **Certified Nurse Midwives** can help to stabilize the maternity care workforce.
- **Changes in physician practice influence care options**
- **Doulas offer opportunities to improve care**



Medicaid is critical to the Maternity Care system

In Alaska, 54% of births are covered by Medicaid, compared to approximately 42% in the U.S.

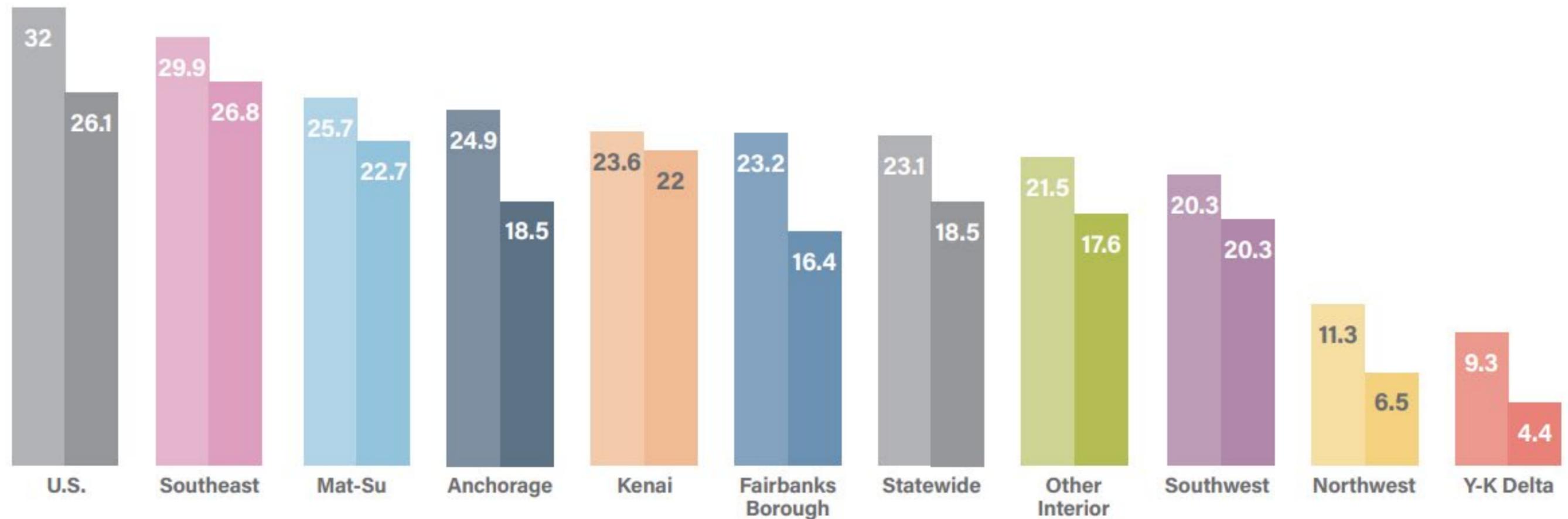
- **Medicaid is the most important payer** for maternity care.
- **Medicaid policies** drive care models in Alaska and can limit support.
- **Delays in Medicaid** eligibility determination and the travel authorization process can postpone prenatal care.



Medicaid births (percent of all resident births, 2019-2023)



Cesarean birth rates in Alaska are much lower than U.S. rates.



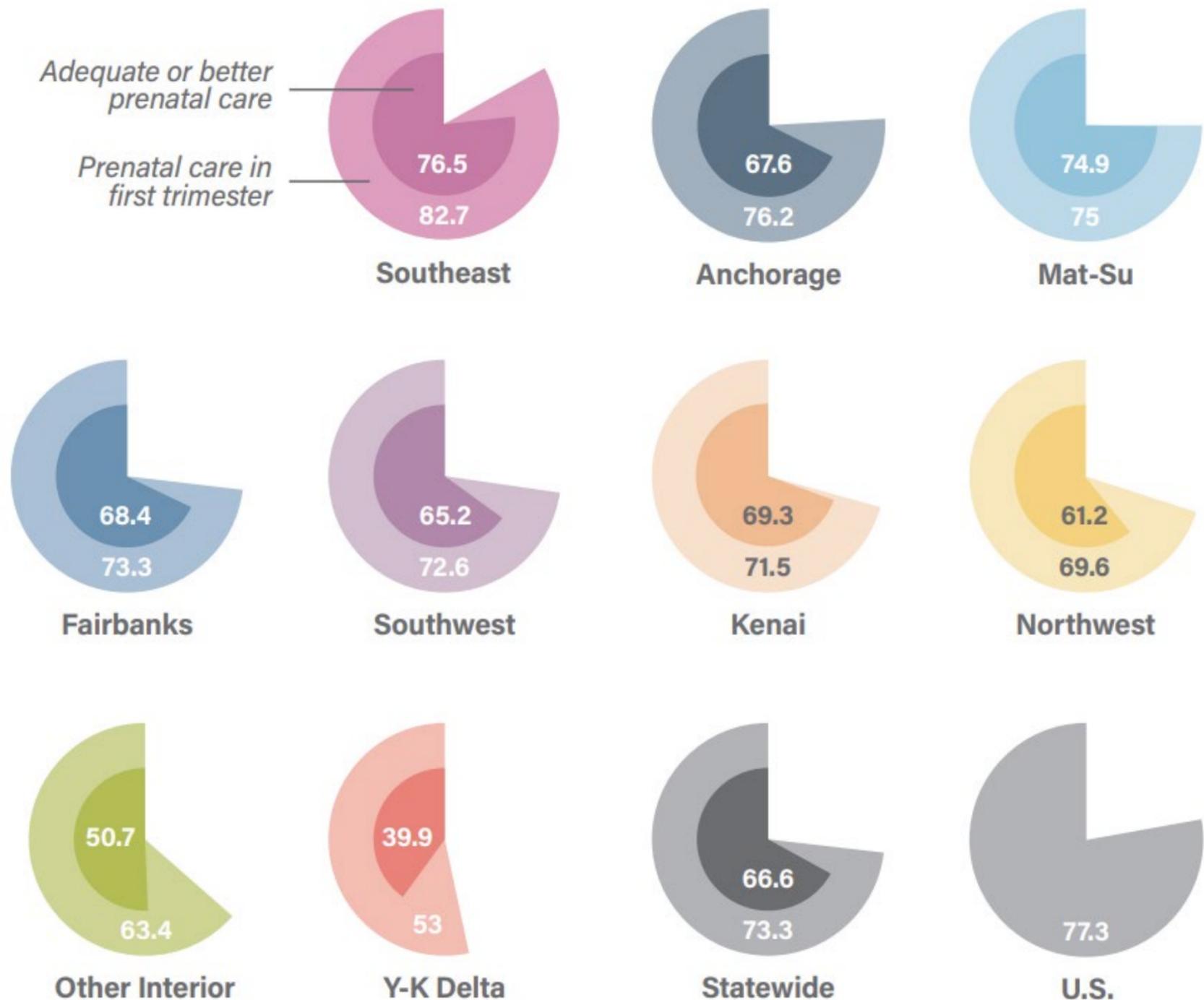
Cesarean rate (left bar) and Cesarean rate for low-risk pregnancies (right bar) by region, percent



Access to prenatal care varies regionally

Alaska lags slightly behind the U.S. average for early prenatal care, with significant regional disparities.

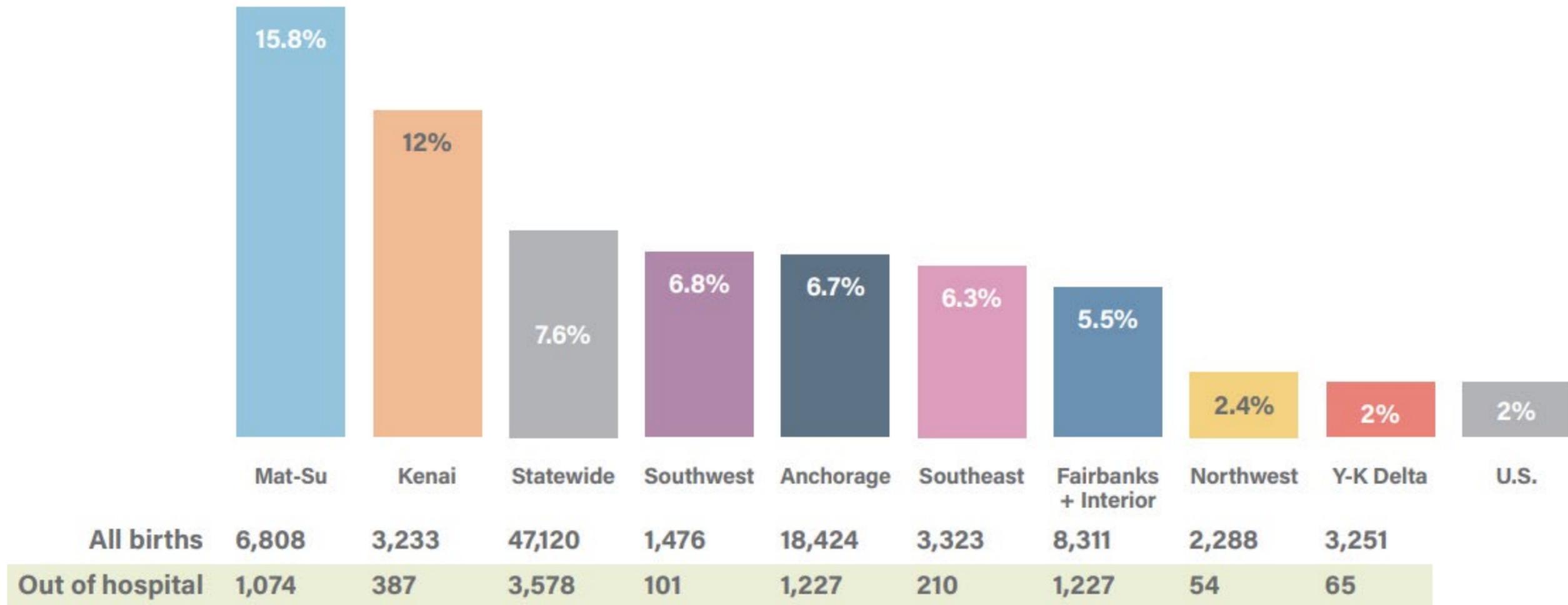
- Southeast, Mat-Su, and Anchorage have the best prenatal care access.
- Y-K Delta, Northwest and Other Interior show gaps in prenatal care access.



Variations in access to prenatal care



Out-of-hospital community births are high in Alaska.



Community births occurring out of hospital (residents, 2019-2023)



Rural hospitals face challenges to maintain labor & delivery services.

Maintaining labor and delivery services in rural hospitals brings **financial and safety challenges** that must be balanced with the community need for supporting local services for pregnant people.

- **8 of 13 rural critical access hospitals** provide labor and delivery services.
- Over the past 20 years, **5 hospitals have discontinued providing birth services.**
- **3 birthing hospitals have volumes averaging less than 30 births per year** and require support to maintain access to care.



Lack of Pediatric care and NICU services results in more travel to urban areas for labor and delivery.

- Providers may be available to care for the pregnant woman but a **lack of pediatric care** influences where delivery occurs to ensure services are available for the newborn.
- Important not to look at the maternity care system in isolation.
- Care for chronic conditions such as hypertension and diabetes may influence health during pregnancy. Postpartum care may impact post neonatal and maternal mortality.



Strong collaboration and creative solutions strengthen maternity care across Alaska.

Strong collaboration between different healthcare providers, including obstetricians, maternal fetal specialists, primary care physicians, midwives, nurses and doulas, makes care possible across Alaska.

Providers consult and support each other across the state and are generous with their time and expertise.

Strong Tribal Health system provides comprehensive and culturally responsive maternity care.



What's Next?

- **Draft regional summaries** in print are available today for review and input by providers.
- **Creating recommendations** by region and statewide – input welcome.
- **Final report** will be available in **May**.
- **Print and on-line** versions will be distributed statewide.

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