Alaska's Maternal Health Landscape

AUGUST 2025

Alaska currently has twenty-four acute care hospitals (including tribal, military and critical access hospitals).

Nineteen hospitals across Alaska provide birthing services

Eight of those birthing hospitals are critical access hospitals.

Five hospitals do not provide labor and delivery.

Not all birthing hospitals provide surgical care, and women need to be transported intrapartum if an unexpected emergency occurs and a cesarean birth is indicated.

Throughout the report we have chosen to use the terms "maternity care" or "maternity services" as they encompass a broader range of care and services related to pregnancy. Obstetrics (OB) is a medical specialty focusing on pregnancy and childbirth, often dealing exclusively with the clinical and surgical aspects of pregnancy. Maternity care unit, OB unit, Labor & Delivery, and birthing center are equivalent terms describing where care is provided in hospitals and freestanding birth centers.

INTRODUCTION

The greatest strength of Alaska's maternity care system is rooted in the unwavering collaboration and dedication of its providers.

Alaska's maternal health providers – obstetricians, maternal-fetal specialists, family physicians, midwives, nurses, and doulas – generously share their time and expertise, consulting across vast distances to support healthy births. Alaska's Tribal Health System also plays a vital role in this connective network, delivering comprehensive, culturally responsive services from rural villages to urban centers.

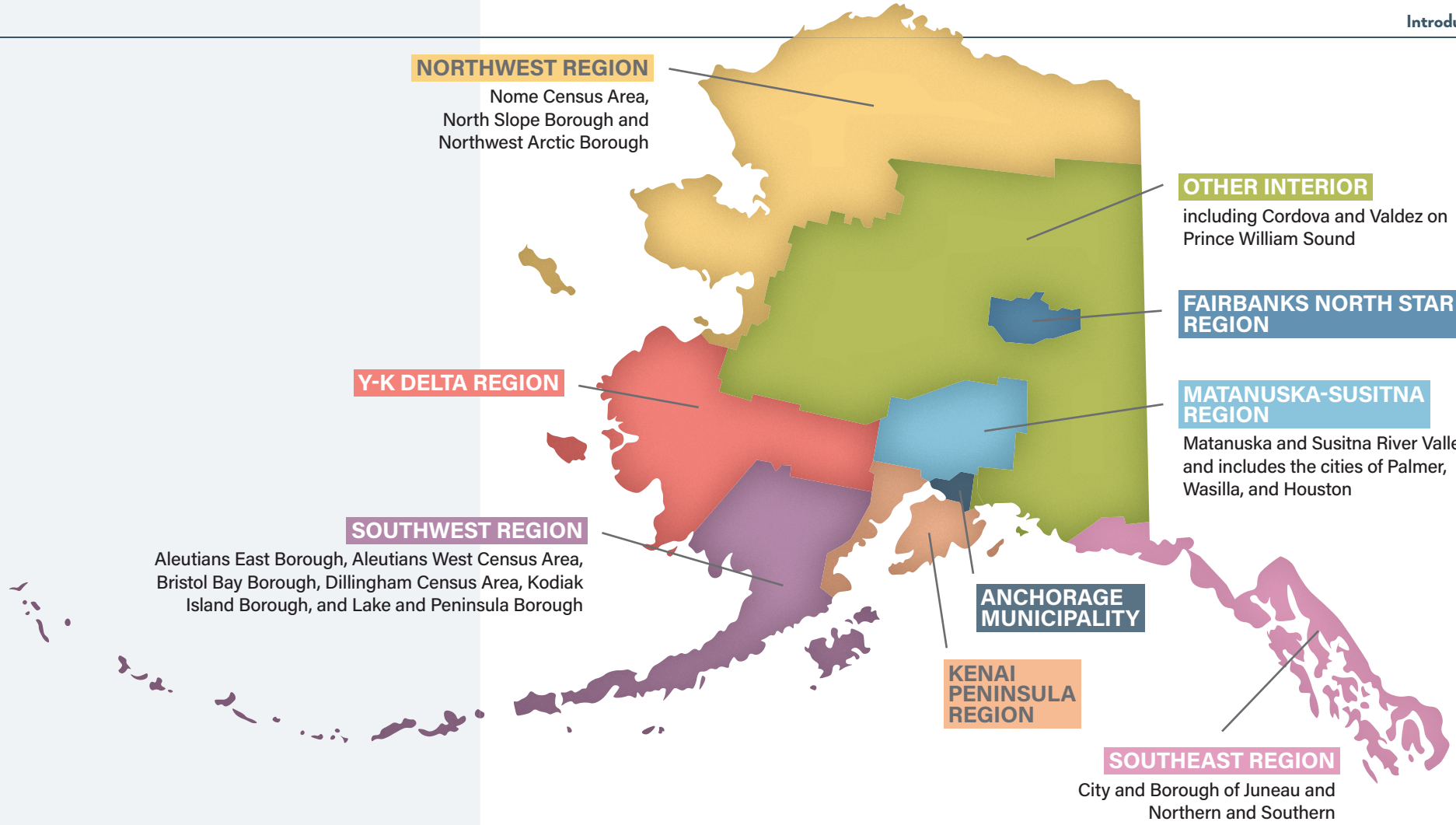
Yet access to care remains a significant challenge. Many communities are off the road system, relying on bush planes or the Alaska Marine Highway to reach regional hubs like Bethel, Kotzebue, Utqiagvik, Juneau, Kodiak, and Dillingham—all of which also face limited obstetric resources. In the most isolated areas, community health aides and practitioners (CHA/Ps) provide essential frontline maternity care, supported remotely by advanced providers and physicians. Statewide, pregnant people requiring specialized care must travel to Anchorage or out of state.

In 2024, over 35% of counties across the country, and large portions of regions across Alaska, were identified as "maternity care deserts" in the March of Dimes' report, *Nowhere to Go: Maternity Care Deserts Across the US*. The label is used to designate areas without birthing hospitals, birth centers offering obstetric care, or obstetric providers.

Yet deserts are also complex ecosystems, full of life and resilience that may not be immediately visible. Our report evolved as a chance to look more closely—recognizing the real challenges while also honoring the strengths and resources within our communities.

This report uses a strength-based approach to identify existing assets and resources in Alaska that can help improve birth outcomes and maternal health. Through a regional approach, based on modified behavioral health regions, we conducted 40 interviews with a diverse group of maternity care providers, including OB/GYNs, family physicians, nurse managers, public health nurses, doulas, direct-entry midwives, and staff nurses. These interviews identified strengths, challenges, and opportunities for improvement

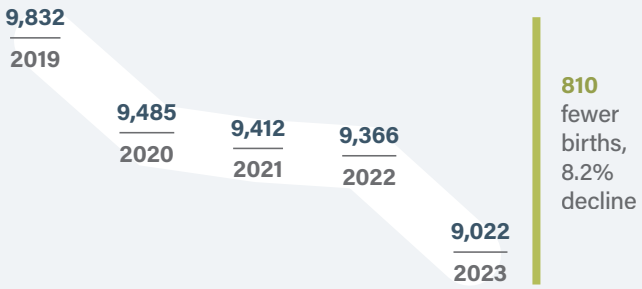
Our report evolved as a chance to look more closely—recognizing the real challenges while also honoring the strengths and resources within our communities.



The maternal health indicator data in this report was provided by the Alaska Department of Health, Division of Public Health, Section of Women's, Children's, and Family Health (WCFH) and the Health Analytics and Vital Records Section (HAVRS).

across the state, which we supplemented with additional research and data on maternity care services.

Preliminary findings were shared at the Alaska Perinatal Quality Collaborative Summit in March 2025, and participant feedback was incorporated into this final report. We hope the findings will serve as a valuable resource for policymakers, healthcare providers, and community stakeholders in their work toward ensuring that all families have access to quality, supportive care during pregnancy, childbirth, and the postpartum period.



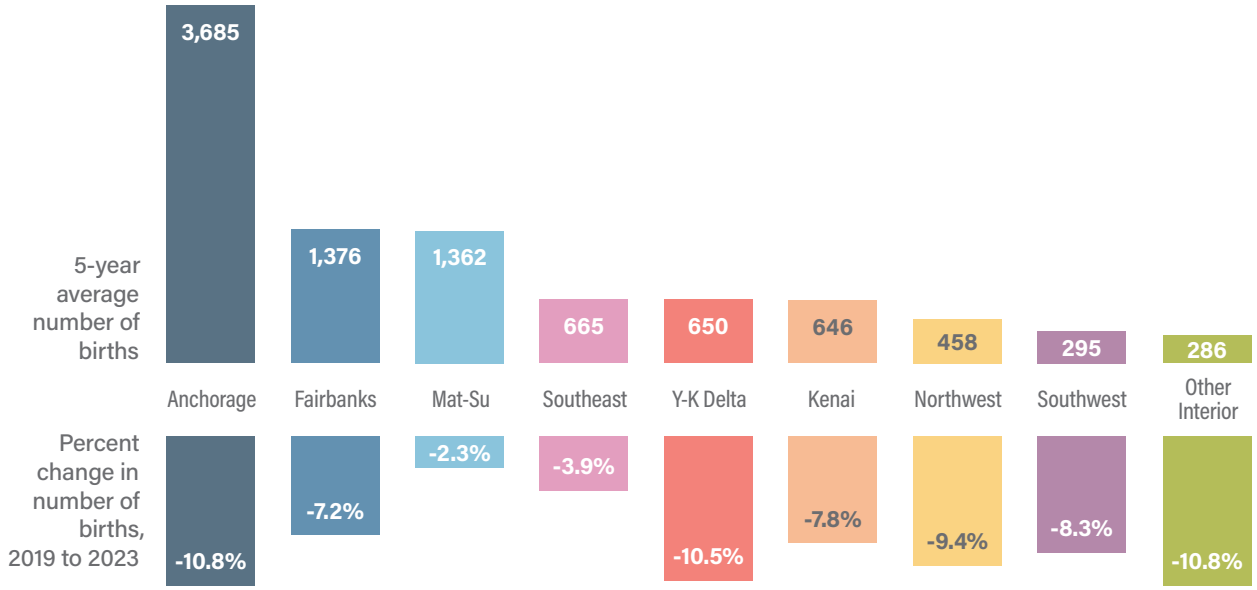
Births in Alaska by year

HIGHLIGHTS OF ALASKA DATA AND MATERNITY CARE SYSTEM

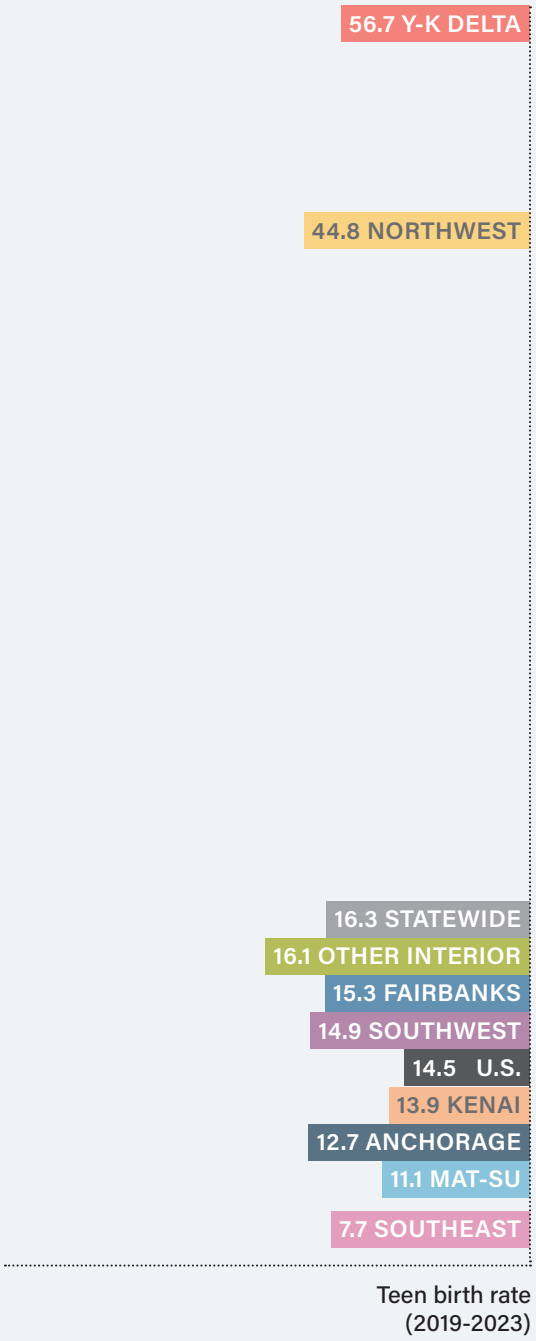
Births are declining in Alaska.

Every region in the state has seen a decline in the number of births over the past five years. This is based on the residence of the birthing person and does not reflect where the delivery occurs. Despite the decline, Alaska's crude birth rate of 13.2, the number of live births per 1,000 people in the total population, is still higher than the overall U.S. rate of 11.2. This likely reflects the younger population in Alaska.

Over the past five years, the percentage of people traveling outside of their region for delivery has remained relatively stable. The Yukon-Kuskokwim Delta, Northwest, Interior, and Southwest regions have the highest percentages of people traveling outside of their regions, while Southeast Alaska has the highest percentage traveling out of state.



Number of births and declines in births by region (residents, 2019-2023)



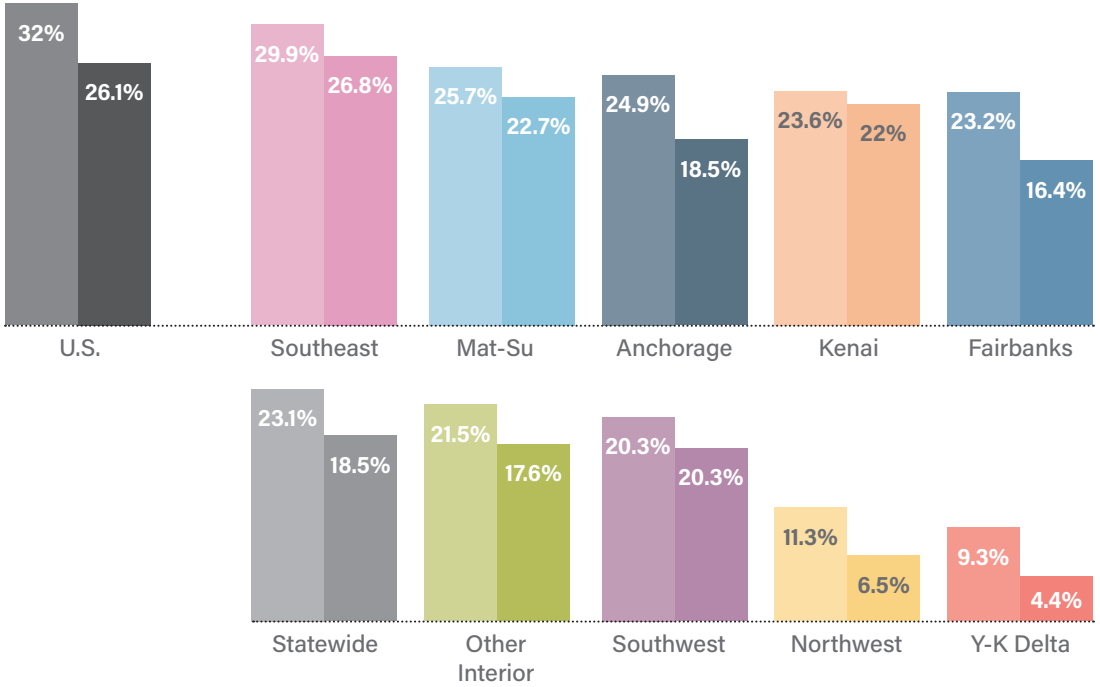
Teen birth rates in Alaska are higher than the U.S. average.

While the statewide average teen birth rate of 16.3 is only slightly higher than the U.S. average of 14.5, there are significant differences in teen birth rates across regions in Alaska. Access to healthcare and contraception, cultural factors, and socioeconomic conditions may all play a role in the wide variation of rates.

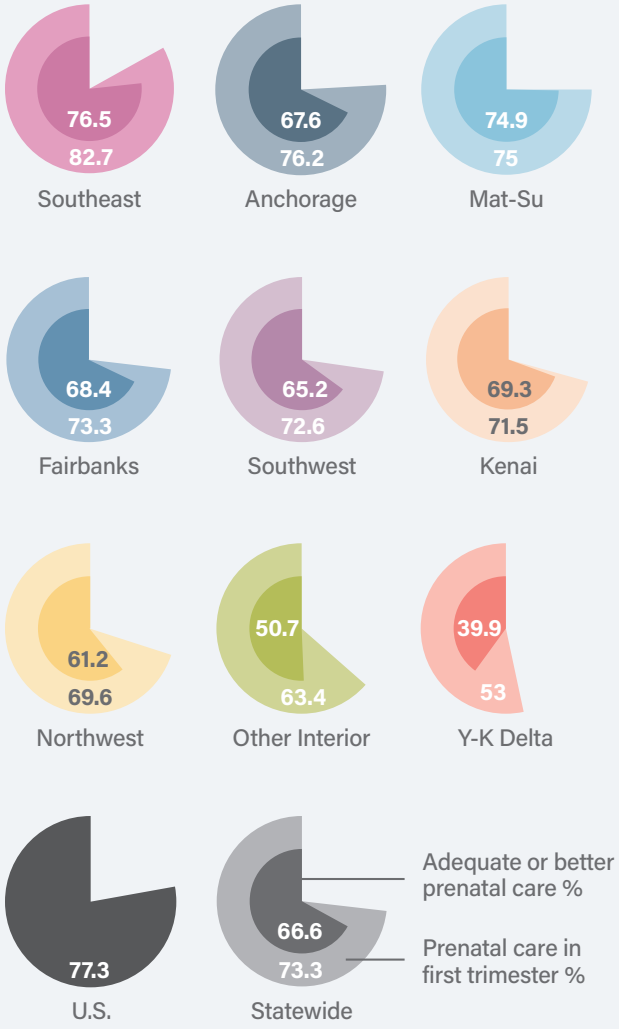
Cesarean birth rates in Alaska are much lower than U.S. rates

The statewide percent of births by Cesarean delivery at 23.1% is much lower than the U.S. average of 32.0%. The percent of Cesarean births for Low-Risk Pregnancies is 18.5%, which is also lower than the U.S. average of 26.1%.

The percentage of births by cesarean delivery is based on the residence of the birthing person not where the delivery occurs. This means that even though 40% of YK Delta births and 70% of NW region births occur outside of the region, they have lower percentages of cesarean births even when delivery is at an Anchorage hospital.



Percent Cesarean births (left bar) and percent cesarean births for low risk pregnancies (right bar) by region (2019-2023). Based on residence of birthing person.



Variations in access to prenatal care (2019-2023)

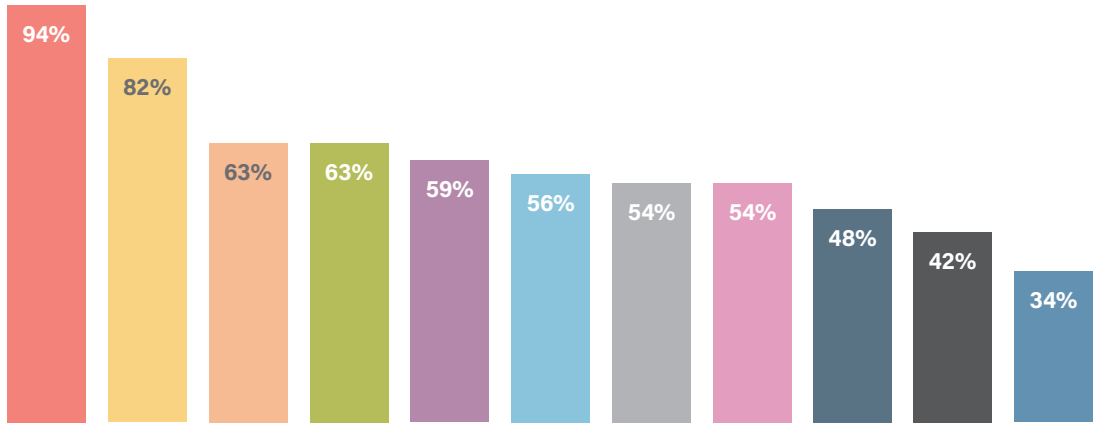
'Adequate or better prenatal care' measures the number of prenatal visits from start of care to delivery (adequacy of received services) and there is not a national benchmark for this measure. 'Prenatal care in the first trimester' measures when prenatal care began (adequacy of initiation)

Access to prenatal care varies regionally.

Alaska measures access to prenatal care using two measures: 'Adequate or better prenatal care' measures the number of prenatal visits from start of care to delivery (adequacy of received services). 'Prenatal care in the first trimester' measures when prenatal care began (adequacy of initiation). Alaska lags slightly behind the U.S. for prenatal care in the first trimester.

Medicaid is critical to the Maternity Care system.

In Alaska, 54% of births are covered by Medicaid, compared to the overall U.S. average of 42% of births; the Medicaid postpartum 12 months coverage extension (implemented February 1, 2024) ensures comprehensive healthcare support during the crucial post-delivery phase. Delays in Medicaid eligibility determination and the travel authorization process can postpone prenatal care. Cuts to Medicaid or eligibility restrictions would significantly impact maternal and infant healthcare access in the state.



	Y-K Delta	Northwest	Kenai	Other Interior	Southwest	Mat-Su	Statewide	Southeast	Anchorage	U.S.	Fairbanks
Average annual number of Medicaid births	609	374	407	181	175	764	5,128	361	1,783		473

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

Workforce issues deeply impact maternity care.

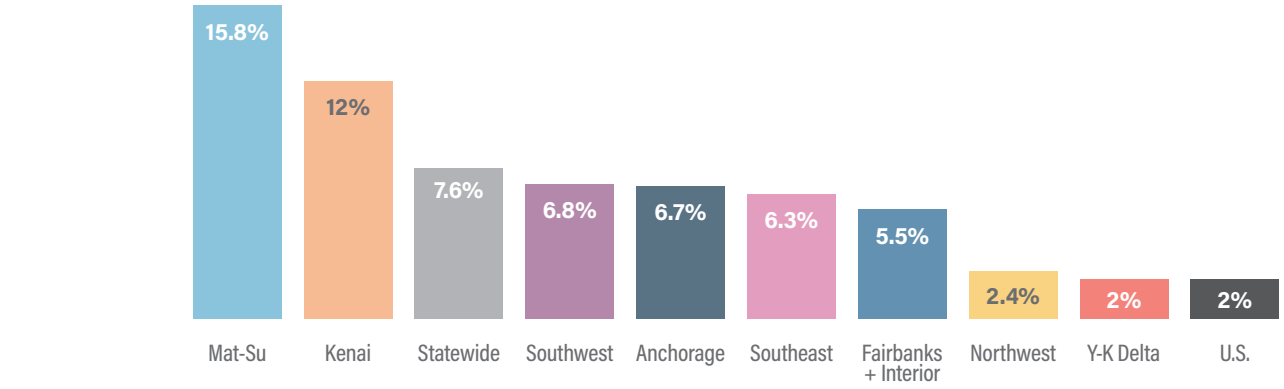
Workforce challenges strongly influence the maternity care models available in communities. Difficulties with recruiting and retaining workers results in a reliance on traveling providers or fewer care options.

In Alaska, Certified Nurse Midwives (CNM) are licensed as Advanced Practice Registered Nurses and have one of the strongest scopes of practice in the country. Overall, CNMs attend 28% of births in Alaska but use varies across the state. CNMs provide most of the prenatal and postpartum care at some hospitals—such as South Peninsula, Maniilaq, and Alaska Native Medical Center (ANMC)—while others rely primarily on OBGYN or family practice physicians. Employing CNMs offers a way to stabilize the maternity care workforce as CNMs are more likely to live and work in the communities they serve. Direct entry midwives primarily attend births in birth centers or in homes.

Shifts in physician training have also affected maternity care options. In the past, family physicians trained in cesarean deliveries were common across Alaska. Today, fewer family medicine residents gain enough obstetric experience to pursue additional training in maternity care, resulting in fewer family physicians qualified to deliver babies at small hospitals. At the same time, there is growing demand for OB/GYN specialists at some hospitals and among some birthing people. An increased interest in doula care offers an opportunity to improve care especially for rural residents, Alaska Natives, and other underserved populations.

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

From 2019-2023, 7.6% of births in Alaska occurred in settings outside of the hospital. This is more than three times higher than the 2020 U.S. average of 2%. Out-of-hospital births include 4.8% in freestanding birthing centers and 2.5% home births. This has increased slightly from 2013-18 where 6.9% of births were out-of-hospital. There are significant regional differences; Mat Su (15.8%) and Kenai (12%) have the highest percentage of births occurring outside of the hospital. Northwest (2.4%) and Y-K Delta (2.0%) have a very low percentage of out-of-hospital births likely due to a lack of options and a strong midwifery model at the Alaska Native Medical Center (ANMC). Most out-of-hospital births are attended by midwives, either certified nurse midwives, or direct entry midwives.



	Mat-Su	Kenai	Statewide	Southwest	Anchorage	Southeast	Fairbanks + Interior	Northwest	Y-K Delta
All births	6,808	3,233	47,120	1,476	18,424	3,323	8,311	2,288	3,251
Out of hospital	1,074	387	3,578	101	1,227	210	460	54	65

Community births occurring out-of-hospital (based on residence of birthing person, 2019-2023)

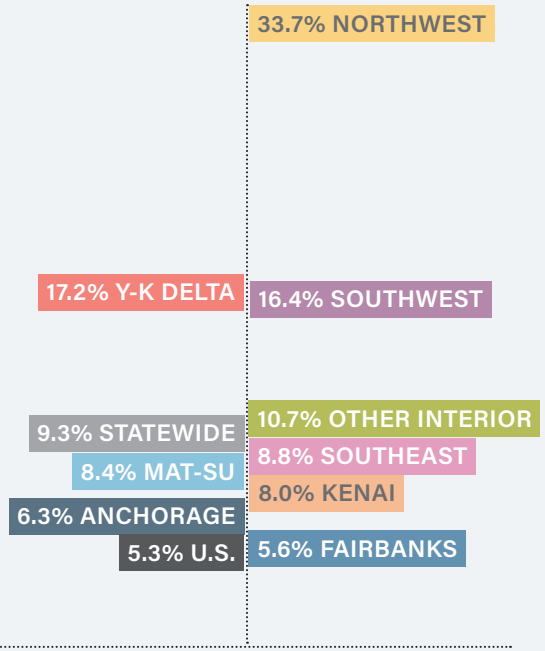
Rural hospitals face challenges to maintain labor and delivery services.

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

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

Tobacco use during pregnancy remains high in some regions.

While cigarette use during pregnancy has greatly declined in the past 20 years, between 2019 and 2023, an average 9.3% of pregnant people reported smoking during pregnancy—with significantly higher rates in rural areas. According to data collected by the Alaska Pregnancy Risk Assessment Monitoring Systems (PRAMS), 5.8% of pregnant people reported using smokeless tobacco and 2.2% used e-cigarettes during the last 3 months of pregnancy in 2022. (N= 764)



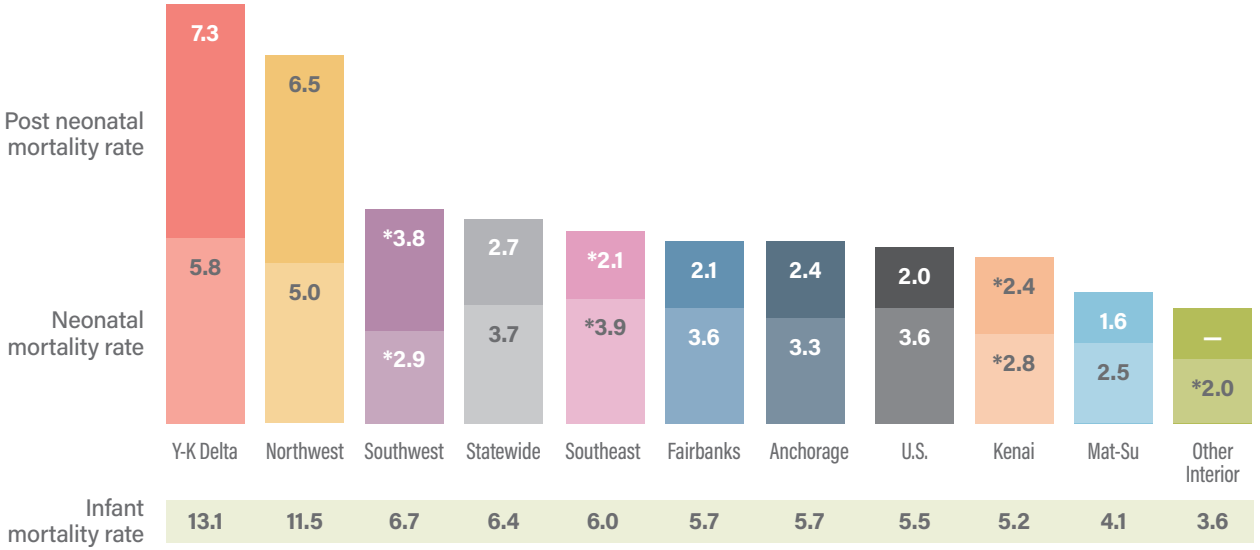
Cigarette smoking during pregnancy (2019-2023)

Maternity care system cannot be looked at in isolation.

Improving maternal health requires focusing on access to a full continuum of healthcare. Care for chronic conditions such as hypertension and diabetes may influence health prior to and during pregnancy. Providers may be available to care for the pregnant person but a lack of pediatric and NICU care influences where delivery occurs. Postpartum care may impact post neonatal and maternal mortality.

Alaska's infant mortality rate (6.4) is higher than the U.S. average (5.5), with substantial variation across regions. Although Alaska's neonatal mortality rates (deaths within the first 27 days) are slightly higher than the U.S. in the 2014-2023 data range shown, they are historically lower than the U.S. average while the post neonatal mortality rates (deaths from 28 days to 1 year) have typically been higher.

The lower neonatal mortality rates indicate the maternity care system is doing a good job taking care of newborns at birth and in the immediate postpartum period. A higher rate of deaths occurring in rural areas after hospital discharge and return to home may reflect on issues of access to care in those regions.



Infant mortality rates (2014-2023)

*Infant mortality is a combination of neonatal rate and post neonatal rate. *Percentages and rates based upon fewer than 20 occurrences are statistically unreliable and should be used with caution. Percentages and rates based on fewer than 6 occurrences are not reported.*

OVERALL RECOMMENDATIONS

Expand Perinatal Behavioral Health Services

Invest in perinatal behavioral health and substance use disorder treatment to improve care options, recovery programs, and referral pathways. Develop services that allow birthing people to bring their babies or children with them and strengthen support for stable transitions during pregnancy and postpartum.

Strengthen Maternity Care Workforce

Prioritize recruitment and retention of OB/GYNs, certified nurse-midwives (CNMs), doulas, and family physicians with obstetric training to rural areas to ensure local access to prenatal and delivery care. Strengthen in-state programs or grow-your-own training to support people from underrepresented communities to receive training to become CNMs, doulas, and family medicine physicians prepared for OB.

Strengthen Perinatal Substance Use Screening

Promote the use of recommended best practice for perinatal substance use screening as outlined in the January 14, 2025 PN Update from Women's, Children's and Family Health.

Expand Telehealth Services

Expand telehealth services for prenatal and postpartum care to improve access to specialists and reduce the need for travel.

Address Medicaid Processing Delays

Streamline Medicaid eligibility determinations and travel authorization to ensure pregnant people can access early prenatal care without delays.

Advocate for Medicaid Policy Changes

Advocate for Medicaid to allow travel escorts for ALL pregnant people needing to relocate for care to reduce stress and isolation. Increase Medicaid reimbursement rates for CNMs providing prenatal, labor and delivery, and postpartum care.

Develop Doula and Perinatal Peer Support Programs

Develop doula and community health worker programs led by a broad range of community members to provide guidance and emotional support throughout pregnancy and postpartum.

Maintain Labor & Delivery Care at Rural Hospitals

Identify the resources and support needed to maintain delivery services at low volume hospitals.

Explore Innovative Solutions

Expand and develop innovation solutions including perinatal wraparound programs (Hello B.A.B.Y.), maternity care coordination, group prenatal care, maternity medical homes, doula services, and prenatal community health workers.

Standardize Electronic Health Records

Improve information sharing across Electronic Health Records (EHR) systems to streamline referrals, improve care coordination, reduce delays in transferring patient information, and support transitions back to home communities for postpartum care.

Strengthen Rural OB Training

Support rural providers to receive training and mentorship by spending time in higher volume birthing hospitals to build confidence for routine and emergency deliveries.