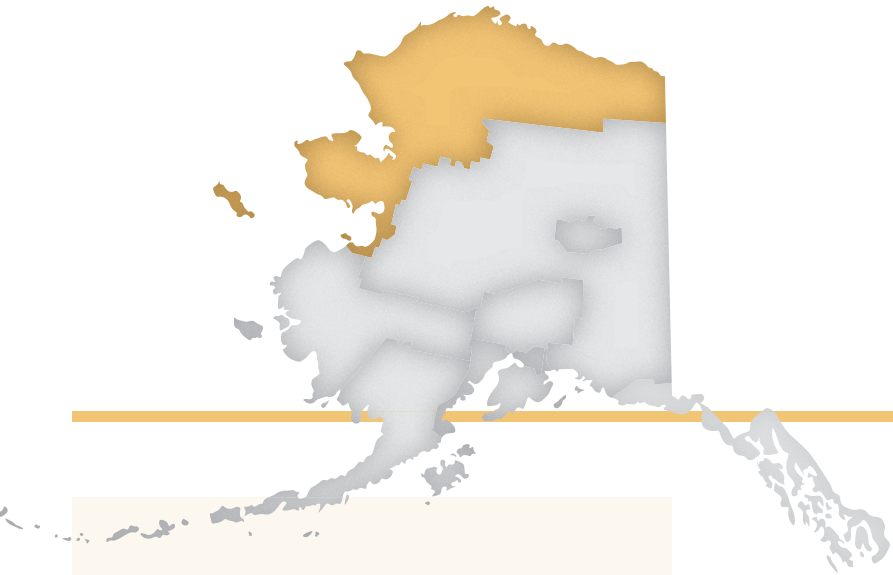

NORTHWEST REGION

Nome Census Area, North Slope Borough, and Northwest Arctic Borough

REGION OVERVIEW

Alaska's Northwest region is a vast, diverse area with coastal plains and mountain ranges covering approximately 163,790 square miles and home to 28,870 (2020) people, making it one of the most sparsely populated areas in the U.S. The region highlights Alaska's diverse environments, from coastal areas to Arctic tundra, rich Indigenous cultures, and significant natural resources. The North Slope has Alaska's oil reserves.

CULTURAL CONTEXT

This region is primarily inhabited by Iñupiat, Siberian Yupik, and Chukchi people, whose ancestors have lived in the area for thousands of years. Their cultures are deeply tied to the land and sea, with traditions like whaling, hunting, and gathering passed down through generations. Traditional ivory carvings, beaded clothing, skin-sewn garments, and baleen basketry reflect artistic traditions. The economy is a mix of subsistence, wage labor, and industries like oil extraction (North Slope) and mining (Nome). Family and community connections are strong, with an emphasis on mutual support and collective well-being. Adoption is culturally accepted and common.

MATERNAL HEALTH DATA SUMMARY

The Northwest region has the second highest fertility and birth rates in Alaska and the teen birth rate is nearly three times higher than the statewide rate. Both preterm birth and infant mortality rates are higher than statewide rates and the region has lower access to prenatal care than the state overall. A much higher percentage of births in the Northwest are covered by Medicaid (82%) compared to the state average (54%). Many people must travel for labor and delivery—only a third of births occur at the Northwest region's three hospitals.

	Northwest	Statewide
General fertility rate	85.5	65.0
Teen birth rate	44.8	16.3
Preterm births	12.7%	10.0%
Low birth weight infants	8.2%	6.7%
Prenatal care in first trimester	69.6%	73.3%
Adequate or better prenatal care	61.2%	66.6%
Cesarean births among low-risk pregnancies	6.5%	18.5%
Cesarean births	11.3%	23.1%
Cigarette smoking during pregnancy	33.7%	9.3%
Infant mortality rate (2014-2023)	11.5	6.4
Crude Birth Rate	16.2	13.2
Average annual births	458	8,758
Medicaid Births (average annual)	374	5,128
% of births to Medicaid	82%	59%

All data 2019-2023 unless otherwise noted.

82%

births covered by Medicaid

SYSTEM OF CARE

Maternity care in the Northwest region follows a hub-and-referral model. Women begin prenatal care in villages with CHA/Ps, who connect them to regional providers. Some clinics have full-time PAs or NPs, and care is extended through visiting midwives (Maniilaq) or physician teams (SSMH). Case managers coordinate travel and appointments for ultrasounds, labs, and specialty care. By 36–37 weeks, most women travel to a hub hospital; high-risk patients go to Anchorage. Prematernal homes offer housing and support before delivery. After birth, women stay 2–3 days in the hub and receive postpartum care at village clinics, returning to the hub as needed.

Telehealth is primarily used for provider-to-provider consultations between villages and hubs or to Anchorage for maternal fetal medicine consultation. It is limited for OB services but may be available to support behavioral health services.

Births in Northwest Region Hospitals/Birth Centers

	2019	2020	2021	2022	2023	5 year total	5 year average	% of statewide births	% change over 5 years
Norton Sound Regional Hospital	72	92	78	70	86	398	80		19.44%
Samuel Simmonds Memorial Hospital	19	22	16	12	24	93	19		26.32%
Maniilaq Health Center	45	57	34	19	24	179	36		-46.67%
Total Births in Northwest Region Hospitals	**136**	**171**	**128**	**101**	**134**	**670**	**134**	**1%**	
Total Births to Residents	**470**	**496**	**457**	**439**	**426**	**2,288**	**458**	**5%**	
# Births leaving region	334	325	329	338	292	1,618	324		
% of births leaving region	71%	66%	72%	77%	69%	71%	71%		

STRENGTHS

TRIBAL HEALTH ORGANIZATIONS provide culturally relevant care and offer prenatal services and local labor and delivery across a large geographic area. Small hospitals provide a more personal and familiar experience, as patients often see the same providers.

THE UNIQUE MIDWIFE-LED MATERNITY CARE MODEL in Kotzebue ensures a stable maternity care team and fosters close patient-provider relationships, creating a safe and supportive environment. Community preference for midwives over physicians strengthens this model. Certified nurse-midwives travel to Anchorage for training, and a doula training program is available in the region.

THERE IS A GROWING RECOGNITION of the importance of mental health and substance use disorder screening during pregnancy and postpartum care.

PROVIDERS EFFECTIVELY UTILIZE TELEHEALTH, including telephone and specialist consultations, to supplement in-person prenatal care.

MANIILAQ HAS A STRONG BEHAVIORAL HEALTH PROGRAM, with two master's-level counselors and two psychiatric nurses, offering same-day or within-a-week appointments. They provide substance abuse treatment with medications such as Naltrexone and Suboxone.

SAMUEL SIMMONDS HOSPITAL has a simulation training facility with high-tech manikins for obstetric training.

While on call at Maniilaq Health Center in Kotzebue, a certified nurse-midwife (CNM) received an urgent call: a patient in a remote village 150 miles away was in preterm labor with no on-site OB services. The CNM remotely guided the local nurse practitioner through the delivery, recognizing signs of preeclampsia and directing immediate treatment to stabilize the mother. Thanks to the CNM's quick thinking and clinical expertise, both mother and baby received life-saving care. Once stable, they were transported to a higher-level facility for specialized treatment. The CNM's remote leadership ensured a safe outcome in a high-risk, resource-limited situation.

CHALLENGES

WORKFORCE SHORTAGES: Provider shortages exist throughout the region. Recruiting obstetricians and family medicine physicians with OB experience is challenging due to the remote setting and limited professional support. OB nurses must rotate to other units making it difficult to recruit and retain skilled OB nurses. Low birth volumes make it difficult for providers to maintain obstetric skills.

ACCESS TO CARE: Travel delays, distance, limited airport infrastructure, and weather-related disruptions impact access to timely care. Some patients are reluctant to leave home villages for delivery, increasing the risk of unplanned births in remote areas. Harsh weather conditions and long transport distances complicate emergency maternal transfers, heightening risks for preterm births and complications.

CHRONIC HEALTH ISSUES: High prevalence of chronic hypertension and preeclampsia, along with a higher risk of postpartum hemorrhage, increase maternal health risks.

SOCIAL DRIVERS OF HEALTH: Community-wide challenges, including transportation barriers, food insecurity, housing shortages, and limited educational opportunities, impact maternal and infant health. High costs of food and formula, worsened by supply chain disruptions due to storms or flooding, add to these difficulties.

LACK OF SURGICAL SERVICES necessitates early transfers for timely medical intervention. Limited neonatal medevac availability further increases risks.

LOW BREASTFEEDING RATES result from a lack of lactation support.

SUBSTANCE USE ISSUES are exacerbated when patients relocate from dry villages to Nome.

RECOMMENDATIONS / OPPORTUNITIES FOR IMPROVEMENT

INCREASE PRENATAL VILLAGE VISITS to reduce travel burdens and support early initiation of prenatal care.

EXPLORE ADOPTION OF A MIDWIFERY MODEL of care for Nome and Arctic Slope using Manillaq and ANMC as examples. The use of CNMs and doulas who understand local cultural needs could strengthen care and help address workforce needs.

EXPAND TELEHEALTH SERVICES for prenatal and postpartum care, improving access to specialists and reducing the need for long-distance travel.

TRAIN CHA/PS, NURSE PRACTITIONERS, and physician assistants in obstetric emergency care, prenatal screening, and neonatal resuscitation to enhance in-village support.

EXPAND TOBACCO CESSATION PROGRAMS tailored to pregnant people to address the region's high rate of tobacco use during pregnancy.

PROVIDE MORE POSTPARTUM SUPPORT, including home visits from CNMs or community health workers, to reduce post neonatal mortality risks.

MATERNITY CARE PROVIDERS

Norton Sound Health Corporation (NSHC) is a Tribal Health Organization providing care at the Norton Sound Regional Hospital, an 18-bed critical access facility in Nome, and 15 village clinics. Norton Sound assigns a behavioral health clinician to each village. Nome offers 24/7 psychiatric services and telehealth psychology services.

The hospital offers outpatient and ancillary services, including low-risk labor and delivery. It does not perform planned cesarean births or provide epidurals. High-risk pregnancies are transferred to Anchorage or Fairbanks via a dedicated flight team.

Maternity care is led by family medicine doctors with OB training. Alaska Native Medical Center OB/GYNs conduct quarterly field clinics, primarily for gynecological care. Lactation consultants support breastfeeding, and doulas provide pre- and postnatal support through the wellness department. Prenatal care is available at village clinics and subregional clinics and patients must relocate to Nome at 37 weeks for delivery. Norton Sound provides a patient hostel/pre-maternal home for village residents who must travel to Nome to receive care. Medicaid or travel authorization will cover the housing and meal costs. Limited room availability can create challenges for families with escorts or multiple children. Nome maternal home provides arts and craft supplies so people can make and sell art while in town.

Maniilaq Association, a Tribal Health Organization, serves about 8,000 people in the Northwest Arctic Borough, offering health, tribal, and social services. Its Health Services division delivers comprehensive primary care through the Maniilaq Health Center (MHC) in Kotzebue and clinics in 11 villages. MHC includes a 17-bed critical access hospital with a separate four-bed OB unit offering low-risk deliveries led by CNMs. There is no cesarean capability, epidurals, or NICU; nitrous oxide is available for labor pain. High-risk or surgical cases are transferred to Anchorage. The midwife-led model and collaboration with ANMC for screening make MHC unique in the region.

Pregnant people from villages must travel to Kotzebue, often via fixed-wing aircraft, with up to 60-minute travel times. Limited housing leads to some patients being transferred to Anchorage; new patient housing is scheduled for 2025. Maniilaq also offers behavioral health services, with telehealth or in-person appointments typically available within 2–3 days, along with medication-assisted treatment for opioid use disorder and culturally tailored prenatal resources.

Arctic Slope Native Association (ASNA) is an Alaska Native-owned, non-profit, Tribal health and social services organization serving the northernmost region of Alaska, including the communities of Anaktuvuk Pass, Atqasuk, Kaktovik, Nuiqsut, Point Hope, Point Lay, Utqiagvik, and Wainwright. **Samuel Simmonds Memorial Hospital** (SSMH) in Utqiagvik is a state-of-the-art, 10-bed critical access hospital with a mother-baby unit. Deliveries are conducted by OB-GYNs and family medicine physicians. There are currently no cesarean capabilities and no NICU. Work is underway to build an operating room that would allow cesarean births. High risk pregnancies and preterm births require transfer or medevac to Anchorage for higher level care. SSMH is 720 air miles from Anchorage, air transport relies on fixed-wing aircraft with helicopters available as needed to villages. Weather and crew availability can delay transfers.

Some prenatal care is provided in the villages through CHA/Ps and itinerant healthcare providers, but people must travel to SSMH for labor and delivery. The Pre-Maternal Home serves as a temporary "home away from home" for pregnant people and their children that supports the traditional Iñupiat values of cooperation and family, kinship and roles. Medicaid or the Medical Travel fund covers the cost of housing and meals. Samuel Simmonds' Social Services Department offers mental health support through various community programs.

BIRTH CENTERS AND HOME BIRTHS

No freestanding birth centers exist in the Northwest region of Alaska. Unplanned home or village births may occur due to premature labor, weather delays, or reluctance to relocate.

BEHAVIORAL HEALTH PROVIDERS

Local support in Northwest Alaska is largely offered through local tribal health organizations or community behavioral health aides. Telehealth is available through the **ANTHC Behavioral Health Wellness Clinic** as well as individual providers that offer telehealth services. The **National Maternal Mental Health Hotline** (1-833-943-5746) can support telehealth referrals and the Postpartum Support International online provider directory, **postpartum.net**, is a resource for finding maternal behavioral health providers.